

YOUR COMPANY NAME

**METHOD STATEMENT / RISK ASSESSMENT
SIGN OFF SHEET**

DESCRIPTION OF WORK	
JOB REFERENCE	
PRINCIPAL CONTRACTOR / CLIENT	
SITE ADDRESS	

SIGN OFF SHEET:

This is to certify that all personnel listed below have read or had communicated to them and understand the requirements of the Method Statement and Risk Assessments pertaining to the above works

Name	Signature	Date	Company Name