	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD

MEDICAL AID STATIONS	LOCATION	PARA MEDICS? YES
		☐
		☐
		☐
		☐
		☐

A. AMBULANCE SERVICES

NAME	ADDRESS	PHONE	PARA MEDICS? YES
			☐
			☐
			☐
			☐
			☐

B. INCIDENT AMBULANCES

NAME	LOCATION	PARA MEDICS? YES
		☐
		☐
		☐
		☐

NAME	ADDRESS	PHONE	TRAVEL TIME	TRAUMA CENTER? YES	HELIPAD? YES	BURN CENTER? YES
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

9. PREPARED BY (MEDICAL UNIT LEADER)	10. REVIEWED BY (SAFETY OFFICER)