



**Safety Representative Report Form**

Notification to the employer (or his/her representative) of conditions and working practices 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:

Signature of Unite Safety rep .....

Date report submitted .....

Record of receipt of form by the employer, or his/her representative

Signed ..... Date .....

Remedial action taken or explanation if not taken. <i>(This section to be completed by employer and notified to safety rep)</i>	
Signed on behalf of employer:	Date:

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

1. A Copy of each completed form should be retained by the safety representative
2. A Copy of each completed form should be given to the employer (or his/her representative)