MEDICAL PLAN	1. Incident Name	2. Date Prepared	3. Time Prepared	4. Operational Period

5. Incident Medical Aid Station

Medical Aid Stations	Location	Paramedics Yes	Paramedics No

6. Transportation

A. Ambulance Services

Name	Address	Phone	Paramedics Yes	Paramedics No

B. Incident Ambulances

Name	Location	Paramedics Yes	Paramedics No

7. Hospitals

Name	Address	Travel Time Air	Travel Time Ground	Phone	Helipad Yes	Helipad No	Burn Center Yes	Burn Center No

8. Medical Emergency Procedures

Prepared by (Medical Unit Leader)	10. Reviewed by (Safety Officer)