



Provisional Improvement Notice (PIN)

ENQUIRES:

EMAIL:

safety@dmirs.wa.gov.au

ENQUIRY:

1300 307 877

This provisional improvement notice is issued in accordance with section 51AC of the *Occupational Safety and Health Act 1984* (Act). **Failure to comply with this provisional improvement notice is an offence under section 51AG of the Act.**

Issued to:	EFG Pty Ltd <small>If this notice is issued to an employee then they must provide a copy to their employer forthwith.</small>		
In relation to:	The Toyota forklift has missing labels on the controls		
At:	2016 Apple St Canning Vale WA 6155		
Date contravention occurred		Or what dates did the contravention occur between	from 10/05/2016 to 15/05/2016
<p>What consultation has occurred in relation to this issue</p> <p>I have raised this issue, of the missing labels on the Toyota forklift controls with Mr Smith the Site Manager on the 10/05/2016 at the morning tool box talk at 0900hrs. I then raised the issue again with Mr Smith on the 12/05/2016 at the OHS Meeting at 1400hrs. I was advised by Mr Smith it was not a high priority.</p>			
PIN issued on:	15/05/2016		
<p>I, Joe Bloggs <small>(insert name)</small></p> <p>am the elected safety and health representative (SHR) for this workplace <input checked="" type="checkbox"/> / group <input type="checkbox"/>.</p> <p>I am qualified under section 51AB to issue this notice <input checked="" type="checkbox"/></p>			
<p>I have formed the opinion that:</p> <ul style="list-style-type: none"> • you are contravening <input checked="" type="checkbox"/> OR • you have contravened in circumstances that make it likely that the contravention will continue or be repeated <input type="checkbox"/> <p>EITHER:</p> <p>Section <small>(insert the number of the section of the Act)</small> of the <i>Occupational Safety and Health Act 1984</i></p> <p>OR</p> <p>Regulation 4.37 <small>(insert the number of the regulation)</small> of the Occupational Safety and Health Regulations 1996.</p> <p>Please note only fill in either the section of the Act or the regulation NOT both</p>			
<p>The reasonable grounds for my opinion are as follows:</p> <p>I observed the Toyota forklift controls were missing their labels. This exposes persons in the workplace to a potential hazard if the forklift controls are used incorrectly, as the forklift controls are no longer labelled. There is a risk that persons may be hit by falling objects if the incorrect control is used due to missing labels.</p>		<p>Right of Review (section 51AH)</p> <p>The person to whom this notice is issued may, in writing, seek to have the notice reviewed by a WorkSafe inspector. If this notice has been issued to an employee then their employer also has the right of review. The Department must receive the request to review this notice before the remedy date indicated below. Otherwise the right of review is forfeited.</p> <p>In the case of review an inspector may affirm the notice; affirm and modify the notice; or cancel the notice. The written review request may be delivered by hand, posted, emailed or faxed to the contacts above.</p>	
SHR Signature:			
<p>Remedy date: The above matter must be remedied by no later than 31 /05 /2016 (date), at 1700 (24 hr time)</p> <p><small>This date must be more than seven days from the issuance of this notice.</small></p>			
<p>Instructions for correcting the contravention/s:</p> <p>Label the Toyota forklift controls as per the Toyota manufactures operator manual.</p> <p><small>Note: This section is to be used by the SHR to suggest measures to resolve the matter. It is not mandatory. Codes of practice may be referred to.</small></p>		<p>INSPECTOR'S USE REVIEW PROCESS ONLY</p> <p><input type="checkbox"/> Affirm this notice</p> <p><input type="checkbox"/> Affirm and modify this notice or</p> <p><input type="checkbox"/> Cancel this notice</p> <p>Corresponding WorkSafe identifications, eg:</p> <p>file numbers _____</p> <p>notice numbers _____</p> <p>investigation numbers _____</p>	

Example – Provisional Improvement Notice (PINs) - Regulation

Name of person who received this notice: Position: Signature:..... Date and time:.....	_____ ABN, ACN _____ Inspector's name Date Signature:_____
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This proforma is subject to change. Further Information about PINs can be obtained from WorkSafe.