

## FORM 2

## Compulsory Shell Scheme Construction & Health & Safety Declaration Form

**EDITABLE PDF** 

Simply Type In Details, 'Save As..'
Into Your Files and Return Your
Saved Copy

Please return this form alongside any required paperwork to:

amanda.coomber@dimeevents.com

Deadline: 9th June 2023

| Company Details   |  |  |
|---|--|--|
| Company Name:   |  |  |
| Stand Number:   |  |  |
| Contact Name:   |  |  |
| Telephone Number:   |  |  |
| Email Address:  |  |  |
|   | Contractors Details  |  |
| If you are using a contractor / third   | I party supplier to dress your stand, please complete the details below:     |  |
| Company Name:   | Contact Name:  |  |
| Telephone Number:   | Email Address:   |  |
| No amendments require If you are using the shell  Fascia Removal Reque If you would like remove                               | scheme stand as provided, please tick the box and return the form only.  est |  |
| and Safety team.  Please tick one of the Erection of Pop-up stan  If you are planning on br  Dimensions of p  Visual/ Picture | inging a pop up stand please supply the following:                           |  |
| Other   |  |  |

Please submit a Risk Assessment if you are carrying out any amendments to the standard shell scheme provided.





## Health and Safety Declaration The Health and Safety at Work Act 1974, incorporating CDM 2015

It is a condition of entry into the conference that every exhibitor, contractor, sub-contractor, supplier and his / her agents comply with the Health & Safety at Work Act 1974 (HASAWA74) and all other legislation covering the venue. The exhibitor accepts that it is his / her legal and moral responsibility to ensure his/her own and others health and safety is not put at risk by their actions (or inactions) during the exhibition.

| To be completed and signed by a competent person as detailed in HASAWA 1974 |               |  |
|---|---------------|--|
| Exhibitor:  | Stand Number: |  |
| Signature:  | Date:         |  |
| Name:Position:  |               |  |
| Address:  | Postcode      |  |
| Telephone:  |               |  |
| Planning Supervisor/Health & Safety Rep:                                    |               |  |
|   |               |  |
|   |               |  |
|   |               |  |

I will submit a copy of our Insurance Certificate (minimum cover £2m, in date for the period 11th & 12th July), together with this completed Health & Safety Declaration form.

I will make available on site a copy of my company's Health & Safety Policy and can confirm that our stand staff will be sufficiently instructed and trained in matters relating to Health & Safety and their duty of care in order to carry out their tasks competently.

## **Site Induction**

By signing this declaration I am confirming that all staff employed by, or contracted to, this company who wish to access the site, have seen and understood the Venue Site Induction information and will comply with all requirements therein.



