

LSUHSC New Orleans  
Global Health Education  
On-Site Preceptor/Mentor Facilities Checklist

Name of GHEO Participant(s): \_\_\_\_\_

Site Name: \_\_\_\_\_ City, Country: \_\_\_\_\_  
Location: \_\_\_\_\_

Dates of On-Site Visit: Start \_\_\_\_\_ End \_\_\_\_\_

Accommodation Details (Please check appropriate response) Do On-site facilities include:

- |                                |     |    |
|--------------------------------|-----|----|
| 1. <b>Electricity</b>          | Yes | No |
| 2. <b>Running water</b>        | Yes | No |
| 3. <b>Bathing facilities</b>   | Yes | No |
| 4. <b>Bathroom facilities</b>  | Yes | No |
| 5. <b>On-site security</b>     | Yes | No |
| 6. <b>Food services onsite</b> | Yes | No |

Are living quarters and educational activity location(s) the same? Yes No\*

\*If no, do both locations have comparable amenities? Yes No\*\*

\*\*If no, please describe what differences exist between locations:

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Please include any other details that may be helpful in evaluating conditions at the site(s):

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*\*Please provide supporting photographs of the facilities as available.*

Secure local transportation services are provided by Preceptor/Site: Yes No\*\*\*

\*\*\*If No, provide information for safe local transport: \_\_\_\_\_

Local **non-emergency** medical services are available at the following location(s): \_\_\_\_\_

I confirm the above information regarding On-Site Accommodations/Local Services is accurate.

\_\_\_\_\_  
Name of On-Site Preceptor/Mentor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date