

Smallholding Scotland

Exhibitor's Risk Assessment Form

Event:	
Stand Name:	Stand Number:
Name of person responsible for health and safety:	Work No: Mobile No: Email:

Exhibitor's Responsibilities

An exhibition stand is a workplace covered by health and safety legislation. As the exhibitor it is your responsibility to ensure that a suitable and sufficient risk assessment is completed. Failure to do so could lead to delays or ultimately the closure of your stand.

This template is for a simple exhibition stand that does not require any structural approval from the organiser or the venue. More complex stands will require a more detailed risk assessment and if you are in any doubt you should contact the Trade Stand Manager - tradestands@ssgf.uk

Does your stand include any of the following? If so, you must complete the attached risk assessment for simple stands:

	Yes / No
Beauty procedures such as massage or ear piercing	
Display of anything containing liquid fuel e.g. a motor vehicle	
Display of sharp objects e.g. weapons (even replica weapons)	
Demonstrations of any kind	
Working electrical appliances other than simple display lighting	
Food service of any kind other than sweets, snacks and soft drinks	
Heat source of any kind including cookery demonstrations, naked flame or gel burners	
Live animals	
Pressurised gases	
Working machinery of any kind even if static	
Any other hazard not identified above which could be a risk	

Note this is not an exhaustive list. You are responsible for identifying any aspect of your stand that could present a hazard

If you have answered NO to all of the above complete the sign box below.

I declare that to the best of my knowledge there are no significant risks relating to this stand.

Signed:	Name:	Date:
----------------	--------------	--------------

If you have answered YES to any of the above complete the risk assessment overleaf for each risk identified above.

Stand Name:	Stand Number:
--------------------	----------------------

Risk:
Who could be harmed:
Control measures in place:

To the best of my knowledge the information provided is correct. The control measures in place reduce the risk to an acceptable degree.

Signed:	Name:	Date:
----------------	--------------	--------------

PLEASE NOTE:

This is a very basic risk assessment format for simple risks only. Multiple or complex risks will require a more detailed risk assessment