COVID-19 TRANSMISSION RISK ASSESMENT

EXHIBITING COMPANY NAME	STAND NO.	
ASSESSED BY	SIGNATURE	DATE RA UNDERTAKEN

Contact Points Eg transport / show floor acvitiies / air systems / personal contact / cleaning / non compliance with distancing	**Transmission Routes** Eg airborne / surface control / personal physical contact	**Who's at risk (NAME/ GROUP)** Eg exhibitors / contractors / sub-contractors / visitors / young persons / expectant mothers / new or inexperienced staff / disabled / / children / elderly persons / other (name)	**Risk level:** **High (very likely)** **Medium (likely)** **Low (unlikely)**	**Control Measures** What are your doing to reduce the risks? List all here. Eg remove the risk / face coverings / staff training & supervision / social distancing / sanitisation / one way systems / limit capacities	**Actions to be taken** Eg how will you educate / who will you inform