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| **Request for internal review** |
| **Work Health and Safety Regulations 2022**  This form is to be used to apply for a review of decisions under the *Work Health and Safety Act 2020*, Work Health and Safety (General) Regulations 2022, Work Health and Safety (Mines) Regulation 2022 and the Work Health and Safety (Petroleum and Geothermal Energy Operations) Regulations 2022 in relation to matters for the performance of a function at a general workplace, mine or petroleum site.  Decisions under these regulations that are reviewable are set out in Part 11.1 of the Work Health and Safety Regulations 2022. Please refer to this section of the regulations when completing this application. Regulation 676 tabulates which decisions made under these regulations are reviewable (reviewable decisions) and who is eligible to apply for review of a reviewable decision (the eligible person). For decisions relating to petroleum matters refer to Part 5 of the Work Health and Safety (Petroleum and Geothermal Energy Operations) Regulations 2022.  Further information in support of a review application can be attached if required. It is your responsibility to ensure this form is completed correctly. Incomplete applications may be returned to you and may result in delays to the review process. The review timeframes only apply from the date a compliant application is received. |

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| **Details of applicant (body corporate, PCBU, partnership, etc)** | |
| Registered name of applicant | enter applicant name |
| Trading name | enter applicant trading name |
| Licence number  Expiry date | enter applicant licence number if applicable  enter licence expiry date |
| ACN  ABN | enter applicant ACN if applicable  enter applicant ABN if applicable |
| Address of applicant  Suburb  State or Territory  Postcode | enter applicant address  enter suburb  enter state or territory  enter postcode |
| Telephone | enter applicant telephone number |
| Email | enter applicant email. |
| Contact name | enter name of person acting on behalf of applicant |

| **Under which legislation are you applying for review?** | | |
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| *Work Health and Safety Act 2020* | | |
| Work Health and Safety (General) Regulations 2022 | | |
| Work Health and Safety (Mines) Regulations 2022 | | |
| Work Health and Safety (Petroleum and Geothermal Energy Operations) Regulations 2022 | | |
| **Applicant category** | | |
| A worker who is affected by the decision, or the representative. | | |
| A person conducting a business or undertaking who is affected by the decision | | |
| The person with the management or control of the workplace. | | |
| A health and safety representative representing a worker affected by the decision. | | |
| A person who received the notice | | |
| A health and safety representative who issued a provisional improvement notice or directed work to  cease. | | |
| A person prescribed by Regulation 676 as eligible | | |
| Union representing an eligible person | | |
| **Select the category of decision you would like reviewed** | | |
| The inspector’s decision under the WHS Act in relation to the: | | |
| Failure of negotiations – section 54(2) | | |
| Health and safety committees – section 76(6) | | |
| Review of a provisional improvement notice – section 102 | | |
| Forfeiture of seized things – section 179 | | |
| Return of seized things – section 180 | | |
| Issue of an improvement notice – section 191 | | |
| Extension of time for compliance with an improvement notice – section 194 | | |
| Issue of a prohibition notice – section 195 | | |
| Issue of a non-disturbance notice – section 198 | | |
| Issue of a subsequent notice – section 201 | | |
| Refused to make any of the above decisions (specify which by ticking relevant box and this box)  or  A WorkSafe Western Australia officer’s decision in relation to a licence, an accreditation, a registration, an induction, an authorisation, a determination or an exemption to any of these regulations for which decisions can be reviewed.  Consult Regulation 676 of the relevant regulations for the full list of reviewable decisions. | | |
| **Specify the decision you want reviewed** | | |
| Attached is a copy of the decision to be reviewed: **OR** | | |
| Provide a description of the decision to be reviewed in the box below:  click or tap here to enter text. | | |
| **Identifying number (if applicable):** | enter notice, licence or registration number | |
| **Date of notice or decision:** | enter date | |
| **Name of inspector or officer who made decision:** | | enter name |
| **Date you received notice of the decision:** | | enter date |
| *Note: if you require more space or have other supporting information, attach as additional sheets.* | | |
| **Specify why you think the decision should be reviewed** | | |
| click or tap here to enter text. | | |
| *Note: if you require more space or have other supporting information, attach as additional sheets* | | |
| **Is your application within prescribed timeframes?** | | |
| Yes  No | | |
| If your application is lodged outside the timeframes prescribed in the s. 224 of the WHS Act or r. 678 of the regulations (part 5 for petroleum), you must provide a reasonable explanation for the delay, before it will be accepted for review.  click or tap here to enter text. | | |
| *Note: if you require more space or have other supporting information, attach as additional sheets* | | |
| **Are you seeking a stay (such as a suspension) of the decision or notice?** | | |
| Yes  No  If **Yes**, why should the operation of the decision be stayed during the determination of the review?  Improvement notices under the WHS Act are automatically stayed during the decision process. Stays are not applicable to decisions made under the WHS regulations.  enter your reasons here | | |
| *Note: if you require more space or have other supporting information, attach as additional sheets* | | |
| **Signature of applicant** | | |
| I,click or tap here to enter text.,  *(print full name)*  declare that the information in this request is true and correct to the best of my knowledge.  click or tap here to enter text/signature. enter date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature Date** | | |
| **Once completed, this form can be submitted to the Department** | | |
| Email: [review.officer@lgirs.wa.gov.au](mailto:review.officer@lgirs.wa.gov.au) | | |
| **Personal information** | | |
| The information is collected by LGIRS for the purposes of undertaking an evaluation, assessment and processing an internal review under the WHS Regulations. This information may also be used by the Regulator for the purpose of confirming applicant details, to establish and maintain an external database and to assist the Regulator and its Directorate with its work generally. It may also be provided to other state, territory and Commonwealth regulatory authorities. Except for the purposes of prosecution and unless such disclosure is otherwise required by law, the information will not be accessed by other third parties in a way that would identify the individual without the consent of that individual. This information will be managed in accordance with the requirements of the Office of the Information Commissioner and may be accessed by you on request to this Department. For further details on our privacy information policy visit [worksafe.wa.gov.au](https://www.worksafe.wa.gov.au) | | |
| **Fees** | | |
| There is no fee associated with this form. | | |
| **Notes on completing this form** | | |
| 1. Use this form to apply to the WorkSafe Commissioner for an internal review of an inspector’s decisions and work health and safety authorisations under the *Work Health and Safety Act 2020*; review forms applicable to the *Occupational Safety and Health Act 1984* will not be accepted. 2. Please type directly into the form. A digital signature may be inserted in the declaration box. When complete, save a copy of the form before emailing or printing. If handwriting the signature once the form is complete it should be printed, then signed and then scanned and emailed to the email address above. 3. Please do not modify the form structure, insert sections or delete sections, the form will automatically resize as information is added. It is recommended that this form is completed electronically. Form fields will automatically resize as content is input. | | |