

# The New Blue Book

## National Exhibition Centre Self-Regulating Process Handbook

### Section 5 - Certificates, Checklists and Application Forms

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**NEC Safe Exhibition Process - Application Form 1 – Competent Person Register**

A competent person is required to be suitably qualified and trained and to have practical and theoretical knowledge and experience to enable them to function properly in specific areas of responsibility. He/she shall have the requisite ability and qualities to be capable of predicting potential hazards and the authority to take immediate action to eliminate such hazards along with the maturity and knowledge to seek such specialist advice and assistance as may be required to enable him/her to make necessary judgements based on the supporting opinions of other specialists.

He/she must be able to certify with confidence that any arrangements are, so far as is reasonably practicable, free from defects and suitable in every way for safe use.

In order to properly demonstrate competency the Venue will make an assessment of each personal application based on; training, experience and qualifications. Please therefore send relevant experience/qualification information in the form of a C.V. Please also send up to date insurance documentation (*Public Liability insurance £5m minimum, Professional Indemnity insurance £2m minimum*).

Certificates of Integrity will only be accepted from appropriately graded competent persons.

**NEC Ltd reserves the right to inspect ‘Self Regulating’ arrangements and prohibit use of areas if considered to be unsafe, unfit for use or not complying with the appropriate regulations.**

Company Name: .....

Address: .....  
 .....  
 .....

Telephone: .....

Fax: .....

Email: .....

Enclosed are copies of relevant professional indemnity insurance and public liability certificates.   
 (including; Insurer, Policy Number, Expiry date & Limit of indemnity)

Name:		Specimen Signature:	
Date:			
Comments:.....		NEC Registration Number:	
.....		Grading:	
Signed: .....		Date:.....	
NEC Safety, Health & Environment Manager			

Please return to:  
 NEC Safety Health and Environment Department.  
 Centre Core, Birmingham B40 1NT - Telephone: 0121 767 2391 Fax: 0121 767 3571

NEC Safe Exhibition Process  
 Application Form 2 – Engineers Register

**NEC Ltd reserves the right to inspect ‘Self Regulating’ arrangements and prohibit use of areas if considered to be unsafe, unfit for use or not complying with the appropriate regulations.**

Company Name : \_\_\_\_\_

Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone : \_\_\_\_\_

Fax : \_\_\_\_\_

Email : \_\_\_\_\_

**Enclosed are copies of our professional indemnity insurance and public liability certificates.**

(including Insurer, Policy Number, Expiry date & Limit of indemnity )

Name of Engineer (Please print)	Qualifications of Engineer

Comments:.....  
 .....

Signed:..... Date:.....  
 NEC Safety, Health & Environment Manager

Please return to NEC Safety Health and Environment Department.  
 NEC House, Birmingham B40 1NT

Telephone: 0121 767 2391 Fax: 0121 767 3571

NEC Safe Exhibition Process  
Application Form 3 - Exhibition Layout Certificate

**Completed form to be sent to Event Planning Department**

**Design Stage Certificate**

**Construction Stage Certificate**

(Please Tick as appropriate)

Exhibition / Event..... Dates.....

Halls.....Venue ..... Drawing No.....

**Declaration:** *The layout for the above show has been checked and I can confirm that it appears to comply with the requirements of NEC Floorplan Regulations.*

Comments – continue on a separate sheet if necessary

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All areas of non-compliance must be detailed here and included in the exhibition risk assessment.

Signature..... Name..... Date.....

(Show Organiser)

Attendance	Yes/No	Comments
Anticipated attendance below maximum capacity		
<b>Gangways</b>		
Complies with recommended gangway plan		
3.0m perimeter gangway		
3.0m gangway to exits		
5.0m in front of exits		
<b>Miscellaneous</b>		
Location of pillars		
Void areas		
Risk assessment required		

**For and on behalf of National Exhibition Centre Ltd.**

**Accept**  **Reject** (In all cases a copy of this certificate is to be returned to the Show Organising Manager)

**For NEC use only.**  
Comments – continue on a separate sheet if necessary

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Signature..... Name..... Date.....

