

# Risk Assessment

Contractor Contact Name:	Exhibiting Name:	Stand Number:
Company Name:	Today's Date & Signature: _____ / _____ / _____ _____	

Task / Subject:	Hazard (s):	Who's at risk: <small>Exhibitors, Contractors, Sub-contractors, Visitors, Organisers, Venue Staff, Young/new/inexperienced staff, General public, Disabled, Lone Workers, Children, Other (specify).</small>	Risk level: <small>Frequent Severity Max loss &amp; Probability</small>	Precautions or Control Measures required: <small>(State existing measures if adequate)</small>	Comments:
Working at Height					
Manual Handling					
Slips / Trips / Falls					
Electrical					
Fire					

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Tools					
PPE & Hand Sanitisation					

*Add further information on additional pages to describe the following if relevant.*

*If you have these activities on your exhibition stand during the show open period, then you may be asked for a specific risk assessment and PL insurance certificate*

Working Machinery					
Live Demonstrations					
Display Vehicles					