## Sioe Sir Ceredigion ABERYSTWYTH Ceredigion County Show Health and Safety Risk Assessment Form

Please look over this form and complete or use one of your own

Name of person / Trade Stand:						
Name of person / Trade Stand:						
Do you hold public liability insurance	ce to cover you a	attend	ance at the sho	)W.		
Please quote your policy number . and bring a copy of your certificate						
Part 1 - Tick appropriate box			Yes	No	N/A	
Are electrical items of equipment s and up to date.						
Are any scaffolds or ladders used i						
If you have answered 'NO' to any o take the required action.						
Part 2 - Safety Assessment (tie	ck the box if th	ne ha	zard is prese	nt)	1	
Slips, trips and falls		Cont	ined Spaces			
Falls from Height		Dust				
Falling Objects		Fum	es			
Hazardous Substances		Nois	e			
Heat/Fire / Explosion		Vibra	ation			
Violence		Elec	tricity			
Food preparation storage		Radi	ladiation			
Overturn / collapsing		Cont	amination			
Manual handling		Adverse Weather				
Vehicles		Temperature				
Risk to you from work of others		Worl	k Equipment			
		Risk to others of your work				
Others (please specify)						

Circle any ticks for hazards that are deemed significant and for which there are no (or inadequate controls)

If you have circled any hazards , part 3 needs to be completed and additional control measures must be implemented prior to commencing work

Fait 5 - Audit	ional assessme	nt for identified risks			
Hazard identified form previous page	Persons that may be harmed	Additional identified control measures	Residual Risk (H, M, L)		
Tł		that suitable control measures have bee to commencement of this activity	n app	blied	
Responsible Person(s)		Signature Da		ate	
Part 4 - End o	of Job Review		I		
Was there anything that could be done safer			Ye	es	No
Has the work created new hazards?			Ye	es	No
Comments:					