



Health & Safety Form



For more information please visit
www.wypac2017.com



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Exhibitor Contact Form

TO BE COMPLETED BY **ALL EXHIBITORS** AND RETURNED NO LATER THAN **FRIDAY 7 JULY 2017**
Telephone: +44 (0) 141 202 2888 / Email: WVPA2017AV@mci-group.com and WVPA2017Industry@mci-group.com

Exhibitor Name		
Stand Number		
Onsite Lead Contact		
Company (if different to Exhibitor Name)		
Contact Name		
Job Title / Role		
Mobile Number (@ WVPA 2017)		
Email Address		
Additional Contacts (if <i>Onsite Lead Contact</i> is not available)		
Contact Name	Job Title / Role	Mobile Number (@ WVPA 2017)
If different to the <i>Onsite Lead Contact</i>, please provide the details of the contact who will collect your exhibitor passes		
Company (if different to Exhibitor Name)		
Contact Name		
Job Title / Role		
Mobile Number (@ WVPA 2017)		
Email Address		



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Exhibitor Health & Safety Form (page 1 of 5) (including Health and Safety Declaration and Risk Assessment)

TO BE COMPLETED BY **ALL EXHIBITORS** AND RETURNED NO LATER THAN **FRIDAY 7 JULY 2017**
Telephone: +44 (0) 1457 854080 / Email: carol@onsitex.co.uk and WVPA2017AV@mci-group.com

Health & Safety Declaration

Please be advised that it is a venue and organiser requirement that **ALL EXHIBITORS** complete this combined Exhibitor Risk Assessment and Health & Safety Declaration Form and return it to carol@onsitex.co.uk and WVPA2017AV@mci-group.com no later than **FRIDAY 7 JULY 2017**.

To be completed by **ALL EXHIBITORS** and signed by a senior person within the exhibiting company.

Exhibitors Risk Assessment Form			
Company			
Contact Name			
Job Title			
Signature		Date	

The Health & Safety at Work Act, Etc., 1974 (HASAWA74)

All exhibitors and stand contractors must complete and submit required Health & Safety documentation.			
It is a condition of entry into the event 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 in-actions) throughout the tenancy.			
Exhibitor Name			
Stand Number			
Company (if different to above)			
Address			Postcode
Contact Name		Job Title	
Telephone Number		Mobile Number	
Email Address			

Exhibitor Health & Safety Form (page 2 of 5) (including Health and Safety Declaration and Risk Assessment)

ALL EXHIBITORS MUST COMPLETE AND RETURN BY **FRIDAY 7 JULY 2017** to
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Health & Safety Declaration (continued)

	Please tick applicable box:
We are SHELL SCHEME only. We have trained and made our stand staff aware of the potential risks present onsite and we will copy them in with relevant safety information. Our exhibits, demonstrations and work practices cause NO HAZARDS to either others or ourselves onsite, as documented within the shell scheme and space only Risk Assessment document. We hold appropriate Employers Liability Insurance and Public Liability Insurance in cover for the duration of the open period.	<input type="checkbox"/>
We are SHELL SCHEME only. We have trained and made our stand staff aware of the potential risks present onsite and we will copy them in with relevant safety information. Our exhibits, demonstrations and work practices contain SOME HAZARDS to either others or ourselves on site, as documented within the shell scheme and space only Risk Assessment document. We hold appropriate Employers Liability Insurance and Public Liability Insurance in cover for the duration of the open period.	<input type="checkbox"/>
We are SPACE only. We are NOT using a stand contractor . We have trained and made our stand staff aware of the potential risks present onsite and we will copy them in with relevant safety information. Our exhibits, demonstrations and work practices cause SOME/NO HAZARDS (please delete as appropriate) to either others or ourselves on site, as documented within the shell scheme and space only Risk assessment document. We hold appropriate Employers Liability and Public Liability Insurance in cover for the duration of the open period.	<input type="checkbox"/>
We are SPACE only and we are using a Stand Contractor. Our principal stand contractor will provide a visual of the finished stand (including dimensions), a suitable and sufficient Risk Assessment, Method Statement, CPP (Construction Phase Plan) and appropriate Public Liability Insurance. I have been satisfied of his/her competence to undertake the tasks required and I will ensure the documents are submitted to the appropriate person by FRIDAY 7 JULY 2017 (Please complete <i>Principal Stand Contractor</i> section below).	<input type="checkbox"/>
I will make available at the event a copy of our own Company's Health & Safety Policy and Risk Assessment. Our stand staff will be sufficiently instructed and trained in relevant matters in order to carry out their tasks competently.	<input type="checkbox"/>

Our Principle Stand Contractor is:

Principal Stand Contractor			
Company			
Address			Postcode
Contact Name			Job Title
Telephone Number			Mobile Number
Email Address			
Signature			

Exhibitor Health & Safety Form (page 3 of 5)

(including Health and Safety Declaration and Risk Assessment)

ALL EXHIBITORS MUST COMPLETE AND RETURN BY **FRIDAY 7 JULY 2017** to
carol@onsitex.co.uk and WVPA2017AV@mci-group.com

