

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