Personal registration number on the NEC Competent Persons Register

**Completed form to be sent to Event Planning Department**

**Design Stage Certificate**

**Construction Stage Certificate**

(Please Tick as appropriate)

Exhibition / Event.....

Dates.....

Stand Name.....

Stand No.....

**• Structural Element – To be completed by a structural engineer registered with the NEC**

**Declaration:** I have checked the structural element of the above named stand and can confirm that it appears to comply with the criteria set down in the NEC Standfitting Regulations

Comments – continue on a separate sheet if necessary  
All areas of non-compliance must be detailed here and included on a risk assessment.

Signature..... Name..... Date.....

Personal registration number on the NEC Register of Engineers

**• Non-Structural Element – To be completed by a competent person registered with the NEC**

General	Yes/No	Comments
Stand size/ orientation matches hall plan		
General arrangement plans/travel distance		
Stands Over 4.0m high		
<b>Calculations</b>		
Internal draught pressure		
Live Load 5kn/m2 min – stability check		
Baseplates 300 x 300 min		
Max load 50kn/uniform load 200kn/m2		
<b>Stairway(s)</b>		
12 x Risers (170mm max) Goings (280mm min)		
Width 1.0m min – unimpeded exit route(s)		
Max 12.0m Travel Distance on upper area		
Handrail height 900 – 1000 (infills required)		
<b>Theatre Areas</b>		
Means of escape/ Emergency lighting		
Seating linked/ Fixed to floor		

**Declaration:** I have checked the Non-structural elements of the above named stand and can confirm that it appears to comply with the criteria set down in the NEC Standfitting Regulations.

Comments – continue on a separate sheet if necessary  
All areas of non-compliance must be detailed here and included on a risk assessment.

Signature..... Name..... Date.....

Personal registration number on the NEC Competent Persons Register

**For and on behalf of the National Exhibition Centre**

**Accept**  **Reject** (In all cases a copy of this certificate is to be returned to the Show Organising Manager)

Comments – continue on a separate sheet if necessary

Signature..... Name..... Date.....

Personal registration number on the NEC Competent Person Register

**Completed form to be sent to Event Planning Department**

Exhibition/Event.....

Halls.....Dates.....

- |   |  |
|---|--|
| 1. Stepped access, ramps and balustrades  | 7. Food Safety Advice  |
| 2. Non-structural items exceeding 4.0m in height <ul style="list-style-type: none"><li>• Helium Balloons (Blimps) &amp; Toy Balloons</li><li>• Flagpoles</li></ul>  | 8. Crowd Safety Management   |
| 3. Dangerous & Noxious Substances <ul style="list-style-type: none"><li>• Hot Surfaces &amp; Naked Flames</li><li>• Flammable Oils, Liquids &amp; Gases</li><li>• Compressed Gases/ Acetylene/ LPG</li></ul>  | 9. Livestock – Animals, Birds, Reptiles, Insects & Fish etc. including Pets <ul style="list-style-type: none"><li>• Fairground &amp; Other Amusements</li><li>• Public Participation &amp; Adventurous Activities</li><li>• Dangerous Exhibits (Weapons, Knives, Tools)</li><li>• Activities on Water</li><li>• Water &amp; Water Equipment</li></ul>  |
| 4. Working Machinery & Apparatus <ul style="list-style-type: none"><li>• Gases, Vapours, Liquids, Fumes, Dusts &amp; Fibres</li><li>• Ducting, Extraction &amp; Local Exhaust Ventilation</li><li>• Internal Combustion Engines</li><li>• Diesel Engines</li><li>• Motor Vehicles in Halls</li><li>• Petrol Fuelled Motor Vehicle Exhibits</li><li>• Vehicles in Public Circulation Areas</li><li>• Refuelling</li><li>• Pyrotechnics (Fireworks etc)</li><li>• Smoke Effects</li></ul> | 10. Rigging Policy <ul style="list-style-type: none"><li>• Building Works &amp; Fixings</li><li>• Temporary Demountable Structures Specification</li></ul>   |
| 5. Audio Visual Displays & Films <ul style="list-style-type: none"><li>• Laser Products</li><li>• Radioactive Substances</li><li>• Electrically Generated Ionising Radiation</li></ul>  | 11. Miscellaneous  |
| 6. Requirements Where Provision is Made for a Closely Seated Audience.  | 16. Body Art, Cosmetic Therapies & Other Special Treatments including Body Adornment & Modification Procedures. <ul style="list-style-type: none"><li>• Skin Piercing – includes Acupuncture, Tattooing, Electrolysis, Cosmetic Piercing, Micro pigmentation &amp; Botox</li><li>• Massage Therapy</li><li>• Tooth Jewellery/ Tooth Whitening</li><li>• Advice on Sale &amp; Supply of Contact Lenses (including Plano contact lenses, or so called 'fun' or coloured lenses).</li></ul> |

