|  |  |  |
| --- | --- | --- |
| Hall: | Stand No: | Exhibitor Name: |

**Working Exhibits Form - *Please email to*** [***help@cwiemeevents.com***](mailto:help@cwiemeevents.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: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |  | | | | | | | | |

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

Where will the machine be situated?

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|  |

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

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|  |

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

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

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