

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

Please complete all sections

Name of person / Trade Stand: Do you hold public liability insurance to cover you attendance at the show. Please quote your policy number and bring a copy of your certificate with you on show day.					
Part 1					
Are electrical items of equipment subject to PAT and up to date.					
Are any scaffolds or ladders used inspected					
If you have answered 'NO' to any of the above take the required action.					
Part 2 - Safety Assessment (tick the box if the hazard is present)					
Slips, trips and falls			Confined Spaces		
Falls from Height			Dust		
Falling Objects			Fumes		
Hazardous Substances			Noise		
Heat/Fire / Explosion			Vibration		
Violence			Electricity		
Food preparation storage			Radiation		
Overturn / collapsing			Contamination		
Manual handling			Adverse Weather		
Vehicles			Temperature		
Risk to you from work of others			Work Equipment		
			Risk to others of your work		
Others (please specify)					
If any hazards in section 2 are deemed significant and for which there are no (or inadequate controls), part 3 needs to be completed and additional control measures must be implemented prior to commencing work					

Part 3 - Additional assessment for identified risks

Hazard identified from previous page	Persons that may be harmed	Additional identified control measures	Residual Risk (H, M, L)

This is a declaration that suitable control measures have been applied prior to commencement of this activity

Responsible Person(s)	Signature	Date
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Part 4 - End of Job Review

Was there anything that could be done safer		
Has the work created new hazards?		

Comments: