MEDICAL PLAN		1. INCIDENT NAME		2. D/ Pl	DATE 3. TIME PREPARED PREPARI		IME REPARE	4. OPERATIONAL PERIOD					
	5. INCIDENT MEDI	CAL RESOUR	CES (RESCL	JE, MEDIC	CAL TRA	NSPO	RT, AID S	TATION	IS)				
NAME / TYPE			LOCATION							PARAMEDICS			
										YES	NO		
		RGENCY MEI			NTACT II	NFORM							
TELEPHONE	CONTACT:			PHONE:					ALT. PHONE:				
RADIO	CONTACT:	ONTACT:			NET: CHA					N.: FREQ.:			
OTHER													
	7	. NEARBY FIR	E, EMS, AND	) AMBULA	ANCE SE	RVICE	:S						
NAME		ADDRESS						PHONE		PARAN YES	MEDICS		
										YES	NO		
NAME:		CONTACT	ROMEDICAI	L EVACUA	ATION		17	FREQ.:					
LANDING ZOI	NEC	JOONTAGE	•					TIVEQ					
	IGNATOR	LOCATION						LAT / LON COORDS					
DEGIGIALION		EGOATION					'	LAT / LON GOORDO					
	<u> </u>		9. HOSF	DITAL C									
	TIME HELIPAD TRAUMA CTR.												
NAME		ADDRESS		AIR GRND			PHONE	YES		YES	NO		
		10. MEDIC	AL EMERGE	NCY PRO	OCEDUF	RES							
ICS 206 BASARC 3/98  11. PREPARED BY (MEDICAL UNIT LEADER)					12.REVIEWED BY (SAFETY OFFICER)								