

PLSA ANNUAL CONFERENCE 2023

16-19 OCTOBER 2023 – MANCHESTER CENTRAL

Exhibitor Health & Safety Form

RISK ASSESSMENT

ALL EXHIBITORS MUST COMPLETE AND RETURN BY 4TH SEPTEMBER 2023
to carol@onsitex.co.uk

Please be advised that it is a venue and organiser requirement that ALL EXHIBITORS complete this Exhibitor Risk Assessment and Health & Safety Declaration Form and return it to no later than 4TH SEPTEMBER 2023

To be completed by ALL EXHIBITORS and signed by a RESPONSIBLE person within the exhibiting company.

Exhibitors Risk Assessment Form			
Company			
Exhibiting name (if different from above)			
Stand/Table top Number			
Completed by (name)		Contact No	

1. Hazard Category			
Select the most appropriate category for the hazard on your stand. Look only for hazards on your stand which you could reasonably expect to result in significant harm. Tick any of the following which are applicable:			
Display Machinery <input type="checkbox"/>	Falling Objects <input type="checkbox"/>	Insufficient Lighting <input type="checkbox"/>	Noise <input type="checkbox"/>
Candles/balloons <input type="checkbox"/>	Slips, trips and falls <input type="checkbox"/>	Heavy Equipment <input type="checkbox"/>	Lone Working <input type="checkbox"/>
Manual handling <input type="checkbox"/>	Electricity <input type="checkbox"/>	Fire/burns/scalds <input type="checkbox"/>	Explosion <input type="checkbox"/>
Demonstrations <input type="checkbox"/>	Water Features <input type="checkbox"/>	Sharp Objects <input type="checkbox"/>	Glass <input type="checkbox"/>
OTHER (please detail in the space below) <input type="checkbox"/>		NONE (if you tick this box is go directly to Section 8) <input type="checkbox"/>	

If you ticked any hazard categories please complete the following sections for each individual hazard. Please attach additional copies of this form as may be necessary.

2. Existing control measures – What controls will be in place to control the hazard?	
3. Will these measures be enough to control the hazard? YES <input type="checkbox"/>	4. Please indicate additional measures to be taken in S7 NO <input type="checkbox"/>

Risk Assessment (continued)

4. Who is at Risk – identify the people who are at risk from this hazard.

Exhibitors <input type="checkbox"/>	Organisers <input type="checkbox"/>	Pregnant Workers <input type="checkbox"/>
Venue staff <input type="checkbox"/>	Visitors <input type="checkbox"/>	Disabled Persons <input type="checkbox"/>

5. PROBABILITY – HOW LIKELY IS THE HAZARD TO CAUSE HARM?

1.	NEGLIGIBLE	<input type="checkbox"/>	<< INSERT NUMBER INTO BOX
2.	POSSIBLE OCCURRENCE	<input type="checkbox"/>	<< INSERT NUMBER INTO BOX
3.	OCCASIONAL OCCURRENCE	<input type="checkbox"/>	<< INSERT NUMBER INTO BOX
4.	FREQUENT/COMMON OCCURRENCE	<input type="checkbox"/>	<< INSERT NUMBER INTO BOX

6. SEVERITY – WHAT IS THE WORST POSSIBLE OUTCOME?

1.	TRIVIAL INJURY	<input type="checkbox"/>	<< INSERT NUMBER INTO BOX
2.	MINOR INJURY	<input type="checkbox"/>	<< INSERT NUMBER INTO BOX
3.	MAJOR INJURY TO ONE PERSON	<input type="checkbox"/>	<< INSERT NUMBER INTO BOX
4.	MAJOR INJURY TO SEVERAL PERSONS	<input type="checkbox"/>	<< INSERT NUMBER INTO BOX
5.	DEATH TO ONE PERSON	<input type="checkbox"/>	<< INSERT NUMBER INTO BOX
6.	MULTIPLE DEATHS	<input type="checkbox"/>	<< INSERT NUMBER INTO BOX

PUT THE PROBABILITY NUMBER (BETWEEN 1 AND 4) AND THE SEVERITY NUMBER (BETWEEN 1 AND 6) INTO THE BOXES BELOW AND MULTIPLY TO ACHIEVE A RISK RATING (EG 1 X 3 = 3)

PROBABILITY [] X SEVERITY [] = RISK RATING []
THE ANSWER WILL TELL YOU WHAT YOU NEED TO DO (IF ANYTHING)

Risk Rating

VERY LOW RISK	1 TO 4	REQUIRES NO ACTION
LOW RISK	5 TO 7	REQUIRES NO ACTION
MEDIUM RISK	8 TO 14	MAY REQUIRE ACTION OR CREATING MORE AWARENESS, LOOK AT SPECIFICS
HIGH RISK	15 TO 36	REQUIRES IMMEDIATE ACTION!

7. What additional controls are required to control hazard? (IF the NUMBER IS GREATER THAN 7)

8. Exhibitors Risk Assessment Form completed by:

Company			
Name			
Job Title			
Telephone Number			
Mobile Number			
Email Address			
Signature		Date	