

SAR 106		COUNTY #		DATE					
MEDICAL PLAN		STATE #		TIME					
INCIDENT NAME									
OPS PERIOD		OPS START		OPS END					
INCIDENT MEDICAL RESOURCES <i>(RESCUE, MEDICAL TRANSPORT, AID STATIONS)</i>				RESOURCE					
NAME/TYPE	CALL SIGN	RADIO FREQUENCY	LOCATION	FR	RN/PA/MD				
EQUIPMENT AND SPECIAL CONSIDERATIONS									
MEDICAL CONTROL									
ORGANIZATION	CONTACT		PHONE	RADIO FREQ.					
AIR RESOURCES									
ORGANIZATION	CONTACT		PHONE	RADIO FREQ.					
HOSPITALS / MEDICAL FACILITIES									
NAME	LOCATION	TRAVEL TIME		PHONE	URGENT CARE	TRAUMA UNIT	HELIPAD	BURN UNIT	HYPOTHERMIA
		AIR	GRND						
PREPARED BY		(SAFETY)	APPROVED BY		OSSA SAR				