

## Risk Assessment for Table Top stands

Exhibition Name:
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Company:	Stand Number:
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Name of person responsible for Health & safety:	Work No: Mobile No: Email:
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### Exhibitor's Responsibilities

An exhibition stand is a workplace covered by health and safety legislation. As the exhibitor it is your responsibility to ensure that a suitable and sufficient risk assessment is completed.

Failure to do so could lead to delays or ultimately the closure of your stand.

This template is for a simple table top exhibition stand which does not require any structural approval from the organiser or the venue. More complex stands will require a more detailed risk assessment and if you are in any doubt you should contact the organiser.

Does your stand include any of the following? If so you must complete the attached risk assessment for simple stands please answer Yes or No:

	Yes/No
Lifting heavy products during the build-up/breakdown	
Working at height (using ladders)	
Display of anything containing liquid fuel or flammable and explosive substances	
Display of sharp objects, weapons (even replica weapons)	
Demonstrations of any kind i.e Therapies, massaging	
Working electrical appliances other than simple display lighting	
Food service of any kind other than sweets, snacks and soft drinks	
Heat source of any kind including cookery demonstrations, naked flame or gel burners	
Working machinery of any kind even if static	
Using power tools during the build-up/breakdown	
Have all portable appliances being displayed had a visual inspection or PAT tested.	
Any other hazard not identified above which could be a risk	

**Note this is not an exhaustive list. You are responsible for identifying any aspect of your stand which could present a hazard**

If you have answered **NO** to all of the above complete sign below. If you have answered **YES** to any of the above complete the risk assessment attached.

I declare that to the best of my knowledge there are no significant risks relating to this stand

Signed:	Name:	Position:	Date:
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Company	Stand No:
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Risk:
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Who could be harmed:
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Control Measures in Place:
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To the best of my knowledge the information provided is correct. The control measures in place control risk to an acceptable degree.

Signed:	Name:	Position:	Date
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**PLEASE NOTE:**

This is a very basic risk assessment format for simple risks only. Multiple or complex risks will require a more detailed risk assessment.

**Submit here**