## **Group Task Report**

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**Department:** EHS

**Phone Number:** 4026894108 **Task Name:** Practice

Task Type: Training

**CEU:** 2

**Description:** To Do list

Assigned Date Due Date Completion Date Grade Frequency Completion Status Priority 10/20/2018 12:00:00 AM 11/2/2018 11:00:00 AM NA grade freq Late prior