

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	Ground			Yes	No	Yes	No
8. Medical Emergency Procedures										
Prepared by (Medical Unit Leader)						10. Reviewed by (Safety Officer)				