RISK ASSESMENT FORM

Contact Name –

Risk Assessment carried out by –

Signature of Assessor -

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| HAZARD | OUTCOME | PERSONS AT RISK | CONTROLS TO MINIMISE RISK | FURTHER ACTION | LEVEL OF RISK |
| Tablecloth. | Trips, display beingpulled off the stall. | Stallholder/general public. |  | . |  |
| Falling​ ​objects.   | Bruising.  | Stallholder/general​ ​public.  |  |  |  |
| Weather:​ ​high​ ​winds, heavy​ ​rain​ ​and​ ​or thunderstorms.  | Displays​ ​blowing over,​ falling​ ​to​ ​the ground.  | Stallholder/general​ ​public.  |  |  |  |
| Manual​ ​handling.  | Strains.  | Stallholder.  |  |  |  |
| Upright display banners | Falling over, being pulled over. | Stallholder/general​ ​public. |  |  |  |
| Working​ ​outside​ ​in extreme​ ​weather.  | Cold Sunburn Dehydration.  | Stallholder.  |  |  |  |
| Violence​ ​and/or threatening behaviour.   | Threat.  | Stallholder.  |  |  |  |