

# TSSA Safety Representative Report Form



Number

Notification to the employer (or his representative) of conditions and working practices considered to be unsafe and/or unhealthy and of arrangements for welfare at work considered to be unsatisfactory.

Date & time of inspection or matter observed	Particulars of matter/s notified to employer or representative (include location where appropriate)	Name/s of safety rep/s notifying matter/s to employer or their representatives	Remedial action taken or explanation if not taken (with dates).

(This record does not imply that the conditions are safe and healthy or that the arrangements for welfare at work are satisfactory.)

<b>Safety Rep/s</b>	
<b>Name</b> _____	<b>Signature</b> _____
<b>Date</b> _____	

<b>Record of receipt of form by employer (or their representative)</b>	
<b>Name</b> _____	<b>Signature</b> _____
<b>Date</b> _____	

One copy to be retained by safety representative(s).

Copy to be completed by employer (or their representative) and returned to safety representative(s).