

|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|--------------------------------------|---------------------------------|------------------|------------------|-----------------------|----------------------------------|----|-------------|----|
| <b>MEDICAL PLAN</b>                  | 1. Incident Name                | 2. Date Prepared | 3. Time Prepared | 4. Operational Period |                                  |    |             |    |
|                                      | 5. Incident Medical Aid Station |                  |                  |                       |                                  |    |             |    |
| Medical Aid Stations                 | Location                        |                  |                  | Paramedics            |                                  |    |             |    |
|                                      |                                 |                  |                  | Yes                   | No                               |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
| 6. Transportation                    |                                 |                  |                  |                       |                                  |    |             |    |
| A. Ambulance Services                |                                 |                  |                  |                       |                                  |    |             |    |
| Name                                 | Address                         |                  |                  | Phone                 | Paramedics                       |    |             |    |
|                                      |                                 |                  |                  |                       | Yes                              | No |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
| B. Incident Ambulances               |                                 |                  |                  |                       |                                  |    |             |    |
| Name                                 | Location                        |                  |                  | Paramedics            |                                  |    |             |    |
|                                      |                                 |                  |                  | Yes                   | No                               |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
| 7. Hospitals                         |                                 |                  |                  |                       |                                  |    |             |    |
| Name                                 | Address                         | Travel Time      |                  | Phone                 | Helipad                          |    | Burn Center |    |
|                                      |                                 | Air              | Grnd             |                       | Yes                              | No | Yes         | No |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
| 8. Medical Emergency Procedures      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
| 9. Prepared by (Medical Unit Leader) |                                 |                  |                  |                       | 10. Reviewed by (Safety Officer) |    |             |    |

|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|--------------------------------------|---------------------------------|------------------|------------------|-----------------------|----------------------------------|----|-------------|----|
| <b>MEDICAL PLAN</b>                  | 1. Incident Name                | 2. Date Prepared | 3. Time Prepared | 4. Operational Period |                                  |    |             |    |
|                                      | 5. Incident Medical Aid Station |                  |                  |                       |                                  |    |             |    |
| Medical Aid Stations                 | Location                        |                  |                  | Paramedics            |                                  |    |             |    |
|                                      |                                 |                  |                  | Yes                   | No                               |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
| 6. Transportation                    |                                 |                  |                  |                       |                                  |    |             |    |
| A. Ambulance Services                |                                 |                  |                  |                       |                                  |    |             |    |
| Name                                 | Address                         |                  |                  | Phone                 | Paramedics                       |    |             |    |
|                                      |                                 |                  |                  |                       | Yes                              | No |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
| B. Incident Ambulances               |                                 |                  |                  |                       |                                  |    |             |    |
| Name                                 | Location                        |                  |                  | Paramedics            |                                  |    |             |    |
|                                      |                                 |                  |                  | Yes                   | No                               |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
| 7. Hospitals                         |                                 |                  |                  |                       |                                  |    |             |    |
| Name                                 | Address                         | Travel Time      |                  | Phone                 | Helipad                          |    | Burn Center |    |
|                                      |                                 | Air              | Grnd             |                       | Yes                              | No | Yes         | No |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
| 8. Medical Emergency Procedures      |                                 |                  |                  |                       |                                  |    |             |    |
|                                      |                                 |                  |                  |                       |                                  |    |             |    |
| 9. Prepared by (Medical Unit Leader) |                                 |                  |                  |                       | 10. Reviewed by (Safety Officer) |    |             |    |