

Open

Sample Preliminary Report Outlines
 This presents three different sample outlines for the Preliminary Research Report, using different research topics presented in an earlier English 102 class (April 2011). I have edited the outlines somewhat, mostly by re-arranging ideas into the appropriate section (for example, moving some questions out of III and moving them into II or vice versa).

After the examples I present a brief review of style/voice—in other words, how to write up your information in each section, by demonstrating how you might begin each section.

In these examples section I and II present questions that the Preliminary Report would answer. For example, the first paper would answer the question “What happened, when, where, and so what?” Section III presents questions that the Preliminary Report would never consider. For example, the first paper would point out that experts are still debating whether the Army Corps of Engineers was negligent. You don’t have to answer these questions in your report, just mention what a few such questions are.

In these examples section IV looks at possible answers to the research question. In your actual paper you’ll present one answer—the one you think is best—and a very brief (1-2 sentences) explanation of why you think that answer is best.

Topic: Hurricane Katrina

Subtopic: Government response and public reaction

Research Question: Why was the public unhappy with the government’s response to Katrina?

- I. Introduce the overall topic, explain basic info about that topic
 - a. Who: People of the south surrounding N.O.
 - b. What: Big hurricane that devastated the area.
 - c. Where: Southern United States (i.e. Louisiana, South Florida, Mississippi).
 - d. When: End of August 2005
 - e. Why: High Pressure, Low Pressure, Warm temperature, and combos. Natural Disaster, global warming, linked to climate change.
- II. Introduce the specific topic you intend to focus on, explain basic info about that topic
 - a. Before Katrina and during Katrina: Government’s self efforts.
 - b. General opinion about the government.



HEALTH & SAFETY AUDIT REPORT

Smithy Bridge Primary school

carried out by Michelle Walker, Technical & Admin Support Assistant
on 8th July 2014

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Policies and procedures	2
Buildings	5
Curriculum areas	8
Action plan	9

Introduction

As part of Rochdale Metropolitan Borough Council's health and safety monitoring process, your school has recently been through a health and safety audit.

The audit is a tool used to determine the effective implementation of the school's health and safety standards. This report has been prepared to identify the strengths and weaknesses in your health and safety management system. It provides recommendations for consideration, giving a basis from which continuous improvement to the standards of health and safety can be made.

The audit was conducted by reviewing the school's health and safety documentation and procedures. This was followed by a tour of the site and associated buildings. In the time available the audit did not confirm every activity affecting the school, although every effort has been made to identify a realistic picture.

N.B. The report only comments on the conditions observed, information supplied and impressions gained at the time of the visit and should not be taken as identifying all areas of possible unsafe conditions and/or contravention of statutory requirements.

Legal Responsibilities

The health and safety responsibilities within a foundation school lie with the Headteacher and governing body.

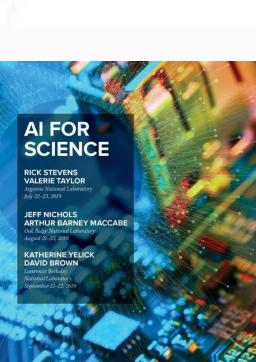
The governing body, having control of the premises, must take reasonable steps to ensure the building, equipment and materials are safe and do not put the health of persons at risk whilst they are on the premises.

The Headteacher, with delegated responsibility for the day-to-day management of the school, has a particular role in ensuring that the governing body's health and safety policies and procedures are carried out. The Headteacher and governing body may adopt the Local Authority's health and safety policies and practices or, if they prefer, can produce their own.

Summary

There is evidence of a positive health and safety culture within the school, with particularly strong commitment from the Headteacher, Deputy Headteacher and Site Manager. Record keeping standards within the school are excellent, with all current documentation being complete and readily to hand.

Whilst no significant concerns were noted on the day of the audit, recommendations for minor improvements are included within the report. The main issue was the lack of servicing records for the outdoor play equipment, however evidence was provided that this is already being addressed.



