



**Risk Assessment for (stall name):** \_\_\_\_\_

**Beverley Food Festival – Sunday 6<sup>th</sup> October 2019**

Please fill in this Risk Assessment to the best of your knowledge in order for us to assess any risks that you may bring to Beverley Food Festival. Please complete all relevant sections and return it with the Stallholder Booking Form. Thank you.

| SECTION 1                                                            |     |                          |    |                          | ANY COMMENTS |
|----------------------------------------------------------------------|-----|--------------------------|----|--------------------------|--------------|
| Will you be selling food from your stall?                            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |              |
| So you have a Food Hygiene Certificate/Rating                        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |              |
| Will you be using any electrical equipment?                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |              |
| Do you have an up-to-date PAT Certificate for your electrical items? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |              |
| Will you be using any gas at the event?                              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |              |
| Do you have an up-to-date Gas Safety Certificate?                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |              |
| Will you be selling alcohol?                                         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |              |

**SECTION 2****Electrical Equipment and Gas (LPG) Equipment – Please list ALL equipment you intend to use at the event.**

| <b>Appliance</b> | <b>How will it be powered?</b> | <b>Maximum power demand?</b> | <b>Details of last PAT test</b> |
|------------------|--------------------------------|------------------------------|---------------------------------|
|                  |                                |                              |                                 |
|                  |                                |                              |                                 |
|                  |                                |                              |                                 |
|                  |                                |                              |                                 |

**SECTION 3****Other hazards (please fill)**

| <b>List Hazard</b> | <b>List people who are at risk from hazard</b> | <b>List existing control measures</b> | <b>List actions you will take</b> |
|--------------------|------------------------------------------------|---------------------------------------|-----------------------------------|
|                    |                                                |                                       |                                   |
|                    |                                                |                                       |                                   |
|                    |                                                |                                       |                                   |
|                    |                                                |                                       |                                   |

Please continue on a separate sheet if necessary

I believe the information I have given to be true at the time of completion. If there are any changes I will inform Beverley Town Council of these.

**SIGNED:** \_\_\_\_\_ **NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_If you require any more information, please do not hesitate to contact us on 01482 874096 or email [clerk@beverley.gov.uk](mailto:clerk@beverley.gov.uk).