



# MABAS – Wisconsin

## Division 131

### Sauk County

#### BOX ALARM AFTER ACTION REVIEW FORM

Date of Alarm: \_\_\_\_\_ Time of Alarm: \_\_\_\_\_

Municipality: \_\_\_\_\_

Incident Type: \_\_\_\_\_

Incident Location: \_\_\_\_\_ Box Card #: \_\_\_\_\_ Alarm Level: \_\_\_\_\_  
Attach Box Card to Report

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

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IFERN Frequency was used?  Yes  No Explain No Answer

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IFERN Frequency worked well?  Yes  No Explain No Answer

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Proper Fire Ground Frequencies used (i.e. FG Red and FG Blue)?  Yes  No Explain No Answer

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Accountability System/Policy Used/Followed  Yes  No Explain No Answer

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