

Environmental Volunteer Program – Site Report

Group:		Date:		
Supervisor/Convenor:		Nearest phone:		
First Aid Officer:		Emergency meeting area:		
First Aid kit contents check: Feb June Sept Dec		Weather:		
TOOL BOX TALK: Discuss activities with all volunteers. Identify controls from the risk assessment. Tick or N/A. Are there any additional risks? If so, describe and add control measures.				
Overview of activities: tasks, areas, methods and tools		Working in sensitive areas: waterways, threatened species, Endangered Ecological Communities		
Plant items: complete pre-start checklist		Ways to reduce impacts on soil, air, water, flora, fauna and heritage		
Chemical use: location, target, method		Fauna: insects, snakes, ticks, allergies		
Manual handling for all activities		Plant related hazards: spikes, allergies, eye injury		
Managing heat, sun, wind, rain, cold		Personal Protective Equipment: shoes, hats, gloves etc		
Site conditions: slip, trip and fall risks		First Aid kit at work area		
Additional risks identified (describe): COVID 19		Control measure/s implemented (describe):		
Occurrence Report: any injuries/incidents must be reported to the groups Council Officer within 24 hours.				
ATTENDANCE				
Name	Start	End	Chemical use Y/N	Signature
Site supervisor hours:				
ATTACHMENTS: Please include these documents when submitting your site report. Tick or N/A.				
Herbicide Application Record for each spray activity		New Volunteer Site Induction Form		
Herbicide Application Record for all use in 'waterways' (EPL)		New Volunteer Registration Form		

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ACTIVITIES					
Primary weed (m ²)	Secondary weed (m ²)	Maintenance weed (m ²)	No. of plants Water <input type="checkbox"/> Y <input type="checkbox"/> N	Mulch (m ³)	Other
Target weed(s)		Weed treatment (scrape/paint, cut/paint, frill, drill, manual removal)		Herbicide application rate	Quantity (ml)

SITE DIAGRAM: work activities and zones, observations of flora, fauna, fungi

ISSUES: vandalism, dumping, camping etc.

RESOURCES: First aid kit items, materials or tools requested for upcoming sessions

Supervisor/Convenor I CONFIRM THAT:

- all works were undertaken as outlined above and in accordance with Council's WHS requirements
- all volunteers reviewed the risks associated with the activity and relevant control measures were discussed
- all volunteers were supplied and used appropriate personal protective equipment
- the Site Strategy was consulted for volunteer activities

Name: _____ **Signature:** _____ **Date:** _____

Submit this form at the completion of each session to your designated Council Officer:
environmentalvolunteering@centralcoast.nsw.gov.au