Dorset County Show 2024 - Trade Stand Risk Assessment

Company name:					
Name of assessor:		**Signature:**		**Date:**	
Name of person in charge of the stand during the show:			**Contact phone no:**		
Please give a brief description of your stand / activity below:					

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to control this risk?	Action by who?	Action by when?	Done

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