

Exhibitors Risk Assessment

THE WEDDING WONDER SHOW

Please fill out this form in full to ensure entry into the event. Fill in, scan and send back to info@weddingwondershow.co.uk with subject 'company name - risk assessment' - Alternatively you can post it to Belle Events & Exhibitions Limited - 3 Wynyard Sq, Sunderland SR2 7UY

If you intend on attending one of our events as an exhibitor please read and fill out the following risk assessment, in most cases there is very little risk but its very important you fill out any potential hazards. General safety rules are included in our exhibitor notes. If you have any problems filling this in simply e-mail us and we'll be happy to help. If you see no risk, please select 'none' from the list, sign and complete the form it will automatically be forwarded to us.

RISK ASSESSMENTS

It is a legal requirement that every stand must submit a risk assessment, which must be returned to the organiser prior to the event. Any exhibitor providing food products for sampling must also submit an ingredients list to the organiser prior to the event. If you intend to have 16 -18 year olds or pregnant staff working on your stand a separate Risk Assessment must be submitted for them. We remind exhibitors this is a legal obligation.

SAMPLING AND TASTING

Exhibitors requesting authorisation for sampling are reminded of their responsibilities under the Food Safety Act 1990 and all relevant hygiene and health regulations, a summary of requirements can be obtained from the local authority EHO regarding standards of operation. Sampling and distribution of food and beverages is only permitted when The Wedding Wonder Show has granted permission prior to the event. Food items: Samples must be bite sized and served in single units, they must be offered free of charge from a specific stand or location within the venue. Hawking and cash sales are not permitted.

BEVERAGES INCLUDING ALCOHOL

Soft drinks: maximum portion size 3-4 fluid ounces/50ml Hot beverages: maximum portion size 3-4 fluid ounces/50ml. Beers & wines: maximum portion size 3 fluid ounces/50ml. Spirits and fortified wines: maximum size of 10ml.

We advise a maximum of 2 samples per person. Beverages and alcohol can only be sampled in single units and must be offered free of charge from a specific stand or location within the hall. Exhibitors must conform to a duty of care responsibility and any infringement of this or the licensing laws will make individual exhibitors open to prosecution.

DUTY OF CARE

Exhibitors cannot sample to the following categories: Anyone under the age of 18 or anyone who appears to be under the age of 18 or Anyone under the influence of alcohol.

PUBLIC LIABILITY INSURANCE

All exhibitors must have relevant public liability insurance. All electronic equipment must be PAT tested. The organisers, Belle Events are not responsible for individual exhibitors negligence howsoever caused.

Company Name _____ Date _____ Event _____

1. Hazard Category: Select the most appropriate category for the hazard you have identified. 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:

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Adverse Weather | <input type="checkbox"/> Falling Objects | <input type="checkbox"/> Special Effects Stored | <input type="checkbox"/> Noise |
| <input type="checkbox"/> Complex Structure | <input type="checkbox"/> Fall from Height | <input type="checkbox"/> Energy | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Compressed Air | <input type="checkbox"/> Dust / Fumes | <input type="checkbox"/> Gas / LPG | <input type="checkbox"/> Explosion |
| <input type="checkbox"/> Use of Vehicles | <input type="checkbox"/> Water Features | <input type="checkbox"/> Radiation | <input type="checkbox"/> Slip / Fall |
| <input type="checkbox"/> Use of Work Equipment | <input type="checkbox"/> Hazardous Substance | <input type="checkbox"/> Equipment Machinery | <input type="checkbox"/> Electricity |
| <input type="checkbox"/> Extreme Temperatures | <input type="checkbox"/> Use of lifting Equipment | <input type="checkbox"/> Others | <input type="checkbox"/> NONE |

If you answered **NONE** simply return this form to the Organiser, if you ticked any of the above hazard categories please complete the following sections for each individual hazard.

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

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Exhibitors | <input type="checkbox"/> Maintenance Staff | <input type="checkbox"/> Pregnant Workers |
| <input type="checkbox"/> Cleaners | <input type="checkbox"/> Members of the Public | <input type="checkbox"/> Disabled Persons |
| <input type="checkbox"/> Contractors | <input type="checkbox"/> Office Staff | <input type="checkbox"/> Children |

3. Risk Assessment Probability x Severity = Risk Rating

- | Probability – How likely is the hazard to cause harm? | Severity – What is the worst possible outcome? |
|--|---|
| <input type="checkbox"/> 1. Negligible | <input type="checkbox"/> 1. Trivial injury |
| <input type="checkbox"/> 2. Possible Occurrence | <input type="checkbox"/> 2. Minor injury |
| <input type="checkbox"/> 3. Occasional Occurrence | <input type="checkbox"/> 3. Major injury to one person |
| <input type="checkbox"/> 4. Frequent Occurrence | <input type="checkbox"/> 4. Major injury to several persons |
| <input type="checkbox"/> 5. Regular Occurrence | <input type="checkbox"/> 5. Death to one person |
| <input type="checkbox"/> 6. Common Occurrence | <input type="checkbox"/> 6. Multiple deaths |

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!

4. Existing control measures – What controls have been implemented to control hazard?

5. Are these control measures adequate to contain hazards?

- Yes No

6. What additional controls are required to control hazard?

Contact Name _____ Signed _____