

AFTER PROJECT:

Out-puts Achieved: (e.g. number of trees planted, area weeded or volume of weed removed, length of fence erected or repaired etc.)

Significant Incidents/Events:

Injuries Reported:

Were these recorded in the accident book/register of injuries?

Yes No

Weather Conditions:

Total number of participants on today's project:

Time of first arrival on site:

Final check of site conducted by:

(Check for tools, chemicals, wire left behind, unfilled holes, etc.)

Time last person left site:

Overall project success rating:

(Disappointing 1 — 2 — 3 — 4 — 5 Extremely Successful)

Recommendations to committee:

Signed:

Name (please print):

Date:
