



GIRL GUIDES
AUSTRALIA
NSW & ACT

WORKING BEE/ SPRING CLEAN CHECKLIST

Date: _____

Leader in Charge: _____ *(may also include District Manager/Property Committee Chairperson)*

No. of Participants: _____

No.	Description of Activity	No of People	Names	List Equipment Required	Risk Assessment Completed (Y/N)
1					
2					
3					
4					

GIRL GUIDES NSW & ACT ABN 21 366 241 150 | ARBN 102 490 737

The liability of its members is limited

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11					
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