Action Register

Date: _____

Goal (choose from goals listed below): _____

Task completed: _____

Type of task (circle appropriate task type):

Meeting Who attended by: _____
_____
_____
_____

Education Number attended: _____ Number distributed: _____

Distributed to:_____

Investigation Sources of information: _____
_____

Field Work Description of Activity:_____
_____
_____

Other Description of Activity:_____
_____
_____

Please describe to which goal(s) or objective(s) this task applies, a listing of other actions required based on this task, and any suggested future actions.

_____
_____
_____
_____
_____

Task completed by:_____

Goals:

Goal 1: Increase stakeholder participation
Goal 2: Identify and begin to address *E. coli* issues
Goal 3: Reduce nutrient load
Goal 4: Reduce sediment load