

<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		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)				