**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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