



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

IFERN Frequency was used? Yes No Explain No Answer

IFERN Frequency worked well? Yes No Explain No Answer

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

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