

EXHIBITOR NAME				
Assessment completed by (print name)		Signed		
All hazards (health / safety and fire) appertaining to your involvement with the event must be assessed and documented on this form.				
Activity and Persons at Risk	Hazard	Consequence	Control Measures	Risk Rating
Work being done. e.g. setting up stand. Staff, Contractor, Public.	Something that may cause harm. e.g. Falling from ladders.	Harm that could be caused to people or property. e.g. Fractures, cuts, bruising.	What you will do to reduce the risk. e.g. Training, use of access equipment.	Probability of the hazard occurring X the severity if it did. Low, Medium, High.