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| **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** | *
 | *
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| **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).**

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