



# Workplace Visit Inspection Sheet

**Company/Business Information**

|   |                                    |  |                |         |
|---|------------------------------------|--|----------------|---------|
| This visit is due to:                                     |                                    |  | Date:          | Time:   |
| Pro-active inspection <input checked="" type="checkbox"/> | Complaint <input type="checkbox"/> | Scheduled program <input type="checkbox"/> | 14/04/2015     | 10.18am |
| Business/Trading Name:                                    |                                    |  | Industry:      |         |
| Katylicious Nail and Spa                                  |                                    |  |                |         |
| Company/Proprietor:                                       |                                    |  | ABN/ACN:       |         |
| s41(1)  |                                    |  | 48 439 107 440 |         |
| Address:  |                                    |  | Postcode:      |         |
| s41(1)  |                                    |  | 2900           |         |
| Contact Number:   | Email Address:                     |  |                |         |
| s41(1)  | s41(1)                             |  |                |         |
| Number of Workers:  |                                    |  |                |         |
| Full-time:  | Part-time:                         | Casual/other:                              |                |         |
|   |                                    |  |                |         |
| Time in Operation in the ACT:                             |                                    |  |                |         |
|   |                                    |  |                |         |

**Obligations under ACT Workers Compensation Act 1951**

|   |   |            |
|---|---|------------|
| Insurance Company Details:  |   |            |
| Allianz   |   |            |
| Workers Compensation Policy number:                                   | Inception:  | Expiry:    |
| s41(1)  | 04/04/2013  | 04/04/2015 |
| Register of Injuries Accessible:                                      | Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/> |            |
| Workplace Summary Displayed:  | Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/> |            |
| Return to Work Program Displayed:                                     | Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/> |            |
| Further Action:   |   |            |
| No Further Action <input type="checkbox"/>                            | Default Notice Issued <input type="checkbox"/>                      |            |
| Required Action Under Section 190 <input checked="" type="checkbox"/> | Follow up Required <input checked="" type="checkbox"/>              |            |

**Required actions:**

Could you please provide the following via email:

- A copy of your certificate of currency from an approved workers compensation insurer.
- Notification that your Workplace Information Summary is now displayed.
- Notification that your Return to Work Plan is now displayed
- Notification that your injury register is in place and assessable to workers

**Note:**

1. Rectification: As a result of the inspection, the above matters have been brought to your attention to assist you to comply with the requirements of the relevant legislation. You must attend to these matters and have them rectified. Such action is to be completed within <sup>3</sup> days of the date of this notice.
2. Further Action: If the above matters are not rectified within the specified period, the WorkSafe ACT may pursue further action. Please contact the Office as a matter of priority if you need assistance, or if you require any further information.

|                          |                   |                 |
|--------------------------|-------------------|-----------------|
| Inspector's Signature:   | Inspector's Name: | Contact Number: |
| s41(1)                   | Lloyd Benivento   | 62073000        |
| Business Representative: | Position:         | Signature:      |
| s41(1)                   | Owner             |                 |



# Workplace Visit Inspection Sheet

### Company/Business Information

|   |                                    |  |                 |        |
|---|------------------------------------|--|-----------------|--------|
| This visit is due to:                                     |                                    |  | Date:           | Time:  |
| Pro-active inspection <input checked="" type="checkbox"/> | Complaint <input type="checkbox"/> | Scheduled program <input type="checkbox"/> | 25/05/2015      | 9.50am |
| Business/Trading Name:                                    |                                    |  | Industry:       |        |
| ShinyNails  |                                    |  |                 |        |
| Company/Proprietor:                                       |                                    |  | ABN/ACN:        |        |
|   |                                    |  | 36 606 845 258  |        |
| Address:  |                                    |  | Postcode:       |        |
| Shop 53 Cooleman Court Weston                             |                                    |  | 2611            |        |
| Contact Number:   | Email Address:                     |  |                 |        |
| s41(1)  | s41(1)                             |  |                 |        |
| Number of Workers:  |                                    |  |                 |        |
| Full-time:  |                                    | Part-time: 1                               | Casual/other: 3 |        |
| Time in Operation in the ACT:                             |                                    |  |                 |        |
| 4 years   |                                    |  |                 |        |

### Obligations under ACT Workers Compensation Act 1951

|  |   |            |
|--|---|------------|
| Insurance Company Details:                                 |   |            |
| GIO  |   |            |
| Workers Compensation Policy number:                        | Inception:  | Expiry:    |
| s41(1)   | 27/11/2014  | 27/11/2015 |
| Register of Injuries Accessible:                           | Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/> |            |
| Workplace Summary Displayed:                               | Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/> |            |
| Return to Work Program Displayed:                          | Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/> |            |
| Further Action:  |   |            |
| No Further Action <input type="checkbox"/>                 | Default Notice Issued <input type="checkbox"/>                      |            |
| Required Action Under Section 190 <input type="checkbox"/> | Follow up Required <input checked="" type="checkbox"/>              |            |

### Required actions:

Could you please provide the following via email:

- Notification that your Workplace Information Summary is now displayed.
- Notification that your Return to Work Plan is now displayed
- Notification that your injury register is in place and assessable to workers

### Note:

1. Rectification: As a result of the inspection, the above matters have been brought to your attention to assist you to comply with the requirements of the relevant legislation. You must attend to these matters and have them rectified. Such action is to be completed within 7 days of the date of this notice.
2. Further Action: If the above matters are not rectified within the specified period, the WorkSafe ACT may pursue further action. Please contact the Office as a matter of priority if you need assistance, or if you require any further information.

|                          |                   |                 |
|--------------------------|-------------------|-----------------|
| Inspector's Signature:   | Inspector's Name: | Contact Number: |
| s41(1)                   | Lloyd Benivento   | 62073000        |
| Business Representative: | Position:         | Signature:      |
| s41(1)                   | Owner             |                 |

**Workplace Visit Inspection Sheet****Company/Business Information**

This visit is due to:

Date:

Time:

|   |                                    |  |           |       |
|---|------------------------------------|--|-----------|-------|
| Pro-active inspection <input checked="" type="checkbox"/> | Complaint <input type="checkbox"/> | Scheduled program <input type="checkbox"/> | 02/6/2015 | 10:41 |
|---|------------------------------------|--|-----------|-------|

Business/Trading Name:

Industry:

|                   |                   |
|-------------------|-------------------|
| Star Gentle Nails | Personal Services |
|-------------------|-------------------|

Company/Proprietor:

ABN/ACN:

|              |                |
|--------------|----------------|
| HTTN Pty Ltd | 98 168 643 016 |
|--------------|----------------|

Address:

Postcode:

|   |      |
|---|------|
| Hyperdome Shopping Centre Shop 53 Anketell Street Tuggeranong | 2901 |
|---|------|

Contact Number:

Email Address:

|        |        |
|--------|--------|
| s41(1) | s41(1) |
|--------|--------|

Number of Workers:

Full-time: 1

Part-time: 2

Casual/other:

Time in Operation in the ACT:

|             |
|-------------|
| 8months ago |
|-------------|

**Obligations under ACT Workers Compensation Act 1951**

Insurance Company Details:

|     |
|-----|
| GIO |
|-----|

Workers Compensation Policy number:

Inception:

Expiry:

|        |          |          |
|--------|----------|----------|
| s41(1) | 1/6/2015 | 1/6/2016 |
|--------|----------|----------|

Register of Injuries Accessible:

Yes  NO 

Workplace Summary Displayed:

Yes  NO 

Return to Work Program Displayed:

Yes  NO 

Further Action:

No Further Action Default Notice Issued Required Action Under Section 190 Follow up Required **Required actions:**

Can you please provide the following:

Notification via email that a workplace information summary(available from insurer) is displayed

Notification via email that returned to work program posters(available from insurer) are displayed

Notification via email that your register of injuries is in place and accessible to workers

Under Section 190

A copy of business sale agreement between s41(1) and HTTN Pty Ltd.

