**Risk Assessment**

 **Exhibitor**: ……………………………………………………………………………………. **Stand Number(s):** …..…………………….

**Address**: ………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………….………………………………………………..

………………………………………………………………………………………….**Postcode**: .. ……………………………….………………..
 **Show period (Build up, open and breakdown)**: ..………………………….…………………………………………………………

**Assessors name**: ………………………………………………………… **Job title**:.. ...………………………………………………………

**Contact number**: …………………………………………………………… **Email**:.. ..………………………………………………………..

**Stand H&S representative**: ……………………………………………………………………..……………………………………………….

**Date RA undertaken**: ………………………………………………………. **Assessors signature**: …………………………………….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Task | Perceived hazard | Who is at risk? | Risk level | Precautions taken | Residual risk |
| i.e Erection of stand fittings, manual handling during build up and carpet fitting | i.e Slips/trips/falls, crushing, sprains, back strain, cuts and abrasions | i.e Exhibitors, contractors, Tip-ex and HIC staff | i.e High | i.e Stand construction being carried out by stand contractor under generic RA | i.e Medium |

**Complete and return by 5 April 2019 to:**

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