



### Provisional Improvement Notices

Read in conjunction with the Commission for Occupational Safety and Health publication Formal Consultative Processes at the Workplace and the sample PIN form on the next page

All details must be completed clearly and legibly

|   |  |
|---|--|
| <p><b>1</b><br/>Issued to</p>               | <ul style="list-style-type: none"> <li>• A PIN can be issued to any entity or person that has a duty of care under the Act.</li> <li>• Make sure you issue the PIN to the correct person or entity i.e. incorporated entity name, company name (pty ltd or ltd), employer or employee. Include ACN numbers where you are able.</li> </ul> <p>HINT: payslips and contracts usually show correct legal entity names.</p> <p><b>Remember</b> a PIN must not be issued to a business or trading name. If the PIN is issued to an employee then they must provide a copy to their employer forthwith. If the notice is issued to an individual contract worker then the host employer should be notified also.</p>  |
| <p><b>2</b><br/>In relation to</p>          | <ul style="list-style-type: none"> <li>• Indicate particulars of the matter concisely and include information that helps identify the issue.</li> <li>• Make sure you indicate both the address and the precise location where this incident took place.</li> <li>• Add the date or between what dates you first observed the issue.</li> <li>• Outline what consultation you have undertaken with the person who you are thinking of issuing the PIN to about the matters or activities the PIN relates to.</li> <li>• Complete the date you issued the PIN.</li> </ul>   |
| <p><b>3</b><br/>Declaration and opinion</p> | <ul style="list-style-type: none"> <li>• Write your full name in the space provided.</li> <li>• Indicate whether you have been elected to represent the particular workplace or the particular group of people. Cross out the one that doesn't apply. Remember you can only issue notices for the areas/workplace/group that you have been elected to represent.</li> <li>• Indicate whether in your opinion, there is a continuing contravention or it is likely that the matter will occur again. Cross out the one that doesn't apply.</li> <li>• Decide whether the matter, in your opinion, breaches either a section of the Act OR a regulation. Do not include both.</li> <li>• Write down your opinion and the reasons for it. Your reasons should be based on 'reasonable grounds'. For example, reasonable grounds for repairing an uneven floor may be that the matter is most likely to cause an accident and there have been two recorded near miss incidents.</li> <li>• Ensure you sign your name at the bottom of your opinion.</li> <li>• Use the tick boxes to indicate positively that you have complied with the prompts.</li> </ul> |
| <p><b>4</b><br/>Remedy date</p>             | <ul style="list-style-type: none"> <li>• Indicate the time exactly (date and time) that the matter should be remedied by. This date must be <b>more than seven days</b> from the date written in box 6.</li> <li>• When deciding the time frame, take into account matters such as the likelihood of an incident within the time and the time it is likely to take to fix the matter.</li> </ul>   |
| <p><b>5</b><br/>Instructions</p>            | <ul style="list-style-type: none"> <li>• Indicate any helpful instructions you think will resolve the matter. This section is a way to assist the resolution and should be constructive. You may cite codes of practice, manuals or other documentation to help the person find information. The person who is issued the PIN may be able to correct the issue using your advice or may decide to use other ways. They have no obligation to comply with the suggestions.</li> </ul>   |
| <p><b>6</b><br/>Serving</p>                 | <ul style="list-style-type: none"> <li>• Write down the person's name that you delivered this PIN to and the date and time. Ask them to sign.</li> <li>• You should give (serve) this notice to the correct person (i.e. person you allege is breaching the laws). This should be the person you have consulted with previously about the matter. In most cases this will be the person the notice is issued to.</li> <li>• If you write the notice to an incorporated entity (e.g. a company name) then you should serve the notice to a director or manager of that corporation.</li> <li>• If the person who you are serving does not wish to sign for it then you can complete their position details yourself and, in the signature space provided, note the person's refusal to sign.</li> <li>• Make two copies of this notice. If you do not have access to a copier consider writing out copies. Copies are essential for your records.             <ol style="list-style-type: none"> <li>1. Issue the original to the person you allege has breached the law</li> <li>2. Retain the second copy for your records</li> </ol> </li> </ul>       |



**Sample PIN form**

PIN forms are available online from [www.worksafe.wa.gov.au/safetyrep/](http://www.worksafe.wa.gov.au/safetyrep/) or by contacting WorkSafe on 1300 307 877



ENQUIRES:  
EMAIL: [safety@dmirs.wa.gov.au](mailto:safety@dmirs.wa.gov.au)  
ENQUIRY: 1300 307 877

**Provisional Improvement Notice (PIN)**

This provisional improvement notice is issued in accordance with section 51AC of the *Occupational Safety and Health Act 1984 (Act)*. Failure to comply with this provisional improvement notice is an offence under section 51AG of the Act.

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|                 |            |  |  |
|-----------------|------------|--|--|
| Issued to:      | [Redacted] |  |  |
| In relation to: | [Redacted] |  |  |
| At:             | [Redacted] |  |  |

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|  |  |   |  |
|--|--|---|--|
| Date contravention occurred  | [Redacted] / [Redacted] /20 [Redacted] | Or what dates did the contravention occur between | from [Redacted] / [Redacted] /20 [Redacted]<br>to [Redacted] / [Redacted] /20 [Redacted] |
| What consultation has occurred in relation to this issue<br>[Redacted]   |  |   |  |
| PIN issued on:   | [Redacted] / [Redacted] /20 [Redacted] |   |  |
| <p>I, [Redacted] (insert name) am the elected safety and health representative (SHR) for this workplace <input type="checkbox"/> / group <input type="checkbox"/>. I am qualified under section 51AB to issue this notice <input type="checkbox"/></p> <p>I have formed the opinion that:</p> <ul style="list-style-type: none"> <li>you are contravening <input type="checkbox"/> OR</li> <li>you have contravened in circumstances that make it likely that the contravention will continue or be repeated <input type="checkbox"/></li> </ul> <p><b>EITHER:</b><br/>Section [Redacted] (insert the number of the section of the Act) of the <i>Occupational Safety and Health Act 1984</i><br/><b>OR</b><br/>Regulation [Redacted] (insert the number of the regulation) of the <i>Occupational Safety and Health Regulations 1996</i>.<br/>Please note only fill in either the section of the Act or the regulation NOT both</p> |  |   |  |

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The reasonable grounds for my opinion are as follows:  
[Redacted]

SHR Signature: .....

