



RISK ASSESSMENT

If you are building your own stand, please complete this as the Contractor.

CONTRACTOR CONTACT NAME:	EXHIBITING NAME:	STAND NUMBER:
COMPANY NAME:	TODAY'S DATE & SIGNATURE: ____ / ____ / ____	

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

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Tools					
PPE & Hand Sanitisation					

Please comment on how you have addressed the following Covid specific measures:

Social Distancing and congestion points					
Meeting Areas					
Cleaning					
Signage					

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

Live Demonstrations					
Display Vehicles					