

TRADE STAND RISK ASSESSMENT

Company Name			
Name of Assessor		Signature	Date
Name of person in charge of stand during the show			Contact Phone
Please give a brief description of your stand below:			

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to control the risk?	Action by who?	Action by when?	Done

