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| **WORKING BEE / EVENT REGISTER** | | | | |
| **Date:**  **Co-ordinator:**  **Tasks to be carried out:** |  | Tools and equipment requiredRisks identified: |  | Induction Topics Tools  Supervision  Personal protection  Task  Times of work  Risks identified  Children  Ladders  Injury reporting  First aid  Phones |

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| **Name** | **Address** | **Signature** |
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