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Exhibitor / Trade Stand Risk Assessment

Organisation Name:			
Part 1 – Before you start (tick appropriate box)	Yes	No	N/A
Have you done this type of job before?			
Do you have the right equipment for the job?			
Equipment subject to PAT and in date?			
Do you have the right PPE?			
Are scaffolds and ladders inspected?			
If you have answered 'NO' to any of the above questions, take the required action.			
Part 2 – Safety Assessment (tick the box if the hazard is present)			
Slips, trips and falls		Confined Spaces	
Falls from Height		Dust	
Falling objects		Fumes	
Hazardous Substances		Noise	
Heat/Fire/Explosion		Vibration	
Asbestos		Electricity	
Violence		Radiation	
Food preparation / storage		Contamination	
Overturn/collapsing		Adverse Weather	
Manual Handling		Temperature	
Vehicles		Work Equipment	
Risk to you from work of others		Risk to others from your work	
Others: (Please specify)			

Part 3 – Controls for identified Hazards

Hazard (Identified above)	Persons that may be harmed	Additional identified control measures	Residual Risk (H, M, L)

This is a declaration that suitable control measures have been applied prior to commencement of the activity.

Responsible Person(s):	Signature(s):	Date:
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Part 4 – End of job review

Was there anything that could be done safer next time?	Yes	No
Has the work created new hazards?	Yes	No

Comments:

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