



British
Orthopaedic
Association

Exhibitors Risk Assessment

BOA ANNUAL CONGRESS 2025
ACC Liverpool, 16-19 SEPTEMBER 2025

Stand No..... Date.....

Company Name.....

1. Hazard Category: Select the most appropriate category for the hazard you have identified. Look only for hazards on your stand, which you could reasonably expect to result in significant harm. Tick any of the following which are applicable:

- | | | | | |
|--|---|--|--------------------------------------|--------------------------|
| <input type="checkbox"/> Adverse Weather | <input type="checkbox"/> Falling Objects | <input type="checkbox"/> Special Effects | <input type="checkbox"/> Noise | <input type="checkbox"/> |
| <input type="checkbox"/> Complex Structure | <input type="checkbox"/> Fall from Height | <input type="checkbox"/> Stored Energy | <input type="checkbox"/> Fire | <input type="checkbox"/> |
| <input type="checkbox"/> Compressed Air | <input type="checkbox"/> Dust / Fumes | <input type="checkbox"/> Gas / LPG | <input type="checkbox"/> Explosion | <input type="checkbox"/> |
| <input type="checkbox"/> Use of Vehicles | <input type="checkbox"/> Water Features | <input type="checkbox"/> Radiation | <input type="checkbox"/> Slip / Fall | <input type="checkbox"/> |
| <input type="checkbox"/> Use of Work Equipment | <input type="checkbox"/> Hazardous Substance | <input type="checkbox"/> Equipment Machinery | <input type="checkbox"/> Electricity | <input type="checkbox"/> |
| <input type="checkbox"/> Extreme Temperatures | <input type="checkbox"/> Use of lifting Equipment | <input type="checkbox"/> Others | <input type="checkbox"/> NONE | <input type="checkbox"/> |

If you answered none return this form to the Organiser, if you ticked any of the above hazard categories, please complete the following sections for each individual hazard.

2. Who is at Risk – identify the people who are at risk from this hazard.

- | | | | |
|--------------------------------------|--|---|--------------------------|
| <input type="checkbox"/> Exhibitors | <input type="checkbox"/> Maintenance Staff | <input type="checkbox"/> Pregnant Workers | <input type="checkbox"/> |
| <input type="checkbox"/> Cleaners | <input type="checkbox"/> Members of the Public | <input type="checkbox"/> Disabled Persons | <input type="checkbox"/> |
| <input type="checkbox"/> Contractors | <input type="checkbox"/> Office Staff | <input type="checkbox"/> Children | <input type="checkbox"/> |

3. Risk Assessment **Probability x Severity = Risk Rating**

- | | | |
|---------------|----------|---|
| Very Low Risk | 1 to 4 | Requires no action. |
| Low Risk | 5 to 7 | Requires no action. |
| Medium Risk | 8 to 14 | May require action or creating more awareness, look at specifics. |
| High Risk | 15 to 36 | Requires immediate action! |



Probability – How likely is the hazard to cause harm?

1. Negligible _____
2. Possible Occurrence _____
3. Occasional Occurrence _____
4. Frequent Occurrence _____
5. Regular Occurrence _____
6. Common Occurrence _____

Severity – What is the worst possible outcome?

1. Trivial injury _____
2. Minor injury _____
3. Major injury to one person _____
4. Major injury to several persons _____
5. Death to one person _____
6. Multiple deaths _____

4. Existing control measures – What controls have been implemented to control hazard?

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5. Are these control measures adequate to contain hazards?

Yes ☐ No ☐

6. What additional controls are required to control hazard?

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Contact Name.....

Signature.....