

SOMERSET COUNTY SHOW

Saturday 16^{th} and Sunday 17^{th} September 2023

RISK ASSESSMENT FORM

| | COMPANY: | | |
|---|---|--|--|
| | NAME: | | |
| | ADDRESS: | | |
| | TEL No /Mobile : | | |
| | EMAIL ADDRESS: | | |
| | ONSITE CONTACT: | | |
| You should consider what risk there is to those erecting and dismantling stands as well as to members of the public during the show. Outline the steps you propose to take to minimize that risk. | | | |
| (| OF PEOPLE WHO MAY BE AFFECTED COULD INCLUDE: Office staff Contractors Operators Operators Members of the public. | | |
| PAY PARTICULAR ATTENTION TO: Staff with disabilities Visitors Inexperienced staff Lone workers These named above may be more vulnerable | | | |
| LIST GROUPS OF PEOPLE WHO ARE ESPECIALLY AT RISK FROM THE SIGNIFICANT HAZARDS WHICH YOU HAVE IDENTIFIED AND HOW YOU PROPOSE TO MINIMISE THE RISKS ASSOCIATED TO THEM. Attach more information if necessary. | | | |
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