END STAGE RENAL DISEASE MEDICAL EVIDENCE REPORT

MEDICARE ENTITLEMENT AND/OR PATIENT REGISTRATION

A. COMPLETE FOR ALL ESRD PATIENTS Check one: <input type="checkbox"/> Initial <input type="checkbox"/> Re-entitlement <input type="checkbox"/> Supplemental																																					
1. Name (Last, First, Middle initial)																																					
2. Medicare Beneficiary Identifier or Social Security Number																																					
3. Date of Birth (mm/dd/yyyy)																																					
4. Patient Mailing Address (include City, State and Zip)																																					
5. Phone Number (including area code)																																					
6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino (Complete Item 9)																																					
7. Ethnicity <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander+ <input type="checkbox"/> Yes <input type="checkbox"/> No																																					
8. Country/Area of Origin or Ancestry <input type="checkbox"/> Other																																					
9. Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaska Native																																					
10. Is patient applying for ESRD Medicare coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No																																					
Print Name of Insured/Principal Taker																																					
11. Current Medical Coverage (Check all that apply) <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer Group Health Insurance (check if yes _____ OR <input type="checkbox"/> VA <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Other																																					
12. Height _____ cm <input type="checkbox"/> inches _____ ft _____ in _____																																					
13. Dry Weight _____ pounds _____ kg <input type="checkbox"/> inches _____ ft _____ in _____																																					
14. Primary Cause of Renal Failure (Indicate from back of form)																																					
15. Employment Status (6 mos prior and current status) <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired due to Age/Preference <input type="checkbox"/> Retired (Disability) <input type="checkbox"/> Medical Leave of Absence <input type="checkbox"/> Student																																					
16. Co-Morbid Conditions (Check all that apply currently and/or during last 10 years)* See instructions a. <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Malignant neoplasm, Cancer b. <input type="checkbox"/> Atherosclerotic heart disease ASHD <input type="checkbox"/> Toxic nephropathy c. <input type="checkbox"/> Other cardiac disease <input type="checkbox"/> Alcohol dependence d. <input type="checkbox"/> Cardiovascular disease, CVA, TIA* <input type="checkbox"/> Drug dependence* e. <input type="checkbox"/> Peripheral vascular disease* <input type="checkbox"/> Inability ambulate f. <input type="checkbox"/> History of hypertension <input type="checkbox"/> Inability transfer g. <input type="checkbox"/> Amputation <input type="checkbox"/> Needs assistance with daily activities h. <input type="checkbox"/> Diabetes, currently on insulin <input type="checkbox"/> Institutionalized i. <input type="checkbox"/> Diabetes, on oral medications <input type="checkbox"/> 1. Assisted Living j. <input type="checkbox"/> Diabetes, without medications <input type="checkbox"/> 2. Nursing Home k. <input type="checkbox"/> Diabetic retinopathy <input type="checkbox"/> 3. Other Institution l. <input type="checkbox"/> Chronic obstructive pulmonary disease <input type="checkbox"/> w. <input type="checkbox"/> Non-renal congenital abnormality m. <input type="checkbox"/> Tobacco use (current smoker) <input type="checkbox"/> x. <input type="checkbox"/> None n. <input type="checkbox"/> Malignant neoplasm, Cancer o. <input type="checkbox"/> Toxic nephropathy p. <input type="checkbox"/> Alcohol dependence q. <input type="checkbox"/> Drug dependence* r. <input type="checkbox"/> Inability ambulate s. <input type="checkbox"/> Inability transfer t. <input type="checkbox"/> Needs assistance with daily activities u. <input type="checkbox"/> Institutionalized v. <input type="checkbox"/> 1. Assisted Living w. <input type="checkbox"/> Nursing Home x. <input type="checkbox"/> Other Institution y. <input type="checkbox"/> None																																					
17. Prior to ESRD therapy: a. Did patient receive exogenous erythropoietin or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, answer: <input type="checkbox"/> <6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> >12 months b. Was patient under care of a nephrologist? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, answer: <input type="checkbox"/> <6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> >12 months c. Was patient under care of kidney dietitian? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, answer: <input type="checkbox"/> <6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> >12 months d. What access was used on first outpatient dialysis? <input type="checkbox"/> AVF <input type="checkbox"/> Graft <input type="checkbox"/> Catheter <input type="checkbox"/> Other If not AVF, then: Is maturing AVF present? <input type="checkbox"/> Yes <input type="checkbox"/> No Is maturing graft present? <input type="checkbox"/> Yes <input type="checkbox"/> No																																					
18. Laboratory Values Within 45 Days Prior to the Most Recent ESRD Episode. (Lipid Profile within 1 Year of Most Recent ESRD Episode)																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">LABORATORY TEST</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DATE</th> <th style="text-align: left;">LABORATORY TEST</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DATE</th> </tr> </thead> <tbody> <tr> <td>a.1. Serum Albumin (g/dl)</td> <td></td> <td></td> <td>d. HbA1c</td> <td>%</td> <td></td> </tr> <tr> <td>a.2. Serum Albumin Lower Limit</td> <td></td> <td></td> <td>e. Lipid Profile TC</td> <td></td> <td></td> </tr> <tr> <td>a.3. Lab Method Used (BCG or BCP)</td> <td></td> <td></td> <td>f. LDL</td> <td></td> <td></td> </tr> <tr> <td>b. Serum Creatinine (mg/dl)</td> <td></td> <td></td> <td>g. HDL</td> <td></td> <td></td> </tr> <tr> <td>c. Hemoglobin (g/dl)</td> <td></td> <td></td> <td>h. TG</td> <td></td> <td></td> </tr> </tbody> </table>		LABORATORY TEST	VALUE	DATE	LABORATORY TEST	VALUE	DATE	a.1. Serum Albumin (g/dl)			d. HbA1c	%		a.2. Serum Albumin Lower Limit			e. Lipid Profile TC			a.3. Lab Method Used (BCG or BCP)			f. LDL			b. Serum Creatinine (mg/dl)			g. HDL			c. Hemoglobin (g/dl)			h. TG		
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c. Hemoglobin (g/dl)			h. TG																																		
B. COMPLETE FOR ALL ESRD PATIENTS IN DIALYSIS TREATMENT																																					
19. Name of Dialysis Facility <input type="checkbox"/> Medicare Provider Number (For Item 28)																																					
20. Primary Type of Dialysis <input type="checkbox"/> Hemodialysis (Sessions per week _____ hours per session _____) <input type="checkbox"/> CAPD <input type="checkbox"/> COPD <input type="checkbox"/> Other																																					
21. Primary Dialysis Setting <input type="checkbox"/> Home <input type="checkbox"/> Dialysis facility <input type="checkbox"/> SNF/Long Term Care Facility																																					
22. Date Regular Chronic Dialysis Began (mm/dd/yyyy)																																					
23. Date Patient Started Chronic Dialysis at Current Facility (mm/dd/yyyy)																																					
24. Has patient been informed of kidney transplant options? <input type="checkbox"/> Yes <input type="checkbox"/> No																																					
25. If patient NOT informed of transplant options, please check all that apply: <input type="checkbox"/> Patient declined information <input type="checkbox"/> Patient has not been assessed <input type="checkbox"/> Patient is not eligible medically <input type="checkbox"/> Other																																					

