

## PARKER CRESCENT BERRY - PARKCARE ACTION PLAN

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### CONTACT INFORMATION

<b>Group Name:</b>	Parker Crescent Parkcare Group
<b>Contact:</b>	Parks Programmes Officer
<b>Reserve Name:</b>	Unnamed Land
<b>Location:</b>	5 Parker Crescent - Berry
<b>Reserve No:</b>	NBE072
<b>Land Tenure</b>	Freehold
<b>Comm Land Type</b>	General Community Use

### 1. PARKCARE GROUP GOALS

To keep gardens and water course weed free and assist in mowing around the garden to make it easier for Council staff

### 2. SHOALHAVEN PARKCARE GROUP ACTIVITIES TABLE

GROUP ACTION	PRIORITY	METHOD	TIMING
Weed along water course	M	By hand	As required
Weed garden beds	M	By hand	As required
Mulch gardens	M	By hand	Yearly
Mowing around garden beds	M	Hand held mower	As required
Planting	L	By hand	As required
Maintain compost	H	By hand	Ongoing

### 3. PARKCARE GROUP ACTION PLAN MAP



### 4. PARKCARE GROUP WHS DOCUMENTS

Type of Activity	WHS Document Name	Document No.
Weeding	Weed Control Activities	SWMS1408
Mowing	Mower Walk Behind	SW151 (V2)
Manual handling, bending, planting, lifting	Hazardous Manual Tasks	PRD18/117

WHS Document Name	Document No.
Workplace Inspection Checklist	D13/177520
Incident Reporting, Investigation and Corrective Action	PRD18/118
Bushcare/Parkcare Policy	POL18/43
Bushcare/Parkcare Procedure	PRD20/28
Contractor & Volunteer Management	PRD18/165

Personal Protective Equipment (PPE)	PRD15/257
Work Health & Safety Policy	POL20/12
Risk Management	PRD18/135

## 5. COUNCIL SUPPORT

Provision of landscape materials including plants and mulch as budget permits
Advice on types of plants and weed removal

## 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>
Plan of Management Generic Community Land	2001	Shoalhaven City Council

**11. RECOMMENDED PLANTING SPECIES LIST  
(NO VIEWS TO BE IMPACTED)**

<b>Name or type of plant</b>	<b>Maximum Height</b>	<b>Structural Role in the park vegetation</b>	<b>Number</b>
Various low growing shrubs	Up to 2m	Aesthetic value and attract native birds	As required and approved
Herbs & vegetables	Up to 2m	Local residents / volunteers share and attracts bees	As approved
Associated endemic plants suitable for creek bed	Up to 2m	Stabilise creek bed	As required and approved

**12. SITE WEED LIST**

<b>Common Name</b>	<b>Extent</b>	<b>Control method used by group</b>
Clover	L	By hand
Flat weed	L	By hand
Onion weed	L	By hand
Milk thistle	L	By hand
Dandelion	L	By hand

**All works undertaken pursuant to this action plan are to be to the satisfaction of the Open Spaces Assets Coordinator**

**Parkcare Group Name** Parker Crescent Parkcare Group

**Coordinator Name** Megan Birmingham

**Signature** .....

**Date** ....