

Hall:	Stand No:	Exhibitor Name:
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Working Exhibits Form - Please email to help@cwimeevents.com

It is imperative that we are informed of any working exhibit on your stand so that we may inform the venue prior to the build-up period. The Health and Safety officers will wish to check these exhibits on the last day of build-up to ensure their safety.

Please ensure working exhibit activity is covered on your risk assessment.

Contact Name: _____

Telephone: _____

Email: _____

Please complete the following table indicating if your working exhibit has:

CE Mark	Y/N	Working interlocks	Y/N	Excessive Noise	Y/N	COSHH	Y/N	Laser	Y/N
Fitted guards	Y/N	Emergency Stop	Y/N	PPE Requirements	Y/N	Stable	Y/N	Heat	Y/N
Lighting	Y/N	Ejection	Y/N	Access/Egress	Y/N	Competency	Y/N	Electrics	Y/N
Other									

Where will the machine be situated?

Please give full detailed information on the working exhibit on your stand i.e. what the exhibit is and how it works.

At what time/s is it your intention to run the exhibit during each day?

Please give the name of the operative/s who will be working the exhibit and confirm that they have the required qualifications where necessary.
