DETAILS OF HEALTH & SAFETY CONTROLS AND PUBLIC LIABILITY INSURANCE FORM

Insurance Company	Certific	Certificate Number		Insured Limit	
Health and Safety Po l ☐ (Tick if copy enclosed	licy (required if you em d)	ploy 5 or more persons	3)		
	n It is important that your ve adequate controls in			n your stand	
Organisation:					
Address:					
Responsible Person:					
Date Assessment Und	dertaken:				
Signature of Assessor	:				
HAZARD	POTENTIAL TO CAUSE HARM (Low, Medium, High)	PERSON AT RISK	CONTROMINIM	OLS TO ISE RISK	
Fire Risk Assessment:	: as on site? □ Yes □ No				

PLEASE COMPLETE AND RETURN TO THE VINEYARD & WINERY SHOW TEAM KELSEY MEDIA, THE GRANARY, DOWNS COURT, YALDING HILL, YALDING, MAIDSTONE, KENT, ME18 6AL