The total amount of wages paid to workers/number of workers from when HTTN Pty Ltd took over the business to the 31st May 2015

**Note:**

1. Rectification: As a result of the inspection, the above matters have been brought to your attention to assist you to comply with the requirements of the relevant legislation. You must attend to these matters and have them rectified. Such action is to be completed within 3 days of the date of this notice.
2. Further Action: If the above matters are not rectified within the specified period, the WorkSafe ACT may pursue further action. Please contact the Office as a matter of priority if you need assistance, or if you require any further information.

|        |                   |                 |
|--------|-------------------|-----------------|
| s41(1) | Inspector's Name: | Contact Number: |
|        | Jonathon Aoki     | 62076013        |

|        |           |            |
|--------|-----------|------------|
| s41(1) | Position: | Signature: |
|        | owner     | N/a        |



**Workplace Visit Inspection Sheet****Company/Business Information**

This visit is due to:

Date:

Time:

|   |                                    |  |           |       |
|---|------------------------------------|--|-----------|-------|
| Pro-active inspection <input checked="" type="checkbox"/> | Complaint <input type="checkbox"/> | Scheduled program <input type="checkbox"/> | 03/6/2015 | 10:41 |
|---|------------------------------------|--|-----------|-------|

Business/Trading Name:

Industry:

|                   |                   |
|-------------------|-------------------|
| Star Gentle Nails | Personal Services |
|-------------------|-------------------|

Company/Proprietor:

ABN/ACN:

|              |                |
|--------------|----------------|
| HTTN Pty Ltd | 98 168 643 016 |
|--------------|----------------|

Address:

Postcode:

|   |      |
|---|------|
| Hyperdome Shopping Centre Shop 53 Anketell Street Tuggeranong | 2901 |
|---|------|

Contact Number:

Email Address:

|        |        |
|--------|--------|
| s41(1) | s41(1) |
|--------|--------|

Number of Workers:

Full-time: 1

Part-time: 2

Casual/other:

Time in Operation in the ACT:

|             |
|-------------|
| 8months ago |
|-------------|

**Obligations under ACT Workers Compensation Act 1951**

Insurance Company Details:

|     |
|-----|
| GIO |
|-----|

Workers Compensation Policy number:

Inception:

Expiry:

|        |          |          |
|--------|----------|----------|
| s41(1) | 1/6/2015 | 1/6/2016 |
|--------|----------|----------|

Register of Injuries Accessible:

Yes  NO 

Workplace Summary Displayed:

Yes  NO 

Return to Work Program Displayed:

Yes  NO 

Further Action:

No Further Action Default Notice Issued Required Action Under Section 190 Follow up Required **Required actions:**

Can you please provide the following:

Notification via email that a workplace information summary(available from insurer) is displayed

Notification via email that returned to work program posters(available from insurer) are displayed

Notification via email that your register of injuries is in place and accessible to workers

Under Section 190

A copy of business sale agreement between s41(1) and HTTN Pty Ltd.

The total amount of wages paid to workers/number of workers from when HTTN Pty Ltd took over the business to the 31st May 2015

**Note:**

1. Rectification: As a result of the inspection, the above matters have been brought to your attention to assist you to comply with the requirements of the relevant legislation. You must attend to these matters and have them rectified. Such action is to be completed within <sup>3</sup> days of the date of this notice.
2. Further Action: If the above matters are not rectified within the specified period, the WorkSafe ACT may pursue further action. Please contact the Office as a matter of priority if you need assistance, or if you require any further information.

Inspector's Signature:

Inspector's Name:

Contact Number:

|        |               |          |
|--------|---------------|----------|
| s41(1) | Jonathon Aoki | 62076013 |
|--------|---------------|----------|

Business Representative:

Position:

Signature:

|        |       |     |
|--------|-------|-----|
| s41(1) | owner | N/a |
|--------|-------|-----|





# Workplace Visit Inspection Sheet

**Company/Business Information**

|   |                                    |  |                |               |
|---|------------------------------------|--|----------------|---------------|
| This visit is due to:                                     |                                    |  | Date:          | Time:         |
| Pro-active inspection <input checked="" type="checkbox"/> | Complaint <input type="checkbox"/> | Scheduled program <input type="checkbox"/> | 11/06/2015     | 9.50am        |
| Business/Trading Name:                                    |                                    |  | Industry:      |               |
| Fancy Nails   |                                    |  |                |               |
| Company/Proprietor:                                       |                                    |  | ABN/ACN:       |               |
|   |                                    |  | 74 147 537 111 |               |
| Address:  |                                    |  | Postcode:      |               |
| s41(1)  |                                    |  | 2912           |               |
| Contact Number:   | Email Address:                     |  |                |               |
| s41(1)  | s41(1)                             |  |                |               |
| Number of Workers:  |                                    |  |                |               |
| Full-time:  | 1                                  | Part-time:                                 | 2              | Casual/other: |
| Time in Operation in the ACT:                             |                                    |  |                |               |
| 2 years   |                                    |  |                |               |

**Obligations under ACT Workers Compensation Act 1951**

|  |   |         |
|--|---|---------|
| Insurance Company Details:                                 |   |         |
|  |   |         |
| Workers Compensation Policy number:                        | Inception:  | Expiry: |
|  |   |         |
| Register of Injuries Accessible:                           | Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/> |         |
| Workplace Summary Displayed:                               | Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/> |         |
| Return to Work Program Displayed:                          | Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/> |         |
| Further Action:  |   |         |
| No Further Action <input type="checkbox"/>                 | Default Notice Issued <input type="checkbox"/>                      |         |
| Required Action Under Section 190 <input type="checkbox"/> | Follow up Required <input checked="" type="checkbox"/>              |         |

**Required actions:**

Could you please provide the following via email:

- A copy of your certificate of currency from an approved workers compensation insurer.
- Notification that your Workplace Information Summary is now displayed.
- Notification that your Return to Work Plan is now displayed
- Notification that your injury register is in place and assessable to workers

**Note:**

1. Rectification: As a result of the inspection, the above matters have been brought to your attention to assist you to comply with the requirements of the relevant legislation. You must attend to these matters and have them rectified. Such action is to be completed within <sup>3</sup> days of the date of this notice.
2. Further Action: If the above matters are not rectified within the specified period, the WorkSafe ACT may pursue further action. Please contact the Office as a matter of priority if you need assistance, or if you require any further information.

|                          |                   |                 |
|--------------------------|-------------------|-----------------|
| Inspector's Signature:   | Inspector's Name: | Contact Number: |
| s41(1)                   | Lloyd Benivento   | 62073000        |
| Business Representative: | Position:         | Signature:      |
| s41(1)                   | Manager           |                 |



# Workplace Visit Inspection Sheet

**Company/Business Information**

|   |                                    |  |                |         |
|---|------------------------------------|--|----------------|---------|
| This visit is due to:                                     |                                    |  | Date:          | Time:   |
| Pro-active inspection <input checked="" type="checkbox"/> | Complaint <input type="checkbox"/> | Scheduled program <input type="checkbox"/> | 18/06/2015     | 11.20am |
| Business/Trading Name:                                    |                                    |  | Industry:      |         |
| Crystal Nails   |                                    |  |                |         |
| Company/Proprietor:                                       |                                    |  | ABN/ACN:       |         |
|   |                                    |  | 84 119 638 697 |         |
| Address:  |                                    |  | Postcode:      |         |
| Shop 25a Gungahlin Market Place Gungahlin                 |                                    |  | 2912           |         |
| Contact Number:   | Email Address:                     |  |                |         |
| s41(1)  | s41(1)                             |  |                |         |
| Number of Workers:  |                                    |  |                |         |
| Full-time: 2  | Part-time: 1                       | Casual/other: 4                            |                |         |
| Time in Operation in the ACT:                             |                                    |  |                |         |
| 8 years   |                                    |  |                |         |

