



After Action Report Nassau County CERT

Meeting or Event Name:
Meeting or Event Location:
Meeting or Event Date:

Member Submitting Report:
Report Date:
Activation Start/End Time:

of Volunteers:

Total Volunteer Hours:

Routing: IC OPS Volunteers Planning General Staff ADMIN LOG

Activity Summary:

Major Strengths:

Areas for Improvement:

Suggested Planning Activities:

Suggested Operational Activities: