

<b>Medical Plan Part B</b>	1. Incident name	2. Date prepared	3. Time prepared	4. Operational period
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**5. Incident Medics**

Name	Medical Training	Organization	Location/Assignment

**6. Medical Equipment** (attach additional sheets if required) ' additional sheets

Equipment	Current location	Equipment	Current location

**7. Transportation to Medical Site**

Medical Plan-B dbS 205B 1/96	8. Prepared by (Medical unit leader)	9. Reviewed by (Safety Officer)
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