

AFTER-ACTION REVIEW

Operational Review • Lessons Learned • Corrective Action

PLAN → VERIFY → REVIEW

PURPOSE

Use this tool to evaluate a completed operation, identify what should be sustained or improved, disposition significant findings, assign required follow-up, and carry relevant lessons into future planning and verification.

Review the operation—not the people.

An After-Action Review is intended to support organizational learning and operational improvement. It is not a personnel evaluation, disciplinary process, or substitute for an investigation.

WHEN TO USE THIS TOOL

Complete a formal After-Action Review when an operation produces a significant incident, material change, control failure, meaningful operational adaptation, recurring deficiency, corrective-action need, or other lesson requiring organizational follow-up.

Routine operations that proceed substantially as planned without meaningful findings generally do not require a formal AAR. A brief operational debrief may be used to determine whether formal review is warranted.

WHY IS THIS FORMAL AAR BEING COMPLETED?

Check all that apply.

FORMAL REVIEW REQUIRED

- ☐ **SIGNIFICANT EVENT / RESPONSE**
A significant incident, threat, emergency, injury, medical or safeguarding concern, missing-person event, disturbance, protective action, or outside emergency/public-safety response occurred.
- ☐ **CONTROL / READINESS FAILURE**
A significant safety or security control failed, was unavailable or bypassed; a GS-OP-002 ACTION NEEDED condition remained unresolved when operations began; a corrected condition warrants evaluation; or a recurring deficiency or previously identified corrective action failed again.
- ☐ **MATERIAL OPERATIONAL CHANGE**
Actual conditions materially differed from the plan, or a significant unplanned operational adaptation or decision was required.
- ☐ **SERIOUS FINDING / ESCALATION**
A Serious Finding or matter requiring referral or escalation was identified.
- ☐ **LEADERSHIP-DIRECTED REVIEW**
Leadership directed that a formal After-Action Review be completed.

FORMAL REVIEW RECOMMENDED

- ☐ **NEW / CHANGED / COMPLEX OPERATION**
The operation, procedures, staffing, equipment, communications, access controls, roles, or coordination were new, substantially changed, unusually large, complex, or otherwise warrant evaluation.
- ☐ **TESTED CONTROL / PLAN-VERIFY EFFECTIVENESS**
Training or an operational control was intentionally tested, or leadership wants to determine whether a PLAN or VERIFY control produced the intended result.
- ☐ **PATTERN / LESSON WORTH REVIEWING**
Multiple minor issues suggest a recurring or systemic weakness, or a successful adaptation or practice may be worth sustaining.

PATTERN RULE: Repeated or patterned minor issues should be treated as a review trigger when they indicate that an existing control, procedure, training measure, or corrective action may not be functioning as intended.

1 | REVIEW IDENTIFICATION

Organization: _____ Event / Service / Operation: _____

Operation Date: _____ Time: _____ Location / Area: _____

AAR Date: _____ Facilitator / Reviewer: _____

Review Participants: _____

RELATED RECORDS

GS-OP-001 Plan / Reference #: _____ GS-OP-002 Event Quick Scan / Reference #: _____

Incident Report #(s), if applicable: _____ Other Related Record(s): _____

2 | PLANNED OPERATIONAL PICTURE

Briefly identify the significant conditions, controls, or operational expectations necessary to understand this review. Do not reproduce the operational plan.

What was planned or expected?

3 | ACTUAL CONDITIONS & SIGNIFICANT CHANGES

Identify material differences between planned and actual conditions. A changed condition is not automatically a failure. Record the change and its operational effect.

What actually occurred or materially changed?

What operational effect, if any, did the change have?

AREAS AFFECTED, IF APPLICABLE

- | | | |
|---|--|--|
| ☐ Attendance / Crowd Conditions | ☐ Staffing / Assignments | ☐ Schedule / Timing |
| ☐ Access / Entry / Egress | ☐ Communications | ☐ Equipment / Resources |
| ☐ Facility / Physical Environment | ☐ Weather / External Conditions | ☐ Children / Vulnerable-Person Operations |
| ☐ Emergency / Public-Safety Coordination | ☐ Other: _____ | |

4 | WHAT WORKED / SUSTAIN

Identify practices, controls, decisions, adaptations, or coordination that contributed positively to the operation.