**Obligations under ACT Workers Compensation Act 1951**

|  |   |            |
|--|---|------------|
| Insurance Company Details:                                 |   |            |
| QBE  |   |            |
| Workers Compensation Policy number:                        | Inception:  | Expiry:    |
| s41(1)   | 23/11/2009  | 23/11/2015 |
| Register of Injuries Accessible:                           | Yes <input checked="" type="checkbox"/> NO <input type="checkbox"/> |            |
| Workplace Summary Displayed:                               | Yes <input checked="" type="checkbox"/> NO <input type="checkbox"/> |            |
| Return to Work Program Displayed:                          | Yes <input checked="" type="checkbox"/> NO <input type="checkbox"/> |            |
| Further Action:  |   |            |
| No Further Action <input checked="" type="checkbox"/>      | Default Notice Issued <input type="checkbox"/>                      |            |
| Required Action Under Section 190 <input type="checkbox"/> | Follow up Required <input type="checkbox"/>                         |            |

**Required actions:**

|  |
|--|
|  |
|--|

**Note:**

1. Rectification: As a result of the inspection, the above matters have been brought to your attention to assist you to comply with the requirements of the relevant legislation. You must attend to these matters and have them rectified. Such action is to be completed within \_\_\_\_\_ days of the date of this notice.
2. Further Action: If the above matters are not rectified within the specified period, the WorkSafe ACT may pursue further action. Please contact the Office as a matter of priority if you need assistance, or if you require any further information.

|                          |                   |                 |
|--------------------------|-------------------|-----------------|
| Inspector's Signature:   | Inspector's Name: | Contact Number: |
| s41(1)                   | Lloyd Benivento   | 62073000        |
| Business Representative: | Position:         | Signature:      |
| s41(1)                   | Owner             |                 |

# Workers Compensation Workplace Visit Inspection Sheet

## 1 Inspection Information

|                   |                 |                             |
|-------------------|-----------------|-----------------------------|
| Inspection Number | Lead inspector  | Companied inspectors/others |
|                   | Lloyd Benivento |                             |

|            |                |   |                |
|------------|----------------|---|----------------|
| Date       | Time Commenced | Type of WPV   | Purpose of WPV |
| 08/07/2015 | 10:54          | <input checked="" type="checkbox"/> Proactive <input type="checkbox"/> Reactive | N/A            |

Legislation

Workers Compensation Act 1951

Name of Individual or Registered Company

BCNL Pty Ltd

|                |     |
|----------------|-----|
| ABN            | ACN |
| 98 153 433 624 |     |

Business or Trading name (if different)

Oz Nails

|  |          |
|--|----------|
| Registered Company Address             | Postcode |
| Shop 17B 33 Hibberson Street Gungahlin | 2912     |

|              |                |
|--------------|----------------|
| Contact Name | Contact Number |
| ?            | s41(1)         |

Email Address

?

Notes:

Unable to understand as non english speaking background

Number of Workers:

4 at the time of inspection



## 2 Obligations under the Workers Compensation Act 1951

Approved insurer name:

Zurich

Workers Compensation Policy Number:

s41(1)

Inception date:

05/10/2011

Expiry date:

05/10/2015

Register of Injuries maintained:

 Yes No

Information Summary Displayed:

 Yes No

Return to Work Program Displayed:

 Yes No

## 3 Further Action

 Further Action Required Default Notice Issued No Further Action

Required Actions:

Could you please provide the following via email:

- Notification that your Workplace Information Summary is now displayed.
- Notification that your Return to Work Plan is now displayed
- Notification that your injury register is in place and assessable to workers

Note:

1. As a result of the inspection, the above matters have been brought to your attention to assist you to comply with the requirements of the relevant legislation. You must attend to these matters and have them rectified.
2. If the above matters are not rectified within the specified period, WorkSafe ACT may pursue further action. Please contact the office as a matter of priority if you need assistance, or if you require any further information.

Date for completion of required actions:

17/07/2015

Inspector's Name:

Lloyd Benivento

Contact number:

62073000

Business Representative:

Position:

## 4 Privacy Notice

Privacy Notice: The information collected for the purpose of the *Workers Compensation Act 1951* and is in accordance with the *Information Privacy Act 2014*. WorkSafe ACT prevents any unreasonable intrusion into person's privacy in accordance with the *Privacy Act 1988 (C'Wlth)* and *Information Privacy Act 2014*. WorkSafe ACT provides identifiable information which can be disclosed to other law enforcement agencies and authorised organisations that have legal authority to request information under prescribed circumstances.

# Workplace Visit Record

## 1 Inspection Information

|  |                      |   |                |
|--|----------------------|---|----------------|
| Inspection Number                        | Lead inspector       | Companied inspectors/others   |                |
| P21119                                   | Christopher Flanagan |   |                |
| Date                                     | Time Commenced       | Type of WPV   | Purpose of WPV |
| 27/07/2015                               |                      | <input checked="" type="checkbox"/> Proactive <input type="checkbox"/> Reactive | Event          |
| Legislation                              |                      |   |                |
| Work Health and Safety Act 2011          |                      |   |                |
| Name of Individual or Registered Company |                      |   |                |
| s41(1)                                   |                      |   |                |
| ABN                                      | ACN                  |   |                |
| 56210424231                              |                      |   |                |
| Business or Trading name (if different)  |                      |   |                |
| nbbar nailsbeauty bar                    |                      |   |                |
| Registered Company Address               |                      |   | Postcode       |
| s41(1)                                   |                      |   | 2914           |
| Contact Name                             |                      |   | Contact Number |
| s41(1)                                   |                      |   | s41(1)         |
| Email Address                            |                      |   |                |
| lovenails@live.com.au                    |                      |   |                |

## 2 Workers Compensation

|   |               |             |
|---|---------------|-------------|
| Compulsory Workers Compensation policy maintained?  | Policy Number | Expiry Date |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable |               |             |
| Insurer Name  |               |             |
|   |               |             |

### 3 Inspection Details

Site/Workplace Address

Middle level east end of Westfields Belconnen

Notification of Entry to (as required by s164)

Other

N/A

Inspector Notes

Following an inspection of the Store known as nbbar nails beauty bar in the Westfields Belconnen store the following issues require urgent attention

- 1 All electrical equipment in the store is to be Tested and Tagged as per AS3760 (any equipment found to be untaggable is to be removed from the store )
- 2 All chemicals used in the store is to have a current Safety Data Sheet ( SDS ) easy located with in the back area where the chemicals are stored. A copy of the SDS is to be supplied to Westfields
- 3 All documentation displayed with in the store is to be in English and of the Language of the staff
- 4 All cleaning of all equipment is to be carried out as per the ACT Health requirements
- 5 1 power point (GPO ) has come away from the wall.

