

<b>MEDICAL PLAN</b>	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD					
5. INCIDENT MEDICAL AID STATIONS									
MEDICAL AID STATIONS	LOCATION			PARAMEDICS					
				YES	NO				
6. TRANSPORTATION									
A. AMBULANCE SERVICES									
NAME	ADDRESS		PHONE	PARAMEDICS					
				YES	NO				
B. INCIDENT AMBULANCES									
NAME	LOCATION			PARAMEDICS					
				YES	NO				
7. HOSPITALS									
NAME	ADDRESS		TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
			AIR	GRND		YES	NO	YES	NO
8. MEDICAL EMERGENCY PROCEDURES									
206 ICS 8/78			9. PREPARED BY (MEDICAL UNIT LEADER)			10. REVIEWED BY (SAFETY OFFICER)			