

RETURN WITH APPLICATION RISK ASSESSMENT FORM

Please complete in BLOCK CAPITALS (Please photocopy more sheets if you need to)

Company Name:	
Address:	
Responsible Person:	
Date Assessment undertaken:	
Signature of Assessor:	

Hazard	Hazard Severity Rating*	Hazard Probability Rating**	Persons at Risk	Controls to Minimise Risk

* Hazard Severity Rating: **Low** (remote possibility of harm); **Medium** (some injury, not too serious); **High** (serious injury or damage).

** Hazard Probability Rating: **Low** (unlikely to happen); **Medium** (likely to occur at some time); **High** (very likely to occur).

Exhibitors who have any queries regarding health and safety may contact Mark Smith, Portman House, 4 South View Close, Skegness, Lincs. PE25 3JU. Telephone: 07702 463500

FOR OFFICE USE – LAS Ref. No.	
Stand No.	
Safety Officer Informed	

**DO NOT FORGET TO INCLUDE A COPY OF YOUR
PUBLIC LIABILITY CERTIFICATE**