



FEDERAL EMERGENCY MANAGEMENT AGENCY
Emergency Support Function-9 - Incident Support Team
National Urban Search and Rescue Response System

MEDICAL INTELLIGENCE DATA	INCIDENT	REPORTING UNIT ESF #9	FORM ICS 206 - A revised — 11/00
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DISASTER #:	OPS PERIOD:	DATE/TIME PREPARED:	PREPARED BY:
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A. GENERAL EVENT INFORMATION

Event Type:	Date/Time of Event:
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Situation Assessment:

B. LOCAL AREA CONDITIONS

Endemic Threats:	Disease:
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(incl for canine)	Insects:
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Environmental threats:

Animals:

Botanicals:

Technical Hazards: [] Chemical Storage [] Site	Material	ID Number	Fire/Expl Hazard	Health Hazard	Mitigation

C. LOCAL RESOURCES

EMS system POC:	Phone #:	Cell#:	Pager#:	Contact Method:
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Medical Dir, EMS POC:	Phone #:	Cell#:	Pager#:	Contact Method:
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Veterinary POC:	Phone #:	Cell#:	Pager#:	Contact Method:
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DoD Medical POC:	Phone #:	Cell#:	Pager#:	Contact Method:
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DFO ESF-8 Rep:	Phone #:	Cell#:	Pager#:	Contact Method:
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DFO ESF-9 Rep:	Phone #:	Cell#:	Pager#:	Contact Method:
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Hospitals (Name)	Location	Capab/Assessment	Travel Time	POC	Comm Method

Trauma facilities []-	HBO facilities []-
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Pediatric facilities []-	Burn Center []-
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EMS/Air Evac- Name	Location	Capab/Destination	Response Time	POC	Comm Method

D. EVACUATION PROCEDURES FOR INJURED/ILL TF PERSONNEL

Contact:	Phone number:	Radio Freq:
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Medevac locations:	Mode of Transport:	Destination:
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Procedures:

TF Member Accompanying:	Notified: TF Leader[] IST Leader [] Sponsoring Org. []
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Tested []	Date/hour:	By:
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ADDENDUM SHEET

NAME/TITLE _____

A. GENERAL EVENT INFORMATION

- A-1 _____
- A-2 _____
- A-3 _____
- A-4 _____
- A-5 _____
- A-6 _____
- A-7 _____
- A-8 _____
- A-9 _____
- A-10 _____

B. LOCAL AREA CONDITIONS

- B-1 _____
- B-2 _____
- B-3 _____
- B-4 _____
- B-5 _____
- B-6 _____
- B-7 _____
- B-8 _____
- B-9 _____
- B-10 _____

C. LOCAL RESOURCES

- C-1 _____
- C-2 _____
- C-3 _____
- C-4 _____
- C-5 _____
- C-6 _____
- C-7 _____
- C-8 _____
- C-9 _____
- C-10 _____



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D. MEDICAL ANCILLARY INFORMATION

- D-1 _____
- D-2 _____
- D-3 _____
- D-4 _____
- D-5 _____
- D-6 _____
- D-7 _____
- D-8 _____
- D-9 _____
- D-10 _____

E. EVACUATION PROCEDURE FOR INJURED/ILL TF PERSONNEL

- E-1 _____
- E-2 _____
- E-3 _____
- E-4 _____
- E-5 _____
- E-6 _____
- E-7 _____
- E-8 _____
- E-9 _____
- E-10 _____

F. TASK FORCE HEALTH MAINTENANCE

- F-1 _____
- F-2 _____
- F-3 _____
- F-4 _____
- F-5 _____
- F-6 _____
- F-7 _____
- F-8 _____
- F-9 _____
- F-10 _____

G. SUMMARY OF RECOMMENDATIONS/PLANNED MEDICAL ACTIVITIES

- G-1 _____
- G-2 _____

