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**Health & Safety Declaration Form – Compulsory to complete ASAP**

**Please read through the Exhibitor manual before completing.**

Exhibitors will not be able to set up their booth until this form has been completed and submitted.

**COMPANY NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Event contact** | | | |
| Full name |  | | |
| Stand number |  | | |
| Email |  | | |
| Tel |  | Mobile |  |

**THE HEALTH & SAFETY AT WORK ETC. ACT, 1974**

It is a condition of entry into the exhibition that every exhibitor, contractor, sub-contractor, supplier and their agents comply with the Health & Safety at Work etc. Act, 1974 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 inactions) throughout the tenancy.

Please fill in the boxes below.

We have trained and made our stand staff aware of the potential risks present onsite and will provide them with a copy of the manual rules and regulations. Our exhibits, demonstrations and work practices cause NO HAZARDS to either ourselves or to others onsite.

Upon request, I will make available a copy of our own company’s Health & Safety policy, and our stand staff will be sufficiently instructed and trained in matters relating to Health & Safety in order to carry out their tasks competently.

DO YOU HAVE AN EXTERNAL CONTRACTOR? **YES/ NO**

THE COMPANY HAS A MINIMUM OF £2 MILLION INSURANCE COVER

I HAVE READ AND WILL ABIDE BY THE EVENT HEALTH & SAFETY RULES AND REGULATIONS

All contractors at events organised by The Payments Association must ensure that they provide a safe place and system of work. Successful safety management requires the commitment, involvement and co-operation of all those on-site at an event. Contractors have a legal duty under current Health & Safety Regulations with which they must comply by law.

Contractor details **(IF APPLICABLE)**

|  |  |  |  |
| --- | --- | --- | --- |
| Company |  | | |
| Contact name |  | | |
| Email |  | | |
| Tel |  | Mobile |  |

I have read the "Health & Safety Information for exhibitors" document and agree to abide by the rules as set out in the document.

E-signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_