Garden –Project Assessment Form

To be completed at before any project work commences.

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| **Date:**  | **Name (Adult Volunteer):** | **Other people Involved:** |
| **Description of work:** | Task 1:Task 2:Task 3:Task 4: |
| **Location of proposed work:** | **Date/Time of proposed work:** | **Site Conditions:** | **Relevant Risk Assessment/Method Statement:**RA:MS: |
| **Tools required:** | Power Tools: □ Drill □ Sander □ JigsawGarden Equipment: □ Mower □ Strimmer □ Hose |
| **Safety Equipment required:**  | □ Gloves□ Safety boots□ Goggles□ Sunscreen |
| **Other potential****risks:** |  |
| **Actions taken if****risks identified:** |  |

**Safety Prompts:**

□ Have you reviewed the relevant Risk Assessment/Method Statement?

□ Have you checked the weather/site conditions? Is it safe for planned work to go ahead?

□ Have you checked the safety/operating instructions for any tools you are using?

□ Have you checked for trip hazards – e.g., fallen branches?

□ Have you informed someone that you are in the garden/est. end time (e.g. Lucks Yard reception, WhatsApp group)?

I/We confirm that the above safety checks have been completed and all necessary precautions have been taken.

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| **Project Work Lead:** | **Garden Manager (If applicable):** |
| Date: | Date: |
| Signature: | Signature: |