

METHOD STATEMENT FORM

1. *Company Name/Stand Number(s):*

2. *Responsible person:*

3. *Stand detail and location:*

4. *Access:*

5. *Erection and timetable:*

6. *Stability:*

7. *Lifting:*

8. *Scaffolding:*

9. *COSHH (Control of Substances Hazardous to Health):*

10. *Environment:*

11. *Services:*

12. *Safety features:*

13. *Exhibits:*

**PLEASE RETURN THIS FORM TO the Conference Organisers no later than MONDAY 13th
NOVEMBER 2017**