24 - 27 September • Brussels

LABELEXPO EUROPE 2019

www.labelexpo-europe.com

HEALTH & SAFETY DECLARATION FORM

RETURN: 29th July 2019

Exhibiting Company:	
Address:	
Email:	
Tel:	**Fax:**
Contact name:	**STAND NO:**

RETURN TO:

Rebecca Holister
Operations Department
Tarsus Group Plc.
Metro Building, 9th Floor
1 Butterwick
London W6 8DL

Tel: +44 (0) 20 8846 2700
Fax: +44 (0) 20 8846 2801
e: help@labelexpo.com

Every Exhibitor, contractor, supplier and agent must comply with Health & Safety Legislation. They must acknowledge the Health & Safety Policy Statement of **Tarsus** and of the venue for this show and they must read and comply with the information as outlined in the Health & Safety section of the Exhibitor Manual.

Every exhibitor accepts that it is their legal and moral responsibility to ensure that their own and others' health & safety are not put at risk by their actions (or in-actions) throughout the period of the show (build up, breakdown and the open periods). This refers to all exhibitor employees, and contractors employed by the exhibitor to plan and construct their booth. This form should be completed and returned by all Exhibitors to the address (or email) above **on receipt**. It is **compulsory** for every Exhibitor to return this form.

RESPONSIBILITIES:

TO BE COMPLETED BY ALL EXHIBITORS

As the exhibiting company, we understand that **we** are responsible for the activities and health and safety of our employees and all the contractors working on our stand. We will make our exhibition staff and contractors aware of the potential risks present on site and will copy them with all health and safety documentation relevant to the show. I also confirm that we will make available at the show a copy of our company Health & Safety policy.

If we have a space only booth, we will ensure that our contractor submits our stand plan & method statement for the construction of our stand within the deadline imposed by the Organiser, and that they undertake a specific risk assessment for this event.

YOUR DETAILS:

Contact on-site: **…… ……**

(this person must be the main contact for the management of employees & contractors and must be the responsible for the circulation of Health & Safety information)

Signed:……Print Name:……

Position in Company:…… Date: …… ……