EXHIBITORS HEALTH & SAFETY DECLARATION FORM

**BOFAS ANNUAL SCIENTIFIC MEETING 2025**

**SEC Glasgow**

**26th – 28th November 2025**

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

*It is a condition of entry into the exhibition that every Exhibitor, Contractor, Sub – Contractor, supplier and their agents comply with the HASAWA74 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 and safety is not put at risk by their actions (or in-actions) throughout the tenancy.*

*Our Health & Safety representative on the stand will be:*

Contact………………………………………………. ….. Stand No…………………… Position………………………………………. Mobile No………………………………... Exhibitor……………………………………………………………………………………... Address………………………………………………………………………………………

*…………………………………………………………………………………………………*

…………………………………………….. Postcode……………………………………... Tel……………………………………………. Fax………………………………………...

To be signed by a senior person within the exhibiting company.

Authorised by………………………………………...... Date………………………. Print……………………………………………. Position………………………………

Please complete page 2 below

Please tick applicable boxes:

|  |  |
| --- | --- |
| ***a*** *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 the Safety Bulletin. Our exhibits, demonstrations and work practices cause NO HAZARDS to either others or ourselves onsite.* | ** |
| ***b*** *We are space only. My principal Contractor has undertaken a specific Risk Assessment for this event I accordance with HASAWA74 and he has trained and notified his staff and sub – Contractors in all such areas identified as being of risk. A copy is available on request.* | ** |
| ***c*** *I have ensured that our principle stand Contractor has a suitable and sufficient Method Statement prepared for the show – and he has satisfied me of his Competence to undertake the tasks required by him.* | ** |
| ***d*** *I will make available at the show 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.* | ** |

(SPACE ONLY)

Our principle Stand Contractor is: Company…………………………………………………………………………………………

Contact Name……………………………………… Position………………………………. Address…………………………………………………………………………………………...

*………………………………………………………………………………………………………*

………………………………………………………… Postcode……………………………... Tel……………………………………………… Fax…………………………………………... Mobile……………………………………… Email…………………………………………...

Please remember to take a copy of this form for your files and then upload to the exhibitor portal

Anny issues please email: events@bofas.org.uk

*All Exhibitors and Stand Contractors must complete a Health & Safety Declaration Form along with a Risk Assessment and Exhibitors Declaration Form.*