



**NUMBER:**

**Form 74 – Application for WHS review**

Work Health and Safety Act 2011, sections 54(2), 72(6) and 229  
Industrial Relations (Tribunals) Rules 2011, rule 138  
Version 3

Applicant: **(NAME OF APPLICANT IN MATTER)**

Respondent **(NAME OF RESPONDENT IN MATTER)**

**Particulars of party making application:**

<b>Name</b>			
<b>I am making this application for review by the commission of the decision made under</b>			
<input type="checkbox"/>	Section 54(2) of the <i>Work Health and Safety Act 2011</i>		
<input type="checkbox"/>	Section 72(6) of the <i>Work Health and Safety Act 2011</i>		
<input type="checkbox"/>	Section 76(6) of the <i>Work Health and Safety Act 2011</i>		
<b>The decision was given on</b>		<b>Date</b>	
<b>And came to my notice on</b>		<b>Date</b>	
<b>I am</b>			
<input type="checkbox"/>	A worker whose interests are affected by the decision		
<input type="checkbox"/>	A representative of a worker whose interests are affected by the decision, appointed for the purpose of section 52(1)		
<input type="checkbox"/>	a person conducting a business or undertaking whose interests are affected by the decision		
<input type="checkbox"/>	A health and safety representative who represents a worker whose interests are affected by the decision		
<input type="checkbox"/>	A health and safety representative whose interests are affected by the decision		
<b>Phone number</b>		<b>Fax number</b>	
<b>Mobile number</b>			
<b>Email address</b>			
<b>Name of Contact person</b>			

<b>Direct phone number of contact person</b>		<b>Mobile</b>	
<b>Email address of contact person</b>			

**The grounds for the review are:**

**The facts relied on are:**

**The decision sought is:**

**Signature:**

<b>Signature</b>	
<b>Name</b>	
<b>Date</b>	