

Name of Assessor(s)			SIGNED			Department			
						Service Unit			

Section 3: Legislation and Guidance

<p>3.1 Legislation</p> <p>Are there any legal requirements which should be followed for the hazards being assessed?</p> <p>e.g. legislation, or Approved Codes of Practice</p>	<p>List these:</p>	<p>3.2 Best Practice Standards</p> <p>Are there any relevant best practice standards or council policies and guidance which should be followed for the hazards being assessed?</p> <p>e.g. Council Policies, or guidance (corporate or departmental), HSE guidance or British or European Standards, professional or trade guidance.</p>	<p>List these:</p>
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I confirm that this risk assessment is an accurate reflection of the risks and controls in place and that the additional controls identified will be provided
 YES / NO

Where applicable provide action plan for long term improvements and ensure that it is clearly identified in the table above.

Signed by responsible manager:

Name:	Signature:	Date:	Review date:
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Section 4: Assessment Review Record

If significant changes are made a new risk assessment form must be completed.

Date of review	Name of Reviewer	Signature	Comments	Next review date