



## Rockingham International Horse Trials Trade Stand Health and Safety Checklist and Fire Risk Assessment.

Please answer questions set out below, highlighting by ticking **yes** or **no** and returning the completed form to the Organiser with your trade stand application.

<b>1</b>	What day do you envisage arriving at the event:			
<b>2</b>	Will you be employing a contractor to build you stand structure When have you asked them to build your stand			[ ] <b>Yes</b> [ ] <b>No</b> _____
<b>3</b>	Will you be hiring any gas or electrical equipment from another supplier			[ ] <b>Yes</b> [ ] <b>No</b>
<b>4</b>	Have you obtained confirmation that your suppliers are registered companies and they have relevant insurances			[ ] <b>Yes</b> [ ] <b>No</b>
<b>5</b>	Do you own have any electrical equipment which will be on your stand? Have they been purchased or PAT tested within the last 12 months?			[ ] <b>Yes</b> [ ] <b>No</b> [ ] <b>Yes</b> [ ] <b>No</b>
<b>6</b>	Do you own have any Gas equipment which will be on your stand? Have they been purchased or GASAFE [Corgi] tested within the last 12 months?			[ ] <b>Yes</b> [ ] <b>No</b> [ ] <b>Yes</b> [ ] <b>No</b>
<b>7</b>	Insurances Held	Name of Insurance Company	Limit / Claim Value	Renewal Date
	Public Liability			
	Product Liability			
	Employers Liability			
<b>8</b>	Have you been subject to any investigation from any health and safety enforcing authority or trading standards? If yes, brief details of where that investigation stands please:			[ ] <b>Yes</b> [ ] <b>No</b>

9	Do you intend to have live music, cooking or other demonstrations on your stand? If yes, please give details/	[ ] Yes [ ] No
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**Fire Risk Assessment**  
Please complete as guided

Hazards e.g. combustible materials(rubbish, flammable substances, LPG etc.) and ignition sources (flames, smoking etc.)	Persons at Risk There is no need to list individuals—just think about groups of people who may be affected (e.g. Staff, members of the public)	Controls to Minimise Risk Means of escape; fire detection and alarms and fire evacuation plan.

**Assessment**

<i>Risk Rating</i>		<i>Rating Action Bands</i>	
Likelihood	Severity of injury	Rating bands	Action required
1. Most unlikely	1. Trivial injury/ies	1 & 2 Minimal Risk	Maintain controls
2. Unlikely	2. Slight injury/ies	3 & 4 Low risk	Review controls
3. Likely	3. Serious injury/ies	6 & 8 Medium risk	Improve controls
4. Most likely	4. Major injury/ies or death	9 – 12 & 16	Improve controls & consider stopping work

Likelihood	X	Severity	Rating

If in your opinion no risk please print **No Risk:** .....

I confirm that the trade business trading as \_\_\_\_\_ complies with the above health and safety checklist and the assessment has been carried out.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (capitals): \_\_\_\_\_

Position in Company: \_\_\_\_\_

Mobile Telephone Number for onsite contact: \_\_\_\_\_