



Medical Plan (ICS 206)

1. INCIDENT NAME	2. DATE/ TIME PREPARED	Date _____ Time _____	3. OPERATIONAL PERIOD	From:Date _____ Time _____	To: Date _____ Time _____
------------------	------------------------------	--------------------------	--------------------------	-------------------------------	------------------------------

4. INCIDENT MEDICAL AID STATION

Medical Aid Stations	Location	Contact (number or frequency)	Paramedics	
			Yes	No

5. TRANSPORTATION (indicate air or ground)

Ambulance Service	Location	Contact (number or frequency)	Level of Serv.	
			ALS	BLS

6. HOSPITALS

Hospital Name	Address (Lat. and Long. if Helipad)	Travel Time		Contact (number or frequency)	Helipad		Burn Ctr.	
		Air	Grnd		Yes	No	Yes	No

7. SPECIAL MEDICAL EMERGENCY PROCEDURES

8. PREPARED BY (Medical Unit Leader)	9. APPROVED BY (Safety Officer)
SIGNATURE	SIGNATURE