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| **WORKING BEE / EVENT REGISTER** |
| **Date:****Co-ordinator:****Tasks to be carried out:** |  | Tools and equipment requiredRisks identified: |  | Induction TopicsToolsSupervisionPersonal protection TaskTimes of workRisks identifiedChildrenLaddersInjury reportingFirst aidPhones |

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