**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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