

# Bilsdale Agricultural Show

## Trade / Attraction RISK ASSESSMENT including FIRE RISKS

Show Date \_\_\_\_\_

<b>Risk Assessment for</b>	<b>Assessment Undertaken By</b>
Name:	Date of Assessment:
	Assessor:
	Position:

You are required to assess risks to you, your staff and visitors using the tables below. If you identify a risk tick the "Yes" boxes in Sections 1 & 2 and the "No" box in Section 3 if further action is required then complete Section 4. You must complete all 3 Sections even if you consider there is no risk.

<b>Section 1: Risks to Company Staff</b>	Yes	No
Slips, trips or falls due to waste build up or other		
Working at height		
Manual Handling		
Falling Objects		
Cooking Processes		
Working Machinery		
Electrical Goods/Electric Shock		
Other Perceived Risks		

<b>Section 2: Risks to Customers, Other Exhibitors &amp; Visitors</b>	Yes	No
Slips, trips or falls		
Falling Objects		
Manual Handling		
Safe Entrances/Exits		
Other Perceived Risks		

<b>Section 3: Fire Risks</b>	Yes	No
Flammable material controls in place		
Fire Extinguisher on stand		
Manual Handling		
Safe Entrances/Exits		
Other Perceived Risks		

If you have ticked "Yes" to any of the boxes in Section 1 & 2 or if you have ticked "No" to any box in Section 3 please provide, in section 4 below, details of the controls in place to reduce risks.

<b>Section: 4 Identified Risk</b>	<b>Section: 4 Action Taken to Reduce Risk</b>

**Additional Information:**

**Signed** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Emergency Contact Number** \_\_\_\_\_