

STEWARD NAME: _____

SEASON/YEAR: _____

Green Street Steward Activity Log

If completing file electronically, be sure to save the PDF as you fill it out.

DATE	ACTIVITY						DEBRIS- NUMBER OF BUCKETS (5 gal) Debris includes leaves, sticks, weeds, etc.	TRASH- NUMBER OF BUCKETS (5 gal) How much trash did you collect?	NUMBER OF PEOPLE How many people helped today?	NUMBER OF FACILITIES	NUMBER OF HOURS How much time did you spend at your green street(s)?	TIME/VISIT TOTAL Multiply the number of people by number of hours.
	Cleared curb openings	Cleared drains	Removed trash/debris	Removed sediment	Watered	Removed weeds						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						hours
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						hours
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						hours
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						hours
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						hours
TOTALS												hours

NOTES: