

APPENDIX N

SP AFTER ACTION REPORT

Title/Name of Mission

Name, Rank

Medical Unit

Inclusive Dates

1. Mission.
 - a. Unit Mission.
 - b. Section Mission.
 - c. Higher Headquarters.
2. Itinerary (Location(s) during deployment. Include dates of movement, if applicable).
3. Situation Background. Briefly describe the past and/or current situation that resulted in this deployment.
4. Personnel.
 - a. Military: Include the following information for ALL officers and enlisted personnel assigned to your area of responsibility who participated in this deployment.

FULL NAME	RANK	HOME UNIT

- b. Civilian: Include how this work force was obtained, responsibilities and wages.
5. Activities.
 - a. Patients – provide number of patient visits during deployment and include types of diagnoses and treatment.

b. Classes – provide number of classes taught, audience composition and geographic location if different from assigned location.

c. Information specific to your specialty (i.e. number of patients and staff fed by Nutrition Care to include types of therapeutic diets).

d. Programs such as health promotion initiatives, multidisciplinary health care endeavors, etc. Briefly describe the program.

e. List duties you or other personnel in your area of responsibility performed that were not AOC/MOS specific.

f. Other – Opportunity to communicate to the SP Corps additional activities.

6. Preparation/Coordination completed prior to deployment. Indicate all requests for information, reviews of after action reports etc.

7. List prior training or experience that was most beneficial to you during this deployment.

8. Force Protection Assessment.

a. Were pre-deployment briefings conducted including threat level for Host Nation?

b. Were U. S. Military Group (USMILGP) threat assessment (to include criminal activity) briefings conducted?

c. Active Force Protection measures.

9. Support.

a. Describe who provided your supplies i.e. rations, medical supplies or education materials and how obtained. When were they received?

b. Interpreter Support. Needed: Yes or No. If yes, indicate number of interpreters, language, and who coordinated.

c. Transportation. Briefly describe transportation required to complete your mission and how it was obtained.

10. Staff Scheduling. Briefly describe duty schedule of personnel in your section to include hours on versus off and on call status.

11. Facility and Equipment. Briefly describe type of facility and equipment available for use.

Include who was responsible for facility maintenance and cleaning.

12. Living Situation. Briefly describe your living situation.

13. Observations/Recommendations. (Please complete this section for **EACH** observation).

a. Observation #1:

- (1) Discussion
- (2) Lessons Learned
- (3) Recommended Action
- (4) Comments

b. Observation #2:

- (1) Discussion
- (2) Lessons Learned
- (3) Recommended Action
- (4) Comments

14. Additional Comments. Provide any additional comments that you feel would be beneficial to other AMSC members who will deploy in the future.

15. You are highly encouraged to include/ attach photos of this deployment to this report.

Signature Block of Reporting Individual

Email or mail report to:

Office of the Chief, SP Corps
2250 Stanley Rd, Suite 276A
Fort Sam Houston, TX 78234