**Right of Review (section 51AH)**  
The person to whom this notice is issued may, in writing, seek to have the notice reviewed by a WorkSafe inspector. If this notice has been issued to an employee then their employer also has the right of review. The Department must receive the request to review this notice before the remedy date indicated below. Otherwise the right of review is forfeited.

In the case of review an inspector may affirm the notice; affirm and modify the notice; or cancel the notice. The written review request may be delivered by hand, posted, emailed or faxed to the contacts above.

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Remedy date: The above matter must be remedied by no later than [Redacted] / [Redacted] / [Redacted] (date), at [Redacted] (24 hr time)

*This date must be more than seven days from the issuance of this notice.*

**INSPECTOR'S USE REVIEW PROCESS ONLY**

Affirms this notice  
 Affirms and modify this notice or  
 Cancel this notice

Corresponding Work Safe Identifications, eg:

file numbers \_\_\_\_\_  
notice numbers \_\_\_\_\_  
investigation numbers \_\_\_\_\_  
ABN, ACN \_\_\_\_\_  
Inspector's name \_\_\_\_\_ Date \_\_\_\_\_  
Signature: \_\_\_\_\_

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Instructions for correcting the contravention/s: [Redacted]

*Note: This section is to be used by the SHR to suggest measures to resolve the matter. It is not mandatory. Codes of practice may be referred to.*

Name of person who received this notice: .....

Position: .....

Signature: .....

Date and time: .....

Sample



## Provisional Improvement Notice (PIN)

This provisional improvement notice is issued in accordance with section 51AC of the *Occupational Safety and Health Act 1984* (Act). **Failure to comply with this provisional improvement notice is an offence under section 51AG of the Act.**

|   |   |  |                          |
|---|---|--|--------------------------|
| Issued to:  | <i>If this notice is issued to an employee then they must provide a copy to their employer forthwith.</i> |  |                          |
| In relation to:   |   |  |                          |
| At:   |   |  |                          |
| Date contravention occurred   | / / 20  | Or what dates did the contravention occur between  | from / / 20<br>to / / 20 |
| What consultation has occurred in relation to this issue  |   |  |                          |
| PIN issued on:  | / / 20  |  |                          |
| I, <i>(insert name)</i><br>am the elected safety and health representative (SHR) for this workplace <input type="checkbox"/> / group <input type="checkbox"/> .<br>I am qualified under section 51AB to issue this notice <input type="checkbox"/>  |   |  |                          |
| I have formed the opinion that: <ul style="list-style-type: none"> <li>• you are contravening <input type="checkbox"/> OR</li> <li>• you have contravened in circumstances that make it likely that the contravention will continue or be repeated <input type="checkbox"/></li> </ul> <b>EITHER:</b><br>Section <i>(insert the number of the section of the Act)</i> of the <i>Occupational Safety and Health Act 1984</i><br><b>OR</b><br>Regulation <i>(insert the number of the regulation)</i> of the Occupational Safety and Health Regulations 1996.<br><b>Please note</b> only fill in either the section of the Act or the regulation NOT both |   |  |                          |
| The reasonable grounds for my opinion are as follows:   |   | <b>Right of Review (section 51AH)</b><br>The person to whom this notice is issued may, in writing, seek to have the notice reviewed by a WorkSafe inspector. If this notice has been issued to an employee then their employer also has the right of review. The Department must receive the request to review this notice before the remedy date indicated below. Otherwise the right of review is forfeited.<br><br>In the case of review an inspector may affirm the notice; affirm and modify the notice; or cancel the notice. The written review request may be delivered by hand, posted, emailed or faxed to the contacts above. |                          |
| SHR Signature: .....  |   | <b>INSPECTOR'S USE<br/>         REVIEW PROCESS ONLY</b><br><br><input type="checkbox"/> Affirm this notice<br><input type="checkbox"/> Affirm and modify this notice or<br><input type="checkbox"/> Cancel this notice<br>Corresponding WorkSafe identifications, eg:<br>file numbers _____<br>notice numbers _____<br>investigation numbers _____<br>ABN, ACN _____<br>Inspector's name _____ Date _____<br>Signature: _____  |                          |
| <b>Remedy date: The above matter must be remedied by no later than</b><br>/ / <b>(date), at (24 hr time)</b><br><br><i>This date must be more than seven days from the issuance of this notice.</i>   |   |  |                          |
| <b>Instructions for correcting the contravention/s:</b><br><br><i>Note: This section is to be used by the SHR to suggest measures to resolve the matter. It is not mandatory. Codes of practice may be referred to.</i>   |   |  |                          |
| Name of person who received this notice: .....  |   |  |                          |
| Position: .....   |   |  |                          |
| Signature: .....  |   |  |                          |
| Date and time: .....  |   |  |                          |