# RISK ASSESSMENT GUIDELINES FOR TRADE STAND EXHIBITORS/MARKET STALLS

**(All Market Stall & Trade Stand Exhibitors MUST complete the form overleaf in FULL)**

Using the guidelines shown below please consider what risks apply is to those building or using up trade stands and to member of the public during the show.

Where applicable list the hazard and outline the steps you propose to take to minimize that risk in the attached table.

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| **HAZARD** | **WHO MIGHT BE HARMED** | **REQUIREMENTS TO CONTROL THE RISK** |
| Look only for hazards which could reasonably be expected to result in significant harm under the conditions in your workplace.Use the following examples as a guide.Chemicals & Dangerous SubstancesSlipping/tripping hazards (e.g. guide ropes, flooring and display tables)Moving parts of machinery (e.g. blades, belts & wheels)Work at height (e.g. from ladders or steps).Pressure systems.Vehicles/Trailers.Electricity\*\*Dust (e.g. from grinding)Fumes (e.g. vehicle engines)Manual handling operations.NoiseLivestock on standLifting operationHigh Winds | There is no need to list individuals by name - just think about groups ofpeople doing similar work or who may be affected, e.g.Staff/Helpers. People sharing your work place.Members of the public.**PAY PARTICULAR****ATTENTION TO**:**Staff, especially Inexperienced staff.****Visitors, children and in particular anyone with disabilities!** | For the hazards listed, do theprecautions already taken:-\* Meet the standards set by a legal requirement?\* Comply with a recognised industry standard, C.O.S.H.H. Regs & Hazard Data Information.\* Represent good practice?\* Reduce risk as far as reasonably practical?Have you provided:\* Adequate information instruction and/or training?\*Do not use high sided vehicles or equipmentin the vicinity of overhead power lines.Do not dig or drive spikes into the ground without checking for buried power lines.\* Adequate systems or procedures?See note \*\*on Trade Stand Assessment Form,.*If so then the risks are adequately controlled but you need to indicate the precautions you have in place where the risk is not adequately controlled!* Indicate what more youneed to do (the “Action list”).Ensure tents are well secured. Close down inflatable rides etc. until winds subside. |
| Fire Hazard e.g. combustiblematerials (rubbish, inflammable substances, LPG etc) and ignition sources (flames, smoking etc) | Staff and general public. | \* Means of escape, fire detection and alarms. Fire fighting equipmentand fire evacuation plan. |

**TRADE STAND/MARKET STALL RISK ASSESSMENT FORM**

**Please compete in BLOCK CAPITALS and return to the Show Secretary**

**28 days prior to the Show.**

**THIS FORM MUST BE COMPLETED IN FULL. “NO RISK / NONE / N/A” IS NOT ACCEPTABLE.**

**Please See Risk Assessment Guidelines overleaf For**

**TRADE STAND EXHIBITORS/MARKET STALLS**

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| --- | --- | --- |
| **HAZARD** | **PERSON AT RISK** | **CONTROLS TO****MINIMISE RISK** |
| **PORTABLE ELECTRICAL EQUIPMENT** | Staff and General Public. | \*\*All Portable Electrical Equipment, above 110V, must be in a safe condition. The best way to ensure this is to have a current Electrical Test Certificate! |
| **FOOD HYGENE** | Staff and General Public. | The requirement is to have and have on display a current Food Hygiene Certificate. |
| **Please use the space below to list any of the hazards listed overleaf and your control methods or procedures to minimize them.** |
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|  | **FIRE ASSESSMENT** |  |
| **\*LIQUEFIED****PETROLEUM GAS** | **(LPG) ON SITE:** **YES / NO****(PLEASE CIRCLE)** | **IF YES****CYLINDER SIZE** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kg.** |

**Please use the space below to provide any additional information.**

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Name……………………………….................................................................................................Date...............................

Address………………………………...............................................................................................Postcode……………....

Telephone No: (…………)……………….................Mobile. ............................................

Responsible Person……………………………….......... Signature of Assessor……………………………

If you require assistance, please contact the Safety Adviser or Secretary.