



Safety Representative: Report Form

Form A

Formal notification to employer's Safety Officer of matters of concern in respect of Health & Safety at work in terms of Regulation (12)(2) of The Management of Health and Safety at Work Regulations 1992.

SCHOOL TOWN

TO BE COMPLETED BY SSTA REPRESENTATIVE	
Date:	Time:
Details of matter being notified	
Signature of SSTA Safety Representative:	
Date:	

TO BE COMPLETED BY EMPLOYER'S REPRESENTATIVE	
I acknowledge receipt of Report Form A	
Signature of Safety Officer:	
Date:	
Details of action taken by Employer	
Signature of Safety Officer:	
Date:	

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