



RISK ASSESSMENT

Please complete and return this form to Meggie Goodridge - Health and Safety Manager
 Mobile: 07977106617 Tel: 01403 711047 Email: plsa@acex.co.uk by **4 May 2018**

Venue:	Risk assessment undertaken by:
Contractor:	On behalf of exhibitor:
Stand no:	Signed by:
Period Specify build, open or clear	
Task e.g. lifting, moving machinery, handling chemicals	
Hazard Describe the hazard	
Who is at risk (please specify) Venue staff/ organisers / exhibitors/ contractors/ sub-contractors/ delegates/ young, new or inexperienced staff/ general public/ disabled/ lone workers/ others	
Risk level (please specify) Frequency Severity Probability	
Precaution / control measures to be undertaken	