This form must be completed and email to the Show Portfolio Manager along with your Show Schedule for approval.

A copy must be able on Show Day.

|  |  |  |
| --- | --- | --- |
| **Position** | **Name** | **Cell/Phone No** |
| Show Manager |  |  |
| Floor Manager |  |  |
| Floor Wardens |  |  |
|  |  |  |
|  |  |  |
| Health & Safety Officer |  |  |
| First Aiders |  |  |
|  |  |  |
|  |  |  |
| Emergency Contacts | Fire/Police/Ambulance | 111 |
| Building Supervisor or contact |  |  |
| On Call Doctor |  |  |
| On call Medical Centre |  |  |
| Nearest Hospital |  |  |
| On Call Vet |  |  |
| Poison Centre | 0800Poison | 0800 764 766 |

Evacuation / Assembly Points