

# Keeping People Safe!

## Documentation Currency:

Please ensure your existing documents have the currency dates marked as below:

Emergency Details and Site Coordinator guidelines: .....	5 August 2006
Volunteer Registration Form .....	5 August 2006
Worksite Register .....	14 September 2007
Project Risk Assessment Form Page 1 .....	4 July 2007
Project Risk Assessment Form Page 2 .....	4 July 2007
Injuries Register .....	4 August 2006

If you have any questions relating to this documentation, please contact the Secretary at [secretary@tamborinemtnlandcare.org.au](mailto:secretary@tamborinemtnlandcare.org.au) or phone 5545 1847 or 5545 4618



**Tamborine Mountain Landcare Inc**

Connecting People Who Care for the Environment

# Emergency Details and Site Coordinator Guidelines...

Prior to each weeding/regeneration group work on site, the following is a checklist for Site Supervisors.

- First Aid kit
  - Landcare folder containing the following:
    - Worksite attendance register
    - Injuries register
    - Volunteer registration forms
    - Risk assessment forms
    - Emergency response plan
- Notify volunteers of hazards and risks
- Volunteers to complete attendance register
- Emergency response plan –
  - Is there a landline available?
  - Is the householder available?
  - Is there a mobile phone on site? Check signal.

In order to predetermine the priority of weeding/regeneration for any work done by volunteers, the site supervisor/team leader needs to assess the overall site prior to the working group's attendance for hazards and risks associated with the current project.

Firstly, identify any hazards, assess whether they can be removed or avoided, and if not, consider how to control the situation eg by use of protective personal equipment (PPE), or other equipment needed. Consider the possibility of delaying or stopping the task if you believe you cannot safely proceed.

When a new person joins a group as a volunteer they need to read and sign the risk assessment form for the site.

It is the site supervisor's task to point out hazards and risks to volunteers prior to their commencement of work on each occasion. Note that this risk assessment needs to be an ongoing process by the supervisor during each work session.

To assist your emergency response planning, please complete the details below.

Project: \_\_\_\_\_

Location address: \_\_\_\_\_

Reference points for emergency services: \_\_\_\_\_

Nearest intersection: \_\_\_\_\_

Available landline: Yes / No

Name of householder: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

- Emergency ambulance, fire, police: .....Dial 000
- North Tamborine police station: .....5545 3473
- Tamborine Mountain Rural Fire Brigade: ....0407 747999
- North Tamborine Medical Centre: .....5545 1222
- Pharmacy - North Tamborine: .....5545 1450
- Eagle Heights: .....5545 1441
- Snake relocation: .....5545 1754
- .....0411 289187
- Animal rescue: .....5527 2444
- .....5545 2821
- North Tamborine veterinary surgery: .....5545 2422



**Tamborine Mountain Landcare**

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Tamborine Mountain Landcare Incorporated.  
PO Box 161 North Tamborine 4272  
Office: 47 Knoll Road, North Tamborine

Phone: (07) 5545 1847

Email: secretary@tamborinemtnlandcare.org.au  
Website: tamborinemtnlandcare.org.au

# Volunteer Registration Form...

The information collected will be used for record keeping of projects and to promote safety for all visitors to work sites. This information is not given to other organisations or government agencies for any reason. The data will be safely kept within the offices of Tamborine Mountain Landcare. Should you wish to view your record, please apply in writing.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Landline \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship (eg parent/partner) \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Business) \_\_\_\_\_ (Mob) \_\_\_\_\_

Why have you chosen to volunteer with Landcare? \_\_\_\_\_

\_\_\_\_\_

As a Volunteer, what are your expectations? \_\_\_\_\_

\_\_\_\_\_

In order to determine what tasks may be allocated to you, are there any pre-existing medical conditions or special needs that may impact on your ability to undertake certain tasks? Eg previous back injury, medications that may restrict your ability to perform certain tasks etc

\_\_\_\_\_

As a volunteer I understand that I have a legal obligation to take responsibility for, and be aware of my own safety and the safety of all others on any site. I also agree that if I should identify potential hazards on a site, I will make every effort to communicate the condition of this risk to the site supervisor and other volunteers on site. I have read and agree to abide by Landcare's intellectual property and confidentiality policy for volunteers. I have also reviewed the policy guidelines provided by TML's insurance provider.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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# Worksite Register...

please enter your name, start, finish time and contact details.  
Your signature is required to verify your attendance.

The information collected will be used for record keeping of projects and to keep track of all visitors to work sites. This information is not given to other organisations or government agencies for any reason. The data will be safely kept within the offices of Tamborine Mountain Landcare. Should you wish to view your record, please apply in writing.

Instructions to Supervisor: Please check the site thoroughly for any injured or remaining visitors prior to leaving the site at the end of each work session. Confirm that all visitors have safely left the site. Should any visitors not have entered a finish time, you must take all action necessary to contact the individual to ensure their safety. Incidents or accidents must be reported to secretary at Tamborine Mountain Landcare as soon as safely possible.

Name	Photo Permit	Time In	Time Out	Signature	Contact Phone/Email
	<input type="checkbox"/>				
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\*By ticking the box and signing where shown, I offer my permission to publish my photograph taken during events approved by TM Landcare Inc. for the purposes of promoting activities of volunteers. Provided the photographs are not used in any way which may contravene Australian privacy laws.

General Summary of Activities:  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_  
Project \_\_\_\_\_  
Location \_\_\_\_\_



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# Project Risk Assessment Form

*Keeping People Safe!*

July 4, 2007

Risk Assessment Period: From: (Date)

Ending: (Max 3months)

Project

Location

Project Supervisor

Pre-existing medical conditions checked? Yes / No

Volunteer induction provided? Yes / No

HAZARDOUS CHARACTERISTICS OF SITE	TASKS TO BE UNDERTAKEN

RISKS TO THIRD PARTIES / GENERAL PUBLIC	METHODS TO MANAGE THIS RISK

RISK IDENTIFIED: Manual handling - force or resistance	
Use solutions to reduce need of manual handling	Use of mechanical aid...
Gentle warm up stretches	
Ensure clear pathway when carrying.	
Rotate tasks, take regular breaks.	
Use correct techniques.	

RISK IDENTIFIED: Manual handling - repeating actions	
Regular gentle stretches.	
Rotate tasks, take regular breaks.	
Use correct techniques	

IMPORTANT: Incidents or accidents must be reported to secretary at Tamborine Mountain Landcare as soon as safely possible.



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RISK IDENTIFIED: Manual handling - postural compromise

Short work periods	
Alternate with complementary tasks	
Regular gentle stretching	
Eliminate tasks combining bending/twisting with loads	

RISK IDENTIFIED: Bites and stings


RISK IDENTIFIED: Trips and falls


RISK IDENTIFIED: Exposure (Sun / Heat / Cold)


RISK IDENTIFIED: Chemicals - Chemical in use (Please specify):

MSDS on site? Yes or No


Other Risks (Please specify risk and management technique):


For emergency service directions, please describe project location directions: (eg Next to Creek Lane bridge.)

\_\_\_\_\_

Signature of Project Manager:

Date of assessment:

EMERGENCY CONTACTS: 000 (or 112 for mobile phones).

Police Station:

Ambulance:

\_\_\_\_\_

