

This form will be used for all 2010 shows unless a new form is submitted before the next Mechanex your company attends

FORM 2

MECHANEX

Health & Safety Declaration

To be completed by all exhibitors before Friday 16th April.

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 Mechanex 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 Mechanex.

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 no n/a

If you have taken a space only stand and are not building the stand
Yourselves, 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 no n/a

Your details

COMPANY NAME:STAND NO:

ADDRESS:

.....

CONTACT: TEL NO:

SIGNED: DATE:

Please return this form with a copy of your Public Liability Insurance to:

Kirstin Eldridge, Mechanex, Regal House, Regal Way, Watford, Herts WD24 4YF
Tel: 01494 714599 Email: kirstineldridge@supanet.com Fax: 01923 246901