



# Medical Plan (ICS 206)

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