MEDICAL PLAN 1. Incident Name		2. Date Prepa	red 3. Tir	me Prepared	4. Op	eratior	nal Perio	bc
	5. Inciden	t Medical Aid Stati	ion					
							Paran	nedics
Medical Aid Station	ns	Location					Yes	No
		AND MAINTAIN ASSESSMENT ASSESSMEN						
A CONTRACT OF THE PROPERTY OF		-14	· · · · · · · · · · · · · · · · · · ·					
N.								
	out to the same and the same an	about the state of						
	10/21/2017							
	6.	Transportation						
	A. Ar	nbulance Services					Davas	
Name		Address Phone					Yes	nedics No
Name	10 de (10 (10 (10 (10 (10 (10 (10 (10 (10 (10	Address				THORE		NO
	A Maritia Pro-							
		100-3						
		AMERICAN PROPERTY OF THE PROPE						

	B. Inc	cident Ambulances	***************************************					
								nedics
Name		Location					Yes	No
		W-1990-1-1990						
	(6001) 46 170 F A	<u> </u>						
	AND	All and an extension of the second of the second						
description of the second of t								
		7. Hospitals						
		Travel T	Travel Time			pad	Burn	
							Center	
Name	Address	Air	Grnd	Phone	Yes	No	Yes	No
	A PAR CONTRACTOR OF THE PART O							
					L			
	8. Medical I	Emergency Proced	ures					
		16.7	11 /2 -					
9. Prepared by (Medical Ur	10. Reviewe	ed by (Saf	ety Officer)					