

**CLAIRE CHAPMAN
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Exhibiting Company Name :

Stand Number:

Please use the guidance notes on Info Sheet 6.

1. **Hazard Category** – select the most appropriate category for the hazard you have identified. Look only for hazards on your stand, which you could reasonably expect to result in significant harm. You will need to complete a separate risk assessment form for each hazard you identify. If any of the following are applicable please tick one box per form and complete as many forms as necessary.

Adverse weather	<input type="checkbox"/>	Fall from height	<input type="checkbox"/>	Stored energy	<input type="checkbox"/>
Complex structure	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Use of lifting equipment	<input type="checkbox"/>
Compressed air	<input type="checkbox"/>	Gas / LPG	<input type="checkbox"/>	Use of vehicles	<input type="checkbox"/>
Dust / Fumes	<input type="checkbox"/>	Hazardous substance	<input type="checkbox"/>	Use of work equipment	<input type="checkbox"/>
Equipment / Machinery	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Water features	<input type="checkbox"/>
Explosion	<input type="checkbox"/>	Radiation	<input type="checkbox"/>	Others	<input type="checkbox"/>
Extreme temperature	<input type="checkbox"/>	Slip / fall	<input type="checkbox"/>	None	<input type="checkbox"/>
Falling objects	<input type="checkbox"/>	Special Effects	<input type="checkbox"/>		

If you answered none return this form to the Organiser, if you ticked any of the above hazard categories please complete the following sections for each individual hazard.

2. **Who is at Risk** – identify the people who are at risk from this hazard

All workers	<input type="checkbox"/>	Maintenance staff	<input type="checkbox"/>	Pregnant workers	<input type="checkbox"/>
Cleaners	<input type="checkbox"/>	Members of the public	<input type="checkbox"/>	Disabled Persons	<input type="checkbox"/>
Contractors	<input type="checkbox"/>	Staff	<input type="checkbox"/>	Children	<input type="checkbox"/>

If you identify a risk please return this form to the organisers.

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3 Risk Assessment

Probability x Severity = Risk Rating

Probability How likely is the hazard to cause harm?		Severity What is the worst possible outcome	
Negligible	1	1	Trivial injury
Possible Occurrence	2	2	Minor injury
Occasional Occurrence	3	3	Major injury to one person
Frequent Occurrence	4	4	Major injury to several persons
Regular Occurrence	5	5	Death of one person
Common Occurrence	6	6	Multiple deaths



Risk Ratings		
VERY LOW RISK	1 TO 4	Requires no action
LOW RISK	5 TO 7	Requires no action
MEDIUM RISK	8 TO 14	May require action or creating more awareness, look at specifics
HIGH RISK	15 to 36	Requires immediate action!

4. Existing control measures – What controls have been implemented to control hazard?

5. Are these control measures adequate to contain hazards? YES NO

EXHIBITORS RISK ASSESSMENT FORM 6

If you identify a risk please return this form to the organisers.

Exhibiting Company Name :	Stand Number:
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6. What additional controls are required to control hazard?

7. Risk assessment undertaken by:

PRINT NAME:

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POSITION:

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SIGNATURE:

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DATE:

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If you identify a risk please return this form to the organisers.

EXHIBITORS RISK ASSESSMENT FORM 6