



METHOD STATEMENT

ALL SPACE ONLY EXHIBITORS MUST COMPLETE THIS FORM.

THIS FORM DOES NOT NEED TO BE COMPLETED BY SHELL SCHEME EXHIBITORS

| Contractor Contact Name: | Exhibiting Name: | Stand Number: |
|--------------------------|---------------------------|---------------|
| Company Name: | Today's Date & Signature: | |

If you are building your own stand, please complete this as the Contractor.

| DETAILS OF STAND CONSTRUCTION: | PLEASE PROVIDE YOUR RESPONSE TO EVERY QUESTION BELOW: |
|---|---|
| RESPONSIBLE PERSON: Details of the person responsible for Health & Safety during build up and breakdown onsite. (Name, mobile, email) | |
| STAND DETAILS: Dimensions and location of your stand. Include a description of any unusual features of your stand. | |
| ACCESS: What are the details of the entry point into the halls and the route you will take to arrive at your stand? | |
| TIMETABLE : What is the step-by-step sequence and schedule in which all of the stand elements will be built and completed. | |
| STABILITY: How do you ensure adequate support of elements that require cross bracing. For constructions deemed complex, structural calculations must be submitted with your plan drawings. | |
| LIFTING: Weight to be lifted, height it will be lifted to, equipment to be used (crane, fork lift, Hiab etc.) Describe manual handling techniques. | |

| RIGGING : Are you ordering any suspension points? For rigged elements deemed complex, structural calculations must be submitted with your plan drawings. | |
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| WORKING AT HEIGHT: Please include details of temporary and mobile scaffolds, access towers and other work at height which you intend to carry out and tools to be used. | |
| COSHH : Will you be using any hazardous and/or toxic substances? If so, please list them and confirm what measures you are taking to protect workers? During Show Open days, please declare use of special lighting/haze equipment. | |
| ENVIRONMENT : Describe any abnormal noise or work that may create dust or fumes and the ventilation and other control measures in place? | |
| SERVICES: Describe services being ordered from official contractors. | |
| SAFETY FEATURES, incl. PPE: Describe equipment and precautions will you provide onsite, i.e. barriers, screens, warning signs, fire extinguishers, hard hats, dust masks, gloves, ear plugs etc. | |
| EXHIBITS: Please describe any special activities or machinery demonstrations that may present a risk to the public? | |