Field Crew Report, Daily Log

| Crew Leader(s): MCC Crew #: 20 | | | | | | |
|--------------------------------|-----------------------|-------|-------------|--|--|--|
| Project Code: 20 | Project Dates: _ | | Pay Period: | | | |
| | ew Dynamics, Health a | | | | | |
| Date: | | Date: | | | | |
| | | | | | | |
| PA: | | PA: | | | | |
| Date: | | Date: | | | | |
| PĀ: | | PA: | | | | |
| Date: | | Date: | | | | |
| | | | | | | |
| PA: | | PA: | | | | |
| Date: | I | Date: | | | | |
| PA: | | PA: | | | | |
| | | | | | | |
| Date: | | Date: | | | | |
| PA: | | PA: | | | | |
| Date: | | Date: | | | | |
| | | | | | | |
| PA: | | PA: | | | | |
| Date: | | Date: | | | | |
| PA: | | PA: | | | | |

Tailgate Safety Session Daily Sign-In Project Code: 20_ Initials **Printed Name** Signature JHA's or Safety Memo's Delivered

Hitch Summary

| MCC Crew #: 20 | Project Code: 20 Pay Period: |
|---|--|
| Individual Well Being- Crew | Roster Do you have any equipment/tool concerns? |
| | |
| | |
| | What Compass lesson did you facilitate? How did it go? |
| | |
| | |
| | How was the project and relationship with the partner? |
| | |
| | |
| Notes: (use back if necessary) | Do you need staff support? |
| | |
| | |
| | |
| Crew Dynamics: (circle all that d fun friendly collaborative flexi | scribe your current dynamic, cross out any that don't apply) le supportive professional innovative motivated |
| positive divided stressed tens | |
| forming storming norming perf | |
| Name an effective leadership strategy anything you would adjust or change | or style you used during the hitch to support your crew. Is there looking ahead to the next hitch? |
| | |
| | |
| Pohavier Management Delive | rad (informal comming combal comming Debasion Change Combants) |
| benavior Management Denve | red (informal warning, verbal warnings, Behavior Change Contract) |
| | |
| Davis de Daves de Lieux Conse | |
| Project Documentation Comp | District (Constant (Colorford) |
| ♦ Project Accomplishments | Submitted by |
| Submitted by | |
| Partner EvaluationDelivered to | · |

Notes and Check-In

| Additional Crew Notes: | | | | | |
|------------------------------|--|----|-------|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Check-in Notes: Facilitator: | | Da | te: | | |
| MCC Crew #: 20 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Program Manager Reviewer: _ | | [| Oate: | | |
| | | | | | |