

## **Medical Plan (ICS-206-WF)**

1A. INCIDENT NA	ME				1B. INCIDENT NUMBER					
2. OPER	ATIONA	PERIOD Date From		rom:		Date To:				
			Time F			Time To:				
3. INCIDENT MEDICAL AID STATION										
				Contact			Paramedics			
<b>Medical Aid Stations</b>		Location			(number or frequency)		,	⁄es	ı	No
4. TRANSPORTATION (indicate air or ground)										
								Level of		
					Contact		Service			
Medivac Services		Location			(number or frequency)		ALS		BLS	
F. HOCKITALS										
5. HOSPITALS Address Travel Time Contact Helipad Burn Ctr										
Hospital Name (Lat. A		Address  And Long if Helipad)	Air	Grnd	(number or frequency)		Y	pad N	Y	N
		. And Long II Helipad)	All	Gilia	(manner or me	quency	+ •	14	•	14
							1			
6. MEDICAL EMERO	GENCY P	ROCEDURES					1			I.
7. PREPARED BY	Position:		N	ame:						
	3. APPROVED BY Position			ame:						

ICS-206-CAN-WF REV 2023-Jan-05