

<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 (NAME and POSITION)					10. Reviewed by (NAME and POSITION)			