

MABAS – ILLINOIS

Division 8

WINNEBAGO and BOONE COUNTIES

POST INCIDENT REVIEW FORM

Requesting Fire Dept: _____ Date of Alarm: _____ Time of Alarm: _____

Incident Type: _____ Incident Location: _____

Box Card # _____ Alarm level: _____ Attach Box Card to Report Yes No

All Resources on Box Card responded? Yes No Explain No Answer

IFERN Frequency was used? (Did command and responding units switch to IFERN?) Yes No Explain No Answer

IFERN Frequency worked well? (Radio communications between command and dispatch were clear and understandable?) Yes No Explain No Answer

Did the MABAS Activation work properly? Yes No Explain No Answer

Was Command, water supply, staging area, etc. established? Yes No Explain No Answer

Did command acknowledge benchmarks when given by dispatch? Yes No Explain No Answer
