

MEDICAL PLAN	TASK #	DATE PREPARED: TIME PREPARED:
FOR OPERATIONAL PERIOD #	TASK NAME:	PREPARED BY (LOGISTICS):

FIRST AID STATIONS			RESOURCE			
STATION NAME/CALL SIGN	RADIO FREQUENCY	LOCATION				

EVACUATION TEAM		RESOURCE								EQUIPMENT	
CALL SIGN:											<input type="checkbox"/> OXYGEN KIT C/W BAG, MASK & AIRWAYS
#	TEAM MEMBERS										<input type="checkbox"/> SPINE BOARD
1											<input type="checkbox"/> HEAD IMMOBILIZER
2											<input type="checkbox"/> HEAD SHIELD
3											<input type="checkbox"/> BASKET STRETCHER
4											<input type="checkbox"/> VACUUM SPLINT
5											<input type="checkbox"/> SAGER SPLINT
6											<input type="checkbox"/> SAM SPLINT
											<input type="checkbox"/> TRAUMA PACK
											<input type="checkbox"/> HYPOTHERMIA KIT
											<input type="checkbox"/> SUCTION KIT
											<input type="checkbox"/> DEFIBRILATOR
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>

AMBULANCE SERVICES			
ORGANIZATION	CONTACT	PHONE	RADIO (Mhz)

HOSPITALS						
NAME	LOCATION	TRAVEL TIME		PHONE		
		AIR	GROUND			
					ICS 206	