

FORM 3

CDM Space Only

Stand Checklist



Event Name	
Exhibiting Company Name	
Stand Number	
Stand Footprint Dimensions	
Principle Contractor Details	
Onsite Contact Name	
Onsite Contact Number	
Arrival & Completion Date/Time	
CDM 2015 Compliant?	

The following documents MUST be submitted in order to comply with HSE legislation and the CDM 2015

*Regs. Please tick **below to confirm your submission of information:***

Full stand plans and visuals, showing all dimensions and elevations	<input type="checkbox"/>
Non generic Risk Assessment	<input type="checkbox"/>
Method Statement and Event Project Safety Plan	<input type="checkbox"/>
Public Liability Insurance (minimum cover £2m), which must be in date at the time of the event, and cover ALL days.	<input type="checkbox"/>
Confirm that you will supply sufficient staff to comply with the tenancy build and break times as stated in the free build information	<input type="checkbox"/>
Confirm that you have checked that your stand will fit in the footprint and that the height is acceptable	<input type="checkbox"/>

Please also confirm the following structural stipulations

Max Stand Height	
You will supply a back wall to your stand, up to a minimum of 2.5m	
You would prefer to purchase a shell back wall	
You will dress down the back wall of your stand if higher, to 2.5m in a neutral colour. Please note that corporate branding is not permitted on walls which overlook the next exhibitor.	
Any storeroom doors will be fitted with a CLEAR vision panel – Frosted is NOT permitted	



CDM REGS 2015 CHECK LIST

I will provide an event project safety file	<input type="checkbox"/>
I can confirm that all personnel will view the Space Only Induction as detailed in the Space Only Manual -Free Build Stand and Structure Information.	<input type="checkbox"/>
I will provide suitable welfare for all staff on my Space site. This will include access to hot food and hot/boiling water and a suitable rest area	<input type="checkbox"/>
I confirm that my space only site will become a separate construction under the auspices of the CDM Regulations 2015 and that I will have sole responsibility for the safe implementation and completion of the project within that area	<input type="checkbox"/>

Print Name _____

Tick either client or contractor

CLIENT

☐

PRINCIPAL CONTRACTOR

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DATE: _____