There will be 2 Improvement Notices issued

- 1 for the Test & Tagging under the Work Health & Safety ACT 2011
- 1 for the Safety Data Sheet under the Dangerous Substances Regulation



## 4 Further Action

| Further Action                                  |                             | Notices Issued                          |                             | Follow up required                      |                             |
|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| <input type="checkbox"/> Yes                    | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Type of Notices                                 | No.                         | No.                                     |                             | No.                                     |                             |
| <input checked="" type="checkbox"/> Improvement | 2                           | <input type="checkbox"/> Prohibition    |                             | <input type="checkbox"/> Infringement   |                             |
| Other Notice Types                              |                             |   |                             |   | No.                         |
| <input type="checkbox"/> Other:                 |                             |   |                             |   |                             |

## 5 Finalisation Details

| WPV for asbestos related issue?                                     | Asbestos issue |
|---|----------------|
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Complaint      |
| Industry Group  |                |
| Retail Trade  |                |
| Compliant at initial inspection                                     | Time finished  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                |

## 6 Privacy Notice

Privacy Notice: The information collected for the purpose of the *Work Health and Safety Act 2011* and is in accordance with the *Information Privacy Act 2014*. WorkSafe ACT prevents any unreasonable intrusion into person's privacy in accordance with the *Privacy Act 1988 (C'Wlth)* and *Information Privacy Act 2014*. WorkSafe ACT provides identifiable information which can be disclosed to other law enforcement agencies and authorised organisations that have legal authority to request information under prescribed circumstances.



**WORKSAFE ACT****Dangerous Substances Improvement Notice**

Notice No: I P21119-03

This is an Improvement Notice issued under section 100 of the *Dangerous Substances Act 2004*

|                      |  |   |
|----------------------|--|---|
| Issued by Inspector  | Inspector ID number  | Date of service   |
| Christopher Flanagan | P21119   | 04 08 2015  |
| Recipient            | Method of service  |   |
| [Redacted]           | By hand <input checked="" type="checkbox"/> Other <input type="checkbox"/> |   |
|                      |  | Company <input checked="" type="checkbox"/> Individual <input type="checkbox"/> |

The responsible person being given this Notice:

Note: Each person who is required to comply with a duty under the *Dangerous Substances Act 2004* must comply with the duty whether or not someone else may also be responsible for complying with the duty (see section 101(2)(d)).

|  |                  |
|--|------------------|
| Name of Individual or Registered Company | ACN (if company) |
| [Redacted]                               |                  |
| Business or trading name (if different)  | ABN (if any)     |
| Professional                             | 36320891066      |
| Address                                  |                  |
| [Redacted]                               |                  |

The inspector believes you have contravened, are contravening or are likely to contravene:

Section: 297 of

Dangerous Substances Act 2004  Regulation:

Short description of contravention:

There were no Safety Data Sheets to be seen or able to be shown to WorkSafe at time of request on inspection.

Substance/s:

Alcohol, Acetone

Time / Date of contravention (or period for continuing offences): 27 07 2015

Address of place of contravention:

Westfield's Mall Benjamin Way Belconnen ACT

What you are required to do:

(for example, put stated premises, plant or systems for handling dangerous substances into a safe condition by repairing or replacing them; prepare, implement or amend a safety management system; take stated measures to carry out the requirements of a safety management system; destroy or otherwise dispose of the substance; comply with a particular provision of the dangerous substances laws; or do something to ensure the dangerous substances laws are complied with in relation to the substance)

Date for compliance:

07 08 2015

Obtain a Current Safety Data Sheet for both chemicals have them displayed a copy given to Westfield's, then inform all works with in the business and ensure that all workers understand the content with in the Safety Data Sheet

See reverse for important information about this notice.

[www.worksafe.act.gov.au](http://www.worksafe.act.gov.au)





# WORKSAFE ACT Dangerous Substances Improvement Notice

Notice No: I P21119 -05

This is an Improvement Notice issued under section 100 of the *Dangerous Substances Act 2004*

Issued by Inspector:

Inspector ID number:

Date of service:

Christopher Flanagan

P21119

04 08 2015

Recipient:

Method of service:

By hand  Other

The responsible person being given this Notice:

Company  Individual

Note: Each person who is required to comply with a duty under the *Dangerous Substances Act 2004* must comply with the duty whether or not someone else may also be responsible for complying with the duty (see section 101(2)(d)).

Name of Individual or Registered Company:

ACN (if company):

Business or trading name (if different):

ABN (if any):

NTLV Trust ( Love Nails )

56210424231

Address:

The inspector believes you have contravened, are contravening or are likely to contravene:

Section: 297

of

Dangerous Substances Act 2004

Regulation:

Short description of contravention:

There were no Safety Data Sheets to be seen or able to be shown to WorkSafe at time of request on inspection.

Substance/s:

Alcohol, Acetone

Time / Date of contravention (or period for continuing offences): 27 07 2015

Address of place of contravention:

Westfield's Mall Benjamin Way Belconnen ACT

What you are required to do:

(for example, put stated premises, plant or systems for handling dangerous substances into a safe condition by repairing or replacing them; prepare, implement or amend a safety management system; take stated measures to carry out the requirements of a safety management system; destroy or otherwise dispose of the substance; comply with a particular provision of the dangerous substances laws; or do something to ensure the dangerous substances laws are complied with in relation to the substance)

Date for compliance:

07 08 2015

Obtain a Current Safety Data Sheet for both chemicals have them displayed a copy given to Westfield's, then inform all works with in the business and ensure that all workers understand the content with in the Safety Data Sheet





# WORKSAFE ACT Dangerous Substances Improvement Notice

Notice No. 1 P21119 -04

This is an Improvement Notice issued under section 100 of the *Dangerous Substances Act 2004*

Issued by Inspector: Christopher Flanagan  
 Inspector ID number: P21119  
 Date of service: 04 08 2015

Recipient: [Redacted]  
 Method of service: By hand  Other

Company  Individual

The responsible person being given this Notice:

Note: Each person who is required to comply with a duty under the *Dangerous Substances Act 2004* must comply with the duty whether or not someone else may also be responsible for complying with the duty (see section 101(2)(d)).

Name of Individual or Registered Company: [Redacted] ACN (if company):  
 Business or trading name (if different): NTLV Trust ( Nb Bar ) ABN (if any): 56210424231  
 Address: [Redacted]

The inspector believes you have contravened, are contravening or are likely to contravene:

Section: 297 of  
 Dangerous Substances Act 2004  Regulation:

Short description of contravention:  
 There were no Safety Data Sheets to be seen or able to be shown to WorkSafe at time of request on inspection.

Substance/s: Alcohol, Acetone  
 Time / Date of contravention (or period for continuing offences): 27 07 2015  
 Address of place of contravention: Westfield's Mall Benjamin Way Belconnen ACT

What you are required to do:  
 (for example, put stated premises, plant or systems for handling dangerous substances into a safe condition by repairing or replacing them; prepare, implement or amend a safety management system; take stated measures to carry out the requirements of a safety management system; destroy or otherwise dispose of the substance; comply with a particular provision of the dangerous substances laws; or do something to ensure the dangerous substances laws are complied with in relation to the substance)

Date for compliance: 07 08 2015

Obtain a Current Safety Data Sheet for both chemicals have them displayed a copy given to Westfield's, then inform all works with in the business and ensure that all workers understand the content with in the Safety Data Sheet





This is an Improvement Notice issued under section 191 of the *Work Health and Safety Act 2011*

|   |                                       |  |
|---|---------------------------------------|--|
| Issued by inspector:<br><b>Christopher Flanagan</b> | Inspector ID number:<br><b>P21119</b> | Time and Date of service:<br><b>11 35 04 08 2015</b> |
|---|---------------------------------------|--|

|                             |                                   |   |
|-----------------------------|-----------------------------------|---|
| Recipient:<br><b>s41(1)</b> | Method of Service (s 209)         |   |
|                             | Personal <input type="checkbox"/> | Other <input checked="" type="checkbox"/> Email |

