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### Exhibitor / Trade Stand Risk Assessment

<b>Organisation Name:</b>				
<b>Part 1 – Before you start (tick appropriate box)</b>		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.				
<b>Part 2 – Safety Assessment (tick the box if the hazard is present)</b>				
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)				
<b>Part 3 – Controls for identified Hazards</b>				

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: