

Goffstown Adopt-A-Spot Program Clean Up Report

Following each clean up the Group complete a Clean Up Report. The Report needs to be delivered to the Goffstown Department of Public Works office within a week of event completion.

Group Name: _____

Date of Cleanup _____

Road/Spot Name _____

Number of bags filled _____

Number of Miles/Kilometers _____

Hours Spent Cleaning _____

Number of Participants _____

Name of Designated Safety Person _____

In the space below please indicate any large, unusual or hazardous materials found during the clean up and give the approximate location of the material:

Were there any injuries that occurred during the clean up? Yes ___ / No ___ If Yes, please explain:

Are there any comments or suggestions regarding the Adopt-A-Spot Program, or your experience on this particular cleanup?

Signature of the person completing this form: _____ Date: _____

Phone #: