**BMUS Ultrasound 2023**

# HEALTH AND SAFETY AND INSURANCE DECLARATION

**TO BE COMPLETED BY ALL EXHIBITORS**

**Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Stand No.\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Health and Safety at Work Act etc., 1974 (HASAWA74)**

It is a condition of entry into the exhibition that every Exhibitor, Contractor, sub-Contractor, supplier and their agents comply with the HASAWA74 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 tenancy. The exhibitor confirms that its staff will be sufficiently instructed and trained in relevant matters in order to carry out their tasks competently:

1. WE ARE SHELL SCHEME AND ARE USING THE BMUS RECOMMENDED CONTRACTORS. We have trained and made our stand staff aware of the potential risks presented on site and we will copy them in with any additional safety information. **We will complete and return the risk assessment by 21st November** [**to** tracey@bmus.org](mailto:to%20tracey@bmus.org)
2. Any significant risks caused by our exhibits, demonstrations and work practices to either ourselves or others onsite are detailed on the form OR if our exhibits, demonstrations and work practices cause NO HAZARD to either ourselves or others onsite. Your risk assessment form will be marked clearly ‘NO/ONLY LOW RISKS’.
3. We are SPACE ONLY. My principal contractor(s)(named below) has undertaken a specific Risk Assessment and Method Statement for this event in accordance with the HASAWA74. They have trained and notified their staff and sub-contractors in such areas identified as being of risk. **A copy to be forwarded to the BMUS office by 21st November**

**Stand contractor 1**

Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stand contractor 2**

Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance and public liability**

I confirm that we have adequate public liability insurance in place to protect ourselves against any loss or damage to our stand, exhibits, property and personnel and for any legal liability incurred in respect of damage to persons or property belonging to third parties.

Health and Safety Representative on the stand will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

Authorised \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_