





RISK ASSESSMENT

CONTRACTOR NAME: COMPANY: STAND NUMBER:		EXHIBITING NAME:	EXHIBITING NAME: POSITION:		
		POSITION:			
		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:

ABRAXYSGLOBAL LTD.
10 BARLEY MOW PASSAGE
LONDON W4 4PH
INFO@ABRAXYS.COM
T: 00 44 208 747 2045
F: 00 44 208 747 2046









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