Shoalhaven City Council

BUSHCARE SITE RECORDING SHEET

SITE NAME: .....

GROUP NAME .....

A. TO BE COMPLETED BEFORE STARTING WORK

1. Is there a current Bushcare site risk assessment for this site? ☐ Yes ☐ No
2. Are all volunteers on site aware and understand the site risk assessment? ☐ Yes ☐ No Date: .....
3. Do you have the correct safe work method statements for the activity you are doing? ☐ Yes ☐ No
4. Is there a first aid kit and someone who knows how to use it on site? ☐ Yes ☐ No

B. TO BE COMPLETED AFTER FINISHING WORK

DATE	NAME	SIGNATURE	HOURS

Note: Please ensure all volunteers hours, names & signatures are recorded

Co-Ordinator's Signature..... .. TOTAL HOURS _____

ACTIVITY (What was done)

Planting ☐

Hand weed control ☐
(includes cut & paint)

Spraying of weeds ☐
(if more than 20 litres fill out data sheet)

Fencing ☐

Track work ☐

Education ☐

Meeting (Admin) ☐

Other please specify.....

REQUEST FOR MATERIALS/EQUIPMENT (request will be lodged once activity sheets have been received)

N.B. each Bushcare group is allocated $400 per annum, requests beyond this need to be given authorisation or sought from outside sources.

EQUIPMENT/MATERIALS NEEDED		HERBICIDE SPRAY RECORD DATA
		1. Name of Volunteer:
		2. Start time: Finish time: Date: / /
		3. Weed targeted:
		4. Name of herbicide used:
		5. Total quantity of diluted product used:
		6. Signature:

PLEASE FORWARD THE ORIGINAL OF THIS SHEET TO: The Bushcare Co-Ordinator, PO Box 42 Nowra, 2541 or fax: 4429 3186

433/12/10