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| Incident Action Plan |
| King County Technical Rescue |
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| **INCIDENT OBJECTIVES** | | | 1. Incident Name | | | | 2. Date | | 3. Time | | |
| **4. Operational Period** | | | | | | | | | | |
| 5. General Control Objectives for the Incident (include alternatives) | | | | | | | | | | |
| 6. Weather Forecast for Period | | | | | | | | | | |
| 7. General Safety Message | | | | | | | | | | |
| 8. Attachments (mark if attached) | | | | | | | | | | |
|  | Organization List - ICS 203 |  | | Medical Plan - ICS 206 | |  | | (0ther) | | | |
|  | Div. Assignment Lists - ICS 204 |  | | Incident Map | |  | | General message | | | |
|  | Communications Plan - ICS 205 |  | | Traffic Plan | |  | |  | | | |
| 9. Prepared by (Planning Section Chief) | | | | | | 10. Approved by (Incident Commander) | | | | |

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| **MEDICAL PLAN** | 1. Incident Name | | 1. Date Prepared | | | 1. Time Prepared | | | | 1. Operational Period | | | | | |
| 5. Incident Medical Aid Station | | | | | | | | | | | | | | | |
| Medical Aid Stations | | | Location | | | | | | | | Paramedics  Yes No | | | | |
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| 6. Transportation | | | | | | | | | | | | | | | |
| A. Ambulance Services | | | | | | | | | | | | | | | |
| Name | | Address | | | | | | Phone | | | Paramedics  Yes No | | | | |
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|  | |  | | | | | |  | | |  |  | | | |
| B. Incident Ambulances | | | | | | | | | | | | | | | |
| Name | | Location | | | | | | | | | Paramedics  Yes No | | | | |
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| 7. Hospitals | | | | | | | | | | | | | | | |
| Name | | Address | | | Travel Time  Air Ground | | | | Phone | | Helipad Yes No | | | Burn Center Yes No | |
|  | |  | | |  | |  | |  | |  | |  |  |  |
|  | |  | | |  | |  | |  | |  | |  |  |  |
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| 8. Medical Emergency Procedures | | | | | | | | | | | | | | | |
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| Prepared by (Medical Unit Leader) | | | | 10. Reviewed by (Safety Officer) | | | | | | | | | | | |

ICS 206

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| **GENERAL MESSAGE** | | | |
| **TO**: | POSITION: | | |
| FROM: | POSITION: | | |
| SUBJECT: | DATE: | | TIME: |
| MESSAGE: | | | |
|  | | | |
| Signature: | | POSITION: | |

ICS 213