

MEDICAL PLAN	1. Incident Name	2. Date Prepared	3. Time Prepared	4. Operational Period					
	5. Incident Medical Aid Station								
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									
9. Prepared by (Medical Unit Leader)					10. Reviewed by (Safety Officer)				