

SOUTHERN BAPTIST DISASTER RELIEF - REGION 3

Arkansas, Texas-TBM, Texas-SBTC, Missouri, Louisiana, Oklahoma, Mississippi
SBDR R3 ICS 206 Medical Plan

MEDICAL PLAN SB ICS 206	1. INCIDENT NAME		1a. INCIDENT #	2. DATE	3. DAY #	
4. OPERATIONAL PERIOD						
START Date:		START Time:		End Date:		END Time:
5. INCIDENT MEDICAL AID STATIONS OR DOCTORS						
NAME		PHONE	LOCATION/ADDRESS		PARAMEDICS	
					YES	NO
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
6. HOSPITALS						
NAME		PHONE	ADDRESS		AIR TIME	GROUND TIME
7. AMBULANCES						
NAME		PHONE	LOCATION/ADDRESS		PARAMEDICS	
					YES	NO
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
8. MEDICAL EMERGENCY PROCEDURES						
9. PREPARED BY:						
11. REVIEWED BY: (SAFETY OFFICER)						
			10. POSITION:			
			12. DATE:			
			12a. TIME:			