What worked as intended or especially well?

What should be sustained or repeated in future operations?

AFTER-ACTION REVIEW

Operational Review • Lessons Learned • Corrective Action

EVALUATE THE OPERATION

5 | SIGNIFICANT FINDINGS / OBSERVATIONS

Record significant operational findings or observations based on what was actually seen, heard, reported, or documented. Describe what occurred. Avoid assumptions, blame, or speculation.

FINDING / OBSERVATION A

FINDING / OBSERVATION B

FINDING / OBSERVATION C

☐ Additional finding / observation record attached: YES

☐ NO

6 | FINDING CLASSIFICATION & DISPOSITION KEY

Use this key to determine the appropriate disposition for each substantive finding. Record the disposition and required follow-up in Section 9.

OPERATIONAL LESSON → SUSTAIN / CONSIDER / NO FURTHER ACTION

Use when the finding identifies a successful practice, useful adaptation, efficiency opportunity, or improvement consideration that does not require corrective action.

CORRECTIVE ACTION → CORRECT / ASSIGN / TRACK

Use when an identified condition should be changed through normal operational improvement.

SERIOUS FINDING → REFER / ESCALATE

Use when a condition cannot appropriately be resolved through routine operational correction alone.

CORRECTIVE ACTION IS APPROPRIATE WHEN ONE OR MORE APPLIES:

- ☐ A planned control was missing, ineffective, or inconsistently applied.
- ☐ A procedure was unclear or did not work as intended.
- ☐ Staffing, equipment, communications, access control, positioning, coordination, or another operational factor created an avoidable weakness.
- ☐ The condition could reasonably recur.
- ☐ Training, clarification, repair, replacement, or procedural change is needed.
- ☐ The finding should affect a future PLAN or VERIFY decision.

A SERIOUS FINDING EXISTS WHEN ONE OR MORE APPLIES:

- ☐ Actual or credible risk of serious injury or loss of life.
- ☐ Suspected criminal conduct.
- ☐ Child or vulnerable-person safeguarding concern.
- ☐ Significant misconduct or intentional violation of established safeguards.
- ☐ Potentially reportable legal, regulatory, insurance, or organizational matter.
- ☐ Significant security vulnerability requiring restricted handling.
- ☐ Recurring significant deficiency despite previous corrective action.
- ☐ Matter requiring investigation or a decision beyond the reviewer's authority.

CLASSIFICATION PRINCIPLE

Evaluate the condition based on what occurred or reasonably could have occurred—not solely on whether harm resulted. Meeting a Serious Finding threshold should result in referral or escalation to the appropriate authority or process. Do not downgrade a finding solely because no injury, loss, or other adverse outcome occurred.

AAR RESPONSE / ESCALATION NOTICE

An After-Action Review identifies operational lessons and improvement needs. It does not replace incident reporting, investigation, safeguarding procedures, emergency reporting, disciplinary processes, or required notification to appropriate authorities. When a matter requires another process, document the referral and follow the organization's applicable procedures. Do not use the AAR to conduct or substitute for a formal investigation.

7 | RESPONSE & DECISION REVIEW

Use this section when an incident, changed condition, significant adaptation, or operational decision warrants review.

What occurred?

What action was taken?

What effect did the action have?

RESPONSE AGAINST ESTABLISHED EXPECTATION

Was the response consistent with the applicable plan, procedure, training, or established operational expectation?

☐ YES

☐ PARTIALLY

☐ NO

☐ NOT APPLICABLE / NO ESTABLISHED EXPECTATION

What, if anything, should be done differently next time?

☐ No separate response or decision review needed.

8 | COMMUNICATION & COORDINATION

Review only the areas applicable to this operation.

COMMUNICATION / COORDINATION INVOLVED

- ☐ Leadership

☐ Children / Youth Ministry

☐ Medical Response

☐ Other: _____
- ☐ Safety / Security

☐ Parking / Exterior Operations

☐ Law Enforcement / Fire / EMS
- ☐ Ushers / Greeters

☐ A/V / Production

☐ Outside Organization / Vendor

COMMUNICATION EFFECTIVENESS

Were necessary communications timely, clear, and received by the appropriate people?

