


EXAMPLE OF A COMPLETED RISK ASSESSMENT

|  | VINTAGE and STATIC RISK ASSESSMENT | | 2024 Season Document for Exhibitors | | | |
|---|---|----------------------------|-------------------------------------|---|---------------|----------------|
| | If unable to complete, contact TDAA to request assistance. | | | | | |
| Address: | 25 High Street, Village, Postcode | | | | | |
| Telephone/mobile:: | 01234 567890 | | | | | |
| Exhibit Description: | | Parade Display Y/N: | Static Display Y/N: | | | |
| Vintage Tractor Make & Model | | Y | Y | | | |
| Name of Applicant / Responsible Person: | | Joe Smith | | | | |
| IMPORTANT ALL BLANKS TO BE FILLED IN, ESPECIALLY SIGNATURES AND NAMED/RESPONSIBLE PERSONNEL. | | | | | | |
| Task Steps: Section 1 | | | | | | |
| 1. Will you remove all your waste / rubbish correctly? | | | | Yes / No | | |
| 2. Will you have LPG on site? | | | | Yes / No | | |
| 3. Will you have liquid fuel on site in a container in addition to that in the fuel tank of the vehicle? | | | | Yes / No | | |
| 4. Will you have hazardous chemicals on site? | | | | Yes / No | | |
| 5. Will you have Covid and Virus controls, (Hand Sanitiser/Wipes/Signage) on site? | | | | Yes / No | | |
| 6. Will you be accommodating overnight on show ground? (ALL THOSE STAYING OVERNIGHT MUST COMPLETE AN OVERNIGHT STAY FORM - Please request this from the Show Team) | | | | Yes / No | | |
| Section 2 | | | | | | |
| Do you have motor insurance/public liability cover? (If yes, send to Show secretary) | | | | Yes / No | | |
| To be completed by responsible person. | | | | | | |
| Name of Responsible Person: | | Joe Smith | Signature: <u>Joe Smith</u> | | | |
| * Should you think level of risk assessment after control measures still high? Please Contact TDAA Secretary. Put Y/N the box in right hand row below if you agree/disagree. | | | | | | |
| ALL SECTIONS TO BE COMPLETED, SHOULD YOU REQUIRE ASSISTANCE PLEASE CALL THE OFFICE AND A MEMBER OF THE SHOW TEAM WILL ASSIST YOU. | | | | | | |
| | Hazard | Hazard Effect | Hazard Rank Likelihood Risk | Control Measure: stated measure may mitigate against multiple hazards | Residual Risk | Applicable Y/N |
| 1 | Sharp Objects | Injury | M M M | Safety Covers / Competent operators | L | Y |
| 2 | Chemicals | Injury | M M M | Follow COSHH / MSDS assessments | L | N |
| 3 | Manual handling | Injury | M M M | Follow Manual Handling assessments | L | Y |
| 4 | Access / Egress | Injury | M M M | Certified Access / Egress | L | N |
| 5 | Noise | Injury | M L M | Appropriate Hearing Aids / Sound Proofing | L | Y |
| 6 | Weather | Injury | M L M | Adequate Shelter from elements | L | N |
| 7 | Stored Pressure | Injury | H M M | Certified / Tested Equipment/competent operators | L | N |
| 8 | Slip / Trip / Fall | Injury | H L H | Good Housekeeping Practices | L | Y |
| 9 | Hot / Cold Surfaces | Injury | M M M | Adequate Signage and guards | L | Y |
| 10 | Dropped Objects | Injury | M M M | Competent / Trained Operators/barriers | L | N |
| 11 | Struck by Objects | Injury | M M M | Tested Certified Equipment to be used/screens/barriers | L | N |
| 12 | Electrocution | Death | H M H | Certified Tested Equipment to be used | M | N |
| 13 | Rotating Equipment | Injury | M M M | Guards to be fitted | L | Y |
| 14 | Environmental | Contamination | M M M | Spill kits and competent operators | L | Y |
| 15 | Explosive Gas | Death / Fire | H M H | Safe Storage and Certified Equipment | M | N |
| 16 | Flammable Chemicals | Death / Fire | H M H | Safe Storage and Certified Equipment/suitable FFE | M | N |
| 17 | LPG Bottles | Death / Fire | H M H | Safe Storage and Certified Equipment | M | N |
| 18 | Working At Height | Injury | M M M | Certified Access Platforms/training and harness/security | L | N |
| 19 | Vehicle Collision | Death / Plant Damage | H M H | Trained Operators / Certified Equipment | L | Y |
| 20 | Dust and Fumes | Injury | M M M | Filters and Barriers | L | Y |
| 21 | Bio/waste hazard | Injury | M M M | Control containment/PPE/immediate clean | L | Y |
| 22 | Public confrontation | Injury | M M M | Trained, multiple operators | L | Y |
| 23 | Showground Parade | Injury | H M H | Follow marshal/police directions, no set route deviation | L | Y |
| Return completed assessment to: | | | | | | |
| entries@turrisshow.org OR Turriff District Agricultural Association, The Haughs, Queens Road, Turriff AB53 4EF | | | | | | |