MEDICAL PLAN

1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD

5. INCIDENT MEDICAL RESOURCES (RESCUE, MEDICAL TRANSPORT, AID STATIONS)

NAME / TYPE	LOCATION	PARAMEDICS	
		YES	NO

6. EMERGENCY MEDICAL SERVICES CONTACT INFORMATION

TELEPHONE	CONTACT:	PHONE:	ALT. PHONE:	
RADIO	CONTACT:	NET:	CHAN.:	FREQ.:
OTHER				

7. NEARBY FIRE, EMS, AND AMBULANCE SERVICES

NAME	ADDRESS	PHONE	PARAMEDICS	
			YES	NO

8. AEROMEDICAL EVACUATION

NAME:	CONTACT:	LZ FREQ.:

LANDING ZONES

DESIGNATOR	LOCATION	LAT / LON COORDS

9. HOSPITALS

NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		TRAUMA CTR.	
		AIR	GRND		YES	NO	YES	NO

10. MEDICAL EMERGENCY PROCEDURES

ICS 206 BASARC 3/98	11. PREPARED BY (MEDICAL UNIT LEADER)	12.REVIEWED BY (SAFETY OFFICER)