☐ YES

☐ PARTIALLY

☐ NO

☐ NOT APPLICABLE

Communication or coordination improvement needed:

☐ No material communication or coordination issue identified.

AFTER-ACTION REVIEW

Operational Review • Lessons Learned • Corrective Action

ACT & CLOSE THE LOOP

9 | CORRECTIVE ACTION & REFERRAL

Use the reference from Section 5 when applicable. Every finding requiring correction must have an assigned owner and target completion date. Matters requiring another process should identify the referral destination without unnecessarily duplicating sensitive investigative information in this AAR.

REF.	REQUIRED ACTION / FOLLOW-UP	DISPOSITION	OWNER / REFERRAL	TARGET DATE	VERIFY BEFORE NEXT COMPARABLE OPERATION?
					☐ YES ☐ NO
					☐ YES ☐ NO
					☐ YES ☐ NO
					☐ YES ☐ NO

Corrective-Action / Follow-Up Tracking Reference #: _____

☐ Additional corrective-action or referral record attached: YES ☐ NO ☐ No corrective action or referral required.

10 | CARRY FORWARD TO FUTURE OPERATIONS

IMMEDIATE-ACTION CHECK
Does any finding require immediate action before continued or next use/operation?
☐ NO ☐ YES — Identify required action: _____

Determine whether findings from this review require changes to future planning, verification, training, procedures, resources, or operations.

CHANGE / REVIEW NEEDED

- ☐ Planning
☐ Training
☐ Access / Physical Controls
☐ Other: _____
- ☐ Procedures / Forms
☐ Equipment / Resources
☐ Facility / Environmental Controls
☐ No operational change required
- ☐ Staffing / Roles
☐ Communications
☐ Coordination with Outside Organizations

What should be carried forward?

NEXT-OPERATION READINESS
Does any unresolved finding require action or verification before the next comparable operation?
☐ NO ☐ YES — Action or verification required before the next comparable operation: _____

CARRY FORWARD TO

- ☐ GS-OP-001 — PLAN
☐ Procedure / Policy Review
☐ Other: _____
- ☐ GS-OP-002 — VERIFY
☐ Corrective-Action Tracking
- ☐ Training / Briefing
☐ Leadership Review

11 | AAR CLOSURE & REVIEWER CONFIRMATION

AAR CLOSURE GATE
A CLOSED determination should not be selected until each applicable requirement below has been addressed.

- ☐ Significant findings and observations have been reviewed.
☐ Improvement findings have been classified and dispositioned.
☐ Required changes to future operations have been identified.
☐ Matters requiring another process have been appropriately assigned, referred, or escalated.
- ☐ Sustainment items have been identified.
☐ Required corrective actions have an assigned owner and target completion date.
☐ Unresolved readiness concerns have been identified for the next PLAN / VERIFY cycle.

AFTER-ACTION REVIEW DETERMINATION

☐ **CLOSED — NO FOLLOW-UP REQUIRED**
The review is complete, lessons have been documented, and no outstanding corrective action, referral, escalation, or other organizational follow-up remains.

☐ **CLOSED — FOLLOW-UP ASSIGNED**
The review is complete. Outstanding corrective actions, referrals, or escalated matters have been appropriately assigned or transferred to an identified owner or applicable tracking, management, or organizational process.

☐ **REVIEW NOT CLOSED — ACTION / ESCALATION PENDING**
A required corrective action has not been assigned, a required referral or escalation has not been completed, or a necessary leadership decision remains before responsibility can be appropriately transferred.

REVIEWER CONFIRMATION

I confirm that this After-Action Review reflects the operational findings identified during the review and that required follow-up, referral, escalation, or carry-forward actions have been documented as applicable.

Reviewer / Facilitator: _____ Signature / Initials: _____ Date: _____

LEADERSHIP ACKNOWLEDGEMENT — WHEN REQUIRED BY ORGANIZATIONAL POLICY OR REVIEW DISPOSITION

Name / Title: _____ Signature / Initials: _____ Date: _____