



STATE MEDICAL ASSISTANCE TEAM 100

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name: MEDICAL	2. Date/Time Prepared: Date: _____ Time: _____	3. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____
--	--	---

4. Basic Radio Channel Use:										
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NA C	Mode (A, D, or M)	Remarks

Special Remarks:

6. Prepared by (Communications Unit Leader): Name: _____	Signature: _____
ICS 205	IAP Page _____ Date/Time: _____