



DEADLINE:

Deadline: Friday 9th February 2024

COMPULSORY HEALTH & SAFETY DECLARATION

To be completed by ALL exhibitors

COMPANY:

STAND NUMBER:

CONTACT NAME:

EMAIL ADDRESS:

We accept our responsibilities as detailed in the Health and Safety Section of the Operations Manual, plus the Health & Safety at Work Act etc. 1974 and all other legislation covering the venue.

Our principle H&S representative for the stand is:

Name:

Mobile No:

PLEASE COMPLETE THE FOLLOWING (as applicable):

1. Our Company has a written **Health & Safety Policy**: select yes or no
 (You do not need to submit this now, but a copy must be available and provided if requested)

2. SPACE ONLY EXHIBITORS

I have / will appoint a contractor who is aware of their responsibilities under CDM.

OR

I am building the stand myself and am aware of my responsibilities under CDM.

For more information visit www.cdm4events.org.uk/index.php/contractors

3. ALL exhibitors must complete an **EXHIBITOR RISK ASSESSMENT** and send it to the Organisers.
[Click here](#) for a template and more information on Risk Assessments. The Organisers do not approve Risk Assessments but require copies to make available to the authorities if required.

I have attached our Exhibitor Risk Assessment. select yes or no

4. Are you providing Food or Drink on your stand for sampling? select yes or no

5. If **Yes** please list **ALL** food and drink to be provided and how they are to be **stored** and **served**:

Food / Drink	Stored			Served			
	Frozen	Chilled	Ambient	Frozen	Chilled	Ambient	Hot
<i>example 1: fresh pasta</i>		✓					✓
<i>example 2: cheese</i>		✓				✓	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please email Olivia if you have more than 4 products with how they are to be stored or served

6. Please indicate **ALL** food storage and cooking equipment to be used:

Refrigerator/s	<input type="checkbox"/>	Freezer/s	<input type="checkbox"/>	Cooking hob/s	<input type="checkbox"/>
Oven/s	<input type="checkbox"/>	Microwave/s	<input type="checkbox"/>	Grill/s	<input type="checkbox"/>
<i>Other, please specify:</i>					

I can confirm that I understand that deep fat fryers and charcoal cooking are not permitted in the venue

7. **Summary of Sampling Method:**

Example 1: cheese on a cocktail stick

Example 2: Nuts served in a bowl

Example 3: Cooking your product e.g. sausages or pasta

Please enter your sampling method here:

8. Name and contact details of the Local Authority or equivalent where you are registered as a Food Business (If you are UK/EU Based)

9. I can confirm that this is a trade fair event and children under the age of 16 are not permitted in the venue

Keep a copy for your files

ALCOHOL SAMPLING

Any company sampling alcohol from their stand MUST complete this form.

ExCeL is licensed for the sale or supply of alcohol. In order that the venue can ensure that these activities comply with the Licensing Act 2003 and their own Premises Licence conditions, the Organisers are required to provide full details of an alcohol sampling.

The official caterers have made the following dispensation with regard to the sampling of exhibitors' products. Exhibitors may give away tasting samples of their products in sizes no more than:

- Spirits** **5ml**
- Wine / Champagne / Alcopops** **25ml**
- Beer/Cider/Lager** **50ml**

NB: Hospitality supplies for onsite consumption must be obtained from ExCeL London Hospitality, ExCeL's official caterer.

Type of activity (e.g. wine, beer, spirits or liqueur sampling)	
Name of the responsible person on the stand, who will be present throughout the event	
Personal licensee (if available) Name:	
Contact telephone number:	
Licensing Council:	
Licensing Number:	
Please sign below to confirm that you will comply with the following legal requirements:	
◆ The terms of the Licensing Act 2003	◆ Alcohol MAY NOT be served before 10.00 hrs
◆ Products for sampling must be held in a secure area	◆ Service staff must be over the age of 18
◆ Alcohol may not be served to anyone under the age of 18, or anyone who appears to be under 18 (unless proof of age is shown)	◆ Alcohol must not be served to anyone who appears to be under the influence of alcohol

Your Details

Stand Number:

HRC 2024, 25th-27th March, ExCeL London

Company Name:

Contact:

Address:

Post Code:

Email:

Tel No:

Date:

I understand by checking this box I am confirming the information I have provided is accurate and I acknowledge and agree to the terms of acceptance.

Once received we will forward food safety information specific to your sampling activities!

Return this form ASAP to ops.hrc@montgomerygroup.com