**British Cardiovascular Society Annual Conference 2024**

**Manchester Central 3-5 June 2024**

**Exhibitor Risk Assessment (including Health & Safety Declaration)**

**ALL EXHIBITORS** **MUST COMPLETE AND RETURN BY 26th April 2024 TO** exhibition **carol@onsitex.co.uk**

Please be advised that it is a Venue and Organiser requirement that a member of the Exhibiting Company (and not an employed sub-contractor) complete this form as it refers to hazards and risks during exhibitor set up (if applicable) and during the open period of the Event.

To be completed by a representative of the exhibiting team and signed by a senior person within the exhibiting company.

|  |  |  |  |
| --- | --- | --- | --- |
| **Exhibitors Risk Assessment Form** | | | |
| Company |  | | |
| Contact Name |  | Job Title |  |
| Signature |  | Date |  |

The Health & Safety at Work Act, Etc., 1974 (HASAWA74)

|  |  |  |  |
| --- | --- | --- | --- |
| **All exhibitors and stand contractors must complete and submit the required Health & Safety documentation** | | | |
| **It is a condition of entry into the event that every exhibitor, contractor, sub–contractor, supplier and their agents comply with the HASAWA74 and all other legislation AND regulatory responsibilities relating to 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.** | | | |
| Exhibitor Name |  | Stand Number |  |
| Company (if different to above) |  | | |
| Address and postcode |  | | |
|  | | |
| Contact Name |  | | |
| Job Title |  | | |
| Telephone Number |  | | |
| Email address |  | | |

|  |  |
| --- | --- |
| Health & Safety Declaration (continued)  Please tick applicable box: | |
| We are shell scheme only. We have trained and made our stand staff aware of the potential risks present onsite and we will copy them in with relevant safety information. Our exhibits, demonstrations and work practices cause NO HAZARDS to either others or ourselves onsite, as documented within the shell scheme and space only Risk Assessment document. We hold appropriate Employers Liability Insurance and Public Liability Insurance in cover for the duration of the open period. | 🞏 |
| We are shell scheme only. We have trained and made our stand staff aware of the potential risks present onsite and we will copy them in with relevant safety information. Our exhibits, demonstrations and work practices contain SOME HAZARDS to either others or ourselves on site, as documented within the shell scheme and space only Risk Assessment document. We hold appropriate Employers Liability Insurance and Public Liability Insurance in cover for the duration of the open period. | 🞏 |
| We are shell scheme with construction and we are using a Stand Contractor. Our principal stand contractor will provide a visual of the finished stand (including dimensions), a suitable and sufficient Risk Assessment, Method Statement, CPP (Construction Phase Plan) and appropriate Public Liability Insurance. I have been satisfied of his/her competence to undertake the task as required and I will ensure the documents are submitted BY THE 26th APRIL 2024 | 🞏 |
| We are space only. We are NOT using a stand contractor. We have trained and made our stand staff aware of the potential risks present onsite and we will copy them in with relevant safety information. Our exhibits, demonstrations and work practices cause SOME/NO HAZARDS (please delete as appropriate) to either others or ourselves on site, as documented within the shell scheme and space only Risk assessment document. We hold appropriate Employers Liability and Public Liability Insurance in cover for the duration of the open period. | 🞏 |
| We are space only and we are using a Stand Contractor. Our principal stand contractor will provide a visual of the finished stand (including dimensions), a suitable and sufficient Risk Assessment, Method Statement, CPP (Construction Phase Plan) and appropriate Public Liability Insurance. I have been satisfied of his/her competence to undertake the task as required and I will ensure the documents are submitted BY THE 26th APRIL 2024 | 🞏 |
| I will make available at the event a copy of our own Company’s Health & Safety Policy and Risk Assessment. Our stand staff will be sufficiently instructed and trained in relevant matters in order to carry out their tasks competently. | 🞏 |

Our Principal Stand Contractor is as follows:

***Please note that shell scheme stand exhibitors (not using an independent Contractor) should leave the following section BLANK as all shell scheme structures are being erected by Full Circle,***

|  |  |  |  |
| --- | --- | --- | --- |
| Principal Stand Contractor | | | |
| Company |  | | |
| Address |  | | |
|  | Postcode |  |
| Contact Name |  | Job Title |  |
| Telephone Number |  | | |
| Mobile Number |  | | |
| Email Address |  | | |

