

<u>PROJECT/FIRE NAME:</u>				
<u>UNIT:</u>			<u>DATE:</u>	
LOCATION OF MEDI-VAC SITE				
<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>Latitude</u>	<u>Longitude</u>
<u>Geographic Location:</u>				
<u>Elevation:</u>		<u>Know Hazards:</u>		
<u>Ground Access:</u>				
<u>County:</u>		<u>Phone #:</u>		<u>Resources:</u>
<u>Nearest Hospital:</u>		<u>Phone #:</u>		
<u>Nearest Life Flight:</u>		<u>Phone #:</u>		
<u>Remarks:</u>		<u>Repeater Used:</u>		

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