I confirm that, so far as is reasonably practical I will ensure compliance in accordance with the NEC Safe Exhibition Process Guidance Notes and ensure that copies of a relevant risk assessment for each individual stand is available for inspection if required (list attached).

Please also refer to the attached exhibition risk assessment and details of the organiser's management process to achieve control and compliance.

Signed..... Print name..... Date.....  
(Show Organiser)

Position.....Company.....

Comments
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For and on behalf of NEC

Signed.....Print name.....Date.....  
(NEC Event Manager)

**Completed form to be sent to Event Planning Department**

**Design Stage Certificate**

**Construction Stage Certificate**

(Please Tick as appropriate)

Exhibition / Event..... Dates.....  
 Stand Name..... Stand No.....

**• Structural Element – To be completed by a structural engineer or competent technician registered with the NEC**

**Declaration:** I have checked the structural element of the above named stand and can confirm that it appears to comply with the criteria set down in the NEC Standfitting Regulations

Comments – continue on a separate sheet if necessary

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All areas of non-compliance must be detailed here and included on a risk assessment.

Signature..... Name..... Date.....  
 Personal registration number on the NEC Register.

**• Non-Structural Element – To be completed by a competent person registered with the NEC**

**Declaration:** I have checked the Non-structural elements of the above named stand and can confirm that it appears to comply with the criteria set down in the NEC Standfitting Regulations

Comments – continue on a separate sheet if necessary

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All areas of non-compliance must be detailed here and included on a risk assessment.

Signature..... Name..... Date.....  
 Personal registration number on the NEC Competent Persons Register

Post Construction Inspection Checklist	Yes/No	Comments
Components align vertically and horizontally from above and below system.		
Handrail spigots and pins/bolts fully engaged.		
Locking pins and bolts are in place and secure.		
Maximum loading on roof and floor not exceeded.		
Flooring & floor covering evenly laid, no trip points.		
Ramps secured firmly, conform to regulations.		
PVC tensioned no ponding or tears in fabric/walls.		
Roof lining does not drop significantly below eaves and wall linings are tensioned down.		
Exits signed, operating correctly unobstructed.		
Generators/heaters in good condition, tested, no fuel leaks, exposed wires etc.		
RCD's tested and client is aware of them.		
All light fittings secure and working including emergency lighting.		
Where necessary electrical equipment is covered to prevent contact with liquids.		
All electrical cables are covered, no trip hazards.		
Suitable fire risk assessment carried out.		
Suppliers call out number is available.		

**For and on behalf of National Exhibition Centre Ltd.**

**Accept**  **Reject** (In all cases a copy of this certificate is to be returned to the Show Organising Manager)

Comments – continue on a separate sheet if necessary

Signature..... Name..... Date.....  
 Personal registration number on the NEC Competent Persons Register

NEC Safe Exhibition Process  
 Application Form 7 - Certificate of Integrity - Temporary Demountable Seating  
 Completed form to be sent to Event Planning Department

Design Stage Certificate

Construction Stage Certificate

(Please Tick as appropriate)

Exhibition / Event..... Dates.....

Stand Name..... Stand No.....

**• Structural Element – To be completed by a structural engineer or competent technician registered with the NEC**

**Declaration:** I have checked the structural element of the above named stand and can confirm that it appears to comply with the criteria set down in the NEC Standfitting Regulations

Comments – continue on a separate sheet if necessary  
 All areas of non-compliance must be detailed here and included on a risk assessment.

Signature..... Name..... Date.....

