



### PMG CONFERENCE 2018 RISK ASSESSMENT

<b>Event:</b> PMG Conference 2018	<b>Event Dates:</b> 23/07/18 – 25/07/18	<b>Venue/Location:</b> Manchester Central, Manchester
<b>Company Name:</b> Mobility Trust	<b>Stand Number:</b> 9b	<b>Contracted Stand Builder:</b> Anchor Exhibitions (if using provided shell scheme)
<b>Contractor's Details:</b> Anchor Exhibitions Limited 2 Cedar Court   Grove Road   Burbage   Leicestershire LE10 2AE; +44 (0)145 5612 341 ; admin@anchor-exhibitions.co.uk (if using provided shell scheme, please also include any other relevant contractors)		
<b>Stand Manager:</b> Denise Valentine		<b>Email:</b> denise@mobilitytrust.org.uk

Hazard	Who is Affected	Level of Risk	Precautions/Actions	Further Action
Falling Objects – from table We plan to use a monitor screen on a table to show a running visual presentation of the work we do. There is a risk that the monitor screen could be knocked off of the table.	-Organisers staff - Exhibitors -Delegates -Venue Staff	P (1) x S (2) = Risk 2  Risk 2 LOW	- Ensure stability of table is good - Position monitor in the centre of the table away from edge. - Ensure that any electric cables are securely tied away to prevent them being pulled.	No further action required
Slip/trip/ Fall - when entering our stand.	-Organisers staff - Exhibitors -Delegates -Venue Staff	P (2) x S (1) = Risk 2  Risk 2 LOW	- Ensure that the area is free from any clutter of goods left on the floor - Ensure that any electric cables are securely tied away to prevent them being tripped on.	No further action required
Electricity – use of electricity on the stand to power monitor screen. Could potentially burn out.	- Organisers staff - Venue Staff	P (1) x S (1) = Risk 1  Risk 1 LOW	- Ensure that the correct plug and wires for the equipment are being used at all times. - Keep any drinks/fluids away from the power terminal.	No further action required
Choking/food allergy risk - We plan to have a bowl with some sweets on the table to draw people in	-Organisers staff - Exhibitors -Delegates -Venue Staff	P (1) x S (3) = Risk 1  Risk 3 LOW	- Ensure that sweets are only available when the stand is being manned by staff. - Provide sweets that are in wrappers so it is clear what they are and what they contain.	No further action required

ASSESSMENT BY: Denise Valentine

SIGNATURE:

*Denise Valentine*

DATE: 04.07.2018



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

Company Name: Mobility Trust \_\_\_\_\_

Stand No: 9b \_\_\_\_\_

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:

☒ 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 22 June**. 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'

☐ 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 22 June**.

### 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: Mrs Tina Cannings\_\_\_\_\_

Position: Office Manager\_\_\_\_\_

Mobile No\_07877173728\_\_\_\_\_

### Declaration

Authorised by: Mrs Denise Valentine\_\_\_\_\_

Signed:

*Denise Valentine*

Date\_\_04.07.2018\_\_\_\_\_

Print Name: Mrs Denise Valentine\_\_\_\_\_

Position\_\_CEO\_\_\_\_\_

Please return to [pmg@conferencecollective.co.uk](mailto:pmg@conferencecollective.co.uk) by 22<sup>nd</sup> June 2018