Приложение № 3

к распоряжению Департамента здравоохранения Томской области

от «\_\_\_» \_\_\_\_\_\_\_\_ 2026 г. № \_\_\_\_

«УТВЕРЖДАЮ

Главный врач (и.о. главного врача)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

«\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2026 г.

**Календарный план**

**основных мероприятий службы медицины катастроф по ликвидации последствий прогнозируемых затоплений на территории \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ района (города) в 2026 году**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **№**  **п/п** | **Мероприятия** | | **Сроки выполнения** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Ответственный исполнитель** |
| **В РЕЖИМЕ ПОВСЕДНЕВНОЙ ДЕЯТЕЛЬНОСТИ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Сроки выполнения помесячно** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **январь** | | | **февраль** | | | | **март** | | | | **апрель** | | | | **май** | | | | | **июнь** | | | | | **июль** | | | | **август** | | | | **сентябрь** | | | **октябрь** | | | | | **ноябрь** | | | | **декабрь** | | |  |
| 1. |  | |  | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | |  | | | | |  | | | |  | | |  |
|  |  | | **В РЕЖИМЕ ПОВЫШЕННОЙ ГОТОВНОСТИ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Ответственный исполнитель** |
| **сроки выполнения**  **от момента принятия решения о введении режима повышенной готовности** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **минуты** | | | | | | | | | **часы** | | | | | | | | | | | | | | | | | | | | | | | | | | | | сутки | | | | | | | | | | |
|  | | 5 | 10 | | | 30 | | 45 | | | 1 | | | 2 | | 2,5 | | | 3 | | 4 | | | 6 | | 8 | | | 10 | | | 12 | | 18 | | 24 | | | | 2 | | | 3 | | 4 | | | 5 | |  |
| 1 |  | |  |  | | |  | |  | | |  | | |  | |  | | |  | |  | | |  | |  | | |  | | |  | |  | |  | | | |  | | |  | |  | | |  | |  |
|  | |  | **В РЕЖИМЕ ЧРЕЗВЫЧАЙНОЙ СИТУАЦИИ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Ответственный исполнитель** |
| **Сроки выполнения от «Ч»** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | **минуты** | | | | | | | | | | **часы** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **сутки** | | | | | | | |  |
|  | |  | 5 | | 10 | | | 30 | | | 45 | | 1 | | | 2 | | | 2,5 | | 3 | | | 4 | | 6 | | | 8 | | 10 | | | 12 | | 18 | | 24 | | | | 2 | | | 3 | | 4 | | | 5 |  |
| 1 | |  |  | |  | | |  | | |  | |  | | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | |  | | | |  | | |  | |  | | |  |  |

Заместитель главного врача(специалист) по ГО и ЧС \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ »