Derbyshire Agricultural and Horticultural Society Limited



RISK ASSESSMENT FORM

Please complete usi	ng BLOCK CAP	ITALS				
Name of Company/E	Exhibitor					
Correspondence Add	lress:					
Telephone Number:		Respons	ible Person:			
Assessment Date:		Signatur	e of Assessor:			
Please indicate whi	ich description be	est describes the ac	ctivities on your st	and		
Retail	Static		Demonstrations		Catering	
outlet	display				Outlet	
HAZARD	HAZARD SEVERITY RATING*	HAZARD PROBABILITY RATING**	PERSONS AT RISK		CONTROLS TO MINIMISE RISK	
* Hazard Severity Rati dangerous (some injur widespread injuries)						
** Hazard Probability occur at some time) 4 -						sible (likely t
Mechanical Handli	ng Equipment (e	.g. forklift/crane e	tc.) on site? (Pl	lease circle	e) Yes/No	
FIRE ASSESSMEN	\	1 /				
		Yes/No - please cir	cle) Cylinder Siz	e		
Dry Combustibles Hot surfaces						
Food Preparation						
Heat and Ignition	Sources					
Highly Flammable						
Electrical Equipm						
Machinery						
Dangerous overcro	owding					
INSURANCE						
It is imperative that a	all Trade Stand hol	ders have their own	insurance. Please f	fill in the co	orrect boxes in o	order that vo
can be assessed for p						•
Name of Insurer & information of Public Liability Status (i.e. what is covered)		Amount that the insurance covers And Policy No.		The Policy Term (i.e. the date from validity to expiry)		

^{*}Please note that it is recommended that all trade stands whether inside or out have a minimum of £2million in cover.