

MEDICAL PLAN	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)						