HONITON AGRICULTURAL SHOW THURSDAY 1st AUGUST 2024

RISK ASSESSMENT FORM

TO BE RETURNED BY 30th APRIL 2024 WITH TRADE STAND APPLICATION FORM

Company Name & Address:	Authorised Signate	ory:
	Print Name:	
	Tel. No.:	
	Mobile No.:	
Email:	Date of Assessme	nt:
If arriving before 1st August pleas	se give date:	
Name of contractor erecting your	r stand (if known yet):	
Please include Covid 19 Mitiga	ation within your Assessment if req	uired
HAZARD	PERSONS AT RISK	PRECAUTION TO MINIMIZE RISK
INSURANCE DETAILS: Company insured with		Cover
Policy No:		
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	FIRE ASSESSMEN	Т
1147400	DEDOONO AT DIOV	DDECAUTION TO
HAZARD	PERSONS AT RISK	PRECAUTION TO MINIMIZE RISK
	No.	
LPG/GAS Cylinder On Site: (please tick) Yes No Used for:		Cylinder Size:
Storage Facility:		
Additional Fuel On Site (not inclu	ding normal vehicle fuel): (Please tick)	Yes No
Used for:		
Storage Facility:		

RETURN TOP TWO COPIES OF THIS FORM – RETAIN BOTTOM COPY