



Form 4 - Reference of improvement notice for review

[Regulation 2.8(1)]

Occupational Safety and Health Act 1984 section 51

WorkSafe Western Australia Commissioner
 Mason Bird Building, Level 1 303 Sevenoaks St CANNINGTON WA 6107
 Postal: Locked Bag 100, EAST PERTH WA 6892
 Phone: 1300 307 877
 Email: review.officer@dmirs.wa.gov.au

| | | |
|--|--------------------------|--|
| Take notice that I | | (print name of person referring notice for review) |
| refer improvement notice number: | | |
| issued by: | | (inspector) |
| on | (date notice was issued) | |
| The improvement notice relates to the workplace at: | | |
| (address) | | |
| of (employer) | | |
| The notice is to be complied with before | | (compliance date on improvement notice) |
| I request the review on the following grounds: <u>Please respond to this question in the space provided on page two</u> | | |
| Signature of person referring notice for review: | | |
| Date: | | |

NOTE: A reference of an **improvement notice** for review must be made to the Commissioner within the time specified in the notice as the time before which the notice is required to be complied with [section 51(2)(a) of the Act].

Please attach a copy of the improvement notice to this form

| | | |
|---|---|-----------------------|
| Position/Job Title of person requesting review: | | |
| Ph: | Mob: | |
| Email: | | |
| Full name of the person to whom the notice was issued, including if applicable the Pty Ltd, Limited etc., and any Registered Business name and number | | |
| Company ABN/ACN: | | |
| The review is requested on the following grounds: | | |
| <input type="checkbox"/> | An extension of time is required until: | (date) |
| <input type="checkbox"/> | Reason: | (Must provide reason) |
| or | | |
| <input type="checkbox"/> | I disagree with the notice: | |
| <input type="checkbox"/> | Reason: | (Must provide reason) |