**COMMITMENT ON HEALTH AND SAFETY**

Mr/Ms: …………………………………………………………….

C/ Amadeo de Saboya 4, 3ª planta 46010 VALENCIA Telephone: 00 (34) 963395017 e-mail: [prevencio@uv.es](mailto:prevencio@uv.es)

National identity card or passport number: ………………………………………………

In your own name or as a representative of: ………………………………………………………

ID number: …………………………………………………………….

Registered address: …………………………………………………………….

Activity to be performed: ***EURO 2018 CONFERENCE***

**The following information is in an attached file:**

* Activity to be performed and places in the Universitat de València (UV) where it will be carried out.
* Activity calendar.
* Equipment to be used.
* Substances to be used with safety sheets attached.
* Designated individual for contact at the UV with responsibility for health and safety and supervisory authority over the activity.
* Outsourced or collaborating companies.

**I AGREE TO:**

* Comply with the rules and instructions of the UV, as well as other relevant regulations.
* Communicate information on health and safety from the UV to the staff I represent.
* Comply with health and safety measures necessary for the protection of staff undertaking the activity (including adequate work equipment, personal protective equipment, and human resources for prevention and coordination).
* Not to generate risks for third parties (UV staff, students, etc.).
* Inform the UV about any accidents or incidents that occur during the performance of the activity.
* Cooperate with emergency measures established at the UV.

Signed (and stamped if appropriate)

…………………………………………………………….

# ACTIVITY INFORMATION

**COMPANY OR ORGANISATION:**

…………………………………………………………….

ACTIVITY

**DESCRIPTION:** *EXHIBITOR EURO 2018 CONFERENCE*

**PLACE:** *FIRST FLOOR - AULARIO SUR CAMPUS DE TARONGERS (UNIVERSITAT DE VALÈNCIA)*

**WORKING EQUIPMENT AND CHEMICALS:** *NO CHEMICALS*

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*WORKING EQUIPMENT: BOOTH FURNITURES*

**ACTIVITY CALENDER (\*):** *FROM 8th TO 11th JULY, 2018*

**DESIGNATED UV CONTACT INDIVIDUAL FOR HEALTH AND SAFETY:**

Full name: …………………………………………………………….

Position: …………………………………………………………….

Postal address: …………………………………………………………….

Telephone: ……………………… Mobile telephone: …………………………………………………………….

Email: …………………………………………………………….

**• Outsourced or collaborating companies? :** …………………………………………………………….