



INTERNATIONAL SUSTAINABLE DEVELOPMENT  
STUDIES INSTITUTE

สถาบันการศึกษาการพัฒนาที่ยั่งยืนนานาชาติ

# COURSE LOG



Course Name: \_\_\_\_\_

Group: \_\_\_\_\_

Semester: \_\_\_\_\_

Block: \_\_\_\_\_

Dates: \_\_\_\_\_

## DAILY LOG

|            |       |
|------------|-------|
| Date:      | _____ |
| Your Name: | _____ |
| Location:  | _____ |

**Description** (distance traveled, major activities, etc.):

**Problems and Responses:**

**Other Comments:**

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## INCIDENT REPORT

This form is to be filled out when there is a significant issue, behaviour, injury or illness impacting the student, group or community.

|                   |       |
|-------------------|-------|
| Institution Name: | _____ |
| Who:              | _____ |
| Date/Time:        | _____ |
| Location/Context: | _____ |
| Type of Incident: | _____ |

**Narrative:**

**Assessment and Analysis:**

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## EVACUATION WORKSHEET

This information is to be filled out **before** calling

|                  |       |
|------------------|-------|
| Name of evacuee: | _____ |
| Sex / Age:       | _____ |
| Location:        | _____ |

Description of problem and condition:

Planned manner of evacuation:

Is assistance needed in arranging evacuation?  No  Yes  
Details of needed assistance

Is additional medical equipment or personnel needed?  No  Yes  
Details of additional equipment or personnel

Estimated time/date evacuation will start: \_\_\_\_\_

Estimated duration for evacuation: \_\_\_\_\_

Backup plans:

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**PROLONGED ILLNESS / INJURY FORM**

A prolonged illness or injury is when a person has been sick or injured for more than 72 hours with no significant improvement in symptoms.

|                     |  |
|---------------------|--|
| Name of patient:    |  |
| Sex / Age:          |  |
| Time/Date of onset: |  |
| Time/Date of form:  |  |

**Presenting Problem:** *(Provide details of the major signs and symptoms of illness or injury).*

**Summary of past 72 hours:** *(Provide details of signs and symptoms, patient comments, treatments, etc., since onset of illness or injury)*

**Transportation Safety Check List:**

For all types: bus, van, songtaew, truck, speedboat, long-tailed boat, etc.

- Driver:** alert, cautious, sober, substitute if ride is longer than 8 hours
- Vehicle** safe & in good condition: tire tread, lights, PFDs provided
- Driver & vehicle have appropriate **license**, authority to operate
- Walk around/overview:** final check of vehicle/boat

**Accommodations Check List:**

For all types: guesthouse, resort, etc.

- Security:** door locks work, safe place available to store valuables
- Fire/Exit:** clearly labeled fire exits and/or clear egress from the building
- Rally point:** review with group where to meet in the case of emergency

**Host Family Field Safety Procedures:**

- Meet local host family eligibility requirements (determined by CBT or local coordinator)
- Reputation for dependability and trust
- Understand and follow student safety policies (i.e. no driving, no alcohol with family members, etc.)
- Demonstrate interest in hosting student, have time to spend with students

**Continuing Patient Observations and Treatment:**

|                 |  |
|-----------------|--|
| Time/Date:      |  |
| Staff Name:     |  |
| Notes (S/S/Tmt) |  |
| Time/Date:      |  |
| Staff Name:     |  |
| Notes (S/S/Tmt) |  |
| Time/Date:      |  |
| Staff Name:     |  |
| Notes (S/S/Tmt) |  |

**Safety Concerns**

Transportation, Accommodations, or Host Family

|                   |  |
|-------------------|--|
| Your Name:        |  |
| Course Area:      |  |
| Describe Concern: |  |
| Your Name:        |  |
| Course Area:      |  |
| Describe Concern: |  |
| Your Name:        |  |
| Course Area:      |  |
| Describe Concern: |  |