



Medical Plan (ICS 206)

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 (indicate air or ground)									
Ambulance Service	Location		Contact (number or frequency)		Level of Serv. ALS BLS				
7. HOSPITALS									
Hospital Name	Address (Lat. and Long. if Helipad)	Travel Time Air Grnd		Contact (number or frequency)		Helipad Yes No		Burn Ctr. Yes No	
8. SPECIAL MEDICAL EMERGENCY PROCEDURES									
PREPARED BY (Medical Unit Leader)					10. APPROVED BY (Safety Officer)				