

***This form will be used for all 2019 shows unless a new form is submitted before the next exhibition your company attends***

**FORM 2**

**BUILDING TRADES EXPO  
Health & Safety Declaration**

**To be completed by all exhibitors before**

**Friday 23<sup>rd</sup> August (Coventry)**

**Friday 11<sup>th</sup> October (Sandown)**

We have read and understood our H & S responsibilities as detailed in the Health & Safety section. We accept our responsibilities as detailed in the Health & Safety at Work Act 1974.

Our principle H & S representative for our stand at the event is:

**Name:** .....

**Position:** .....

**Mobile/Site Tel No:** .....

The principle H&S representative for your stand should understand that he may need to produce a copy of your own company's Health & Safety Policy, and the Health & Safety Policies of your contractors and sub contractors, upon request by the appointed authorities whilst on site at the exhibition.

**Please answer following two questions:**

**please circle**

I am in possession of my company's Health & Safety Policy (do not send)  
(if your company employs less than five people, please circle n/a)

**yes    n/a**

We have **Public Liability** insurance for £2,000,000 that will be valid for the Event  
(Not Employers Liability). **Proof of cover to be returned with this form.**

**yes**

I hereby confirm that as the nominated person, responsible for health & safety management of the stand/company named above have read and understood all the CDM site specific information. Further to this, I can also confirm that ALL associated stand contractors operating during the construction and de-construction phase of the event have been given all CDM information before arriving onsite.

**yes**

If you have taken a space only stand please confirm if you have employed a contractor to build the stand

**yes    no**

If you have employed a contractor to build your stand, please circle yes to indicate that you are satisfied that your contractor has a suitable and sufficient Health & Safety Policy, and has provided sufficient training for his employees to carry out their tasks competently for the event

**yes**

**Your details**

COMPANY NAME: .....STAND NO: .....

CONTACT: ..... TEL NO: .....

EMAIL: .....

SIGNED: ..... DATE: .....

**Please return this form with proof of your current Public Liability Insurance (NOT a copy of your employers liability certificate):** Kirstin Eldridge, Building Trades Expo, Regal House, Regal Way, Watford, Herts WD24 4YF Tel: 01494 714599 Email: [kirstineldridge@supanet.com](mailto:kirstineldridge@supanet.com)