## **Exhibitor Assessment Questionnaire**

Company Name:

This form is part of your application and therefore must be fully completed by all exhibitors / traders and caterers and must be returned with the rest of your application to the Show Office. Where evidence is requested (i.e., Public Liability Insurance), this must be available for inspection at all times whilst on site.

It is your responsibility to ensure that suitable and sufficient risk assessments are carried out to cover your operations and activities at our Show. You are also required to consider the risk of fire within your stand / structure. Failure to comply with a reasonable health and safety precautions, may result in you being removed from the site.

- ·					
Name of Onsite Manager:					
Emergency on-site Telepho	ne Number:				
Please provide a description product(s) on display and / c taking place.  Please include the intended structure of your stand / unit	or activities size and				
Insurance					
All exhibitors must provide evid HELD IN THE BUSINESS OR ORG			e event period –		
1. Do you hold Public Liabil	ity Insurance to	cover your attendance a	t the Show?	37	No
			51.6	Yes	110
(Evidence of this insurance must le Name of Insurer:	pe available during t		The Po	licy Term: 1 – Expiry date	:
(Evidence of this insurance must l	pe available during t	he Show)	The Po	licy Term	:
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Risk Assessment All exhibitors must SUBMIT A SUFORMAT that addresses all sections structure set up, break down a This must include (but not lime.	ITABLE ASSESSM ons below, cover the thorough risk and the operation of the use of lacazardous subst	MENT IN THEIR OWN cing build-up, show days an assessment covering you ons you intend to undertake movements, erection of dders), use of machinery ances, adverse weather of	The Po (Date from  The Po (Date from  d breakdown  ur stand / ake?  f marquee / , manual	Yes licy Term: Yes Licy Term: - Expiry date	No ::

General			
Do you intend to dig, excavate or, pin into the ground to such a depth that you may come into contact with underground services such as cables or pipework? If yes, please contact the Show Office for advice on procedure.			No
p			
Catering			
If you are providing catering (food / drinks), are you registered with your local authority?	Yes	No	N/A
Name of Authority Registered with:			
What type of food safety management system do you have in place? <b>HACCP</b> , <b>SFBB</b> , <b>CO</b> (State)	OK SA	FE, O	THER
Do you hold a Food Hygiene Rating?	Yes	No	N/A
	Ra	iting Ho	eld ars
Date of last Food Safety Review?	Date:		
Will you be selling alcohol? If so, have you obtained an occasional licence from the relevant Authority?	Yes	No	N/A
(Evidence of this must be available during the Show)			

Fire Assessment		
Are the structures, roofing, walls and fittings of your stand / unit flame retardant?	Yes	No
Where necessary, are sufficient directional signs displayed indicating escape routes? Do they comply with current regulations?	Yes	No
Will exits be maintained and kept unobstructed at all times?	Yes	No
Do you have an adequate number of fire extinguishers / fire blankets available for easy use?	Yes	No
Has your firefighting equipment been tested in the last 12 months?	Yes	No
Have your staff been made aware of what to do should an incident occur? Do they know how to raise the alarm, evacuate the stand / unit, and operate the firefighting equipment supplied?	Yes	No
Have you identified all ignition sources and ensured they are kept away from combustible / flammable materials?	Yes	No
Do you have sufficient refuse bins and will you ensure all refuse is removed from your stand/unit?	Yes	No
Have any portable appliances been PAT tested by a qualified person in the last 12 months?	Yes	No
If staff are sleeping within the stand / unit is a working smoke detector fitted and, are exit routes maintained throughout the evening / night?	Yes	No

If you have answered "No" to any of the above questions, please provide details of the actions taken to avoid any dangerous situations arising:

Will you be using LPG gas within the confines of your stand / unit? If "Yes", please answer the following questions:	Yes	No
Do you have an inspection / gas safety certificates for the appliances / pipework and are all hose connections made with "crimped" fastenings? (Evidence of this must be	Yes	No
available during the Show)		
Are the cylinders kept outside, secured in the upright position and out of the reach of the general public?	Yes	No
Are appliances fixed securely on a firm non-combustible heat insulating base and surrounded by shields of similar material on three sides?	Yes	No
Are the cylinders located away from entrances, emergency exits and circulation areas?	Yes	No
Are the gas cylinders readily accessible to enable easy isolation in case of an emergency?	Yes	No
Do you ensure that all gas supplies are isolated at the cylinder, as well as the appliance when the apparatus is not in use?	Yes	No
Do you ensure that only those cylinders in use are kept at your unit/stall? (Spares should be kept to a minimum and in line with any specific conditions for the event)	Yes	No
Is a member of staff, appropriately trained in the safe use of LPG, present in the unit / stall at all times?	Yes	No

**DECLARATION**: I / we hereby confirm that we will take all due care and diligence with regards to the health, safety and fire risks on our stand / unit and, will have all requested documentation (see above) available for inspection whilst at the Show and, have informed all onsite staff (including any appointed contractors) of this assessment.

Date Completed:	
Stand / Unit Responsible Person:	
Signature:	

For completion by Show Office only:		Initials
Have all sections of this questionnaire / assessment been completed?	Yes / No	
Is further information required from the Exhibitor / Trader?	Yes / No	
Approved for entry onto the Approved Exhibitors / Traders List?	Yes / No	