

RISK ASSESSMENT

Company.....

Name.....

Date.....

Event – Collingham Show 17.09.2022

All sections of this assessment must be completed, any sections not applicable should be marked N/A.

Are any of the following hazards present	Yes/No	What level of risk does the hazard create	What controls are in place to reduce the risk to low
Example Electrical equipment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	All electrical equipment is certified and connected via an RCD. Copies of certificates available for inspection. All cables and access to equipment is restricted.
Anything Likely to cause a slip or trip	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Manual Handling	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Electrical equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Generators including refuelling	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
LPG Liquid petroleum gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> High <input type="checkbox"/> Medium	

	<input type="checkbox"/> N/A	<input type="checkbox"/> Low	
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Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
COSHH Any substances that may harm or have ill effect health effects	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Setting up, use of taking down displays or equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Access and Egress To and from available space	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Weather	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Extremes of hot and cold	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Food Hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
General tidiness Cleaning up of area Disposal of rubbish	<input type="checkbox"/> Yes	<input type="checkbox"/> High	

	<input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Medium <input type="checkbox"/> Low	
Please add any other hazards onto the extra sheet attached that are specific to your business an have not already been identified above			

If you find that you have identified a hazard with a high risk then you may need to produce a more detailed risk assessment. A blank specific assessment form is attached for your use. Please feel free to reproduce as many copies as you require, then attaché to this document and return.

When looking at control measures to reduce the level of risk from the hazard it is worth using the following hierarchy.

- Eliminate (get rid of) the hazard
- Replace the hazard with one that has a lower risk
- Limit access to the hazard (barriers)
- Limit exposure to the hazard

Sign..... NAME.....

Name of person who will be responsible a the show

Risk Assessment

Name of establishment	Date of assessment
Specific location of assessment	
Date of previous review	Date of next review
Name of person carrying our assessment	Signature

Details of the activity and any identified hazards	
Who is likely to be affected by the activity or hazard	
Likelihood of an injury occurring	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Severity of the injury likely to be incurred	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Controls put in place to reduce both the likelihood of injury occurring and/or the severity of the injury	
Have the levels of risk been reduced to low as a result of the control measures <div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>	
If no what else can be done to minimise the risk	