The person to whom this notice is issued Company  individual

|   |                   |
|---|-------------------|
| Name of Individual or Registered Company: | ACN (if company): |
|   |                   |

|   |                                     |
|---|-------------------------------------|
| Business or trading name (if different):<br><b>Beauty Central</b> | ABN (if any):<br><b>56210424231</b> |
|---|-------------------------------------|

Address:  
**s41(1)**

The inspector believes that you:

- (a) are contravening a provision of this Act; or
- (b) have contravened a provision in circumstances that make it likely that the contravention will continue or be repeated. (s191(1) and 192(1))

The inspector requires you to:

- (a) remedy the contravention; or
- (b) prevent a likely contravention from occurring; or
- (c) remedy the things or operations causing the contravention or likely contravention. (s191(2))

The provision that the inspector believes is being, or is likely to be, contravened by the activity (s196(1)(c)):

|                                 |            |     |
|---------------------------------|------------|-----|
| Work Health and Safety Act 2011 | Regulation | 150 |
|---------------------------------|------------|-----|

Briefly, how the provision is being, or has been, contravened (s192(1)(c)):

There was no current proof that any of the electrical equipment in the store has ever been tested and tagged

|   |                            |
|---|----------------------------|
| The day by which you are required to remedy the contravention or likely contravention (s192(1)(d)): | <b>Thursday 06 08 2015</b> |
|---|----------------------------|

This Notice *may* include directions and/or recommendations on the measures to be taken to remedy the risk or contravention. The inspector directs you to:

Have all Electrical equipment Test and tagged as per AS3760 by a competent person and a register keep to show such. In the Belconnen Westfields store.

The inspector recommends that you:



## Improvement Notice – Further Information

If you have any questions you may contact the inspector who issued this notice.

### Display of Notices

A person to whom a notice is issued must, as soon as possible, display a copy of the notice in a prominent place at or near the workplace, or part of the workplace, at which work is being carried out that is affected by the notice (s 210(1)).

A person must not intentionally remove, destroy, damage or deface a notice displayed under s 210(1) while the notice is in force (s 210(2)).

The maximum penalty for failing to comply with these provisions is \$5,000 for an individual or \$25,000 for a corporation.

### Compliance with improvement notice

The person to whom an improvement notice is issued must comply with the notice within the period specified in the notice (s193).

The maximum penalty for failing to comply with this requirement is \$50,000 for an individual or \$250,000 for a corporation.

### Extension of time for compliance

If the period for compliance with this notice has not ended, an inspector may extend the compliance period. (s194)

### Directions and recommendations

A direction may refer to a code of practice and may offer the person a choice of ways in which to remedy the contravention (s 204).

An improvement notice may include recommendations. It is not an offence to fail to comply with recommendations in a notice (s 205).

### Changes to notice by inspector

An inspector may make minor changes to a notice for clarification, to correct errors or references, or to reflect changes of address or other circumstances (s206).

### Review of this Notice

A person may apply to the ACT Civil and Administrative Tribunal (ACAT) for review of the decision to issue this notice. Information about how to make that application can be obtained from ACAT by telephoning 6207 1740 or at [www.acat.act.gov.au](http://www.acat.act.gov.au). The application must be made within 28 days of the issue of the notice. A person who may seek review of issue of this notice may also apply in writing for a statement of reasons under s22B of the *ACAT Act 2008* within 28 days of the notice being given.

The decision to issue this notice is also reviewable under the *Administrative Decisions (Judicial Review) Act 1989* on application to the Supreme Court of the ACT. Information about the procedure for making that application can be obtained by calling the Supreme Court Registry on 6207 1786.

Further, a person who has a complaint about the issue of this notice can complain to the Commonwealth Ombudsman by calling 1300 362 072.

**PRIVACY NOTICE:** The personal information collected about you is being collected for the purpose of securing the safety of people at work by the authority of the Work Health and Safety Act 2011. The information can be disclosed, in accordance with the *Work Health and Safety Act 2011*, to other law enforcement agencies including the Australian Federal Police, ACT Planning & Land Authority and the Office for Children, Youth & Family Support.

### WorkSafe ACT Contact Details

PO Box 158, Canberra, ACT 2601

email: [worksafe@act.gov.au](mailto:worksafe@act.gov.au)

Phone: (02) 6207 3000

Fax: (02) 6205 0336

|          |   |            |   |
|----------|---|------------|---|
| ENGLISH  | If you need interpreting help, telephone:             | ITALIAN    | Se avete bisogno di un interprete, telefonate al numero |
| ARABIC   | لصوت، وفي وقت العمل، اتصل بالخدمة على الرقم 6207 3000 | MALTESE    | Jekk għandek bżonn l-għajnuna t'interpretu, ċempel      |
| CHINESE  | 如果您需要口译员帮助，请拨打  | PERSIAN    | هرايش نيا هب ديراد جايتجا يه افش همرت هب رگا            |
| CROATIAN | Ako trebate pomoć tumača telefonirajte                | RUSSIAN    | Если вам нужна помощь переводчика, звоните по телефону  |
| DARI     | يا هب، ديراد ترورض يه افش همرت كمك هب رگا             | SPANISH    | Si necessita la asistencia de un intérprete, llame al   |
| GREEK    | Αν χρειάζεστε διερμηνεία τηλεφωνήστε στο              | VIETNAMESE | Nếu bạn cần một người thông ngôn hãy gọi điện thoại     |

TRANSLATING AND INTERPRETING SERVICE

131 450





This is an Improvement Notice issued under section 191 of the *Work Health and Safety Act 2011*

|   |                                       |  |
|---|---------------------------------------|--|
| Issued by inspector:<br><b>Christopher Flanagan</b> | Inspector ID number:<br><b>P21119</b> | Time and Date of service:<br><b>10 25 04 08 2015</b> |
|---|---------------------------------------|--|

|                             |                                   |   |
|-----------------------------|-----------------------------------|---|
| Recipient:<br><b>s41(1)</b> | Method of Service (s 209)         |   |
|                             | Personal <input type="checkbox"/> | Other <input checked="" type="checkbox"/> Email |

The person to whom this notice is issued Company  individual

|   |                   |
|---|-------------------|
| Name of Individual or Registered Company: | ACN (if company): |
|   |                   |

|   |                                     |
|---|-------------------------------------|
| Business or trading name (if different):<br><b>Love Nails</b> | ABN (if any):<br><b>56210424231</b> |
|---|-------------------------------------|

Address:  
**s41(1)**

The inspector believes that you:

- (a) are contravening a provision of this Act; or
- (b) have contravened a provision in circumstances that make it likely that the contravention will continue or be repeated. (s191(1) and 192(1))

The inspector requires you to:

- (a) remedy the contravention; or
- (b) prevent a likely contravention from occurring; or
- (c) remedy the things or operations causing the contravention or likely contravention. (s191(2))

The provision that the inspector believes is being, or is likely to be, contravened by the activity (s196(1)(c)):

|                                 |            |     |
|---------------------------------|------------|-----|
| Work Health and Safety Act 2011 | Regulation | 150 |
|---------------------------------|------------|-----|

Briefly, how the provision is being, or has been, contravened (s192(1)(c)):

There was no current proof that any of the electrical equipment in the store has ever been tested and tagged

|   |                          |
|---|--------------------------|
| The day by which you are required to remedy the contravention or likely contravention (s192(1)(d)): | <b>Friday 30 07 2015</b> |
|---|--------------------------|

This Notice *may* include directions and/or recommendations on the measures to be taken to remedy the risk or contravention. The inspector directs you to:

Have all Electrical equipment Test and tagged as per AS3760 by a competent person and a register keep to show such. In the Woden Westfields store.

