*Capital Area Fire Mutual Aid Compact*

*Post Incident Review*

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| --- | --- | --- | --- |
| Date: |  | Incident #: |  |
| Department/Unit: |  | Incident Commander: |  |
| Incident Type: |  |
| Incident Location: |  |

Incident Description:

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Actions Taken:

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Outcome:

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Firefighter/Civilian Injuries:

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What Operations would you change?

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What worked well?

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| --- | --- | --- | --- |
| Completed By: |  | Date Completed: |  |