## **ROMSEY SHOW – RISK ASSESSMENT FORMS**

OFFICE USE:
Trade Stand No

Company Name:
Trading Name:
Address:
Telephone Number: Mobile Number:
Email Address:
Name of Person Responsible:
Assessment Completed by:
Signature: Date of Assessment:

## THIS FORM MUST BE COMPLETED ON BOTH SIDES AS FULLY AS POSSIBLE

Please copy this page if more space required

Do you use a generator?	Yes	No	If yes, state type
Do you use gas?	Yes	No	If yes, give details & description
How many cylinders?			Total = Size =
Do you use deep fat fryers?	Yes	No	If yes, give details & description
Do you have an 'F' type extinguisher for the deep fat fryer (if used)	Yes	No	If yes, give details & description
Do you use any ovens?	Yes	No	If yes, give details & description
Do you use bain-maries?	Yes	No	If yes, give details & description
Do you have any other significant risk?	Yes	No	If yes, give details & description

## ROMSEY SHOW - COMPULSORY RISK ASSESSMENT FORM

## **Guidelines for all exhibitors:**

INDEMNITY SUM: £

**EXPIRY DATE OF INSURANCE COVER:** 

Using the examples shown, please consider what risk there is to those building up trade stands and to members of the public during the Show. Outline the steps you propose to take to reduce that risk **in the table below.** Copy this page if more space is required.

HAZARD	PERSONS AT RISK	CONTROLS TO MINIMISE RISK
(Example - Slipping/tripping/vehicles/electricity)	(Example - General public/ staff/ operators/cleaners/contractors)	(Example - Cover possible trip hazard or highlight with fluorescent tape. Provide appropriate training. Used a certified electrician)
	PUBLIC LIABILITY IN	NSURANCE
NAME OF INSURANC ADDRESS:	E COMPANY:	

**IMPORTANT:** This form must be completed on **BOTH SIDES**, in full, in BLOCK CAPITALS, signed and returned to the Romsey Show Office, 4 The Old Carthouses, Romsey, SO51 9LQ.

**MILLION** 

Failure to return this form will mean that your trade stand application will not be accepted.