



## ACTIVITY SAFETY QUESTIONNAIRE

NAME.....

COMPANY NAME.....

ADDRESS .....

.....

..... **Postcode**.....

EMAIL ADDRESS.....

---

ACTIVITY: .....

.....

GENERAL CONCEPT: .....

.....

RESPONSIBLE PERSON:.....

Required to be 18 years plus

Competence of Operator: .....

Demonstrate Knowledge and Ability

**Are you a Member of your Association?** Yes/No

Please Attach Copy

**Current Insurance?** Yes/No

Please Attach Copy

**Current Certificate of Inspection** *where required:* Yes/No

Please Attach Copy

**Risk Assessment Attached?** Yes/No

Attach Copy of any Risk Assessment

---

Please return this completed form to:  
Michael Gulwell, Ripley Show Trade Stand Secretary  
Manor House Farm, Spinner Lane, Clint, Harrogate HG3 3HL  
*Telephone 07795 057584*