



## SANCTUARY POINT PARKCARE ACTION PLAN

### CONTACT INFORMATION

<b>Group Name:</b>	<b>Sanctuary Point Parkcare</b>
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<b>Reserve Name:</b>	<b>Sanctuary Point &amp; St Georges Basin</b>
<b>Reserve No:</b>	<b>All</b>

### 1. PARKCARE GROUP GOALS

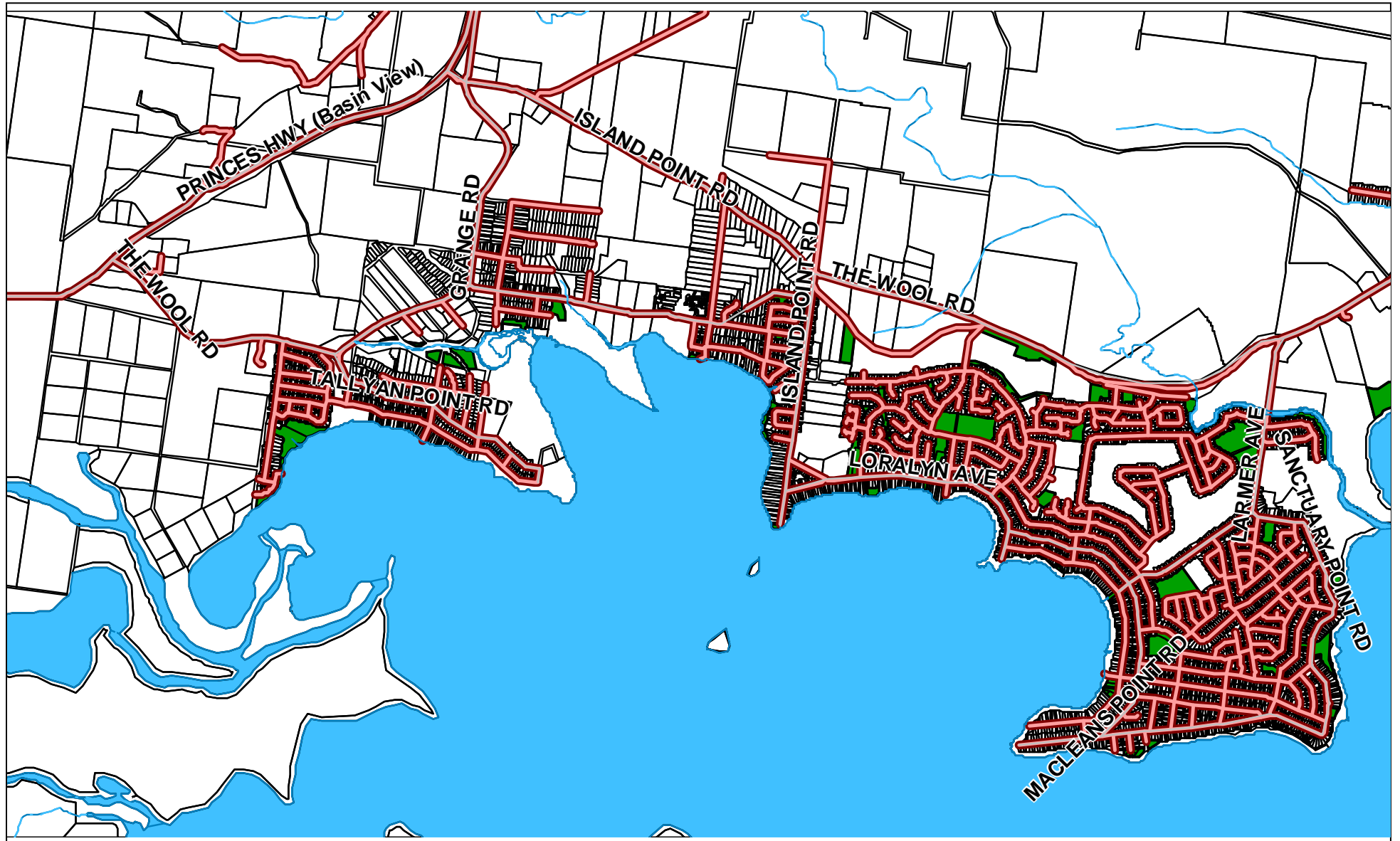
Enhance Council's Reserves through graffiti control, minor maintenance and minor improvements

## 2. SHOALHAVEN PARKCARE GROUP ACTIVITIES TABLE

**NOTE: Priority should be rated as H = High (within 12 months); M = Medium (1-3 years); L = Low**

<b>GROUP ACTION</b>	<b>PRIORITY</b>	<b>METHOD</b>	<b>TIME</b>
Graffiti control	H	By hand	Ongoing
Litter control	H	By hand	Ongoing
Parks infrastructure maintenance	L	By Hand	Ongoing

### 3. PARKCARE GROUP ACTION PLAN MAP



#### 4. PARKCARE GROUP OH&S & EQUIPMENT REQUIREMENTS

Type of Activity	Supplied	SWMS name included
Graffiti control – Graffiti remover, rubber gloves, safety vests, safety glasses, paint, paint scraper, paint brushes, wet paint signs, workman signs, paint rollers and extension handles, hats. Material safety data sheets So safe graffiti remover	✓	MSDS as necessary
Litter control – nifty nabber litter tongs , garbage bags	✓	SWMS01940
Parks Furnishings and Playground Equipment Maintenance	✓	SWMS01662

#### 5. COUNCIL SUPPORT

- a) Technical advice and support
- b) Tools and First Aid Kit
- c) Materials /Plants (within limit of budget)
- d) Training support
- e) Graffiti removal – provide all materials

#### 6. HAS A SITE HAZARD AND RISK ASSESSMENT BEEN COMPLETED FOR THE PARKCARE SITE?

No

#### 7. LIST THE PERSONAL PROTECTION EQUIPMENT REQUIRED FOR VOLUNTEERS WHILST WORKING ON THE SITE

PPE Equipment Required	Date issued
Hats	1/12/11
Gloves	1/12/11
Safety Vests	1/12/11
Rubber Gloves	1/12/11
Safety glasses	1/12/11

**8. POSSIBLE FUTURE FUNDING**

<b>Project</b>	<b>Funding source</b>
Ongoing graffiti control Sanctuary Point and St Georges Basin	Parkcare Building maintenance Graffiti control budgets

**9. PLAN WILL BE REVIEWED EVERY THREE YEARS**

**Next review due:**

**16/12/2014**

**The group should review a summary of the Parkcare/Bushcare Policy & Procedures at the time of each annual review**

**10. PLEASE LIST OTHER LOCAL OR REGIONAL MANAGEMENT PLANS OR STRATEGIES THAT THIS PLAN RELATES TO**

<b>Name of document</b>	<b>Year it was produced</b>	<b>Produced by</b>










**Parkcare Group Name** .....

**Coordinator Name** .....

**Signature** .....

**Date** .... / ...

