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

5. INCIDENT MEDICAL AID STATIONS

MEDICAL AID STATIONS	LOCATION	PARAMEDICS	
		YES	NO

6. TRANSPORTATION

A. AMBULANCE SERVICES

NAME	ADDRESS	PHONE	PARAMEDICS	
			YES	NO

B. INCIDENT AMBULANCES

NAME	ADDRESS	PARAMEDICS	
		YES	NO

C. HOSPITALS

NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GRND		YES	NO	YES	NO

8. MEDICAL EMERGENCY PROCEDURES