The inspector recommends that you:



## Improvement Notice – Further Information

If you have any questions you may contact the inspector who issued this notice.

### Display of Notices

A person to whom a notice is issued must, as soon as possible, display a copy of the notice in a prominent place at or near the workplace, or part of the workplace, at which work is being carried out that is affected by the notice (s 210(1)).

A person must not intentionally remove, destroy, damage or deface a notice displayed under s 210(1) while the notice is in force (s 210(2)).

The maximum penalty for failing to comply with these provisions is \$5,000 for an individual or \$25,000 for a corporation.

### Compliance with improvement notice

The person to whom an improvement notice is issued must comply with the notice within the period specified in the notice (s193).

The maximum penalty for failing to comply with this requirement is \$50,000 for an individual or \$250,000 for a corporation.

### Extension of time for compliance

If the period for compliance with this notice has not ended, an inspector may extend the compliance period. (s194)

### Directions and recommendations

A direction may refer to a code of practice and may offer the person a choice of ways in which to remedy the contravention (s 204).

An improvement notice may include recommendations. It is not an offence to fail to comply with recommendations in a notice (s 205).

### Changes to notice by inspector

An inspector may make minor changes to a notice for clarification, to correct errors or references, or to reflect changes of address or other circumstances (s206).

### Review of this Notice

A person may apply to the ACT Civil and Administrative Tribunal (ACAT) for review of the decision to issue this notice. Information about how to make that application can be obtained from ACAT by telephoning 6207 1740 or at [www.acat.act.gov.au](http://www.acat.act.gov.au). The application must be made within 28 days of the issue of the notice. A person who may seek review of issue of this notice may also apply in writing for a statement of reasons under s22B of the *ACAT Act 2008* within 28 days of the notice being given.

The decision to issue this notice is also reviewable under the *Administrative Decisions (Judicial Review) Act 1989* on application to the Supreme Court of the ACT. Information about the procedure for making that application can be obtained by calling the Supreme Court Registry on 6207 1786.

Further, a person who has a complaint about the issue of this notice can complain to the Commonwealth Ombudsman by calling 1300 362 072.

**PRIVACY NOTICE:** The personal information collected about you is being collected for the purpose of securing the safety of people at work by the authority of the Work Health and Safety Act 2011. The information can be disclosed, in accordance with the *Work Health and Safety Act 2011*, to other law enforcement agencies including the Australian Federal Police, ACT Planning & Land Authority and the Office for Children, Youth & Family Support.

### WorkSafe ACT Contact Details

PO Box 158, Canberra, ACT 2601

email: [worksafe@act.gov.au](mailto:worksafe@act.gov.au)

Phone: (02) 6207 3000

Fax: (02) 6205 0336

|          |   |            |   |
|----------|---|------------|---|
| ENGLISH  | If you need interpreting help, telephone:             | ITALIAN    | Se avete bisogno di un interprete, telefonate al numero |
| ARABIC   | لصوت، وفي وقت العمل، اتصل بالخدمة على الرقم 6207 3000 | MALTESE    | Jekk għandek bżonn l-għajnuna t'interpretu, ċempel      |
| CHINESE  | 如果您需要口译员帮助，请拨打  | PERSIAN    | هرايش نيا هب ديراد جايتجا يه افش همرت هب رگا            |
| CROATIAN | Ako trebate pomoć tumača telefonirajte                | RUSSIAN    | Если вам нужна помощь переводчика, звоните по телефону  |
| DARI     | يا هب، ديراد ترورض يه افش همرت كمك هب رگا             | SPANISH    | Si necessita la asistencia de un intérprete, llame al   |
| GREEK    | Αν χρειάζεστε διερμηνεία τηλεφωνήστε στο              | VIETNAMESE | Nếu bạn cần một người thông ngôn hãy gọi điện thoại     |

TRANSLATING AND INTERPRETING SERVICE

131 450





This is an Improvement Notice issued under section 191 of the *Work Health and Safety Act 2011*

|  |                                |   |
|--|--------------------------------|---|
| Issued by inspector:<br>Christopher Flanagan | Inspector ID number:<br>P21119 | Time and Date of service:<br>11 35 04 08 2015 |
|--|--------------------------------|---|

|                      |                                   |   |
|----------------------|-----------------------------------|---|
| Recipient:<br>s41(1) | Method of Service (s 209)         |   |
|                      | Personal <input type="checkbox"/> | Other <input checked="" type="checkbox"/> Email |

The person to whom this notice is issued Company  individual

|   |                   |
|---|-------------------|
| Name of Individual or Registered Company: | ACN (if company): |
|   |                   |

|  |                              |
|--|------------------------------|
| Business or trading name (if different):<br>Professional | ABN (if any):<br>36320891066 |
|--|------------------------------|

Address:  
s41(1)

The inspector believes that you:

- (a) are contravening a provision of this Act; or
- (b) have contravened a provision in circumstances that make it likely that the contravention will continue or be repeated. (s191(1) and 192(1))

The inspector requires you to:

- (a) remedy the contravention; or
- (b) prevent a likely contravention from occurring; or
- (c) remedy the things or operations causing the contravention or likely contravention. (s191(2))

The provision that the inspector believes is being, or is likely to be, contravened by the activity (s196(1)(c)):

Work Health and Safety Act 2011  Regulation 150

Briefly, how the provision is being, or has been, contravened (s192(1)(c)):

There was no current proof that any of the electrical equipment in the store has ever been tested and tagged

The day by which you are required to remedy the contravention or likely contravention (s192(1)(d)): Thursday 06 08 2015

This Notice *may* include directions and/or recommendations on the measures to be taken to remedy the risk or contravention. The inspector directs you to:

Have all Electrical equipment Test and tagged as per AS3760 by a competent person and a register keep to show such. In the Belconnen Westfields store.

The inspector recommends that you:

Once this has been completed WorkSafe are to be contacted





## Improvement Notice – Further Information

If you have any questions you may contact the inspector who issued this notice.

### Display of Notices

A person to whom a notice is issued must, as soon as possible, display a copy of the notice in a prominent place at or near the workplace, or part of the workplace, at which work is being carried out that is affected by the notice (s 210(1)).

A person must not intentionally remove, destroy, damage or deface a notice displayed under s 210(1) while the notice is in force (s 210(2)).

The maximum penalty for failing to comply with these provisions is \$5,000 for an individual or \$25,000 for a corporation.

### Compliance with improvement notice

The person to whom an improvement notice is issued must comply with the notice within the period specified in the notice (s193).

The maximum penalty for failing to comply with this requirement is \$50,000 for an individual or \$250,000 for a corporation.

### Extension of time for compliance

If the period for compliance with this notice has not ended, an inspector may extend the compliance period. (s194)

### Directions and recommendations

A direction may refer to a code of practice and may offer the person a choice of ways in which to remedy the contravention (s 204).

An improvement notice may include recommendations. It is not an offence to fail to comply with recommendations in a notice (s 205).

### Changes to notice by inspector

An inspector may make minor changes to a notice for clarification, to correct errors or references, or to reflect changes of address or other circumstances (s206).

### Review of this Notice

A person may apply to the ACT Civil and Administrative Tribunal (ACAT) for review of the decision to issue this notice. Information about how to make that application can be obtained from ACAT by telephoning 6207 1740 or at [www.acat.act.gov.au](http://www.acat.act.gov.au). The application must be made within 28 days of the issue of the notice. A person who may seek review of issue of this notice may also apply in writing for a statement of reasons under s22B of the *ACAT Act 2008* within 28 days of the notice being given.

