

**OCCUPATIONAL HEALTH SAFETY AND WELFARE**

**OA301**

**OCCUPATIONAL SAFETY AND HEALTH ACT 1984  
OCCUPATIONAL SAFETY AND HEALTH AMENDMENT REGULATIONS  
(No. 2) 1995**

**Made by His Excellency the Governor in Executive Council.**

**Citation**

1. These regulations may be cited as the *Occupational Safety and Health Amendment Regulations (No. 2) 1995*.

**Commencement**

2. These regulations come into operation on the day on which Part 2 of the *Occupational Safety and Health Legislation Amendment Act 1995* comes into operation.

**Principal regulations**

3. In these regulations, the *Occupational Health, Safety and Welfare Regulations 1988*<sup>\*</sup> are referred to as the principal regulations.

[\* Reprinted as at 7 December 1994.  
For amendments to 30 August 1995 see Gazette of 7 July 1995 at pp. 2856-8.]

**Long title amended**

4. The long title to the principal regulations is amended by deleting "HEALTH, SAFETY AND WELFARE" and substituting the following —

" SAFETY AND HEALTH ".

**Regulation 101 amended**

5. Regulation 101 is amended by deleting "Health, Safety and Welfare" and substituting the following —

" Safety and Health ".

**Regulation 201 amended**

6. (1) Regulation 201 (2) of the principal regulations is amended by deleting "accident" and substituting the following —

" injury ".

(2) Regulation 210 (3) is repealed and the following subregulation is substituted —

" (3) The prescribed particulars for the purposes of the notification of an injury to which section 19 (3) of the Act applies are —

- (a) name and business address of the employer;
- (b) name, sex and occupation of the employee;
- (c) address of the place at which the injury was incurred;
- (d) date and time the injury was incurred;
- (e) brief description of how the injury was incurred and the type of machine or equipment, if any, involved;
- (f) nature of the injury or, where applicable, report of death; and
- (g) the place to which the employee has been taken.

".

**Regulation 204 amended**

7. Regulation 204 of the principal regulations is amended —

- (a) by inserting after the regulation designation "204." the subregulation designation "(1)"; and

- (b) by inserting after subregulation (1) the following subregulation —

“

(2) A reference under section 51A (1) of the Act of a decision of the Commissioner to a safety and health magistrate for further review shall be made in the form of Form 4 of Schedule 12.

”.

#### Regulation 204B inserted

8. The principal regulations are amended by inserting after regulation 204A the following regulation —

“

#### Form of notification of election

**204B.** The form by which a safety and health representative is to notify the Commissioner of an election for purposes of section 31 (10a) of the Act shall be in the form of Form 5 in Schedule 12.

”.

#### Regulation 215 amended

9. (1) Regulation 215 (2) is amended by deleting “, refer the decision to the Industrial Relations Commission” and substituting the following —

“

and in the form of Form 4 in Schedule 12, refer the decision to a safety and health magistrate

”.

- (2) Regulation 215 (3) is amended —

- (a) by deleting “the Industrial Relations Commission” in the first place where it occurs and substituting the following —

“ a safety and health magistrate ”; and

- (b) by deleting “the Industrial Relations Commission” in the 2 other places where it occurs and substituting the following —

“ the safety and health magistrate ”.

#### Schedule 12 amended

10. (1) Schedule 12 of the principal regulations is amended by deleting Form 1 and substituting the following form —

“

#### FORM 1 — NOTIFICATION OF INJURY

[Section 19 (3),  
Regulation 2.201]

WorkSafe Western Australia Commissioner  
PO Box 294  
WEST PERTH WA 6872  
Phone: (09) 327 8777 Fax: (09) 321 8973

INJURY REPORTING TELEPHONES:  
(09) 327 8800  
(008) 198 118

#### Section 1: Employer Details

Employer Name:

Workplace Name:

Address:

Suburb/Town:	
Postcode:	
Phone Number:	
Fax Number:	
WorkCover Number:	

Date of Injury:

\_\_ / \_\_ / \_\_

Time of injury:

\_\_ : \_\_ am

\_\_ : \_\_ am

Address of workplace  
where injury occurred:

Phone Number:

Fax Number:

Type of workplace  
where injury occurred:  
(eg. construction site, panel  
beating shop, etc)

Suburb/Town:	Postcode:

## Section 2: Details of injured person

Surname:

Given Names:

Occupation:

Date of Birth: __/__/__	Age: __
Sex: Male: <input checked="" type="checkbox"/>	Female: <input type="checkbox"/>

Estimated time  
person is unable to  
work: \_\_ days

## Section 3: Injury Details

Nature of injury:

Brief description of how injury occurred


Place injured person removed to:

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Name of person reporting accident:

Position:

Phone No.


