



Form 1

Health & Safety Declaration

RETURN TO:
WESTRADE GROUP LTD
Carotino House, Bury Lane
Rickmansworth
Herts WD3 1ED UK
Tel: +44 (0)1923 723 990
Email: akeatley@westrade.co.uk

RETURN DATE: 4 October 2024

COMPANY:

STAND NO.

It is a condition of entry to the Exhibition that every Exhibitor, Contractor, Sub-contractor, Supplier and their Agents comply with The Health & Safety at Work Act 1974 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 & Safety is not put at risk by their actions, or inactions, throughout the tenancy.

Our Health & Safety representative on the stand will be:

NAME: _____ POSITION: _____ MOBILE NUMBER: _____

(COMPLETE IN BLOCK CAPITALS)

ADDRESS: _____

POSTCODE _____

TEL: _____ FAX: _____

Tick below as appropriate:

We have booked a **Shell Scheme** Stand. We have undertaken a Risk Assessment and are satisfied that all our personnel are trained and have been made aware of the potential risks while on site at the Exhibition and we will ensure that they receive a copy of all safety bulletins. We are satisfied that our exhibits on display and work practices will cause no hazards to our personnel or to others on site.

We have booked **Space Only** indoor exhibition space. The principal contractor named on Form 4 has undertaken a specific Risk Assessment for this event in accordance with The Health & Safety at Work Act 1974 and he has trained his personnel and sub-contractors in all areas identified as being of risk. The principal contractor named on Form 4 has prepared a comprehensive Method Statement for the Exhibition and I am satisfied that he is sufficiently competent to undertake the work required.

A copy of our own company Health & Safety Policy and Risk Assessment will be available for inspection at the Exhibition. We are also satisfied that all our own personnel are trained and have been made aware of the potential risks while on site at the Exhibition and we will ensure that they receive a copy of all safety bulletins.

TO BE SIGNED BY A SENIOR REPRESENTATIVE OF THE EXHIBITING COMPANY:

Authorised by:

NAME: _____ POSITION: _____

SIGNED: _____ DATE: _____



featuring the ISTT International No-Dig

Form 2

RISK ASSESSMENT

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Hazards identified	Personnel or equipment at risk	Probable severity of outcome without controls: High: Fatal/Major Medium: Lost time Low: First aid/Minor	Outcome: personal injury or equipment damage	Likelihood to occur without controls High: Very likely Medium: Likely Low: Unlikely	Control measures that will be used to reduce assessed uncontrolled risks to Low levels.

SIGNED:

DATE:



Form 3

**EXHIBIT
INFORMATION**

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ONLY COMPLETE THIS FORM IF ANY OF THE ITEMS BELOW ARE RELEVANT TO YOUR DISPLAY.

Please supply details

<p>HEIGHT INFORMATION: Is any part of your stand-fitting or equipment on display over 2.5m high?</p>	<p>Details:</p>
<p>HEAVY EQUIPMENT: Does any part of your indoor display weigh more than 4 tonnes?</p>	<p>Details:</p>
<p>MOVING MACHINERY Will you be displaying moving machines normally requiring guards?</p>	<p>Details:</p>
<p>COMPRESSED GAS: Will you be using compressed gasses? If so, please give full details</p>	<p>Details:</p>

SIGNED:		DATE:	
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Form 4

REPRESENTED COMPANIES

RETURN TO:
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All companies listed below will be included in pre-show publicity information and the quick reference exhibitor list in the catalogue. The companies listed should be represented on your stand and comply with clause 7 of the terms and conditions, which allows that they fall into one or more categories as your agents, principals, owners, subsidiaries, dealers or distributors.

(Please continue overleaf if more names apply)

COMPANY	
ADDRESS:	
POSTCODE:	
TELEPHONE:	
FAX:	
CONTACT:	

COMPANY	
ADDRESS:	
POSTCODE:	
TELEPHONE:	
FAX:	
CONTACT:	

SIGNED:		DATE:	
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