MIT ALUMNI TRAVEL PROGRAM

MASS CASUALTY FORM

To be completed by MIT Host/Faculty accompanying travelers.

Please document the details of the incident, which would include cases involving many travelers, on a larger scale. Return the completed form upon your return. Also, depending on the circumstance, this form may need to be submitted as working documentation during the crisis.

Trip:_______________________________________ Date of occurrence:______________

1. Circumstance:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

2. Location and surrounding environment:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

3. Name(s) and contact information for local tour director in charge and other key travel staff:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

4. Detail the plan for the group as directed by the tour company, including dates and times of action:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
5. Detail any additional directives by local authorities, including dates and times of action:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

6. Was the medical insurance carrier/medical evacuation carrier notified? Yes ___ No ___ If yes when?
Please document contact names and directives.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

7. Host’s impression of the overall physical condition travelers:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

8. Host’s impression of the overall attitude of the travelers:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

9. Were travelers evacuated safely from the scene?

Yes ____ No ____ if yes, at what time/date? ______________________ When and by what means?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
10. In the case of death, list those present to document the deceased's belongings:

____________________________________________________________________

____________________________________________________________________

11. In the case of death, provide detail on arrangements for the remains:

____________________________________________________________________

____________________________________________________________________

12. In the case of death, provide confirmation that you or another member of the tour staff have documentation for certificates of death and the autopsy report and provide any information:

____________________________________________________________________

____________________________________________________________________

13. In the case of death, please detail, to the best of your knowledge, family members and others notified of their passing:

____________________________________________________________________

____________________________________________________________________

Host’s/Leader’s Name: _____________________________ Date: ______________

Please Print

Signature: _____________________________

See next page for more detail
**Please be sure to attached copies of documentation, official forms, or correspondence to this report**