MABAS – ILLINOIS

Division 8WINNEBAGO and BOONE COUNTIES

POST INCIDENT REVIEW FORM

Requesting Fire Dept:	Date of Alarm:	Гime of Alarm:	
Incident Type:Incident Location:			
Box Card # Alarm level:	Attach Box Card to Repor	t	
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 \(\precedet \text{Yes} \(\precedet \text{No} \) Explain No Answer clear and understandable?)			
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 No	Explain No Answer	

What would have made this incident run better for the dispatchers? / What would have made this incident run better for command?		
What were positive things that were done during	radio communications?	
What can we improve on for the next MABAS?		
Completed By:	Department:	