|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **026RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **GARDENING WITH STUDENTS** | | |
| **In conjunction with this risk assessment, training / education and development of a relevant SOP may be required.** | | | | | | | |
| **Step 1:** **Identify the hazard/s:**What do you believe are the hazards?(Refer Risk Assessment Guideline (015G) | | **Step 2: Assess the risks:**  What do you believe are the risks?  (Refer *Risk Assessment Guideline (015G)* | | **Step 3: Reducing the risk:** What do you believe can be done to reduce the risk? (Refer *Risk Assessment Guideline (015G)* | | |
| **What could cause harm?** | | **What could go wrong?** | | **Controls** | | |
| **Extreme Temperatures**   * Extreme heat * Extreme cold * Severe storms * Lightning * Floods | | * Sunburn * Heat stress / exhaustion * Fatigue * Struck by lightening * Dehydration | | * Workers and others are equipped with appropriate footwear and weather protection (hats, sunscreen, wet weather gear etc.) * Wear trousers and long sleeve shirt * On excessively hot days, work rescheduled too indoors wherever possible or work in shaded areas * Cool, potable water made available. Students take water bottles with them * Education Only: classes may not operate in extreme weather conditions (temperatures over 35°C, very high winds, or during storms (lightning)) * In cases of extreme weather, classes to go indoors | | |
| **Hazardous Manual Tasks**   * Pushing * Pulling * Lifting * Sustained or awkward postures | | * Sprains / strains * Shoulder injuries | | * All workers have completed training within the last 3 years and adopt hazardous manual task principles (team lifting) * Mechanical aids (sack trucks, tractors, forklifts, etc.) made available for moving large items | | |
| **Gravity**   * Slips, trips and falls | | * Slipping on paths * Tripping over on tree roots or materials | | * Supervision at all times * Tools and equipment stored appropriately in sheds / workshops | | |
| **Biological**   * Contact with soil, potting mix, plants | | * Risk of legionnaires (from potting mix) * Inhalation of dust * Allergies | | * Potting mix is dampened down before use * Gloves made available * Workers and others are briefed on tool safety * Hand washing facilities are available. (Workers and others to wash hands thoroughly at the end of all programs) | | |
| **Biological**   * Exposure to small animals / insects | | * Swooping birds * Insect bites (bees, ants, mosquitoes) * Snakes * Rodents | | * Workers and others to ensure they are aware of any students with anaphylaxis / allergies * Supervision at all times * First aid kit available to deal with bites / stings   Education Only:   * Medical plans must be in place for students with known allergies | | |
| **Biological**   * Foreign objects in the soil   (may contain small amounts of foreign materials including plastics, glass, sharps and other contaminates) | | * Cuts * Lacerations * Hepatitis * HIV / AIDS * Needle stick injuries | | * Gardening gloves to be worn when working in the soil * If syringes or sharps are found, tongs must be used to remove and item placed in an approved sharps disposal container | | |
| **Hazardous Chemicals**   * Pesticides * Potential spill * Combustibles | | * Inhalation * Skin absorption * Ingestion * Dermatitis * Asthma * Respiratory illness * Incorrect storage * Incorrect handling * Incorrect disposal * Cancer | | * Use environmentally friendly sprays that are not hazardous * If chemicals are used, only workers are to use them * SDS available * Appropriate PPE is worn * Spray only when weather is appropriate   Education Only:   * Spray outside of normal school hours | | |
| **Other** | |  | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Authorised by:** |  | **Signature:** |  | **Date:** |

**Review hazard/risk assessment if task or circumstances change and at intervals appropriate to the level of risk (minimum 5 years).**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Step 4: Monitor & review:**  (Refer to hazard sheet)  **Please tick Yes or No** | | | | | | | | |
| **Were the controls effective?** | | | | **Were there any unforeseen hazards/ incidents?** | | | | **New controls** |
| **Yes** |  | **No** |  | **Yes** |  | **No** |  |
| **DETAILS** | | | | **DETAILS** | | | | **DETAILS** |
|  | | | |  | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Signature:** |  | **Date:** |  |