

**CLASS RISK ASSESSMENT FORM**

Name: \_\_\_\_\_

Organisation/trading name: \_\_\_\_\_

Date: \_\_\_\_\_

People at risk	Hazard	Risk	Control measure	Person responsible
<b>Examples</b>				
<b>Stall holder &amp; public</b>	<b>COVID-19 transmission</b>	<b>Low to High (dependent on infection rates/COVID variants)</b>	<b>Social distancing, masks, sanitiser, advisory signs (as necessary according to the situation)</b>	<b>Stall holder</b>
<i>Stall holder &amp; public</i>	<i>Overloading the stall with more weight than it is designed to take.</i>	<i>Low</i>	<i>Ensure the stall top is not overloaded</i>	<i>Stall holder</i>
<i>Stall holder &amp; public</i>	<i>Trip hazard from boxes/equipment</i>	<i>Medium</i>	<i>Ensure boxes/equipment don't obstruct pathways</i>	<i>Stall holder</i>

## Additional Information

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**Please email your completed form with your application to [CLASS.streetmarket@gmail.com](mailto:CLASS.streetmarket@gmail.com)**