

North King County Training Consortium



Incident Action Plan

Training Event/Type:	
Date(s):	

INCIDENT OBJECTIVES (ICS Form 202)

Incident Name:			
Date (s):		Time(s):	

General Control Objectives for the Incident/Training (Include alternatives) and List all JPRs:	
Weather Forecast for Duration:	
General Safety Measures/Message:	

ATTACHMENTS (Mark if Attached)

	Organization List – ICS 203		Communications Plan – ICS 205		Traffic Plan
	Div Assignment Lists – ICS 204		Incident Map		Other

Prepared By: _____	Approved By: _____
Agency: _____	Agency: _____
Date: _____	Date: _____

MEDICAL PLAN (ICS Form 206)

Incident Medical Aid Station			
Medical Aid Stations	Location	Paramedics	
		Yes	No
BLS/ALS	Command Post		

Transportation								
Ambulance Services								
Name	Address	Phone	Paramedic					
			Yes	No				
KC Medic One	17525 Aurora Ave N	206-533-6500						
Incident Ambulances								
Name	Address	Phone	Paramedic					
			Yes	Yes				
N/A								
Hospitals								
Name	Address	Travel Time		Phone	Helipad		Burn Center	
		Air	Ground		Yes	No	Yes	No
Harborview	325 9 th Ave, Seattle		20		x		x	
Evergreen	12040 NE 128 th , Kirkland		20					
Overlake	1035 116 th Ave NE, Bellevue		20					
UW Med Center	1550 N 115 th St, Seattle		20					

Medical Emergency Procedures

Prepared By: _____ Approved By: _____

Agency: _____ Agency: _____

Date: _____ Date: _____

GENERAL MESSAGE

To:		Position:			
From:		Position:			
Subject:		Date:		Time:	

Message:

Name: _____ **Position:** _____

Agency: _____

Signature: _____