Risk Assessment

Exhibitor Name			
Stand Number			
1. Hazard Category			
Select the most appropriate category for the hazard on your stand. Look only for hazards on your stand which you could reasonably expect to result in significant harm. Tick any of the following which are applicable:			
Display Machinery <input type="checkbox"/>	Falling Objects <input type="checkbox"/>	Special Effects <input type="checkbox"/> <small>(including lasers/strobes)</small>	Noise <input type="checkbox"/>
Airships <input type="checkbox"/> <small>(including blimps and balloons)</small>	Fall from Height <input type="checkbox"/>	Stored Energy <input type="checkbox"/>	Fire <input type="checkbox"/>
Compressed Air/Gas <input type="checkbox"/>	Demonstrations <input type="checkbox"/>	Gas / LPG <input type="checkbox"/>	Explosion <input type="checkbox"/>
Medical Demonstration <input type="checkbox"/>	Water Features <input type="checkbox"/>	Radiation <input type="checkbox"/>	Slip / Fall <input type="checkbox"/>
OTHER (please detail in the space below) <input type="checkbox"/>		NONE <input type="checkbox"/>	

If you ticked **NONE**, no further action is required and the form should be signed, dated and returned to Carol MacInnes (please complete Section 8) no later than **FRIDAY 7 JULY 2017**.

If you ticked any hazard categories please complete the following sections for each individual hazard. Please attach additional copies of this form as may be necessary.

2. Existing control measures – What controls have been implemented to control the hazard?	
3. Are these control measures adequate to contain hazards?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>

Exhibitor Health & Safety Form (page 4 of 5) (including Health and Safety Declaration and Risk Assessment)

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Risk Assessment (continued)

4. Who is at Risk – identify the people who are at risk from this hazard.			
Exhibitors	<input type="checkbox"/>	Maintenance Staff	<input type="checkbox"/>
Cleaners	<input type="checkbox"/>	Delegates	<input type="checkbox"/>
Contractors	<input type="checkbox"/>	Organiser	<input type="checkbox"/>
		Pregnant Workers	<input type="checkbox"/>
		Disabled Persons	<input type="checkbox"/>
		Venue Staff	<input type="checkbox"/>
5. PROBABILITY – How likely is the hazard to cause harm?			
1.	NEGLIGIBLE		<< insert number into box
2.	POSSIBLE OCCURRENCE		<< insert number into box
3.	OCCASIONAL OCCURRENCE		<< insert number into box
4.	FREQUENT OCCURRENCE		<< insert number into box
5.	REGULAR OCCURRENCE		<< insert number into box
6.	COMMON OCCURRENCE		<< insert number into box
6. SEVERITY – What is the worst possible outcome?			
1.	TRIVIAL INJURY		<< insert number into box
2.	MINOR INJURY		<< insert number into box
3.	MAJOR INJURY TO ONE PERSON		<< insert number into box
4.	MAJOR INJURY TO SEVERAL PERSONS		<< insert number into box
5.	DEATH TO ONE PERSON		<< insert number into box
6.	MULTIPLE DEATHS		<< insert number into box
INSERT PROBABILITY AND SEVERITY NUMBER INTO THE [] BELOW, MULTIPLY TO ACHIEVE A RISK RATING PROBABILITY [] X SEVERITY [] = RISK RATING []			
Risk Rating			
VERY LOW RISK	1 TO 4	Requires no action	
LOW RISK	5 TO 7	Requires no action	
MEDIUM RISK	8 TO 14	May require action or creating more awareness, look at specifics	
HIGH RISK	15 TO 36	Requires immediate action!	
7. What additional controls are required to control hazard? (IF RISK RATING IS GREATER THAN 7)			

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Risk Assessment (continued)

8. Exhibitors Risk Assessment Form completed by:			
Company			
Name			
Job Title			
Telephone Number			
Mobile Number			
Email Address			
Signature		Date	

Forwarding Information

Once completed, please email this document to carol@onsitex.co.uk and WVPA2017AV@mci-group.com by **FRIDAY 7 JULY 2017**

If you have any queries or other comments in regard to this document please do not hesitate to get in touch with Carol Macinnes via her Office on +44 (0) 1457 854080 or Mobile: +44 (0) 07974 223670.

Thank you in advance of your co-operation and assistance.



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Construction Phase Plan (CPP)

SPACE ONLY (CDM sub-sites), installation and dismantle

SPACE ONLY EXHIBITORS MUST COMPLETE AND RETURN BY **FRIDAY 7 JULY 2017**
to carol@onsitex.co.uk and WVPA2017AV@mci-group.com

Principal Contractor			
Exhibitor Name			
Stand Number			
Event			
Key Dates (installation and dismantle)			
How is the job to be managed safely? (include details of the site rules, arrangements for daily briefing/update/ coordination meetings, site inductions, welfare facilities, fire and emergency procedures and, arrangements for the control of specific risk (such as falls from height, use of chemicals, collapse of structures, crane operations, heavy lifting etc.)			
Who else is working on the stand build with you? What is the structure and who is responsible for what?			
How will you communicate? (e.g. tool box talk, induction, safety briefing etc.) What are your welfare arrangements			
Please list the major risks or hazards (e.g. falls from height, collapse of structure, mechanical equipment, maintenance of plant and equipment)			
Signature		Date	