

Health and Safety Plan for individual Stall Holders 2024

(Please complete and submit to show secretary with your site application, 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):

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? YIN	Eliminate Isolate Minimise	Controls in place to prevent harm