The decision to issue this notice is also reviewable under the *Administrative Decisions (Judicial Review) Act 1989* on application to the Supreme Court of the ACT. Information about the procedure for making that application can be obtained by calling the Supreme Court Registry on 6207 1786.

Further, a person who has a complaint about the issue of this notice can complain to the Commonwealth Ombudsman by calling 1300 362 072.

**PRIVACY NOTICE:** The personal information collected about you is being collected for the purpose of securing the safety of people at work by the authority of the Work Health and Safety Act 2011. The information can be disclosed, in accordance with the *Work Health and Safety Act 2011*, to other law enforcement agencies including the Australian Federal Police, ACT Planning & Land Authority and the Office for Children, Youth & Family Support.

### WorkSafe ACT Contact Details

PO Box 158, Canberra, ACT 2601

email: [worksafe@act.gov.au](mailto:worksafe@act.gov.au)

Phone: (02) 6207 3000

Fax: (02) 6205 0336

|          |   |            |  |
|----------|---|------------|--|
| ENGLISH  | If you need interpreting help, telephone:                         | ITALIAN    | Se avete bisogno di un interprete, telefonate al numero      |
| ARABIC   | لصوت، وفي وقت العمل، اتصلوا بخدمات الترجمة لتتحدثوا<br>فتمت الابل | MALTESE    | Jekk għandek bżonn l-għajnuna t'interpretu, ċempel           |
| CHINESE  | 如果您需要口译员帮助，请拨打电话  | PERSIAN    | هرامش ني هب ديراد چاي تحا يه افش هم جرت هب رگا<br>دي نك نفلت |
| CROATIAN | Ako trebate pomoć tumača telefonirajte                            | RUSSIAN    | Если вам нужна помощь переводчика, звоните по телефону       |
| DARI     | ني هب، ديراد ترورض يه افش هم جرت كمك هب رگا<br>دي نك نوفليت هرامش | SPANISH    | Si necessita la asistencia de un intérprete, llame al        |
| GREEK    | Αν χρειάζεστε διερμηνεία τηλεφωνήστε στο                          | VIETNAMESE | Nếu bạn cần một người thông ngôn hãy gọi điện thoại          |

TRANSLATING AND INTERPRETING SERVICE

131 450



This is an Improvement Notice issued under section 191 of the *Work Health and Safety Act 2011*

|                      |                      |                           |
|----------------------|----------------------|---------------------------|
| Issued by inspector: | Inspector ID number: | Time and Date of service: |
| Christopher Flanagan | P21119               | 11 35 04 08 2015          |

|            |                                   |   |
|------------|-----------------------------------|---|
| Recipient: | Method of Service (s 209)         |   |
| §41(1)     | Personal <input type="checkbox"/> | Other <input checked="" type="checkbox"/> Email |

The person to whom this notice is issued Company  individual

|   |                   |
|---|-------------------|
| Name of Individual or Registered Company: | ACN (if company): |
|   |                   |

|  |               |
|--|---------------|
| Business or trading name (if different): | ABN (if any): |
| nbbar nails beauty bar                   | 56210424231   |

Address:  
§41(1)

The inspector believes that you:

- (a) are contravening a provision of this Act; or
- (b) have contravened a provision in circumstances that make it likely that the contravention will continue or be repeated. (s191(1) and 192(1))

The inspector requires you to:

- (a) remedy the contravention; or
- (b) prevent a likely contravention from occurring; or
- (c) remedy the things or operations causing the contravention or likely contravention. (s191(2))

The provision that the inspector believes is being, or is likely to be, contravened by the activity (s196(1)(c)):

Work Health and Safety Act 2011   Regulation 150

Briefly, how the provision is being, or has been, contravened (s192(1)(c)):

There was no current proof that any of the electrical equipment in the store has ever been tested and tagged

The day by which you are required to remedy the contravention or likely contravention (s192(1)(d)):

**Thursday 06 08 2015**

This Notice *may* include directions and/or recommendations on the measures to be taken to remedy the risk or contravention. The inspector directs you to:

Have all Electrical equipment Test and tagged as per AS3760 by a competent person and a register keep to show such. In the Belconnen Westfields store.

The inspector recommends that you:





## Improvement Notice – Further Information

If you have any questions you may contact the inspector who issued this notice.

### Display of Notices

A person to whom a notice is issued must, as soon as possible, display a copy of the notice in a prominent place at or near the workplace, or part of the workplace, at which work is being carried out that is affected by the notice (s 210(1)).

A person must not intentionally remove, destroy, damage or deface a notice displayed under s 210(1) while the notice is in force (s 210(2)).

The maximum penalty for failing to comply with these provisions is \$5,000 for an individual or \$25,000 for a corporation.

### Compliance with improvement notice

The person to whom an improvement notice is issued must comply with the notice within the period specified in the notice (s193).

The maximum penalty for failing to comply with this requirement is \$50,000 for an individual or \$250,000 for a corporation.

### Extension of time for compliance

If the period for compliance with this notice has not ended, an inspector may extend the compliance period. (s194)

### Directions and recommendations

A direction may refer to a code of practice and may offer the person a choice of ways in which to remedy the contravention (s 204).

An improvement notice may include recommendations. It is not an offence to fail to comply with recommendations in a notice (s 205).

### Changes to notice by inspector

An inspector may make minor changes to a notice for clarification, to correct errors or references, or to reflect changes of address or other circumstances (s206).

### Review of this Notice

A person may apply to the ACT Civil and Administrative Tribunal (ACAT) for review of the decision to issue this notice. Information about how to make that application can be obtained from ACAT by telephoning 6207 1740 or at [www.acat.act.gov.au](http://www.acat.act.gov.au). The application must be made within 28 days of the issue of the notice. A person who may seek review of issue of this notice may also apply in writing for a statement of reasons under s22B of the *ACAT Act 2008* within 28 days of the notice being given.

The decision to issue this notice is also reviewable under the *Administrative Decisions (Judicial Review) Act 1989* on application to the Supreme Court of the ACT. Information about the procedure for making that application can be obtained by calling the Supreme Court Registry on 6207 1786.

Further, a person who has a complaint about the issue of this notice can complain to the Commonwealth Ombudsman by calling 1300 362 072.

**PRIVACY NOTICE:** The personal information collected about you is being collected for the purpose of securing the safety of people at work by the authority of the Work Health and Safety Act 2011. The information can be disclosed, in accordance with the *Work Health and Safety Act 2011*, to other law enforcement agencies including the Australian Federal Police, ACT Planning & Land Authority and the Office for Children, Youth & Family Support.