**Risk Assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Exhibitor Name | |  | | |
| Stand Number | |  | | |
| 1.Hazard Category | | | | |
| Select the most appropriate category for the hazard on your stand. Look only for hazards on your stand which you could reasonably expect to result in significant harm. Tick any of the following which are applicable: | | | | |
| Display Equipment 🞏 | Falling Objects 🞏 | | Special Effects 🞏  (including lasers/strobes) | Noise 🞏 |
| Airships 🞏  (including blimps and balloons) | Fall from Height 🞏 | | Stored Energy 🞏 | Fire 🞏 |
| Compressed Air 🞏 | Demonstrations 🞏 | | Gas / LPG 🞏 | Participation Games 🞏 |
| Use of Vehicles 🞏 | Water Features 🞏 | | Radiation 🞏 | Slip / Fall 🞏 |
| OTHER (please detail in the space below) 🞏 | | | NONE 🞏 | |
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If you ticked NONE, no further action is required and the document should be signed, dated (**please complete Section 8)** and return to [carol@onsitex.co.uk](mailto:carol@onsitex.co.uk) BY THE 26TH APRIL 2024.

If you ticked **any** hazard categories please complete the following sections for each individual hazard. Please attach additional copies of this form as may be necessary.

|  |  |
| --- | --- |
| 2. Existing control measures – What controls have been implemented to control the hazards? | |
|  | |
|  | |
| 3. Are these control measures adequate to contain hazards? | |
| YES 🞏 | NO 🞏 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 4. Who is at Risk – identify the people who are at risk from this hazard. | | | | | | |
| Exhibitors 🞏 | | | Maintenance Staff 🞏 | | | Pregnant Workers 🞏 |
| Delegates 🞏 | | | Organisers 🞏 | | | Other Venue Staff 🞏 |
| Cleaners 🞏 | | | Members of the Public 🞏 | | | Disabled Persons 🞏 |
| 5. PROBABILITY - How likely is the hazard to cause harm? | | | | | | |
| 1. | | Negligible | |  | Insert number ON THE LEFT HAND SIDE into box | |
| 2. | | Possible occurrence | |  | Insert number ON THE LEFT HAND SIDE into box | |
| 3. | | Occasional occurrence | |  | Insert number ON THE LEFT HAND SIDE into box | |
| 4. | | Frequent occurrence | |  | Insert number ON THE LEFT HAND SIDE into box | |
| 5. | | Regular occurrence | |  | Insert number ON THE LEFT HAND SIDE into box | |
| 6. | | Common occurrence | |  | Insert number ON THE LEFT HAND SIDE into box | |
| 6. Severity – What is the worst possible outcome? | | | | | | |
| 1. | | Trivial injury | |  | Insert number ON THE LEFT HAND SIDE into box | |
| 2. | | Minor injury | |  | Insert number ON THE LEFT HAND SIDE into box | |
| 3. | | Major injury to one person | |  | Insert number ON THE LEFT HAND SIDE into box | |
| 4. | | Major injury to several persons | |  | Insert number ON THE LEFT HAND SIDE into box | |
| 5. | | Death to one person | |  | Insert number ON THE LEFT HAND SIDE into box | |
| 6. | | Multiple deaths | |  | Insert number ON THE LEFT HAND SIDE into box | |
| INSERT probability NUMBER INTO ( ) SEVERITY NUMBER INTO ( ) AND MULTIPLY TO ACHIEVE A RISK RATING Probability [ ] x Severity [ ] = Risk Rating [ ]   |  |  |  | | --- | --- | --- | | Very Low Risk | 1 to 4 | Requires no action | | Low Risk | 5 to 7 | Requires no action | | Medium Risk | 8 to 14 | May require action or creating more awareness, look at specifics | | High Risk | 15 to 36 | Requires immediate action | | | | | | | |
| 7. What additional controls are required to control hazard? (IF RISK RATING IS > THAN 7) | | | | | |
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| 8. Exhibitors Risk Assessment Form completed by: | | | |
| Company |  | | |
| Name |  | | |
| Job Title |  | | |
| Telephone Number |  | | |
| Mobile Number |  | | |
| Email Address |  | | |
| Signature |  | Date |  |

Please ensure this document is completed on or before the 26th april 2024 and returned to [carol@onsitex.co.uk](mailto:carol@onsitex.co.uk)

THANK YOU FOR YOUR CO-OPERATION AND ASSISTANCE – IT IS APPRECIATED