

[organization name]

## Appendix 2 – Employee Feedback Report

Department/process	
Date and place	
Conclusion	

**Commented [45A1]:** E.g., Hazard identification, risk evaluation and establishing controls; OH&S Policy and Objectives review; Recommendations for improvement of OH&SMS.

**Commented [45A2]:** E.g.,

**Commented [45A3]:**

**Commented [45A4]:** Name of external party that participated in consultation.

[job title]

[name]

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[signature]

**Commented [45A5]:** The signature is needed only if the document is in paper form.