

# Safety Representatives REPORT FORM

**GMB** UNION



## USE THIS FORM TO NOTIFY YOUR EMPLOYER OF UNSAFE OR UNHEALTHY WORKING PRACTICES

What date and time was the hazard seen? \_\_\_\_\_

What is the hazard?

Safety Rep's name \_\_\_\_\_

Signature(s) of safety representative(s) \_\_\_\_\_ Date \_\_\_\_\_

## RECORD OF RECEIPT OF FROM BY THE EMPLOYER (OR HIS/HER REPRESENTATIVE)

Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY THE EMPLOYER

Remedial action taken (with date) or explanation if not taken. This information to be relayed to the safety representative(s)

**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**

Signature of employer or his/her representative \_\_\_\_\_

Date \_\_\_\_\_