

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 Air Ground		Phone		Helipad Yes No		Burn Center Yes No		
8. Medical Emergency Procedures											
Prepared by (Medical Unit Leader)						10. Reviewed by (Safety Officer)					