Personal registration number on the NEC Register of Engineers

**• Non-Structural Element – To be completed by a competent person registered with the NEC**

**Declaration:** I have checked the Non-structural elements of the above named stand and can confirm that it appears to comply with the criteria set down in the NEC Standfitting Regulations

Comments – continue on a separate sheet if necessary  
 All areas of non-compliance must be detailed here and included on a risk assessment.

Signature..... Name..... Date.....

Personal registration number on the NEC Competent Persons Register

Post Construction Inspection Checklist	Yes/No	Comments
Components align vertically and horizontally from above and below system.		
Handrail spigots and pins/bolts fully engaged and securely located.		
Rails in place - ends of gangways and stair landings		
Stair frames braced and secure flight fixed.		
Half steps secure, handrails & nosing properly fitted		
Seats and seat frames undamaged, in line and level.		
Seat backs not dislodged, splitting or warping.		
Floor panels secure not splitting or warping.		
Exits signed, unobstructed.		
All light fittings secure and working including emergency lighting.		
Mechanical plant knocking into structure.		
Supplier's call out number is available.		

**For and on behalf of National Exhibition Centre Ltd.**

**Accept**  **Reject** (In all cases a copy of this certificate is to be returned to the Show Organising Manager)

Comments – continue on a separate sheet if necessary

Signature..... Name..... Date.....

Personal registration number on the NEC Competent Persons Register

**To ensure continuous integrity of arrangements seating areas must be inspected at least once a day or in some circumstances prior to each performance.**

NEC Safe Exhibition Process  
Application Form 8 - Pyrotechnic Checklist

**To be submitted to NEC at least 14 days prior to the show.**

All activities must be carried out in accordance with guidance contained in HSE Document – “Working Together on Firework Displays”.

Exhibition / Event:..... Dates:.....

Artist/Stand Name:..... Hall/Area:.....

**Event and venue specific risk assessment must be provided to the Event Manager**

Audience Profile:.....  
(i.e. anticipated age range)

Is the event seated, standing or both? ..... Will the audience have access to alcohol? .....

Pyrotechnic company: .....	Contact name: .....
Phone number:.....	Email:.....

Device	Manufacturer and type (The mixing of loose powders is not permitted on these premises)	Safe distance vertical	Safe distance horizontal
1			
2			
3			
4			
5			
6			
7			
8			

Describe the effects the pyrotechnics will be used for including concussion sound pressure levels:  
.....  
.....

Provide a sketch indicating the position of the pyrotechnic installation(s) within the venue either on the reverse of this sheet or attach a separate sheet.

Position of person firing device:  
(Always to have direct view of all devices at all times).....

Method of warning of the firing of the device:  
(pit crew / camera operators / stage personnel).....

Number and location of spotters during firing of effect:.....

Warning signage:..... On site storage details:.....  
LPG must be used in accordance with NEC Guidance note No. 3

Fail-safe interlock to prevent premature initiation of pyrotechnics:.....

Method of disposal of misfired effect:.....

Name of Person completing form:..... Signed:.....

Registration number on NEC Register:..... Phone number:.....  
The NEC Self-Regulating Process Handbook has details of how to register - [www.necgroup.co.uk](http://www.necgroup.co.uk)

**Send completed form to NEC Safety Health & Environment Department**

Phone: 0121 767 2391  
health&safety@necgroup.co.uk

Fax: 0121-767-3571

Email:

<b>For NEC use:</b>
Accepted by:.....(Print name) Signed:.....
Event Manager notified:..... Date:.....



NEC Safe Exhibition Process  
Application Form 10 - LPG Checklist

**To be submitted to NEC at least 14 days prior to the show refer to NEC  
Guidance Note 3 for full details of requirements.**

Exhibition / Event:..... Dates:.....

Artist/Stand Name:..... Hall/Area:.....

**Event and venue specific risk assessment must be provided to the Event Manager**

LPG Supplier:.....	Contact name:.....
.....	.....
Phone number:.....	Email:.....
.....	.....

