

## EXHIBITOR RISK ASSESSMENT FORM

### Event Details

Company Name

Stand Reference

### Persons with responsibility for H&S

Name	Position	Mobile

### Potential Hazard(s):

Hazard	Tick if applicable	Hazard	Tick if applicable
Manual handling		Plant and equipment	
Electricity		Working at height	
Hazardous substances		Lone working	
Slips and trips		Fire	
Pressure cylinders		Loading/unloading	
Use of power tools		Lifting equipment	
Other ( )		Other ( )	

### **Risk Rating = Likelihood X Severity**

#### **Likelihood**

- 3- **High** – Certain  
 2 - **Medium** – Possible  
 1 - **Low** – Unlikely

#### **Severity**

- 3 – **High** – Possible fatality/major injury  
 2- **Medium** - Lost time injury  
 1 – **Low** - Minor injury (bump/cut)

**Person(s) at Risk:**

Visitors to stand  
Company Employees  
Venue and event staff  
Contractors

**Now for each hazard you have ticked, list your control measures**

Hazard	Control Measure	Residual risk rating with controls in place	Responsibility & action date
(Example) <b>Electricity</b>	All plug in devices to be PAT tested Brief staff on safe use of equipment Surge protectors to be fitted to extension leads Users to check equipment prior to use No trailing cables Never use defective equipment	2X2 = 4 <b>Medium</b>	Peter Smith  Event set-up During event

**Assessment Carried Out By:****Date Assessed:****Date Due Review:**

*Please refer to delegate guidance for conditions of exhibiting*