# Pruning Record and Checklist

**Job Location:**

The purpose of this checklist is to (a) document your pruning and (b) ensure all employees of use and maintain pruning equipment safely and correctly.

|  |  |
| --- | --- |
| **Supervisor/Team member** | **Date** |

**What is to be pruned?**

|  |  |
| --- | --- |
| **Supervisor/owner instructions** | **Tree/shrub species and condition** |
|  |  |

**Have you selected the most appropriate equipment? (tick)**

|  |  |
| --- | --- |
| Air operated secateurs ❑ | Chainsaws ❑ |
| Electrically operated secateurs ❑ | Pruning saws ❑ |
| Hydraulically operated secateurs ❑ | Manual secateurs ❑ |

**Before you start**

|  |  |
| --- | --- |
| Pre start check list on machinery Y/N/NA | Site set-up, signage/traffic control Y/N/NA |
| Pre start check list on machinery Y/N/NA | Manufacturer instructions available Y/N |
| Adequate spill kits available Y/N | Appropriate PPE worn by all staff Y/N |
| Standard operating procedure available Y/N | |

|  |  |  |
| --- | --- | --- |
| **Before using equipment/machinery** | **Satisfactory** | **Repairs needed** |
| Blades sharpened |  |  |
| Correct adjustments |  |  |
| Power supply serviced |  |  |
| Have you been trained in using this tool/equipment? |  |  |
| Are you aware of the plan to manage any emergency? |  |  |

**Pruning**

Briefly describe what work you have completed and any comments.

|  |  |  |
| --- | --- | --- |
| **Item (tree or shrub)** | **Work done** | **Other Comments** |
|  |  |  |
|  |  |  |
|  |  |  |

**After you have finished**

|  |  |  |
| --- | --- | --- |
| Machine/equipment cleaned (please circle) | Y | N |
| Machine/equipment stored (please circle) | Y | N |