



VINTAGE and STATIC RISK ASSESSMENT

2024 Season Document for Exhibitors

If unable to complete, contact TDAA to request assistance.

Address:

Telephone/mobile::

Exhibit Description: Parade Display Y/N: Static Display Y/N:

Name of Applicant / Responsible Person:

IMPORTANT ALL BLANKS TO BE FILLED IN, ESPECIALLY SIGNATURES AND NAMED/RESPONSIBLE PERSONNEL.

Task Steps: Section 1

	Yes / No
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: _____ Signature: _____

*** 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	
2	Chemicals	Injury	M	M	M	Follow COSHH / MSDS assessments	L	
3	Manual handling	Injury	M	M	M	Follow Manual Handling assessments	L	
4	Access / Egress	Injury	M	L	M	Certified Access / Egress	L	
5	Noise	Injury	M	L	M	Appropriate Hearing Aids / Sound Proofing	L	
6	Weather	Injury	M	L	M	Adequate Shelter from elements	L	
7	Stored Pressure	Injury	H	M	M	Certified / Tested Equipment/competent operators	L	
8	Slip / Trip / Fall	Injury	H	L	H	Good Housekeeping Practices	L	
9	Hot / Cold Surfaces	Injury	M	M	M	Adequate Signage and guards	L	
10	Dropped Objects	Injury	M	M	M	Competent / Trained Operators/barriers	L	
11	Struck by Objects	Injury	M	M	M	Tested Certified Equipment to be used/screens/barriers	L	
12	Electrocution	Death	H	M	H	Certified Tested Equipment to be used	M	
13	Rotating Equipment	Injury	M	M	M	Guards to be fitted	L	
14	Environmental	Contamination	M	M	M	Spill kits and competent operators	L	
15	Explosive Gas	Death / Fire	H	M	H	Safe Storage and Certified Equipment	M	
16	Flammable Chemicals	Death / Fire	H	M	H	Safe Storage and Certified Equipment/suitable FFE	M	
17	LPG Bottles	Death / Fire	H	M	H	Safe Storage and Certified Equipment	M	
18	Working At Height	Injury	M	M	M	Certified Access Platforms/training and harness/security	L	
19	Vehicle Collision	Death / Plant Damage	H	M	H	Trained Operators / Certified Equipment	L	
20	Dust and Fumes	Injury	M	M	M	Filters and Barriers	L	
21	Bio/waste hazard	Injury	M	M	M	Control containment/PPE/immediate clean	L	
22	Public confrontation	Injury	M	M	M	Trained, multiple operators	L	
23	Showground Parade	Injury	H	M	H	Follow marshal/police directions, no set route deviation	L	

Return completed assessment to:
entries@turrieffshow.org OR Turrieff District Agricultural Association, The Haughs, Queens Road, Turrieff AB53 4EF