

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

Company Name \_\_\_\_\_ Medifab Ltd \_\_\_\_\_

Stand No \_\_\_\_\_ 26 \_\_\_\_\_

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:

**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-** 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**.

### Stand contractor 1

Company \_\_\_\_\_ Medifab Ltd \_\_\_\_\_  
Contact Name \_\_\_\_\_ Anil Patel \_\_\_\_\_  
Address \_\_\_\_\_ 32 Detroit Drive, Rolleston 7675, New Zealand \_\_\_\_\_  
Tel \_\_\_\_\_ +44 121-663 0263 \_\_\_\_\_  
Email \_\_\_\_\_ anil.patel@medifab.com \_\_\_\_\_

### 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 Anil Patel  
Position Head of Research & Development  
Mobile No +44 791-447 8979

**Declaration**

Authorised by   
Date 05/06/2019  
Print Name Phoebe Mascull  
Position Marketing Manager

**Please return to [pmg@conferencecollective.co.uk](mailto:pmg@conferencecollective.co.uk) by Friday 14 June 2019.**