**Health and Safety Declaration for Space Only Exhibitors**

To be returned to, **eventordering@pandjlive.com**

We have read and understood our responsibilities as laid out in the Health and Safety At Work Act 1974 and taken note of the common areas of risk. We accept our responsibilities as laid out in this Act and all relevant legislation covering the event.

|  |  |
| --- | --- |
| Exhibition |  |
| Stand No |  |
| Company |  |
| Print Name |  |
| Position |  |
| Signed |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Our Principle Health and Safety Representative for the stand onsite is:** | | | |
| Name and Position: | | |  |
| Contact number: | | |  |
| As principal Health and Safety representative for my stand, I understand that we may need to produce a copy of our Health and Safety Policy and the Health and Safety Policy of our principal stand contractor upon request by the appropriate authorities whilst on site at the exhibition. | | | |
| Please tick |  |  | |

**I am in possession of my company’s Health and Safety Policy**

**I have checked that our main stand fitting contractor has a suitable and**

**sufficient Health and Safety Policy for the event**

**I have checked that our principal stand contractor has provided sufficient training for**

**his/her employees to carry out their tasks safely and competently for the event**

|  |  |  |  |
| --- | --- | --- | --- |
| **Our principal stand contractor is:** | | | |
| Name |  | | |
| Company |  | | |
| Address |  | | |
| Postcode |  | | |
| Contact |  | Position |  |
| **Please Note: Stand construction will not be allowed to commence until this form has been returned.**  **Full completion of form is mandatory.** | | | |

TO BE COMPLETED BY ALL SPACE ONLY EXHIBITORS