COUNTY	
INFORMAL SETTLEMENT NAME	
INTERVENTION (S) BEING IMPLEMENTED	
DATE OF REPORT	

SUMMARY OF DAILY ACTIVITIES

Please describe the day's activities including any challenges encountered

Key issues to be escalated and/or resolved

Notes on tomorrow's task plan

SIGNATURE

OFFICER NAME

DATE

COUNTY	
INFORMAL SETTLEMENT NAME	
DATE OF REPORT	

REPORT ON TODAY'S PLAN							
Task	**Completion Target (units per day)**	**Status of work completed (in %)**	**No. of Skilled Workers**	**No. of Semi - Skilled Workers**	**No. of Unskilled Workers**	**Equipment Used**	**Remarks**
Construction of foundation walls *(Sm constructed)*							

SIGNATURE

OFFICER NAME

DATE

COUNTY	
INFORMAL SETTLEMENT NAME	
DATE OF REPORT	

TODAY'S INCIDENCE REPORT							
Incidence	**Victim/ Involved Person**	**Cause**	**Injury Type**	**Status of Victim**	**Status of corrective Actions**	**Reporting Status**	**Remarks**
Mason fell off scaffolding	Otieno Tarus	Scafolding breaking	Broken hand and soft tissue injuries	Treated in outpatient health facility	All works at heights stopped until all scaffolding is repaired and inspected.	Preliminary report to World Bank done	Incidence to be reported to insurer for compensation

SIGNATURE

OFFICER NAME

DATE