**(WORKSITE NAME) (AREA) ANNUAL PLANT MAINTENANCE PROGRAM (YEAR)**

| **Plant** | **Responsibility** | **Frequency** | | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** | **Comments** | **Name** | **Signature** |
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| Lawnmower | Maintenance | | As per Manufacturer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ride-on mower | Maintenance/ supplier | As per Manufacturer | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tractor | Supplier | As per Manufacturer | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Brush cutter | Maintenance/ Supplier | As per Manufacturer | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hedge trimmer | Maintenance/ Supplier | As per Manufacturer | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Trailer | Maintenance | As per Manufacturer | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Grounds vehicle | Supplier | As per Manufacturer | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ADD Additional plant and equipment relevant to your worksite** |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Responsibility –** Worksites may allocate responsibility to administration staff, maintenance staff or contractors according to specific needs and budget.

**Completion –** On completion, enter the datein the appropriate column and initial. A staff member should complete this form on behalf of **Contractors** and enter contractor or company name.