

MEDICAL PLAN ICS-206	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD
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5. INCIDENT MEDICAL AID STATIONS

MEDICAL AID STATIONS	LOCATION	# of MEDICAL LEVEL				
		EMT	EMTD	EMTIV	EMTP	DR.

6. TRANSPORTATION

A. INCIDENT AMBULANCES

NAME	LOCATION	PHONE	# of MEDICAL LEVEL				
			EMT	EMTD	EMTIV	EMTP	DR.

7. HOSPITALS

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

8. MEDICAL EMERGENCY PROCEDURES

ICS - 206	9. PREPARED BY (MEDICAL UNIT LEADER)	10. REVIEWED BY (SAFETY OFFICER)
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