

# STATEWIDE EPPI 2016 MUNICIPAL REPORTING AND AFTER ACTION REPORT FORM

Municipality:

Date of Exercise or Real World Event:

Type of event: 2016 CT EPPI

Incident or Event Name: Severe Weather Event

Which FEMA Core Capability was exercised (see attached guidance for capability description):

- |   |   |
|---|---|
| <input type="checkbox"/> Planning   | <input type="checkbox"/> Public Information and Warning           |
| <input type="checkbox"/> Operation Coordination                                 | <input type="checkbox"/> Forensics and Attribution                |
| <input type="checkbox"/> Intelligence and Information Sharing                   | <input type="checkbox"/> Interdiction and Disruption              |
| <input type="checkbox"/> Screening, Search and Detection                        | <input type="checkbox"/> Access Control and Identity Verification |
| <input type="checkbox"/> Cybersecurity  | <input type="checkbox"/> Physical Protective Measures             |
| <input type="checkbox"/> Risk Management for Protection Programs and Activities | <input type="checkbox"/> Community Resilience                     |
| <input type="checkbox"/> Supply Chain Integrity and Security                    | <input type="checkbox"/> Long-term Vulnerability Reduction        |
| <input type="checkbox"/> Risk and Disaster Resilience Assessment                | <input type="checkbox"/> Threats and Hazard Identification        |
| <input type="checkbox"/> Critical Transportation                                | <input type="checkbox"/> Environmental Response/Health and Safety |
| <input type="checkbox"/> Fatality Management Services                           | <input type="checkbox"/> Infrastructure Systems                   |
| <input type="checkbox"/> Mass Care Services                                     | <input type="checkbox"/> Mass Search and Rescue Operations        |
| <input type="checkbox"/> On-scene Security and Protection                       | <input type="checkbox"/> Operational Communications               |
| <input type="checkbox"/> Situational Assessment                                 | <input type="checkbox"/> Economic Recovery                        |
| <input type="checkbox"/> Health and Social Services                             | <input type="checkbox"/> Housing                                  |
| <input type="checkbox"/> Natural and Cultural Resources                         |   |

## OBJECTIVE 1 – Preparedness and Initial Response

Municipalities will use their Local Emergency Operations Plan (LEOP) to implement an appropriate Incident Action Plan (IAP) in response to the results of a winter ice storm and to review preparedness.

Mission Area:

Prevention       Protection       Mitigation       Response       Recovery

## OBJECTIVE 2 – Response

Municipalities will activate their local Emergency Operations Center (EOC), convene their Unified Command including appropriate partners, coordinate and collaborate on an operational response to the community's needs, and review emergency response plans. Include in your

partners a representative from ESF-2 Communications to brief the Unified Command on communications resources and challenges as it pertains to this exercise.

Mission Area:

Prevention       Protection       Mitigation       Response       Recovery

**OBJECTIVE 3 – Recovery**

The exercise will conclude with the recovery efforts from the storm and how they will impact the community long term. What long term care and mental health services will be needed and what will the economic impact on the community be.

Mission Area:

Prevention       Protection       Mitigation       Response       Recovery

Threat of Hazard: Ice Storm

Scenario: *[A brief overview of the exercise scenario, real world event, including impacts; 2-3 sentences]*

Communications: *[List any interoperable communications which may have been used; e.g. Web EOC, STOCS, DEMHS High Band, etc]*

Participants/Participating Organizations: *[Brief summary of the total number of participants and department of agency]*

Point of Contact: *[Insert the name, title, agency, email address, phone number of the primary exercise POC, e.g. Emergency Management Director, Fire Chief, etc]*

Strengths: *[list strengths noted during exercise or real world event; e.g. existing pre-plans, public works resources, use of NIMS, etc.]*

Areas for Improvement: *[This should clearly state the problem or gap; e.g. No pre-plans for traffic diversion, ICS not used, etc.; it should **not** include a recommendation or corrective action, those are detailed in Improvement Plan]*

Improvement Plan: *[List Area for Improvement and what actions will be taken to improve; e.g. develop plan, conduct training, etc. List estimated date of completion and primary agency responsible for completion]*

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Report Submitted by	Title	Date
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Signature: \_\_\_\_\_

*Municipal officials are requested to complete this form following the statewide exercise of October 29 & November 2, 2016, and return the form to your Regional Planning Organization by November 15, 2016. Thank you for your participation and cooperation in enhancing Connecticut's capacity to respond to a major emergency event!*