

Thame Show

The Show Office, Thame Showground, Kingsey Road, Thame, Oxon. OX9 3JL
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Thursday 17th September 2015

Trade Stand Health and Safety Checklist and Risk Assessment. TO BE COMPLETED AND RETURNED WITH TRADE STAND APPLICATION

Traders Name:

Telephone No: Email

Person responsible for tradestand on this event

Contact mobile number for the above whilst on site

Please answer questions set out below, highlighting by circling **Yes** or **No**

1	Will you be employing a contractor to erect your stand If YES, have they completed and submitted the Event Contractor Approval documentation	Yes Yes	No No
	What is their name and contact phone details		
	When do you envisage your tradestand structure being erected at the event (date and approx time)		
	When do you envisage your tradestand structure will be taken down (date and approx time)		
	Have the contractors completed a risk assessment for their activities at this event [please attach a copy of the assessments to your documentation]	Yes	No
2	Will you be using any Electrical Powered equipment?	Yes	No
	Have they been purchased or PAT tested within the last 12 months? (date tested please)	Yes	No
	Can you confirm you will have a 9 ltr CO2 Fire Extinguisher on your stand	Yes	No
3	Will you be using any Gas/LPG powered electrical equipment?	Yes	No
	Have they been purchased or GASAFE tested within the last 12 months? [test date please]	Yes	No
	Can you confirm you will have a 9 ltr Dry Powder Fire Extinguisher on your stand	Yes	No
4	Do you intend to be cooking any food on your stand	Yes	No
	If yes, can you confirm you will have a Fire Blanket as well as your Fire Extinguisher	Yes	No

	Insurances Held	Limit / Claim Value	Policy Number	Renewal Date	Insurer	
5	Public Liability					
	Product Liability					
	Employers Liability					
6	Have you been subject to any investigation from any health and safety enforcing authority or trading standards? If yes, brief details of where that investigation stands please:				Yes	No

Risk Assessment [please complete as guided]

Hazards [including Fire] e.g. combustible materials(rubbish, flammable substances, LPG etc.) and ignition sources (flames, smoking etc.)	Persons at Risk There is no need to list individuals—just think about groups of people who may be affected (e.g. Staff, members of the public)	Likelihood	Severity	Risk Level	Controls to Minimise Risk
<i>Example Tripping on ground bar</i>	<i>Staff & Member of the Public</i>	<i>2</i>	<i>2</i>	<i>4</i>	<i>Remove ground bar each morning before opening to the public</i>

If in your opinion no risk exists in your activities, please print **No Risk** in the Hazards column

Risk Assessment Guide [Likelihood x Severity = Risk Level Score]

Likelihood	Severity of injury	Risk Level	Action required
1. Most unlikely	1. Trivial injury	1 & 2 Minimal Risk	Maintain controls
2. Unlikely	2. Slight injury	3 & 4 Low risk	Review controls
3. Likely	3. Serious injury	6 to 8 Medium risk	Improve controls
4. Most likely	4. Major injury or death	9 to 16 High Risk	Improve controls & consider stopping work

I confirm that the business trading as.....
complies with the above health and safety checklist and the assessment has been carried out.

Signed..... Date.....

Name (capitals).....

Position in Company.....