Eastern Healthcare Preparedness Coalition
State Medical Assistance Team II
Emergency Support Function – 8 -Public Health and Medical Service

TELEPHONE CONTACT LIST	INCIDENT:	REPORTING UNIT COMU	FORM **ICS 205A** 2/95
DISASTER #:	OPS PERIOD:	DATE/TIME PREPARED:	UNIT LEADER:
NAME:	**REPRESENTING:**	**PHONE #**	**PAGER/EMAIL:**