

11. 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 Hazard- ous to Health):	
10.	Environment:	
11.	Services:	
12.	Safety features:	
13.	Exhibits:	

PLEASE RETURN THIS FORM TO the Conference Organisers no later than **FRIDAY 11TH NOVEMBER 2016**