MEDICAL PLAN	Incident Name 2.	Date Prepared	3. Time Prepared	4. Ope	rational Pe	riod	
	5. Incide	ent Medical Aid Stat	tion				
Medical Aid Stations		Location			Paramedics Yes No		
		Transportation		·			
	A. A	mbulance Services	T				
Name	Address	Address		Phone		Paramedics Yes No	
	B. In	cident Ambulances					
Name Location					Paramedics Yes No		
	•	7. Hospitals					
Name Address	3	Travel Time Air Ground	Phone	Helipad Yes No	Helipad Burn Cente Yes No Yes No		
_	8. Medical	Emergency Proce	dures	· · ·			
Prepared by (Medical Unit Leader)		10. Reviewed	10. Reviewed by (Safety Officer)				