FORM 1 – H&S RISK ASSESSMENT

Company Name HT SRL Ph					hase* Build-Up / Show Opter Wossneaks Cav1021 Milano					Stand No. D86		
Completed By	Rana Lucia -	Administrative	Support S	Signature	Paus	P.IVAY C.F. 03	92473096	Milano	Date Date			
All Exhibitors with	stands of 12 SqM of submit a Health a	r more, Bare Space and Safety Risk Ass CONSE	place at the venue. For ed to stands must be pred and driven with due stands, Stands requiressment prior to arrival QUENCE to f the harm (injury or ill health)	care and a	ompanies muained, equipn tention etc. han 5 Amps return a co	of electrical powers to ADS Group RISK RATING	e adapte must no ver and p Ltd.	vehicle a	power poi with aisle	nt; all trip space; en zed exh i	ibits are	
1 = Rare Proba	bly never happen		1 = Negligible Minimal injury, no/minimal treatment				(Once the likelihood and consequence of each hazardous event or situation has been decided, the risk is to be rated using the following table)					
2 = Unlikely Do no	t expect to happen	2 = Minor	2 = Minor Minor injury, minor treatment >3 days off work			LIKELIHOOD						
4 = Likely Will pr	happen obably happen	3 = Modera 4 = Major	te Moderate injury, requires	requires professional intervention		CONSEQUENCE	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost	
5 = Almost Certain Will ui	ndoubtedly happen		4 = Major Major injury, long term incapacity/disability 5 = Catastrophic Death, multiple permanent injuries			5 Catastrophic	5	10	15	20	Certain 25	
						4 Major	4	8	12	16	20	
						3 Moderate 2 Minor	3	6	9	12	15	
						1 Negligible	1	2	3	8	10	
Hazard identified Manual Handling of Equ	ipment	Likelihoo	od Consequence	Risk Ra	ting	Action Required (Control Action) Person Responsible for Control Action					nsible ntrol	
Electricity		3					4 UGLIT FOURMENT WILL BE MOVED (PCs)			LUPPI MASSIM		
Vehicle Movement With	s Fabilities III II	3	1	3		ONLY WE OF ELECTRICAL EG			Wign out			
Vehicle Movement Within Exhibition Hall		1	1	1		THERE WILL BE NO VEHICLE ROWERSON AND PAUSER WITH ROWERSON APPROPRIETE S				//		
Trips/Slips		9	1	2								
Chemicals/Hazardous Substances		1	2	2					KNC	/		
THER (Specific to your participation)		1	7	2		ANY CHEMICALS SUBSTANCE OF			will	1		
										/		
Acknowledged (by Comp	any Health & Safety C	Officer) LUPPI	MASSIMIUANO	Signature		Megainlie	610	, _	. ?	21-11		
*Delete as App	ropriate	Please return t	o <u>nicola.morrin@ads</u>	The second second			no wy	Da Da	ie «	7/01/1	2	