Health and Safety and Insurance Declaration

(to be completed by all Exhibitors)

Company Name Careflex Ltd

Stand No 18

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.**

Stand contractor 1

Company_____
Contact Name_____
Address_____
Tel_____
Email_____

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 Les Jones
Position Business Dev. Mgr.
Mobile No 07855 500 114

Declaration

Authorised by [signature]
Date 5/6/19
Print Name Kim Parry
Position Marketing Manager

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

PMG CONFERENCE 2019 RISK ASSESSMENT

Company Name: CAREFLEX LTD	**Number:** 18	**Contracted Stand Builder:** *Anchor Exhibitions (if u provided shell scheme)*

rd	Who is Affected	Level of Risk	cautions/Actions	Further Action
Chairs on display	Visitors may wish to sit + try.	V. Low/ No Hazard	Careflex rep to oversee any demonstrations	

ASSESSMENT BY: KP Marketing Manager **SIGNATURE:** [redacted] **DATE:** 5/6/19.