

After Action Report (AAR)

Project:

Project Number:

Event Date:

Event Start Time:

Event End Time:

Meeting Date/ Time:

Contractor:

Trade Partner:

Third Tier:

Specific Location:



Injury Update Section

Note: If an injury occurred the following section must be completed.

Description of injury:

Status of Injured Employee:

Root Cause Analysis Section

What did we want to happen?

What Actually Happened? (Problem Statement):

Chronology:

Current Situation:

Contributing Factors:

Root Cause:

What did we learn?

What will we do different next time?

AR Section

AR# :	Description of A/R	Status	Notes	AR Owner	Due Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Event Classification

First Aid	Yes	No	Near Miss	Yes	No	
Recordable	Yes	No	Service Interruption	Yes	No	
DART Case	Yes	No	Environmental	Yes	No	

Attendees: