



RISK ASSESSMENT

If you are building your own stand, please complete this as the Contractor. Contractor Contact Name: **Exhibiting Name:** Stand Number: Today's Date & Signature: Company Name: Who's at risk: **Precautions or Control Measures Risk level:** required: Task / Subject: Hazard (s): Exhibitors, Contractors, Sub-contractors, Visitors, **Comments:** Organisers, Venue Staff, Young/new/inexperienced Frequent Severity Max loss & Probability staff, General public, Disabled, Lone Workers, Children, (State existing measures if adequate) Other (specify). 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					

Who's at risk: