RISK ASSESSMENT

Trader's name:							
Date risk assessment carried out		**Market location/s**	Co-op Car park, Hedge End	**Names of risk assessors involved**		**Review date**	
What are the hazards?	**Who might be harmed and how?**	**What are you already doing?**		**What further action is necessary?**	**Action by who?**	**Action by When?**	**Date completed**

RISK ASSESSMENT

Please assess all aspects of your operations. Inclusive of, but not limited to transportation to and from the market, unloading and loading, sheeting up the stall, potential hazards caused by your goods and the way they are displayed, impact on shoppers, impact on other users of the Market. Please continue on a separate sheet of paper if necessary.