Exhibitor Assessment Questionnaire

This form is part of your application and therefore must be fully completed by all exhibitors / traders and caterers and must be returned with the rest of your application to the Show Office. Where evidence is requested (i.e., Public Liability Insurance), this must be available for inspection at all times whilst on site.

**It is your responsibility** to ensure that suitable and sufficient risk assessments are carried out to cover your operations and activities at our Show. You are also required to consider the risk of fire within your stand / structure. Failure to comply with a reasonable health and safety precautions, may result in you being removed from the site.

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| **Company Name**: |  |
| **Name of Onsite Manager**: |  |
| **Emergency on-site Telephone Number**: |  |
| **Please provide a description of the product**(s) **on display and** / **or activities taking place**.  **Please include the intended size and structure of your stand / unit**: |  |

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| **Insurance**  All exhibitors must provide evidence of adequate insurance cover during the event period –  HELD IN THE BUSINESS OR ORGANISATION NAME ENTERED ABOVE | | | | | | |
| 1. | Do you hold Public Liability Insurance to cover your attendance at the Show? ***(Evidence of this insurance must be available during the Show)*** | | | Yes | No | |
| **Name of Insurer**: | | **Amount of Cover**: | **The Policy Term**:  (Date from – Expiry date) | | | |
|  | |  |  | | | |
| 2. | Do you hold Employer’s Liability insurance? | | | Yes | | No |
| **Name of Insurer**: | | **Amount of Cover**: | **The Policy Term**:  (Date from – Expiry date) | | | |
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| **Risk Assessment**  All exhibitors must SUBMIT A SUITABLE ASSESSMENT IN THEIR OWN  FORMAT that addresses all sections below, covering build-up, show days and breakdown | | | | | | |
| Have you completed a full and thorough risk assessment covering your stand / structure set up, break down and the operations you intend to undertake?  This must include (but not limited to): Vehicle movements, erection of marquee / stand, work at height (including the use of ladders), use of machinery, manual handling, slips, trips & falls, hazardous substances, adverse weather conditions etc.  ***(Evidence of this assessment must be available during the Show)*** | | | | Yes | No | |
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| **General** | | | | | |
| Do you intend to dig, excavate or, pin into the ground to such a depth that you may come into contact with underground services such as cables or pipework? If yes, please contact the Show Office for advice on procedure. | | Yes | | No | |
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| **Catering** | | | | | |
| If you are providing catering (food / drinks), are you registered with your local authority? | | Yes | No | | N/A |
| Name of Authority Registered with: |  | | | | |
| What type of food safety management system do you have in place? **HACCP, SFBB, COOK SAFE, OTHER (State)** | | | | | |
|  | | | | | |
| Do you hold a Food Hygiene Rating? | | Yes | No | | N/A |
|  | | **Rating Held**  ………Stars | | | |
| Date of last Food Safety Review? | | Date: | | | |
| Will you be selling alcohol? If so, have you obtained an occasional licence from the relevant Authority?  ***(Evidence of this must be available during the Show)*** | | Yes | No | | N/A |

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| **Fire Assessment** | | | | |
| Are the structures, roofing, walls and fittings of your stand / unit flame retardant? | Yes | | No | |
| Where necessary, are sufficient directional signs displayed indicating escape routes? Do they comply with current regulations? | Yes | | No | |
| Will exits be maintained and kept unobstructed at all times? | Yes | | No | |
| Do you have an adequate number of fire extinguishers / fire blankets available for easy use? | Yes | | No | |
| Has your firefighting equipment been tested in the last 12 months? | Yes | | No | |
| Have your staff been made aware of what to do should an incident occur? Do they know how to raise the alarm, evacuate the stand / unit, and operate the firefighting equipment supplied? | Yes | | No | |
| Have you identified all ignition sources and ensured they are kept away from combustible / flammable materials? | Yes | | No | |
| Do you have sufficient refuse bins and will you ensure all refuse is removed from your stand/ unit? | Yes | | No | |
| Have any portable appliances been PAT tested by a qualified person in the last 12 months? | Yes | | No | |
| If staff are sleeping within the stand / unit is a working smoke detector fitted and, are exit routes maintained throughout the evening / night? | Yes | | No | |
| If you have answered “No” to any of the above questions, please provide details of the actions taken to avoid any dangerous situations arising: | | | | |
| **Will you be using LPG gas** within the confines of your stand / unit?  If “Yes”, please answer the following questions: | | Yes | | No | |
| Do you have an inspection / gas safety certificates for the appliances / pipework and are all hose connections made with “crimped” fastenings? ***(Evidence of this must be available during the Show)*** | | Yes | | No | |
| Are the cylinders kept outside, secured in the upright position and out of the reach of the general public? | | Yes | | No | |
| Are appliances fixed securely on a firm non-combustible heat insulating base and surrounded by shields of similar material on three sides? | | Yes | | No | |
| Are the cylinders located away from entrances, emergency exits and circulation areas? | | Yes | | No | |
| Are the gas cylinders readily accessible to enable easy isolation in case of an emergency? | | Yes | | No | |
| 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 | |
| Do you ensure that only those cylinders in use are kept at your unit/stall? *(Spares should be kept to a minimum and in line with any specific conditions for the event)* | | Yes | | No | |
| Is a member of staff, appropriately trained in the safe use of LPG, present in the unit / stall at all times? | | Yes | | No | |

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| **DECLARATION**:I / we hereby confirm that we will take all due care and diligence with regards to the health, safety and fire risks on our stand / unit and, will have all requested documentation (see above) available for inspection whilst at the Show and, have informed all onsite staff (including any appointed contractors) of this assessment. | |
| **Date Completed**: |  |
| **Stand / Unit Responsible Person**: |  |
| **Signature**: |  |

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| ***For completion by Show Office only****:* | | *Initials:* |
| *Have all sections of this questionnaire / assessment been completed?* | *Yes / No* |  |
| *Is further information required from the Exhibitor / Trader?* | *Yes / No* |  |
| *Approved for entry onto the Approved Exhibitors / Traders List?* | *Yes / No* |  |