

COMPULSORY RISK ASSESSMENT FORM

THIS FORM MUST BE RETURNED WITH YOUR TRADE STAND APPLICATION

To comply with the statutory regulations of the Health and Safety at Work Act 1974, all exhibitors, displays and stand holders are required to complete a Risk Assessment form to be returned together with the Trade Stand Application.

The Health and Safety Risk Advisors must know in advance of any **HAZARDS** being introduced to the Showground, aiming to pre-empt potential incidents and reduce the risks of accidents. Alternatively, you may send us details of your existing Health and Safety arrangements for attending Show grounds. In particular, the following should be declared:

HAZARDS - PLEASE CONSIDER ALL POSSIBLE RISKS INCLUDING:

Slipping / Tripping e.g., Guy Ropes, pegs	Sharp instruments, blades and sharp edges
Vehicles e.g., tractors, forklifts, cranes, trucks	Fumes / Fuel spillages
Vans, cars, motorcycles and quad bikes	Gas, gas cylinders, LPG
Electricity Generators	Water boilers / Ovens / Hobs
Hot Fluids e.g., refreshments	Fire Risk e.g., rubbish & flammable substances
Display boards, racks and cabinets	Moving parts on machinery

Hazard	Persons at Risk	Controls to minimise risk



FIRE RISK ASSESSMENT A FIRE EXTINGUISHER MUST BE PROVIDED AND A FIRE RISK ASSESSMENT UNDERTAKEN BY ALL EXHIBITORS

	EXHIBITORS	
Hazard	Persons at Risk	Controls to minimise risk
Are you operating a generator?		
YES / NO		
Please note petrol generators are		
not permitted on site.		
Are you serving hot food or drinks?		
YES / NO		
LPG (Liquid Petroleum Gas) on		
site?		
YES / NO		
All Concerns ations BALICT ha		
All Gas connections MUST be		
crimped		
(no jubilee clips)		
Cylinders xKG		
Are you selling / offering alcohol?		
Are you selling / oriening alcohor:		
YES / NO		
TES / NO		
Other fire risks?		
Please list e.g. hot surfaces		
r rease hist e.g. Hot surraces		
CONTACT DETAILS (-)		
CONTACT DETAILS (Please comple	ote in RI ΛCK CΔPITΔI SI	

CONTACT DETAILS (Please complete in BLOCK CAPITALS)		
Name of Company or Responsible Individual:		
Address:		
	Post Code:	
Name of Insurer:	Policy Number:	
Signed:	Print Name:	