

TASK LIST

- initial assignments
- cross off when completed

Supervisor: _____ Date: _____ Initials

- | | | |
|-----|-------|-------|
| 1. | _____ | _____ |
| | _____ | _____ |
| 2. | _____ | _____ |
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| 3. | _____ | _____ |
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| 4. | _____ | _____ |
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| 10. | _____ | _____ |
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| 11. | _____ | _____ |
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| 12. | _____ | _____ |
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