



## Safety Representatives Inspection Report Form

Notification to the employer of conditions and working practises considered to be unsafe or unhealthy and of arrangements for welfare at work considered to be unsatisfactory.

Details of inspection/matters observed		
Date:	Time:	Location:

*This report does not imply that other conditions are safe and healthy or that arrangements for welfare at work are satisfactory in other respects.*

**Signature of Amicus safety rep.....**

**Date report submitted.....**

**Form received on behalf of employer by**

**Signed:..... Date:.....**

Remedial action taken or explanation for no action. (This section to be completed by employer and notified to safety rep).	
Signed on behalf of employer:	Date: