

**Name of Competitor:** \_\_\_\_\_

**Contest Area Represented:** \_\_\_\_\_

**Skill Being Demonstrated:** \_\_\_\_\_

**Provide a Detailed Description of Demonstration:** \_\_\_\_\_

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**How have you planned your demonstration within the Health and Safety guidelines for the Yukon?** \_\_\_\_\_

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**Will there be potential for fires?**    ☐ Yes    ☐ No

**If yes, please explain including ways to minimize the risk.**

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**Will there be flammable substances used in your demonstration?**    ☐ Yes    ☐ No

**If yes, please explain how they will be used and controlled.**

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**Are you planning to carry out hotwork, i.e. welding, grinding, etc. in your demonstration?**

☐ Yes ☐ No

**If yes, please explain.**

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**Will your work be designed to minimize slips and trips?** ☐ Yes ☐ No

**If yes, please explain.** \_\_\_\_\_

**Are there arrangements to clean up spills?** ☐ Yes ☐ No

**Will the competitors, models or assistants be wearing appropriate footwear?**

☐ Yes ☐ No

**Are there any ergonomic considerations?** ☐ Yes ☐ No

**If yes, please explain.**

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**Are there considerations around sanitation and/or cross contamination?**

☐ Yes ☐ No

**If yes, please explain.** \_\_\_\_\_

**Will any activities require competitors, models or assistants to wear personal protective equipment?** ☐ Yes ☐ No

**If yes, please explain the personal protective equipment required.**

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**If yes, will there be adequate personal protective equipment available?**

☐ Yes ☐ No ☐ N/A

**Have any hazardous substances been identified in your demonstration?**

\_\_\_\_ Yes \_\_\_\_ No

**If yes, please provide the name and internet links to Safety Data Sheets for any hazardous substances identified.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Will suitable measures be in place for the handling of hazardous substances?**

\_\_\_\_ Yes \_\_\_\_ No

**If yes, please explain.**

\_\_\_\_\_

**Check any of the following that will be included in your demonstration:**

- ☐ Electrical equipment or power supply
- ☐ Overhead hazards
- ☐ Airborne contaminants (i.e. dust, fumes, or vapors)
- ☐ Other: \_\_\_\_\_
- ☐ N/A

**If you checked any of these options what is your plan for minimizing risk?**

\_\_\_\_\_

**Are there any other safety equipment, materials, or clothing required (not included in Section 3.3 of the contest description) for your demonstration? If yes, please list.**

\_\_\_\_\_

\_\_\_\_\_

**If yes, will you be bringing these items with you?** \_\_\_\_ Yes \_\_\_\_ No

**Are there other health and/or safety risks in your demonstration that may not have been covered in this document?** \_\_\_\_ Yes \_\_\_\_ No

**If yes, please explain.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have Safety Data Sheet/s (SDS) to accompany your Health and Safety Plan?**

\_\_\_\_ Yes \_\_\_\_ No