Works Safety Plan for Volunteers

Project Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*if applicable*

The work I will be doing involves (tick);

|  |  |  |  |
| --- | --- | --- | --- |
| Chainsaw | Weed eater | Mower | Tractor |
| Digger | Plant Equipment | Post Borer | Other |
| List here digger size, plant equipment type or what ‘Other’ refers to | | | |
|  | | | |

## RULES

Tick to acknowledge each rule

1. All powered equipment users must be over 18 years of age.
2. The work supervisor is familiar with the work they are supervising and if chainsaws are used they have read and understood ***DOL A Guide to Safety with Chainsaws*** and if relevant to the work, **Worksafe Best Practice Guide – Safe Manual tree felling**
3. All work must have a safety plan completed prior to work commencement and approved by Council
4. Where practicable, the work area of operation must be clearly marked to prevent anyone entering
5. Animals are to be removed from the work area
6. Spotters are required to observe and not partake in the work. The Council can advise when spotters are required
7. All incidents must be reported to Council

## Name of person(s) carrying out the work and relevant experience

*Sufficient experience will be judged based on the previous experience carried out and on the explanation provided*

|  |  |  |
| --- | --- | --- |
| Name | Years of Relevant Experience | Relevant Work Experience, Type and Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Date and Time of work to be undertaken

|  |  |  |
| --- | --- | --- |
| Date | Start Time | Finish Time |
|  |  |  |
|  |  |  |

## What work will you be undertaking and where

|  |
| --- |
| *Describe the nature and location of the works. How will you manage risks to workers and public?*  *If felling trees, specific details of the trees must be supplied. Ideally, the trees shall be marked (by paint or ribbon or similar) for inspection by Council officers, ahead of the planned works.* |

The following list must be ticked where relevant and considering each person

## Control Measures

|  |  |
| --- | --- |
| Personal Protective Clothing (PPE) |  |
| Safety boots (steel toed) are worn |  |
| Leg protection (Chaps) are good quality. These should be to AS/NZs 443.3:1997 |  |
| Safety Helmet |  |
| Ear Defenders |  |
| Eye protection. Either safety glasses, goggles or mask attached to the helmet |  |
| General clothing, to allow free movement but fairly close fitting to avoid stray material getting caught in the saw |  |
| Working Controls and Other Safety Items |  |
| The machinery is in good working order (e.g. Chainsaws, the chain brake works, the stop switch works etc.) |  |
| First aid kit |  |
| Wedges for felling trees |  |
| Work area fenced off |  |
| Team briefed on the safety plan as per the drawing below |  |

## 

## Work Area Layout

Please draw a plan of the working area, how it will be marked, the types of barrier to be used and how the entry points will be controlled. If tree felling, show the fall area and escape routes. An aerial photo can be supplied upon request, for ease of drawing.

|  |
| --- |
|  |

Council Officer who approved this plan

Name: Review Date:

Position:

**Comments:**