



After Action Report CANNON AFB

Squadron Information					
Unit:			Unit POC :		
	Event Infor	mation			
	Event:				
	Date:	Time:	Duration:	Number of Attendees:	
	What FSS or Off S	Site establishment(s) did you		
	partiler with for th	ns event.			
	What went well fo	r this event:			
	What areas needs	ed improvements fo	or this		
	event	a improvements it	or uns		
		s event again? Why	y or Why		
	not?				
		re learned and wha			
	squadron events?		uture		
	1				

Signature