

POST INCIDENT ANALYSIS - FORM

Incident Number:	
Incident Title:	
Brigade:	FCO/Captain:
Date:	
INITIAL MOBILISATION	
Positive :	
Negative:	
Action:	
IMT & FUNCTIONS	
Positive :	
Negative:	
Action:	
STRATEGIES & TACTICS	
Positive :	
Negative:	
Action:	

SECTORISATION
Positive :
Negative:
Action:
COMMUNICATIONS
Positive :
Negative:
Action:
SUITABILITY OF EQUIPMENT
Positive :
Negative:
Action:

EVACUATIONS
Positive :
Negative:
Action:
HEALTH & SAFETY
Positive :
Negative:
Action:
TRAINING
Positive :
Negative:
Action:

MEDIA
Positive :
Negative:
Action:
SUPPORT & WELFARE
Positive :
Negative:
Action:
COMMUNITY PREPAREDNESS
Positive :
Negative:
Action:
FINAL COMMENTS