PROJECT REPORT

BEFORE PROJECT	Г:				
Group:			Date:	/	/
Project Location:					
Project Manager:					
Major Tasks Planne	ed:				
DURING PROJEC	т:				
Attendance Recor	d				
Name	Address	Phone	Pre-existings Checked	Start Time	Finish Time
Safety briefing cor	nducted by:				



AFTER PROJECT:		
Out-puts Achieved: (e.g. number of trees	planted, area weeded or volume of weed remo	ved, length of fence erected or repaired etc.)
Significant Incidents/Events:		
Injuries Reported:		
Were these recorded in the accident book	<pre></pre>	Yes No No
Weather Conditions:		
Total number of participants on today's p	roject:	
Time of first arrival on site:		
Final check of site conducted by:		
(Check for tools, chemicals, wire left behin	nd, unfilled holes, etc.)	
Time last person left site:		
Overall project success rating:		
(Disappointing 1 — 2 — 3 — 4 — 5 E	Extremely Successful)	
Recommendations to committee:		
Signed:	Name (please print):	Date:

