## **VEHICLE IDENTIFICATION PASS Novotel Convention Centre**

(Please display pass in windscreen) **This is NOT a car park pass.** 



EXHIBITOR'S COMPANY N	AME:
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STAND NUMBER: ...... MOBILE: .....

Build-Up

Friday 12<sup>th</sup> October 2018 0800 - 2200hrs - All exhibitors

Breakdown

Sunday 14th October 2018 1645 - 2200hrs - All exhibitors

All drivers please report to traffic marshals at the Loading Bay

Traffic staff's directions must be followed at all times.

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# Floor Plan Risk Assessment for Stands

Exhibition Name:					
	l c				
Company:	Stand No	umber:			
Name of person responsible for Health & safety:		Work Mobile Email:			
Exhibitor's Responsibilities					
An exhibition stand is a workplace is your responsibility to ensure that					
Failure to do so could lead to delay	s or ultimately the closur	e of you	ır stand.		
This template is for a simple shell s structural approval from the organi detailed risk assessment and if you	iser or the venue. More of are in any doubt you sho	complex uld cont	stands will require a act the organiser.		
Does your stand include any of the assessment for simple stands please		comple	te the attached risk		
					Yes/No
Lifting heavy products during the b	uild-up/breakdown				
Working at height (using ladders)					
Display of anything containing liquid		xplosive	substances		
Display of sharp objects, weapons (	(even replica weapons)				
Demonstrations of any kind i.e The	erapies, massaging				
Working electrical appliances other		ing			
Food service of any kind other than					
Heat source of any kind including o			me or gel burners		
Working machinery of any kind ever	,		6		
Using power tools during the build					
Have all portable appliances being of		ection o	r PAT tested		
Any other hazard not identified abo	· · ·				
Any other hazard not identified abo	ove which could be a risk				
Note this is not an exhaustive could present a hazard	list. You are responsib	le for id	lentifying any asp	ect of y	our stand which
If you have answered <b>NO</b> to all of complete the risk assessment for S		below. If	you have answered	YES to	any of the above
I declare that to the best of my known	owledge there are no sign	ificant ri	sks relating to this s	tand	
Signed:	Name:		Position:		Date:
				ļ	



## **Risk Assessment for Shell Scheme Stands**

Exhibition Name:			
Company	Stand No:		
Risk:			
Who could be harmed:			
Control Measures in Place:			
Control Measures III Flace.			
To the best of my knowledge measures in place control risk		rrect. The control	
Signed:	Name:	Position:	Date

#### **PLEASE NOTE:**

This is a very basic risk assessment format for simple risks only. Multiple or complex risks will require a more detailed risk assessment.

### **Shell Scheme Octanorm & Extras**

**SHELL SCHEME** orders received less than 14 working days before the first day of the build will be subject to a 20% surcharge.

Code	Description	Hire of fitting	Number required	Total
		0.47.00		
ST1	Additional Octanorm upright	£17.22		
ST2	1m wide additional Octanorm panel	£80.50		
ST3	Floor flats for carpet/floor covering (per SQM) Floor covering NOT included	£16.00		
ST4	Aluminium floor edging (per LNR metre)	£15.50		
ST5	Floor covering – Black Carpet Per SQM	£10.00		
ST6	Shell Scheme Back Wall PER LNR MTR ( 3 x 3 space 3 x £35.00 = £105.00)	£35.00		
ST7	Additional shell scheme PER SQM	£30.00		
ST8	6 x 2 Trestle Table	£25.00		
ST9	Chair	£5.00		
ST10	TV Stand	£90.00		
ST11	8 x 4 Stage Platform	£45.00		
ST12	Wrist band data scanner ( capture detailed info on who visits your stand )	£99.00		
ST13	Hands for hire per hour (charged at 1 hour min)	£20.00		
	TV Stand and 55" LCD TV	£250.00		
	Other show furniture please contact us for information			
			Total	

## **Health & Safety Declaration for Exhibitors**

To be scanned and returned to Organisers

We have read and understood our responsibilities as laid out in the Health & Safety at Work Act 1974 and taken note of the most common areas of risk. We accept our responsibilities as laid out in this Act and all relevant legislation covering the Event.

Exhibition	
Stand No(s)	
Company	
Print Name	
Position	
Signed	
I. Our Princi	iple Health & Safety representative for the stand is:
Name & Positi	on:
Contact No:	
copy of our H	Health & Safety representative for my stand, I understand that we may need to produce a ealth & Safety Policy and the Health & Safety Policy of our principal stand contractor upon appropriate authorities whilst on site at the exhibition. Please tick
I am in posse	ession of my company's Health & Safety Policy:
I have check	ession of my company's Health & Safety Policy:  ed that our main stand fitting contractor has a suitable and sufficient Health & for the event:
I have check Safety Policy I have check	ed that our main stand fitting contractor has a suitable and sufficient Health &
I have checked Safety Policy I have checked employees to	ed that our main stand fitting contractor has a suitable and sufficient Health & for the event:  ed that our principal stand contractor has provided sufficient training for his/her or carry out their tasks safely and competently for the event:
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#### **Please Note:**

Stand construction will not be allowed to commence until this form has been returned

