

Lothians Conservation Volunteers**Task Record**

DATE		SITE	
RANGER		CLIENT	
LEADER		DRIVER	

VOLUNTEERS – Please write your name CLEARLY in BLOCK CAPITALS

Please tell the Leader discreetly of any medical condition or disability that might affect your work and safety. **It is your responsibility to ensure that each Leader you work with is aware of any relevant medical condition.**

If you are a new volunteer or your contact details have changed please complete a Volunteer Details form.

3	10
4	11
5	12
6	13
7	14
8	15
9	16

Tools taken on task

Task Report: to be left in minibus for collection

Volunteers

Workdays

Mileage

No Show Names

Work Description**Site & Work Issues** (hazards observed, suggestions for future Risk Assessments etc.)**Client Issues****Tool Issues / Breakages / Losses****Minibus Issues****Volunteer Issues****Other Noteworthy Incidents**