

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		DECON CENTER	
		AIR	GRND		YES	NO	YES	NO
8. MEDICAL EMERGENCY PROCEDURES								
ICS-206 (oil) 7/94		9. PREPARED BY (MEDICAL UNIT LEADER)			10. REVIEWED BY (SAFETY OFFICER)			