

<b>MEDICAL PLAN</b>	1. Incident Name	2. Date Prepared	3. Time Prepared	4. Operational Period						
	<b>5. Incident Medical Aid Station</b>									
Medical Aid Stations		Location			Paramedics					
					Yes	No				
<b>6. Transportation</b>										
<b>A. Ambulance Services</b>										
Name		Address		Phone		Paramedics				
						Yes	No			
<b>B. Incident Ambulances</b>										
Name		Location			Paramedics					
					Yes	No				
<b>7. Hospitals</b>										
Name	Address		Travel Time		Phone		Helipad		Burn Center	
			Air	Ground			Yes	No	Yes	No
<b>8. Medical Emergency Procedures</b>										
Prepared by (Medical Unit Leader)						10. Reviewed by (Safety Officer)				