****Please return to:  
Kayleigh Williams  
Montgomery Group Asia  
E: [kayleigh.williams@montgomerygroup.com](mailto:kayleigh.williams@montgomerygroup.com)

Deadline: **Friday 29 April 2022**

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| --- | --- |
| Keep a copy for your files  **MUST BE COMPLETED BY ALL CONTRACTORS** | **CONTRACTOR HEALTH & SAFETY DECLARATION**  **INCL. CONTRACTOR PASSES** |

*This is 1 of 5 of the Construction Phase Plan to be submitted to Kayleigh Williams, the other elements are:*

1. *Full Risk Assessment 2) Stand Plans 3) Method Statement 4) Welfare Arrangements Form*

We have read and understood our H&S responsibilities as detailed in the Health & Safety Information section of the manual, taken note of the most common areas of risk and will ensure all reasonable precautions are taken to eliminate or reduce such risks. We accept our responsibilities and all other legislation covering the venue.

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| --- | --- | --- |
| Name: | Position: | |
| Mobile / site telephone number: | | |
| **This person is briefed and trained in regard to their responsibility.** Should this person leave the stand for any reason a temporary H&S representative must be nominated prior to departure.  The H&S representative for your stand must be able to produce a copy of your own company’s Health & Safety Policy if relevant. | | |
| **CONTRACTOR PASSES** – To access the hall during build-up and breakdown an exhibitor or contractor pass per person is required. Anyone accessing the hall must have read and understood the [Site Rules](https://cdn.asp.events/CLIENT_Montgome_4A2AC6EE_F9F4_F2D4_B6BD5E826989B71A/sites/Food2Go/media/files/2022-Site-Rules.pdf). | | |
| Please put the number of Contractor Passes you require: | |  |
| *By completing this form, you are agreeing that you will pass the Site Rules to all staff that will be at the event.* | | |

**Our principle H&S Representative for the stand is:**

|  |  |  |  |
| --- | --- | --- | --- |
| **YOUR DETAILS Stand Number:** | | | |
| Company Name: |  | | |
| Contact: |  | | |
| Address: |  | | |
|  | Post Code: | |  |
| Email: | | | |
| Tel Number: | | Date: |  |
| **I understand that ticking this box constitutes a legal signature confirming that I acknowledge and agree to the information in this form** | | | |