**Waikato Food Show 2025**

**Hazard ID & Management Plan**

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Site Contact:** |  |
| **Site(s): Please use site number as per GNZFS Map** |  |
| **Commencement Date:** |  |
| **Site Specific Safety Plan completed by:** |  |

Monitoring and Performance

We are aware that Waikato Food Show staff and volunteers will be monitoring onsite health and safety and may issue stop work or order contractors from site for breaches of health and safety. Waikato Food Show staff may also request copies of health and safety documentation for review and contractors must keep copies of all documentation available onsite.

**Signed:** ………………………………………… **Name:** ……………………………………… **Date:** ………………………..……

**Waikato Food Show 2025 | Hazard ID & Management Plan**

**Exhibitor: Site No(s): Date:**

| **Nature of Hazard** | **Possible Harm** | **Significant Hazard** **Y/N**  | **Control Measures** | **Controls Reviewed (Date)** | **Reviewed by (Initial)**  |
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