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| **Provisional Improvement Notice (PIN) Review Form**  *Work Health and Safety Act 2020 (Section 100)* |
| Send to: [review.officer@dmirs.wa.gov.au](mailto:review.officer@dmirs.wa.gov.au)  Or mail to Department of Mines, Industry Regulation and Safety, Division WorkSafe  Locked Bag 100  EAST PERTH WA 6892  **The review request must be received within 7 days of the PIN issue date.**  **Please attach a copy of the PIN to your submission.** |

***I hereby apply to the regulator to appoint an inspector to review a PIN as detailed below:***

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| **Details of person/company seeking review** | |
| Name of person conducting a business or undertaking (eg company name) | (enter name of applicant) |
| ACN (Where applicable) | (enter applicant’s ACN if applicable) |
| ABN: | (enter applicant’s ABN if applicable) |
| **Details of PIN** | |
| PIN issued by: | (enter name of the health and safety representative who issued the PIN) |
| PIN issued in relation to workplace at address: | (enter workplace address)  (enter state or territory)  (enter postcode) |
| Reasons for seeking review of the PIN | (enter reasons for seeking a review of the PIN) |
| **Signature of applicant** | |
| Signature of person seeking review | Sign here  (enter name of applicant)  (enter position of applicant)  (enter applicant telephone number)  (enter applicant email address) |
| Date | (enter date) |