

**HOMES 2017 Space Only Stand Check Sheet**  
**Construction (Design & Management) Regulations 2015**
**Form 9**

EVENT NAME	
EXHIBITING COMPANY NAME	
STAND NUMBER	
STAND FOOTPRINT DIMENSIONS	
PRINCIPLE CONTRACTOR DETAILS	
ONSITE CONTACT NAME	
ONSITE CONTACT NUMBER	
ARRIVAL & COMPLETION TIME & DATE	
CDM 2015 COMPLIANT?	

*The following documents **MUST** be submitted by Friday 13 October 2017, deadline, as stated in the exhibitor manual, in order to comply with HSE legislation and the CDM 2015 Regs. Please tick to confirm. Please ensure that this sheet is returned as soon as possible.*

Full stand plans and visuals, showing all dimensions and elevations	
None generic Risk Assessment	
Method Statement and Event Project Safety Plan	
Public Liability Insurance, which must be in date at the time of the event, and cover ALL days.	
Confirm that you will supply sufficient staff to comply with the tenancy build and break times as stated in the freebuild information	
Confirm that you have checked that your stand will fit in the footprint and that the height is acceptable	

*Please also confirm the following structural stipulations*

Max Stand Height	
You will supply a back wall to your stand, up to a minimum of 2.5m	
You would prefer to purchase a shell back wall	
You will dress down the back wall of your stand if higher, to 2.5m in a neutral colour. Please note that corporate branding is not permitted on walls which overlook the next exhibitor.	
Any storeroom doors will be fitted with a CLEAR vision panel – Frosted is NOT permitted	

**CDM REGS 2015 CHECK LIST**

I will provide an event project safety file	
I can confirm that all personnel will view the Site Induction presentation which will be sent out in due course and will comply	
I will provide suitable welfare for all staff on my Space site. This will include access to hot food and hot/boiling water and a suitable rest area	
I confirm that my space only site will become a separate construction under the auspices of the CDM Regulations 2015 and that I will have sole responsibility for the safe implementation and completion of the project within that area	

SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

CLIENT/PRINCIPLE CONTRACTOR (Delete as necessary)

DATE: \_\_\_\_\_

Please complete and return by 13 October 2017 to [phil.fellows@dimeeevents.com](mailto:phil.fellows@dimeeevents.com)