

1. Incident Name:		2. Operational Period: (Date / Time)		MEDICAL PLAN ICS 206 - EPA			
		From: To:					
3. Medical Aid Stations:							
Name	Location		Contact #	Paramedics On Site (Y/N)			
4. Transportation:							
Ambulance Service	Address	Contact #	Level of Service				
			ALS	BLS			
5. Hospitals:							
Hospital Name	Address	Contact #	Travel Time		Burn Center (Y/N)	Helipad (Y/N)	Trauma Center (Y/N)
			Air	Ground			
6. Special Medical Emergency Procedures:							
7. Prepared by: (Medical Unit Leader)		(Date / Time)		8. Reviewed by: (Safety Officer)		(Date / Time)	
MEDICAL PLAN				ICS 206 – EPA (Rev 05/18)			