MEDICAL PLAN (ICS-206)

Incident Name:	Operational Period (start):	Operational Period (end):

Medical First-Aid Stations:

Name	Location/Address	Telephone #/Radio	EMTs On-site (x)	
				Yes
				No
				Yes
				No
				Yes
				No
				Yes
				No

Ambulance Services:

Name	Location/Address	Telephone #/Radio	Level of Service (x)	
				ALS
				BLS
				ALS
				BLS
				ALS
				BLS

Hospitals/Emergency Clinics:

Name	Location/Address	Telephone #	Travel Time	Facilities (x)	
					Burn Ctr.
					Trauma Ctr.
					Helipad
					Burn Ctr.
					Trauma Ctr.
					Helipad
					Burn Ctr.
					Trauma Ctr.
					Helipad

Summary of Medical Emergency Procedures:

Prepared By:	ICS Position/Assignment:	Preparation Date/Time: