



RISK ASSESSMENT FORM 2019

It is recommended that this form is completed by a trained/competent Health & Safety person.

This signed and completed form must be maintained and available for inspection by any BUAS or Council Health & Safety Officials at any time onsite. A copy must also be sent to the BUAS Office along with the completed application form.

If you have your own Risk Assessment paperwork in place then you do not need to complete this form; please send over a copy of your own paperwork.

IT IS YOUR RESPONSIBILITY TO ENSURE THAT SUITABLE AND SUFFICIENT RISK ASSESSMENTS AND FIRE RISK ASSESSMENTS ARE CARRIED OUT. The completed Risk Assessment should cover **all** the 'Risks' associated with the **build-up, breakdown and general running** of your stand. You must endeavour to remove or reduce these risks and protect people from harm. Failure to comply with this requirement will result in you being removed from the site.

COMPANY NAME:

ADDRESS:

CONTACT NAME:

TELEPHONE:

EMAIL:

STAND DESCRIPTION:
DESIGN/ LAYOUT

ARE YOU EMPLOYING A MARQUEE CONTRACTOR **YES / NO**
If Yes please provide details of the company (you are responsibly for checking their H&S paperwork)

WILL YOU BE USING ANY EXTERNAL / INDEPENDENT COMPANIES TO DELIVER? **YES / NO**
AND ASSIST WITH ANY OF YOUR STAND BUILD OR STAND ACTIVITIES
If Yes please provide details of the company (you are responsibly for checking their H&S paperwork)

DO YOU HAVE PUBLIC LIABILITY INSURANCE? **YES / NO**
Please provide a copy of Insurance certificate to BUAS office

BUILD UP:

Hazard	PERSONS AT RISK	Severity (H/M/L)	Likelihood (H/M/L)	Control Measures To minimise Risk	Overall Rating (With Controls)

DURING SHOW/ GENERAL:

Hazard	PERSONS AT RISK	Severity (H/M/L)	Likelihood (H/M/L)	Control Measures To minimise Risk	Overall Rating (With Controls)

BREAKDOWN:

Hazard	PERSONS AT RISK	Severity (H/M/L)	Likelihood (H/M/L)	Control Measures To minimise Risk	Overall Rating (With Controls)

RISK ESTIMATION TABLE:

RISK RATING = SEVERITY x LIKELIHOOD		
RATING	SEVERITY (of injury/disease)	LIKELIHOOD of occurrence
HIGH	Fatality; major injury or illness causing long term disability	Certain or near certain to occur
MEDIUM	Injury or illness causing short term disability	Reasonably likely to occur
LOW	Other injury or illness	Unlikely to occur

DATE COMPLETED:

OVERALL ASSESSMENT RESULT: **LOW/ MEDIUM/ HIGH**

IF MEDIUM OR HIGH PLEASE
 CONFIRM WHAT FURTHER
 ACTION WILL BE TAKEN TO REDUCE:

SIGNATURE:

NAME & DESIGNATION:
 OF PERSON COMPLETING FORM



FIRE RISK ASSESSMENT FORM

The completed Fire Risk Assessment should cover **all** the 'Fire Risks' associated with the **build-up, breakdown and general running** of your stand. You must endeavour to remove or reduce these risks and protect people from fire.

Are adequate exits provided for the numbers of persons within the unit/stand?	YES	NO	N/A
Where necessary, are there sufficient directional signs indicating the appropriate escape route and do they comply with current regulations?	YES	NO	N/A
Are the exits maintained available, unobstructed and unlocked at all times when the premises are in use?	YES	NO	N/A
If the normal lighting failed would the occupants be able to make a safe exit?	YES	NO	N/A
Do you ensure that your marquee/ stand never becomes overcrowded to guarantee the safe escape if the occupants in the event of a Fire?	YES	NO	N/A
Is all electrical equipment PAT tested by a competent person and kept in a safe condition? *	YES	NO	N/A
Do you have an adequate number of fire extinguishers/fire blankets available in prominent positions and easily available for use? **	YES	NO	N/A
Has the fire-fighting equipment been tested within the last 12 months? <small>Note: a certificate of compliance will normally be required and should be brought with you.</small>	YES	NO	N/A
Have any of the staff been instructed on how to operate the fire-fighting equipment provided? <small>Note: equipment should only be used by trained personnel</small>	YES	NO	N/A
Have all staff been made aware of what to do should an incident occur, how to raise the alarm, evacuate the stand as well as the exit locations?	YES	NO	N/A
Have you identified combustible materials that could promote fire spread beyond the point of ignition such as paper/cardboard, bottled L.P.G. etc. and reduce the risk of them being involved in an incident?	YES	NO	N/A
Have you identified all ignition sources and ensured that they are kept away from all flammable materials?	YES	NO	N/A
Are the structure/roofing/walls and fittings of your stand flame retardant? <small>Note: a certificate of compliance will normally be required.</small>	YES	NO	N/A
Do you have sufficient bins for refuse collection within your stand?	YES	NO	N/A
Are you aware that only silent running generators, fully serviced/maintained and certified for safe use are permitted on site?	YES	NO	N/A
Do you have an inspection/gas safe certificate for the appliances and pipework (copy to be available for inspection) and are all hose connections made with 'crimped' fastenings? *	YES	NO	N/A
Are the L.P.G cylinders kept outside, secured in the upright position and out of the reach of the general public?	YES	NO	N/A
Are appliances fixed securely on a firm non-combustible heat insulating base and surrounded by shields of similar material on three sides?	YES	NO	N/A
Are the L.P.G. cylinders located away from entrances, emergency exits and circulation areas?	YES	NO	N/A
Are the L.P.G cylinders readily accessible to enable easy isolation in case of an emergency?	YES	NO	N/A
Do you ensure that all gas supplies are isolated at the cylinder, as well as the appliance when the apparatus is not in use?	YES	NO	N/A
Do you ensure that only those L.P.G. cylinders in use are kept at your stand? Any spares should be kept to a minimum and in line with industry standards & any specific conditions for the site.	YES	NO	N/A
Is a member of staff, appropriately trained in the safe use of L.P.G., present in the stand at all times?	YES	NO	N/A

* Certification should be available for inspection onsite.

** Details of what equipment you have should be supplied below:

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If the answer to any of the above questions is 'No', Please detail the actions you have taken to remedy the situation:

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DATE COMPLETED:

SIGNATURE:

NAME & DESIGNATION:
OF PERSON COMPLETING FORM

Please retain a copy of this form and also submit a copy to the BUAS Office along with the completed application form.

Assistance on how to complete a Risk Assessment &/ or Fire risk assessment can be found on the separate download or at the following websites:

- The Health and Safety Executive www.hse.gov.uk; (Agricultural section www.hse.gov.uk/agriculture)
- Info Scotland www.infoscotland.co.uk

Any questions or queries regarding the Show please contact the BUAS office on 01573 224188 or at info@borderunion.co.uk

Many thanks for your time completing this paperwork. Our aim is for everyone to have a fun, **safe** and enjoyable experience onsite, from the moment they arrive till the moment they leave.