

TRADE STAND RISK ASSESSMENT FORM














Name of Organisation	
Name of responsible person	
Emergency contact number	

Description of trade stand activity

Please list all electrical equipment to be used, and WATTAGE, type NA if not applicable

If providing your own generator, please specify size and type.

Hazards associated with the above activity: Please tick one or more of the following if the hazards will be present on your stand during your time at the Show.

 <input type="checkbox"/>	Fire (Heat/Ignition Source / Flammable Substances)	 <input type="checkbox"/>	Driving vehicles on showground	 <input type="checkbox"/>	Electrical Equipment
 <input type="checkbox"/>	Working at Height	 <input type="checkbox"/>	Trip Hazards	 <input type="checkbox"/>	Machinery
 <input type="checkbox"/>	Heavy or awkward lifting or moving of objects (note uneven field surface)	 <input type="checkbox"/>	Increased noise levels	 <input type="checkbox"/>	Hazardous Substances
 <input type="checkbox"/>	Use of sharp objects	 <input type="checkbox"/>	Food preparation	 <input type="checkbox"/>	Large numbers of people (e.g. queues)
 <input type="checkbox"/>	Other (Please specify)				

Controls: For the relevant hazards selected above, please describe what controls you will have in place to reduce the risk of harm to anybody – During the “set-up” period.

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Controls: For the relevant hazards selected above, please describe what controls you will have in place to reduce the risk of harm to anybody - During the “Open” period.

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Controls: For the relevant hazards selected above, please describe what controls you will have in place to reduce the risk of harm to anybody - During the “Take Down” period.

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Assessment completed by	
Date	