

# After Action Report

## Event Details:

Name (i.e. Last Name, First): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Certified Industrial Hygienist: \_\_\_\_\_

Role: \_\_\_\_\_

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

Time Served (i.e. hours): \_\_\_\_\_

Venue Name (i.e. High Point H.S.): \_\_\_\_\_

Event Coordinator (i.e. Principal Jane Doe): \_\_\_\_\_

Contact Information: \_\_\_\_\_

Location (i.e. state): \_\_\_\_\_

Location (i.e. county or city): \_\_\_\_\_

Number of Attendees: \_\_\_\_\_

Attendee Demographic: \_\_\_\_\_

Lesson Plan Name (i.e. Safety Matters, etc.): \_\_\_\_\_

## Event Description:

## Lessons Learned: