



RISK ASSESSMENT FORM

Guidelines for Trade Stand Exhibitors - all Exhibitors must complete the form overleaf.

Using the guidelines shown below please consider what risk there is to those building up trade stands and to visitors during the event. Outline the steps you propose to take to minimise that risk in the table overleaf. If in your opinion there is no risk, please print NO RISK.

Please complete this form and return it with your stand application form.

HAZARD	WHO MIGHT BE HARMED	IS MORE NEEDED TO CONTROL THE RISK
<p>Look only for hazards, which you could reasonably expect to result in significant harm under the conditions in your workplace. Use the following examples as a guide:</p>	<p>There is no need to list individuals by name – just think about groups of people doing similar work or who may be affected, eg:</p>	<p>For the hazards listed, do the precautions already taken:</p>
<ul style="list-style-type: none"> • Slipping/tripping hazards • Chemicals (eg: battery acid) • Moving parts of machinery (eg: blades) • Work at height (eg: from mezzanine floors) • Pressure systems • Vehicles (eg: fork-lift trucks) • Electricity • Fumes (eg: vehicle engines) • Manual handling • Noise • Livestock on stand 	<ul style="list-style-type: none"> • Office staff • Maintenance personnel • Contractors • People sharing your workplace • Operators • Cleaners <p>Pay particular attention to:</p> <ul style="list-style-type: none"> • Staff with disabilities • Visitors • Inexperienced staff • Lone workers – they may be more vulnerable 	<ul style="list-style-type: none"> • Meet the standards set by a legal requirement? • Comply with a recognised industry standard? • Represent good practise? • Reduce risk as far as reasonably practicable? <p>Have you provided:</p> <ul style="list-style-type: none"> • Adequate information, instruction or training? • Adequate systems or procedures? <p>If so, then the risks are adequately controlled, but you need to indicate the precautions you have in place.</p> <p>Where the risk is not adequately controlled, indicate what more you need to do (the “action list”)</p>



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Please complete using BLOCK CAPITALS

Company Name:	
Address:	
Responsible Person:	
Date Assessment Undertaken:	
Signature of Assessor:	

Hazard	Persons at Risk	Controls to minimise risk

Fire Assessment		
Liquefied Petroleum Gas (LPG) on site Yes / No (Please circle)		

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