

## FRIENDS OF HYAMS BEACH PARKCARE ACTION PLAN

**Document Number:** D20/270674 • **Adopted:** 10/11/2020 • **Minute Number:** MIN20.827 •  
**File:** D20/270674 • **Produced By:** City Services • **Review Date:** 10/11/2026

### CONTACT INFORMATION

<b>Group Name:</b>	Friends of Hyams Beach Parkcare Group
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<b>Email:</b>	lesleyvsander@gmail.com
<b>Reserve Name:</b>	Unnamed
<b>Location:</b>	Hyams Beach
<b>Reserve No:</b>	BHY607
<b>Land Tenure</b>	Crown (Council Trust Manager)
<b>Comm Land Type</b>	Public Recreation

### 1. PARKCARE GROUP GOALS

To keep the parks and reserves free of graffiti and litter to maintain the visual and enhance the physical amenity of the parks.

## 2. SHOALHAVEN PARKCARE GROUP ACTIVITIES TABLE

GROUP ACTION	PRIORITY	METHOD	TIMING
Litter pick up	H	By hand	Ongoing
Graffiti removal	H	By hand	Ongoing
Picking up fallen branches	H	By hand	Ongoing

## 3. PARKCARE GROUP ACTION PLAN MAP



#### 4. PARKCARE GROUP WHS DOCUMENTS

Type of Activity	WHS Document Name	Document No.
Litter pick up	Roadside Waste, Biological Waste & Park Litter Collection	SWMS1417
Painting out graffiti	Park Furnishings & Play Equipment Maintenance	SWMS1201

#### 5. COUNCIL SUPPORT

Supply materials and advice

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

Risk assessments are completed daily as part of the Site Recording Group Sheet & Site Specific Risk Assessment Form.

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

PPE Equipment Required	Date issued
First Aid Kit	As Required
Gloves	As Required
Sunscreen	As Required
Insect repellent	As Required

#### 8. POSSIBLE FUTURE FUNDING

Project	Funding source
Nil	

#### 9. PLAN WILL BE REVIEWED EVERY SIX YEARS

**10. 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>
Generic Plan of Management - Parks	2001	Shoalhaven City Council
Graffiti Management Policy	2013	Shoalhaven City Council

**All works undertaken pursuant to this action plan are to be to the satisfaction of the Parks & Open Spaces Manager.**

**Parkcare Group Name:** Friends of Hyams Beach Parkcare Group

**Coordinator Name:** Lesley Hoskins

**Signature:** .....

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