Method Statement



Event Name				Demo/ Activities Location/Hall				
Event Date				Demo/ Activities/ Booth Name/ No				
No	Reques	tor Name	Mobile Number	Email				
1								
2								
Name of Person performing the demo/ task/ activities			Mobile Number	Email				
1								
2								
Description of activity								
Start D	ate / time	9 :	En	d Date / time :				
Note : Should the process involving special care or require proper management of item such as chemical, pyro technic etc - please specify details of handling, storage and disposal if applicable.								



Method Statement

Specify Each Task/Step (to provide video or and graphic guide)	Type of Hazard	Who's at Risks	Risk (incident consequence e.g. injury/fire/spillage/property damage and others)	Control Measures					
Emergency response plan(s) on the potential hazard(s) arising from the activity									
				Use additional sheets where necessary					
Supervisor/Manager Declaration									
I the undersigned agree that the exhibit/activity may go ahead with the controls identified and comply with the controls identify in this document (and in additional documents where indicated)									
Requestor Name									
Date this MS undertaken									