In line with this, it also adds to the infinity of research that are being made on the subject of the incursions. Maintain a record of evidence to better catalog them. In addition to maintaining a record of evidence is sketching the scene and the area where the extension of the damage is evident. A more in-depth analysis of patterns and tenders can also be studied to develop more accurate and aggressive security education programs that are inspired by past occurrences, with better ways to prevent drastic injuries and worse, fatalities. With a more developed security education program, individuals and communities can improve the public awareness and work better to mitigate the risks in case of a retarded response. It is a preventive measure in itself. There, for better encapsulating our points in one only, the rectors of incident investigation work simultaneously as a preventive measure that encourages better anti-fighting and more operative. On a large scale and punctual. Such as conducting an incency investigation if it was not obvious so, should be clear now that a report of incident investigation involves a systematic process Tico applying a medium scientific even more meticulous. In fact, there is no definite way to know, but the team that works in the incident is definitely to give their best to get quickly to the investigation fund. Describe the scenes as you would make an entry in a personal diary. In the extent possible, the report must be null, of personal testimonials and must be, in the best hypotheses, factual. The faqsdependent of some considerable factors, such as the size of the inception, the number of witnesses present, The number of wounded and injured, the extension of the damage caused on the property or, if there is a system of circumstances that justify strong suspicions, an investigation.

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