



Form 74 – Application for WHS review

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*Work Health and Safety Act 2011, s 229B**Industrial Relations (Tribunals) Rules 2011, r 138*

Information

- A person may use this form to apply for a review of a decision made in accordance with the *Work Health and Safety Act 2011*.
- The application must be filed within 30 days after the day on which the decision first came to the applicant's notice.
- The Applicant **must** serve this application on the Respondent.
- Please read this form carefully and complete all relevant sections.
- Please ensure a **copy of the decision to be reviewed** is attached to this application.
- Documents which are longer than 30 pages in length must be provided to the Industrial Registry in hard copy before it will be accepted for filing.
- For further information please refer to the website www.qirc.qld.gov.au or contact the Industrial Registry on 1300 592 987 or via email at qirc.registry@qirc.qld.gov.au.

Application

This is an application to the Queensland Industrial Relations Commission for an external review of reviewable decisions made, or taken to have been made, in accordance with Schedule 2A of the *Work Health and Safety Act 2011*.

The provision under which the reviewable decision was made (see Schedule 2A of the Act) [tick one]:

- | | |
|---|---|
| <input type="checkbox"/> s 102 (Decision on review of provisional improvement notice) | <input type="checkbox"/> s 195 (Issue of prohibition notice) |
| <input type="checkbox"/> s 179 (Forfeiture of thing) | <input type="checkbox"/> s 198 (Issue of a non-disturbance notice) |
| <input type="checkbox"/> s 180 (Return of seized things) | <input type="checkbox"/> s 201 (Issue of subsequent notice) |
| <input type="checkbox"/> s 191 (Issue of improvement notice) | <input type="checkbox"/> s 207 (Decision of Regulator to vary or cancel notice) |
| <input type="checkbox"/> s 194 (Extension of time for compliance with improvement notice) | <input type="checkbox"/> A provision prescribed under a regulation
Name of regulation: |
| <input type="checkbox"/> I have attached a copy of the decision which is dated: | |

1. Matter details

Applicant:

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Respondent:**The Regulator Under the *Work Health and Safety Act 2011***

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If there are more parties to the application, please complete a **Form 1 – Parties list** and file with this form.

2. Applicant			
Title [please select]:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mx <input type="checkbox"/> Other: _____		
Name of Applicant:			
Organisation [if applicable]:			
Postal/Service address:			
	Suburb/Town		Postcode
Phone number:		Mobile number:	
Email address:			

3. Applicant's representative [if applicable]			
Organisation:			
Name of contact person:			
Postal/Service address:			
	Suburb/Town		Postcode
Phone number:		Mobile number:	
Email address:			

4. Respondent			
Name:	The Regulator Under the <i>Work Health and Safety Act 2011</i>		
Postal/Service address:	PO Box 10119		
	Suburb/Town	Brisbane Adelaide Street QLD	Postcode 4000
Phone number:	1300 362 128		
Email address:	appeals@oir.qld.gov.au		

5. Details of decision sought:	
Please outline, in consecutively numbered paragraphs, the details of the decision you are seeking.	
<i>Please attach a schedule if more room required</i>	

6. Grounds of the application and facts relied upon

Please outline the grounds of the application below, including the facts relied upon

Please attach a schedule if more room required

7. Signature of Applicant or representative

Signature:

Name:

Date: