MEDICAL PLAN			2. Date Prepared 3. Time Prepared 4. O				Operational Period				
	5. Incide	ent Medical Ai	d Station								
Medical Aid Stations		Location						Paramedics			
		Location					Ye	Yes No			
		. Transportatio									
	A. A	mbulance Ser	vices		1						
Name	Address Phone					P	Paramedic				
							Y	es	No		
	B. In	cident Ambula	nces								
Name		Location						- T	edics		
								∋s	No		
							_				
		7. Hospitals						_	_		
Name	Address		avel Time	Phone		Helipad			Center		
		Ai	r Grnd			Yes	No	Yes	No		
	8. Medica	al Emergency P	rocedures								
9. Prepared by (Medical Unit Leader)	10. Reviewed by (	Safety Officer)									

MEDICAL PLAN			2. Date Prepared 3. Ti		ime Prepared	4. C	4. Operational Period					
		5. Incide	ent Medical.	Aid S	itation			1				
Medical Aid Stations			Location							Paramedics		
								١	/es	No		
									_			
		,	<b>T</b>									
			. Transporta Mulance S		-05							
										Param	nedics	
Name		Address				Phone			Yes	No		
		B. In	cident Ambı	llanc	ces							
Name		Location						Paramedics				
								)	'es	No		
									_			
									_			
			7 Hospital	<u> </u>								
7. Hospitals   Name Address					avel Time Pho			Helipad		Burn Center		
Name	Address	-	Air	Grnd	PHO		Yes		Yes	No		
		8. Medica	al Emergency	/ Pro	cedures							
9. Prepared by (Medical Unit Leader)			10. Reviewed b	y (Saf	ety Officer)							