

Health and Safety and Insurance Declaration (to be completed by all Exhibitors)

Company Name

Stealth Products

Stand No

41

The Health and Safety at Work Act, etc, 1974 (HASAWA74)

It is a condition of entry into the exhibition that every Exhibitor, Contractor, sub-Contractor, supplier and their agents comply with the HASAWA74 and all other legislation covering the venue. The Exhibitor accepts that it is their legal and moral responsibility to ensure that their own and others' health and safety is not put at risk by their actions (or inactions) throughout tenancy. The exhibitor confirms that its staff will be sufficiently instructed and trained in relevant matters in order to carry out their tasks competently:

~~Y/N~~ We are **SHELL SCHEME** and are using the PMG recommended contractors. We have trained and made our stand staff aware of the potential risks present onsite and we will copy them in with any additional safety information. We will complete and return a risk assessment by **Friday 14 June 2019**. Any significant risks caused by our exhibits, demonstrations and work practises to either ourselves or others onsite are detailed on the form OR if our exhibits, demonstrations and work practises cause NO HAZARD to either ourselves or others onsite our risk assessment form will be marked clearly 'NO/ONLY LOW RISKS'

Y/N - We are **SPACE ONLY**. My principal contractor(s) (named below) has undertaken a specific Risk Assessment for this event in accordance with the HASAWA74. They have trained and notified their staff and sub-contractors in all such areas identified as being of risk. A copy will be forwarded to the Organisers by **Friday 14 June 2019**. Yes

Stand contractor 1

Company Anchor Exhibitions
Contact Name Rachel Colburt
Address _____
Tel 01455 612341
Email sales @ anchor - exhibitions . co . uk

Stand contractor 2


Company _____
Contact Name _____
Address _____
Tel _____
Email _____

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 Safety Representative on the stand will be Nycole Scawfield
Position Marketing Manager
Mobile No 07881 806 136

Declaration

Authorised by 
Date 14/6/19
Print Name Nycole Scawfield
Position Marketing Manager

Please return to pmg@conferencecollective.co.uk by Friday 14 June 2019.

Health and Safety and Insurance Declaration (to be completed by all Exhibitors)

Company Name

Quantum Rehab

Stand No

20

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Address _____

Tel 01455 612341

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Position Marketing Manager
Mobile No 07881806136

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Date 14/6/19
Print Name Nycole Scowfield
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