Weight, and type of LPG cylinders:.....	Quantity:.....
.....	.....
Reason for use:.....	.....
Position of cylinder(s) when in use:.....	.....
When to be used:.....	Duration:.....
Storage location when LPG is not in use:.....	.....
Fire extinguishers:.....	Safety isolation valves fitted:.....
Person responsible for connecting LPG cylinders:.....	(Print name)
Signed:.....	NEC/Corgi Reg. No.....
<i>The NEC Self-Regulating Process Handbook has details of how to register - <a href="http://www.necgroup.co.uk">www.necgroup.co.uk</a></i>	

**IMPORTANT**

- The use of LPG inside the building is prohibited unless it is being used to demonstrate a product being offered for sale on a stand and only if other sources of fuel are unsuitable.
- LPG may only be used with the consent of the NEC Safety, Health & Environment Department.
- Only one bottle of LPG, sufficient for one days use, can be kept inside at any one time; all other bottles are required to be kept in a secure environment outside the building.
- There shall be no connections to or disconnection of LPG whilst the exhibition/event is open to visitors.
- All empty cylinders must be removed from the venue.

Provide a basic sketch indicating the position of the LPG installation(s) within the venue - either on the reverse of this sheet or attach a separate sheet.

<b>For NEC use:</b>
Accepted by :.....(Print name) Signed:.....
Event Manager notified:..... Date:.....

**Send completed form to NEC Safety Health & Environment Department**

Phone: 0121 767 2391

Fax: 0121-767-3571

Email: [health&safety@necgroup.co.uk](mailto:health&safety@necgroup.co.uk)

NEC Safe Exhibition Process  
Application Form 11- Laser Checklist

To be submitted to NEC at least 14 days prior to the show refer to NEC Guidance Note 5 for full details of requirements.

Exhibition / Event:..... Dates:.....

Artist/Stand Name:..... Hall/Arena:.....

**Event and venue specific risk assessment must be provided to the Event Manager**

Audience Profile:.....  
(i.e. anticipated age range)

Is the event seated,  
standing or both? .....

Will the audience have  
access to alcohol? .....

Laser company: .....	Contact name: .....
Phone number: .....	Email: .....

**Details of installation and effects: Audience scanning/specular reflection into the audience is not permitted**

Laser	Class	Type	Power	Manufacturer	Projecting onto screens	Projecting into free space
1					Yes/No	Yes/No
2					Yes/No	Yes/No
3					Yes/No	Yes/No
4					Yes/No	Yes/No

Provide a basic description of the effects the laser installation will be used for:

.....  
.....  
.....  
.....  
.....

Name of Person completing form:..... Signed:.....

Registration number on NEC Register:..... Phone number:.....

*The NEC Self-Regulating Process Handbook has details of how to register - [www.necgroup.co.uk](http://www.necgroup.co.uk)*

**Provide a basic sketch indicating the position of the laser installation(s) within the venue - either on the reverse of this sheet or attach a separate sheet.**

**For NEC use:**

Accepted by:.....(Print name) Signed:.....

Event Manager notified:..... Date:.....

**Send completed form to NEC Safety Health & Environment Department**

Phone: 0121 767 2391

Fax: 0121-767-3571

Email: [health&safety@necgroup.co.uk](mailto:health&safety@necgroup.co.uk)

A copy of the Material Safety Data Sheet must be attached to this assessment

**SUBSTANCE INFORMATION**

Substance/material:

Trade name:

What is the substance used for?

(E.g. cleaning floors, protective coating, etc.)

What are the hazardous ingredients/chemicals in the substance? (List below)

Do any of the chemicals have a:

Workplace Exposure Limited?

Short-term Exposure Limit? (15mins)

Long-term Exposure Limit? (8 hr)

Is the substance: (Check for an orange 'CHIP' square on the product data sheet or packaging.)

- |   |                                     |                                      |  |
|---|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Extremely flammable? | <input type="checkbox"/> Oxidising? | <input type="checkbox"/> Very toxic? | <input type="checkbox"/> Sensitising?            |
| <input type="checkbox"/> Highly flammable?    | <input type="checkbox"/> Harmful?   | <input type="checkbox"/> Corrosive?  | <input type="checkbox"/> Other? (Specify below.) |
| <input type="checkbox"/> Flammable?           | <input type="checkbox"/> Toxic?     | <input type="checkbox"/> Irritant?   |  |

Is the substance hazardous to health when:

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> In contact with skin? | <input type="checkbox"/> Breathed in? | <input type="checkbox"/> Other (Specify below) |
| <input type="checkbox"/> In contact with eyes? | <input type="checkbox"/> Swallowed?   |  |

**USE OF SUBSTANCE**

How will the substance be used on site?

