

Safety Representative: Further Notification Form

(Reference: Regulation (12) (2), The Management of Health and Safety at Work Regulations 1992.)

To the best of my knowledge at this date, the matter referred to you in Form A, as detailed below, has *not been dealt with / *not solved the problem. I would be grateful for intimation of progress being made by the Employer in this respect. (*= delete as applicable)

Signature of SSTA Safety Representative: Date:

TO BE COMPLETED BY SSTA REPRESENTATIVE	
Date of original Report Form A:	
Original Report Form A acknowledged by:	Name: Post:
Details of matter originally notified	

TO BE COMPLETED BY EMPLOYER'S REPRESENTATIVE	
I acknowledge receipt of Report Form B	Date:
Signature of Safety Officer:	
Response by Employer	
Signature of Safety Officer:	
Date:	

- Copies to**
- SSTA District/Area Safety Representative
 - SSTA General Secretary
 - Divisional/Regional Safety Officer

Please tick as required

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