

<b>MEDICAL PLAN</b>	1. INCIDENT NAME	2. DATE PREPARED AND TIME PREPARED	4. OPERATIONAL PERIOD					
5. INCIDENT MEDICAL AID STATIONS								
MEDICAL AID STATIONS	LOCATION			PARAMEDICS				
				YES	NO			
6. TRANSPORTATION								
A. AMBULANCE SERVICES								
NAME	ADDRESS			PARAMEDICS				
				YES	NO			
B. INCIDENT AMBULANCES								
NAME	LOCATION			PARAMEDICS				
				YES	NO			
None	N/A							
7. HOSPITALS								
NAME	ADDRESS <small>(Numbers are Loran coordinates)</small>	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GROUND		YES	NO	YES	NO
8. MEDICAL EMERGENCY PROCEDURES								
<b>ICS-206 04-94</b>	9. PREPARED BY (MEDICAL UNIT LEADER)				10. REVIEWED BY (SAFETY OFFICER)			