(E.g. diluted in water, applied with a brush, sprayed, etc.)

In what quantities will it be used?

(State quantity in litres or kilos as appropriate.)

Who is exposed to the substance?

(E.g. those using it, exhibitors, stand staff, members of public, contractors etc.)

Does the substance present additional risks to certain groups or individuals?

(E.g. young people, expectant mothers.)

**CONTROL MEASURES**

Can a less hazardous substance be used to do the same job?

Yes

No

(If you don't know, please contact your supplier for further information.)

What controls are required for this substance, other than Personal Protective Equipment (PPE)?

(E.g. well ventilated areas, not in spray/mist form, mechanical ventilation, authorised persons only.)

Is any Personal Protective Equipment (PPE) required when using the substance?



Eye protection? (State type required)



Gloves? (State type required)



Overalls/clothing? (State type required)



Mask/respirator? (State type required)



Other? (State type required)

How should the substance be stored? (E.g. locked cupboard, away from other substances, etc.)

A copy of the Material Safety Data Sheet must be attached to this assessment.

Have persons using this substance been provided with information or training on its use? Yes   
 (As a minimum ensure a copy of this assessment is in a known and readily accessible location.) No

**OTHER PRECAUTIONS AND EMERGENCY PROCEDURES**

**Spillages:** How should an accidental release/spillage of this substance be dealt with?

**First aid:** What actions should be taken if the substance is:

a) Swallowed?	b) In contact with eyes?
c) In contact with skin?	d) <i>Inhaled?</i>
e) Other? (Please specify.)	

**Fire precautions:** What actions should be taken in the event of fires involving this substance?

**Chemical reactions:** Is there any other substance that this substance must not come into contact with?

**Storage and Disposal:** How will the substance be stored on site, in what quantities and how will it be disposed of (or not disposed of)?

**Health surveillance:** Do staff using the substance require any health surveillance?

**ASSESSMENT OF RISK**

**Are all the controls detailed above currently in place?** Yes  No

If these controls are not in place or additional controls are required, state actions to be taken. Please note - COSHH substances must NOT be used if adequate control measures are not in place.

Remedial actions required	Date for completion

**Are hazards to health adequately controlled with all control measures in place?** Yes  No

<b>Assessor(s) name:</b>	<b>Assessor(s) signature:</b>	<b>Date:</b>
<b>Additional Comments:</b>		

NEC Safe Conference Process  
Application Form 13 - Special Function Checklist

**Completed form to be sent to the Event Planner at least 14 days prior to the event**

Event.....

Suite/room No.....Dates.....

	Yes	No	Comments
<b>1. Equipment</b> • AV equipment, temporary lighting; • Signs, towers;			
<b>2. Assembly and construction</b> • Display stands, stage set; • Stairways, ramps, platform, raised floor;			
<b>3. Entertainment and demonstrations</b> • Musicians, DJ, magician, entertainer; • Product/cookery demonstration			
<b>4. Special effects</b> • Candles, tea-lights, Hot surfaces; • Fireworks, lasers, smoke;			
<b>5. Dangerous substances</b> • Flammable liquids, compressed gases;			
<b>6. Vehicles and machinery</b> • Motor vehicles, working machinery • Fairground rides, inflatables			
<b>7. Animals</b> • Livestock/dogs/cats etc • Reptiles, insects, fish			
<b>8. Special treatments</b> • Massage therapy; • Skin piercing, acupuncture; • Tattoo, micro-pigmentation;			
<b>9. Special arrangements</b> • VIP's; • Young persons; • Disabled persons;			
<b>10. Other</b>			
<b>11. None of the above</b>			

Signed.....Print name.....Date.....  
(Organiser)

Position.....Company.....

Planning Manager Comments
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For and on behalf of NEC

Signed.....Print name.....Date.....  
(NEC Planning Manager)