

<b>MEDICAL PLAN</b>	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD
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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				

<b>ICS 206</b>	<b>5-94</b>	9. PREPARED BY (MEDICAL UNIT LEADER)	10. REVIEWED BY (SAFETY OFFICER)
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