Glendale Agricultural Society Ltd - RISK ASSESSMENT FORM 2025

It is recommended that this form is completed by a trained/competent Health & Safety person and that it is completed using **BLOCK CAPITALS**

The completed Risk Assessment should cover **all** the '**Risks**' and "**Fire Risks**" associated with the **build-up, breakdown and general running** of your stand. You must endeavour to remove or reduce these risks and protect people from harm. Failure to comply with this requirement will result in you being removed from the site.

Please upload a copy of your Risk Assessment online via your trade stand application.

If you have your own Risk and Fire Assessment paperwork in place, then please upload online and we will be in touch if our H&S Executive has any queries following the documentation provided.

IT IS YOUR RESPONSIBILITY TO ENSURE THAT SUITABLE AND SUFFICIENT RISK ASSESSMENTS ARE CARRIED OUT FOR YOUR UNDERTAKING (OPERATIONS).

THESE DOCUMENTS DO NOT PRECLUDE YOU FROM POSSIBLE PROSECUTION OR REMOVAL FROM THE SITE BY ORGANISERS, SHOULD A SUBSEQUENT INSPECTION REVEAL UNSATISFACTORY STANDARDS.

Company Name:	
Contact Name:	
Address:	
Telephone & Contact Details:	
Email:	
Description of type of product/s on display and processes being assessed i.e. build-up, during Show & breakdown. Please include details of your procedure for dealing with conditions such as high wind speeds.	

RISK ESTIMATION TABLE:

RISK RATING = SEVERITY x LIKELIHOOD		
RATING	**SEVERITY (of injury/disease)**	**LIKELIHOOD of occurrence**
HIGH	**Fatality; major injury or illness causing long term disability**	**Certain or near certain to occur**
MEDIUM	**Injury or illness causing short term disability**	**Reasonably likely to occur**
LOW	**Other injury or illness**	**Unlikely to occur**

Hazard	**Person at Risk**	**Severity (H/M/L)**	**Likelihood (H/M/L)**	**Control Measures To minimise Risk**	**Overall Rating (With Controls)**

Date Completed:		**OVERALL ASSESSMENT RESULT**	Low/Medium/ High
Signature:		Further action required:	Yes/No: (If YES Please attach)
Name & Designation of person completing form:		External Contractors being Used:	Yes/No (If YES Please attach details and copy of the Contractors Risk Assessments)

FIRE RISK ASSESSMENT FORM 2025

You MUST answer all the following questions by ticking the appropriate box. This signed and completed form must be maintained and available for inspection by the Fire & Rescue Service, & Society at all times.

IT IS YOUR RESPONSIBILITY TO ENSURE THAT SUITABLE AND SUFFICIENT FIRE RISK ASSESSMENTS ARE CARRIED OUT.

	YES	NO	N/A
1. Are adequate exits provided for the numbers of persons within the unit/stand? (Are the staff and customers able to evacuate if the normal exit is blocked?)			
2. Where necessary, are there sufficient directional signs indicating the appropriate escape route and do they comply with current regulations? Are the exits maintained available, unobstructed and unlocked at all times the premises are in use?			
3. Are the exits maintained available, unobstructed and unlocked at all times the premises are in use?			
4. If the normal lighting failed would the occupants be able to make a safe exit? (consider back up lighting such as torches)			
5. Do you ensure that your marquee never becomes overcrowded to guarantee the safe escape if the occupants in the event of a Fire?			
6. Is all electrical equipment PAT tested by a competent person and kept in a safe condition?			
7. Do you have an adequate number of fire extinguishers/fire blankets available in prominent positions and easily available for use?			
8. Has the fire-fighting equipment been tested within the last 12 months? Note: a certificate of compliance will normally be required.			
9. Have your staff been instructed on how to operate the fire-fighting equipment provided?			
10. Have your staff been made aware of what to do should an incident occur, how to raise the alarm, evacuate the stand as well as the exit locations?			
11. Have you identified combustible materials that could promote fire spread beyond the point of ignition such as paper/cardboard, bottled L.P.G. etc and reduce the risk of them being involved in an incident?			
12. Have you identified all ignition sources and ensured they are kept away from all flammable materials?			
13. Are the structure/roofing/walls and fittings of your stand flame retardant? Note: a certificate of compliance will normally be required.			
14. If any staff sleep in the stand is there a working smoke detector and a clear exit route at night? Note: Persons should not be allowed to sleep within a high-risk area **+ permission must be sought prior to the event for any overnight occupancy.**			
15. Are you aware that you must not stock or sell certain items i.e. fireworks, garden flares etc?			
16. Do you have sufficient bins for refuse collection within your stand?			
17. Are you aware that only silent running generators, fully serviced/maintained and certified for safe use are permitted on site?			
18. Do you have an inspection/gas safe certificate for the appliances and pipework (copy to be available for inspection) and are all hose connections made with 'crimped' fastenings?			
19. Are the L.P.G cylinders kept outside, secured in the upright position and out of the reach of the general public?			
20. Are appliances fixed securely on a firm non-combustible heat insulating base and surrounded by shields of similar material on three sides?			
21. Are the L.P.G. cylinders located away from entrances, emergency exits and circulation areas?			
22. Are the L.P.G cylinders readily accessible to enable easy isolation in case of an emergency?			
23. Do you ensure that all gas supplies are isolated at the cylinder, as well as the appliance when the apparatus is not in use?			
24. Do you ensure that only those L.P.G. cylinders in use are kept at your stand? Any spares should be kept to a minimum and in line with an specific conditions for the event.			
25. Is a member of staff, appropriately trained in the safe use of L.P.G. present in the stand at all times?			

If the answer to any of the above questions is 'No',

Please detail the question number and actions you have taken to remedy the situation.

Date Completed:	
Signature:	
Name & Designation of person completing form:	