**Risk Assessment Form for Trade Stand Exhibitors, Stall Holders & Participants**

**Eastrington Show, The Playing Fields, Eastrington, East Riding of Yorkshire.** [**www.eastringtonshow.co.uk**](http://www.eastringtonshow.co.uk)

**Print name of person completing this Risk Assessment Form: ……………………………………………**

**Name of Organisation: ………………………………………………………………………………………………………**

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| --- | --- | --- | --- |
| **Operational Activity – please indicate which description most reflects the activity of your stand** | | | |
| **Retail Outlet** | **Static Display** | **Demonstrations** | **Catering Outlet** |
| **Other (describe)** | | | |

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| --- | --- | --- | --- | --- | --- |
| **Hazards associated with the above activity:**  **Tick one or more of the following activities that could present hazards or risk to anyone during your occupation or attendance at the Eastrington Show Site.** | | | | | |
| **LPG** | **Dry Combustibles** | **Hot Surfaces or Vapour** | **Use of Sharps** | **Food Preparation** | **Flammable liquids** |
| **Heat & Ignition Sources** | **Electrical Equipment incl. Generator Sets** | **Machinery: Static & Moving** | **Working at Height** | **Animals of any kind** | **Trips & Slips** |

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| **Who might be harmed during your work or participation activity?**  *Consider:*   * *Members of the public, visitors, Show staff* * *Inexperienced staff* * *Other stall holders or operators* * *People sharing a ‘work’ space* * *Lone workers* * *People with disabilities* * *Vulnerable people (young / old)*   **Your Risk Assessment** |
| **Describe the risks or hazards connected with your ‘work’ activity that have been identified:**   1. **During the set-up period –** 2. **During the open period –**      1. **During the breakdown period -** |
| **Describe what measures you will put in place to reduce the identified risks or hazards:** |
| **Declaration:**  **I am aware of the Health & Safety advice available on the Health & Safety Executive website at** [**http://www.hse.gov.uk/**](http://www.hse.gov.uk/) **, and my responsibilities under Health & Safety Regulations.**  **Signature of Responsible Person: ……………………………………………………………………………………………**  **Print name: ………………………………………………………….. Date ……………………………………………..** |