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| **1. Incident Name** | | | **2. Operational Period (Date / Time)**  From:       To: | | | | | | **MEDICAL PLAN**  **ICS 206-CG** | | |
| **3. Medical Aid Stations** | | | | | | | | | | | |
| Name | | Location | | | | Contact # | | | | Paramedics On site (Y/N) | |
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| **4. Transportation** | | | | | | | | | | | |
| Ambulance Service | | Address | | | | Contact # | | | | Paramedics  On board (Y/N) | |
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| **5. Hospitals** | | | | | | | | | | | |
| Hospital Name | Address | | | | Contact # | | Travel Time | | | Burn Ctr? | Heli- Pad? |
| Air | Ground | |
|  |  | | | |  | |  |  | |  |  |
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| **6. Special Medical Emergency Procedures** | | | | | | | | | | | |
| **7. Prepared by: (Medical Unit Leader) Date/Time** | | | | **8. Reviewed by: (Safety Officer) Date/Time** | | | | | | | |
| MEDICAL PLAN ICS 206-CG (Rev.07/04) | | | | | | | | | | | |