**Exhibitor Risk Assessment**

Please use the below to help guide you on completing your Risk Assessment.

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| **HAZARD** | **WHO IS AFFECTED?** | **LEVEL OF RISK** | **CONTROL MEASURES** |
| List hazards which you will expect to encounter on-site. Use the following examples as a guide:   * Slipping/Tripping hazards (e.g. poorly maintained floors or aisles) * Fire (e.g. from flammable materials) * Chemicals & Hazardous substances (e.g. cleaning fluids) * Moving parts of machinery (e.g. blades) * Working at height (e.g. ladders) * Vehicle displays * Electricity (e.g. wiring) * Fumes (e.g. machinery) * Manual Handling * Noise * Temperatures * Water Features | Indicate the groups of people or individuals who could be harmed and how.  Examples of groups:   * Your staff * Contractors/Suppliers * Cleaners * Visitors * Pregnant women * Those with disabilities * Inexperienced and new staff * Lone workers * Organisers * Venue staff | Calculate the level or risk by multiplying the Probability by the likely Severity.  **Probability (P)**  5: Certain  4: Likely  3: Possible  2: Unlikely  1: Rare  **Severity (S)**  5: Death  4: Life Changing Injury  3: RIDDOR / Major Injury  2: Non-RIDDOR / Significant injury  1: Minor injury  **Calculation of Risk (R): P x S**  1 – 5: LOW (L) Acceptable risk, but monitor regularly  6 – 11: MEDIUM (M) Acceptable risk, but monitor frequently  12 – 18: HIGH (H) Implement immediate changes / further Controls  19 – 25: UNACCEPTABLE (U) Cease action immediately | After evaluating the risks, now indicate what precautions/ actions you will carry out to lower the risk.  For example:   * Can you remove the risk entirely by not doing the activity? * Can you reduce the activity required? * Can equipment be tested before bringing on to site, and prior to each use? * Are all employees trained and competent in the required task(s)? * Do those undertaking the task(s) need any Personal Protective Equipment? * Are all staff informed of the risks and the control measures required? |

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| **Event**: | | | **Event Dates**: | | | | | **Venue/Location**: | | | |
| **Company Name**: | | | **Stand Number**: | | | | | **Date Risk Assessment undertaken**: | | | |
| **Risk Assessment undertaken by**: | | | **Telephone Number**: | | | | | **Email**: | | | |
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| **HAZARD** | **WHO CAN BE HARMED?** | **HOW?** | | **INITIAL RISK LEVEL (P x S)** | | | **CONTROL MEASURES** | | **UPDATED RISK LEVEL (P x S)** | | |
| **Probability** | **Severity** | **Risk** | **Probability** | **Severity** | **Risk** |
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