Person for liaison:

Phone No.


### OFFICE USE ONLY:

Person receiving report: .....

Date: \_\_/\_\_/\_\_

Time: .....

- ☐ Nat.  
☐ Loc.  
☐ Ag.  
☐ Type

(2) Schedule 12 of the principal regulations is amended in Form 2 —

(a) by deleting "*Health, Safety and Welfare*" and substituting the following —

" *Safety and Health* "; and

- (b) by deleting the passage commencing "To: The Commissioner" and substituting the following —

"

WorkSafe Western Australia Commissioner  
PO Box 294  
WEST PERTH WA 6872  
Phone: (09) 327 8777 Fax: (09) 321 8973

".

- (3) Schedule 12 of the principal regulations is amended in Form 3 —

- (a) by deleting "Health, Safety and Welfare" and substituting the following —

" Safety and Health "; and

- (b) by deleting the passage commencing "To: Industrial Relations Commission" and substituting the following —

"

WorkSafe Western Australia Commissioner  
PO Box 294  
WEST PERTH WA 6872  
Phone: (09) 327 8777 Fax: (09) 321 8973

".

- (4) Schedule 12 of the principal regulations is amended by inserting after Form 3 the following forms —

"

**FORM 4 — NOTICE OF APPLICATION**

[Regulation 204 (2)  
and 215 (2)]

**Occupational Safety and Health Act 1984**

OFFICE USE ONLY  
IN THE LOCAL COURT OF WA  
SITTING AT .....  
PLAINT NO .....

TO	THE SAFETY AND HEALTH MAGISTRATE SITTING AT THE LOCAL COURT AT .....
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APPLICANT	TAKE NOTICE THAT I ..... (FULL NAME) OF: ..... ..... (PHONE NO.)
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TYPE OF APPLICATION	<p style="text-align: center;"><b>HEREBY REFER FOR REVIEW/DETERMINATION</b></p> <p><input type="checkbox"/> A decision of the Worksafe Western Australia Commissioner made on ..... / ..... / .....</p> <p><input type="checkbox"/> Other matter (Provide details) ..... ..... .....</p>
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	<p style="text-align: center;"><b>THE DECISION/MATTER RELATES TO THE WORKPLACE AT</b></p> <p>..... ..... ..... ..... (Address and Workplace) ..... ..... (Name of Employer)</p>
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SECTION OF ACT OR REGULATION	<p style="text-align: center;"><b>AND CONCERNS</b></p> <p>SECTION/REGULATION NO. ....</p>
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<p style="text-align: center;"> <b>           GROUNDS OF APPLICATION         </b> </p>	<p>AND I REQUEST THE REVIEW/DETERMINATION ON THE FOLLOWING GROUNDS</p>
<p> <b>           SIGNATURE OF APPLICANT AND DATE         </b> </p>	<p>.....</p> <p style="text-align: center;">(Signature of person calling for review /determination)</p> <p>...../...../.....</p> <p style="text-align: right;">(Date of Application)</p>

**FORM 5 — NOTIFICATION OF ELECTION AS SAFETY AND HEALTH REPRESENTATIVE**

[Section 31 (10a),  
Regulation 204B]

***Occupational Safety and Health Act 1984***

WorkSafe Western Australia Commissioner  
PO Box 294  
WEST PERTH WA 6872  
Phone: (09) 327 8777 Fax: (09) 321 8973

**Section 1: Safety and Health Representative Details**

Surname:	.....
Given Names:	.....
Workplace Address:	.....
	.....
	.....
Suburb/Town	Postcode

Sex:                      Male:                      ☐                      Female:                      ☐

Occupation:                     

Years In Current Position:                      ☐                      Years Employed by Current Employer:                      ☐

**Section 2: Employer Details**

Employer Name:	.....	
Business Address:	.....	
	.....	
	.....	
	Suburb or Town	Postcode
Phone Number	Work Cover Number	
Fax Number		

**Section 3: Election Details**

Date of Election

What area of, or group at  
the workplace do you  
represent?


Is this the first time you have been elected as a Safety and Health (or Health and Safety) Representative?

Yes: ☐No: ☒

Have you attended an Introductory Training Course for Safety and Health Representatives?

Yes ☒No ☐\_\_\_\_\_  
Signature of Elected Safety and Health Representative\_\_\_\_\_  
Date

By His Excellency's Command,

J. PRITCHARD, Clerk of the Council.