**WORKING BEE EVENT FORM**

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| **Event:** | |  | | | | | | | | |
| **Date:** | |  | | | | | | | | |
| **Coordinator:** | |  | | | | | | | | |
| **Tasks to be carried out:** | |  | | | | | | | | |
| **Tools & equipment required:** | |  | | | | | | | | |
| **Risks Identified:** | |  | | | | | | | | |
| **Induction Topics** | | **Tools** | |  | **Supervision** | |  | **Personal Protective Equipment** | |  |
| **Task** | |  | **Times of work** | |  | **Risks identified** | |  |
| **First Aid** | |  | **Phones** | |  | **Injury Reporting** | |  |
| **Ladders** | |  | **Children** | |  | **Emergency** | |  |
| **Name** | **Address** | | **Start Time** | | | **Finish Time** | | | **Signature** | |
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