**After Action Review (AAR) Report**

**Event Information Section:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pentagon PM:** |  | **Phone:** |  | **Email:** |  |
| **Pentagon Foreman:** |  | **Phone:** |  | **Email:** |  |
| **Pentagon Safety Manager:** |  | **Phone:** |  | **Email:** |  |
| **Pentagon Area Safety:** |  | **Phone:** |  | **Email:** |  |
| **Event Date:** |  | **Time:** |  |  |  |
| **Meeting Date:** |  |  |  |  |  |
| **Project:** |  |  |  |  |  |
| **General Contractor:** |  |  |  |  |  |
| **Location:** |  |  |  |  |  |

**Injury Update Section:**

|  |
| --- |
| **Status of injured employee:**  |
|  |

**Root Cause Analysis Section:**

**What did we want to happen?**

**What Actually Happened? (Problem Statement)**:

**Chronology**:

**Current Situation**:

**Equipment Impacted**:

**Why did it happen?**

 **Contributing Factors:**

**Root Cause**:

**What did we learn?**

**What will we do differently next time?**

**Attendees:**

|  |  |
| --- | --- |
| **Name** | **Title** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |