

Trade Stand Health & Safety Declaration including Risk Assessment

To: Horse Trials Office, Withington Estate, Glos. GL54 4BG (see contact details below)

Trading Name:	Description of Activity / Trade:
Contact Name & Full Postal Address:	
Landline Telephone Number:	Mobile Number:
E-Mail Address:	Website:

We are applying to attend Withington Manor Horse Trials, a British Eventing affiliated Event, which is obliged to run in a manner which conforms to current Health & Safety Legislation. We acknowledge Withington Manor Horse Trials' responsibilities and will comply with their instructions.

Will you be employing a Contractor to erect your trade stand?	Yes	No
If Yes:		
• Have they completed and submitted the Event Contractor documentation?	Yes	No
• Have the Contractors completed a risk assessment for their activities at this event? If Yes, please supply this.	Yes	No
Please provide the Contractor's contact details below:		
○ Contact Name:		
○ Telephone Number:		
○ Email:		
When do you envisage your trade stand structure being erected at the event?	Date:	Time:
When do you envisage your trade stand structure will be taken down?	Date:	Time:
Have you included all storage and tow bar attachments in your pitch size request.	Yes	
Can you confirm you will have a First Aid kit while on site adequate to cover the type of injuries that you, an employee or a member of the public could receive as a result of operating or visiting the trade stand?	Yes	

<p>Will you be using any form of Electrical Powered equipment? If Yes:</p> <ul style="list-style-type: none"> Has this equipment been purchased or PAT tested within the last 12 months? If Yes, please supply the Date: Can you confirm you will have a 9 litre CO₂ Fire Extinguisher on your stand while on site? 	<p>Yes No</p> <p>Yes</p> <p>Yes</p>
<p>Will you be using any Gas / LPG powered equipment? If Yes:</p> <ul style="list-style-type: none"> Has this equipment been purchased or GASAFE tested within the last 12 months? If Yes, please supply the Date: Can you confirm you will have a 9 litre Dry Powder Fire Extinguisher on your stand while on site? 	<p>Yes No</p> <p>Yes</p> <p>Yes</p>
<p>Do you intend to be cooking any food on your stand? If Yes:</p> <ul style="list-style-type: none"> Can you confirm you will have a Fire Blanket as well as the suitable Fire Extinguisher, as specified above, while on site? 	<p>Yes No</p> <p>Yes</p>
<p>Do you intend selling alcohol from your trade stand?</p>	<p>Yes No</p>

Insurances Held	Insurer	Policy Limits	Expiry Date	Certificate Attached
Public Liability Insurance				Yes
Employers' Liability				Yes
Local Authority Certification (if supplying food)				Yes No
Please confirm that you will bring evidence of both Public Liability Insurance and Employers' Liability to Withington Manor Horse Trials.				Yes
Please confirm that you will bring your Health & Safety Policy to Withington Manor Horse Trials.				Yes
Please confirm that you will bring evidence of the Local Authority Certification if supplying food at Withington Manor Horse Trials.				Yes
<p>Have you been subject to any investigation from any Health and Safety enforcing authority or trading standards? If Yes:</p> <ul style="list-style-type: none"> Please provide brief details of where that investigation stands please: 				<p>Yes No</p>

Risk Assessment [Please Complete]

Hazards [including Fire] 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)	Likelihood	Severity	Risk Level	Controls to Minimise Risk
Example Tripping on ground bar	Staff & Member of the Public	2	2	4	Remove ground bar each morning before opening to the public

If in your opinion no risk exists in your activities, please print No Risk in the Hazards column

Risk Assessment Guide [Likelihood x Severity = Risk Level Score]

Likelihood	Severity of injury	Risk Level	Action required
1. Most Unlikely	1. Trivial Injury	1 & 2 Minimal Risk	Maintain controls
2. Unlikely	2. Slight Injury	3 & 4 Low Risk	Review controls
3. Likely	3. Serious Injury	6 to 8 Medium Risk	Improve controls
4. Most Likely	4. Major Injury or Death	9 to 16 High Risk	Improve controls & consider stopping work

Signature: I confirm that the above is correct & acknowledge the terms as stated above as being the conditions of attendance.	Date: 	Approval Confirmation (Horse Trials Office Use only)				
Name (Capitals):		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;">Date</td> <td style="width: 50%;"></td> </tr> <tr> <td style="width: 50%; text-align: center; padding: 5px;">Initials</td> <td style="width: 50%;"></td> </tr> </table>	Date		Initials	
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