## **Health and Safety and Insurance Declaration** (to be completed by <u>all</u> Exhibitors)

**Company Name** 

Company Name	GERALD	SMONDS	HEALTHCARE	LTD.
Stand No	48			
It is a condition of en and their agents com accepts that it is thei safety is not put at ri	nply with the HASAWA r legal and moral respo sk by their actions (or	that every Exhibitor, ( 74 and all other legisla onsibility to ensure tha inactions) throughout	Contractor, sub-Contractor Ition covering the venue. T It their own and others' he tenancy. The exhibitor con In order to carry out their	he Exhibitor alth and afirms that its
our stand staff aware safety information. V risks caused by our e detailed on the form	e of the potential risks Ve will complete and r xhibits, demonstratior OR if our exhibits, der	present onsite and we eturn a risk assessmer is and work practises t nonstrations and work	contractors. We have trained will copy them in with any of the priday 22 June. Any so either ourselves or other capacitises cause NO HAZA and clearly 'NO/ONLY LOW I	y additional ignificant rs onsite are RD to either
Assessment for this e	event in accordance wi in all such areas identi	th the HASAWA74. Th	has undertaken a specific ey have trained and notific copy will be forwarded to	ed their staff
Stand contractor 1				
Contact Name Address Tel				
Stand contractor 2				
Contact NameAddress				
LIIIQII				

## **Insurance and Public Liability**

I confirm that we have adequate public liability insurance in place to protect ourselves against any loss or damage to our stand, exhibits, property and personnel and for any legal liability incurred in respect of injury or damage to persons or property belonging to third parties.

Health and Safe Position	ety Representative on the stand will be LISA PARRY SEATING SPECIALIST	
	07860 723767	
Declaration		
Authorised by_ Date	19/6/18	
Print Name Position	EMILY TOMBON MARKETING MANAGER	

Please return to pmg@conferencecollective.co.uk by Friday 22 2018.



## PMG CONFERENCE 2018 RISK ASSESSMENT

Event: PMG Conference 2018	Event Dates: 23/07/18 - 25/07/18	Venue/Location: Manchester Central, Manchester
Company Name:	Stand Number: 48	Contracted Stand Builder: Anchor Exhibitions (if using
Gerald Simonds Healthcare Ltd		provided shell scheme)
Contractor's Details: Anchor Exhibitions Limited 2 Cedar	Contractor's Details: Anchor Exhibitions Limited 2 Cedar Court   Grove Road   Burbage   Leicestershire LE10 2AE; +44 (0)145 5612 341; admin@anchor-exhibitions.co.uk	+44 (0)145 5612 341; admin@anchor-exhibitions.co.uk
(if using provided shell scheme, please also include any other relevant contractors)	ther relevant contractors)	
Stand Manager: Emily Tomson	7,77	Email: emily.tomson@gerald-simonds.co.uk

Hazard	Who is Affected	Level of Risk	Precautions/Actions	Further Action
Manual Handling of stand	Stand Staff and Stand	Low	All staff have been trained in	None
equipment & visitors trialling	Visitors		the safe techniques for correct	
equipment			manual handling of equipment	
***************************************	***************************************		and clients	
Trips and falls as a result of	Stand Staff and stand	Low	All areas kept clear of any slip,	Regular monitoring of the stand
obstructions, cables and	visitors		trip or obstructions. All stand	space throughout the event.
objects in the way of safe			staff will be responsible for	
manoeuvring on the stand			ensuring areas are clear for free	
			movement and kept clean and	
TANKS AND			tidy.	
	Stand Set Up Staff	Medium	All equipment shall be fit for	None
Fall from height (i.e. ladders/			purpose. Where ladders are	
step ladders)			required, the immediate area	
			on the ground will be kept clear	
			of obstructions and people.	
			Only essential items to be taken	
			up to height and secured in a	
	- Option	Tanana a	manner so as to prevent falling.	
	140			

SIGNATURE: (CONDO) DATE: 19th June 18

**ASSESSMENT BY: Emily Tomson**