

CERT DEBRIEF REVIEW FORM

Date of Event:	
Location:	
Type of Event (Live, Exercise or Other)	
Team Member Names:	
Debrief Date:	
Follow Up Required – Refer to Training Communications, Command	



COMMAND ACTIONS

Organized By:

Accessible:

Positives:

Challenges:

TEAM COORDINATION ACTIONS

Organized By:

Assigned By:

Deployed By:

Positives:

Challenges:

CERT DEBRIEF REVIEW FORM

ASSIGNMENT - RISK ASSESSMENT/POLICY REVIEW COMPLETED

Hazards:

Threats:

CERT Scope:

Positives/Challenges:

COMMUNICATIONS ACTIONS

Leader:

Positives:

Challenges:

SHARED SITUATIONAL AWARENESS ACTIONS

Briefing By:

Details Provided:

Positives:

Challenges:

AREAS OF IMPROVEMENT

Specific Recommendation: