

METHOD STATEMENT

Venue: _____

Company Name: _____

Stand Number: _____

Completed By: _____

Date: _____

Responsible Person:	
Stand Details & Location:	
Access:	
Erection and timetable:	
Stability:	

Company Name _____

Stand No _____

Signed _____

Print Name _____

Lifting:	
Scaffolding:	
COSHH:	
Environment:	
Services:	
Safety Features:	
Exhibits:	

Company Name _____ Stand No _____

Signed _____

Print Name _____