

[organization name]

Appendix 1 – List of Interested Parties, Legal and Other Requirements and Compliance Evaluation

Interested party	Document stipulating the	Responsible person	Date of evaluation
Workers	Records from participation and consultation meetings	Health and Safety Manager	

Commented [45A1]: This is an example.

[job title]
[first and last name]

[signature]

Commented [45A2]: This is only necessary if the document is in paper form.