

Health and Safety Plan for individual Stall Holders

(Please complete and submit to show secretary by 24th October 2014, email info@clevedonshow.co.nz or via Clevedon Show, P O Box 118, Clevedon)

NAME OF BUSINESS ENTERPRISE.....

TYPE OF UNDERTAKING.....

OWNER/MANAGER NAME.....SIGNATURE.....

NAMES of STAFF ATTENDING STALL/OPERATION ON CLEVEDON SHOW SITE
(If known at time of application):

.....
.....

LICENSES REQUIRED TO OPERATE UNDERTAKING (if required):

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Date of issue:

Date of expiry:

Please complete the hazard identification and control template below for the activities you will be involved in at the Clevedon A&P Show

Activity / Hazard	Possible Harm	Significant? Y/N	Eliminate Isolate Minimise (E,I,M)	Controls in place to prevent harm