

# Medical Activities



**Important:** Please download and open this form using Adobe Acrobat or PDF Reader to ensure this form can be submitted properly. Alternatively, please send the completed form to the details below.

Please complete and submit this form no later than 14 days prior to the hiring period of the event. For assistance, please contact:

**Event Services, Te Pae Christchurch Convention Centre**

**Phone:** +64 3 266 1400

**Email:** [eventservices@tepae.co.nz](mailto:eventservices@tepae.co.nz)

## Contact Details

Name		Company Name	
Phone Number		Company Address	
Email Address		Post Code	
Name of Event		Stand Name*	
Event Dates		Stand Number*	

\* if applicable

## Activity Details

What is the medical activity and what items will be brought on site?	
When are the items being used? Include dates and times of operation as well as the location.	
How will the items be stored while on site?	
Will there be any potential danger or health issues as the result of the exposure to any person?	
Do any machines need to be calibrated? If yes, please detail.	
What cleaning measures will you have in place? Please note a Hazardous Substance permit will be required if any hazardous substances are used.	

## Mandatory Safety Requirements

It is the responsibility of all persons conducting a business or undertaking (PCBUs) and their staff to ensure that the Health and Safety at Work Act 2015, applicable legislation, procedures and safe work practices are followed, as far as reasonably practicable, to protect the health and safety of all persons.

**Please tick the relevant boxes to confirm these requirements will be met:**

- All items will be taken off site for appropriate disposal at the end of the event.
- If there are sharps on site, there will be a sharps bin for use during the event and for transporting off site
- Sharps bins will be secured outside of event operational hours.

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- Hold public liability insurance for the activities proposed in this form for a value no less than NZD\$10 million.
- If any medical lasers are being used, a Lasers application form will also be submitted.
- A copy of any government permits (if applicable) for the activity to take place on site.
- A copy of the operator’s medical licences and certification (if applicable).

## Required Documentation

These documents, and any other documents as requested, must be provided to Te Pae Christchurch with this completed application form.

**Please tick the boxes to indicate you have provided the following information:**

- Lasers application form (if applicable)
- Hazardous Substances permit (if applicable)
- Copy of government permits (if applicable)
- Copy of operator’s medical licences and certifications (if applicable)
- A Risk Assessment to be completed by the person/s involved or performing the activity.
- Copy of certificate for public liability insurance not less than NZD\$10 million.

## Terms and Conditions

**(To be completed by the person responsible for the work to be performed)**

This activity has not been accepted to occur at Te Pae Christchurch Convention Centre until written confirmation of its approval is issued by Te Pae Christchurch, and in such circumstance, Te Pae Christchurch makes no representation, warranty or guarantee about the safety or legality of the activity or the completeness or accuracy of the information provided within this form, which is at all times the sole responsibility of the person listed under Contact Details.

Te Pae Christchurch undertakes regular compliance checks, and you may be required to provide evidence in relation to those requirements. If at any time, an activity or operations is considered by Te Pae Christchurch to be non-compliant with any legal or regulatory obligation, inconsistent with the information provided on this form, unsafe or placing persons, the venue or the environment at risk, Te Pae Christchurch representatives reserve the right to postpone or cancel the activity in its sole discretion until it is completely satisfied that its concerns are addressed and any issues are rectified.

Any approval by Te Pae Christchurch for this activity to occur does not give rise to an acceptance of any liability, loss or damage caused by the activity.

## Declaration

I declare that I have read and understood this application and have completed this form to the best of my knowledge.

Name:		Date:	
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**(Te Pae Christchurch Convention Centre use only)**

## Authorisation

Authorised by:		Signed:		Date:	
Comments:					

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