Weekly Summary

(completed by onsite shredder manager)

From: _____ **To:** _____ **Year:** _____

Shredder ID: _____

Usage

Total number of visits: _____

Total number of families benefiting: ____

Estimated people benefiting:

Adults (age 18+) _____

Youth (age 12-17) _____

Children (age 0-11) _____

Total people benefiting: _____

Maintenance performed this week:

_____

_____

Problems or repairs needed:

_____

_____

Frequency of cleaning:

_____

Production

Total kilograms of breadfruit processed:

_____ kg

Number of processing days: _____

Important activities, successes, or challenges this week: (use back of page if needed)

_____

_____

_____

_____

Economic Impact

Average fee paid per visit (HTG): _____

Income collected (before wages and expenses) (HTG): _____

Completed by: _____ **Date:** _____