### WorkSafe ACT Contact Details

PO Box 158, Canberra, ACT 2601

email: [worksafe@act.gov.au](mailto:worksafe@act.gov.au)

Phone: (02) 6207 3000

Fax: (02) 6205 0336

|          |  |            |   |
|----------|--|------------|---|
| ENGLISH  | If you need interpreting help, telephone:  | ITALIAN    | Se avete bisogno di un interprete, telefonate al numero                         |
| ARABIC   | لصحتك، يوفى لك خدمة مترجم لطلب المساعدة لى تلتك اذنا<br>ف تاهل لى                                    | MALTESE    | Jekk għandek bżonn l-għajnuna t'interpretu, ċempel                              |
| CHINESE  | 如果您需要口译员帮助，请拨打电话   | PERSIAN    | هرا م ش نى ه ب دى راد جاى ت ح ا ي ه ا ف ش ه م ج ر ت ه ب ر گ ا<br>دى ن ك ن ف ل ت |
| CROATIAN | Ako trebate pomoć tumača telefonirajte   | RUSSIAN    | Если вам нужна помощь переводчика, звоните по телефону                          |
| DARI     | ه ب ر گ ا ه ب دى راد ت ر و ر و ض ي ه ا ف ش ه م ج ر ت ك م ك ه ب ر گ ا<br>دى ن ك ن و ف ل ي ت ه ر ا م ش | SPANISH    | Si necessita la asistencia de un intérprete, llame al                           |
| GREEK    | Αν χρειάζεστε διερμηνεία τηλεφωνήστε στο   | VIETNAMESE | Nếu bạn cần một người thông ngôn hãy gọi điện thoại                             |

TRANSLATING AND INTERPRETING SERVICE

131 450





This is an Improvement Notice issued under section 191 of the *Work Health and Safety Act 2011*

|  |                                |   |
|--|--------------------------------|---|
| Issued by inspector:<br>Christopher Flanagan | Inspector ID number:<br>P21119 | Time and Date of service:<br>11 00 04 08 2015 |
|--|--------------------------------|---|

|                      |                                   |   |
|----------------------|-----------------------------------|---|
| Recipient:<br>s41(1) | Method of Service (s 209)         |   |
|                      | Personal <input type="checkbox"/> | Other <input checked="" type="checkbox"/> Email |

The person to whom this notice is issued Company  individual

|   |                   |
|---|-------------------|
| Name of Individual or Registered Company: | ACN (if company): |
|   |                   |

|  |                              |
|--|------------------------------|
| Business or trading name (if different):<br>Golden Nails and Spa | ABN (if any):<br>86143615123 |
|--|------------------------------|

Address:  
s41(1)

The inspector believes that you:

- (a) are contravening a provision of this Act; or
- (b) have contravened a provision in circumstances that make it likely that the contravention will continue or be repeated. (s191(1) and 192(1))

The inspector requires you to:

- (a) remedy the contravention; or
- (b) prevent a likely contravention from occurring; or
- (c) remedy the things or operations causing the contravention or likely contravention. (s191(2))

The provision that the inspector believes is being, or is likely to be, contravened by the activity (s196(1)(c)):

|                                 |            |     |
|---------------------------------|------------|-----|
| Work Health and Safety Act 2011 | Regulation | 150 |
|---------------------------------|------------|-----|

Briefly, how the provision is being, or has been, contravened (s192(1)(c)):

There was no current proof that any of the electrical equipment in the store has ever been tested and tagged

|   |                            |
|---|----------------------------|
| The day by which you are required to remedy the contravention or likely contravention (s192(1)(d)): | <b>Thursday 06 08 2015</b> |
|---|----------------------------|

This Notice *may* include directions and/or recommendations on the measures to be taken to remedy the risk or contravention. The inspector directs you to:

Have all Electrical equipment Test and tagged as per AS3760 by a competent person and a register keep to show such. In the Belconnen Westfields store.

The inspector recommends that you:



## Improvement Notice – Further Information

If you have any questions you may contact the inspector who issued this notice.

### Display of Notices

A person to whom a notice is issued must, as soon as possible, display a copy of the notice in a prominent place at or near the workplace, or part of the workplace, at which work is being carried out that is affected by the notice (s 210(1)).

A person must not intentionally remove, destroy, damage or deface a notice displayed under s 210(1) while the notice is in force (s 210(2)).

The maximum penalty for failing to comply with these provisions is \$5,000 for an individual or \$25,000 for a corporation.

### Compliance with improvement notice

The person to whom an improvement notice is issued must comply with the notice within the period specified in the notice (s193).

The maximum penalty for failing to comply with this requirement is \$50,000 for an individual or \$250,000 for a corporation.

### Extension of time for compliance

If the period for compliance with this notice has not ended, an inspector may extend the compliance period. (s194)

### Directions and recommendations

A direction may refer to a code of practice and may offer the person a choice of ways in which to remedy the contravention (s 204).

An improvement notice may include recommendations. It is not an offence to fail to comply with recommendations in a notice (s 205).

### Changes to notice by inspector

An inspector may make minor changes to a notice for clarification, to correct errors or references, or to reflect changes of address or other circumstances (s206).

### Review of this Notice

A person may apply to the ACT Civil and Administrative Tribunal (ACAT) for review of the decision to issue this notice. Information about how to make that application can be obtained from ACAT by telephoning 6207 1740 or at [www.acat.act.gov.au](http://www.acat.act.gov.au). The application must be made within 28 days of the issue of the notice. A person who may seek review of issue of this notice may also apply in writing for a statement of reasons under s22B of the *ACAT Act 2008* within 28 days of the notice being given.

The decision to issue this notice is also reviewable under the *Administrative Decisions (Judicial Review) Act 1989* on application to the Supreme Court of the ACT. Information about the procedure for making that application can be obtained by calling the Supreme Court Registry on 6207 1786.

Further, a person who has a complaint about the issue of this notice can complain to the Commonwealth Ombudsman by calling 1300 362 072.

**PRIVACY NOTICE:** The personal information collected about you is being collected for the purpose of securing the safety of people at work by the authority of the Work Health and Safety Act 2011. The information can be disclosed, in accordance with the *Work Health and Safety Act 2011*, to other law enforcement agencies including the Australian Federal Police, ACT Planning & Land Authority and the Office for Children, Youth & Family Support.

### WorkSafe ACT Contact Details

PO Box 158, Canberra, ACT 2601

email: [worksafe@act.gov.au](mailto:worksafe@act.gov.au)

Phone: (02) 6207 3000

Fax: (02) 6205 0336

|          |   |            |   |
|----------|---|------------|---|
| ENGLISH  | If you need interpreting help, telephone:   | ITALIAN    | Se avete bisogno di un interprete, telefonate al numero                                 |
| ARABIC   | لصوت، و ش لة م جرت ل اب ة دع اس م ل ل ت ج ت ح ا ا ا ف ت ا ه ل ل اب                                | MALTESE    | Jekk għandek bżonn l-għajnuna t'interpretu, ċempel                                      |
| CHINESE  | 如果您需要口译员帮助，请拨打电话  | PERSIAN    | ه ر ا م ش ن ي ا ه ب د ي ر ا د ح ا ي ت ح ا ي ه ا ف ش ه م ج ر ت ه ب ر گ ا د ي ن ك ن ف ل ت |
| CROATIAN | Ako trebate pomoć tumača telefonirajte  | RUSSIAN    | Если вам нужна помощь переводчика, звоните по телефону                                  |
| DARI     | ه ي ا ه ب د ي ر ا د ت ر و ر و ض ي ه ا ف ش ه م ج ر ت ك م ك ه ب ر گ ا د ي ن ك ن و ف ل ي ت ه ر ا م ش | SPANISH    | Si necessita la asistencia de un intérprete, llame al                                   |
| GREEK    | Αν χρειάζεστε διερμηνεία τηλεφωνήστε στο  | VIETNAMESE | Nếu bạn cần một người thông ngôn hãy gọi điện thoại                                     |

TRANSLATING AND INTERPRETING SERVICE

131 450





This is an Improvement Notice issued under section 100 of the Dangerous Substances Act 2004

|                      |  |   |
|----------------------|--|---|
| Issued by Inspector  | Inspector ID number  | Date of service   |
| Christopher Flanagan | P21119   | 04 08 2015  |
| Recipient            | Method of service  |   |
| [Redacted]           | By hand <input checked="" type="checkbox"/> Other <input type="checkbox"/> |   |
|                      |  | Company <input checked="" type="checkbox"/> Individual <input type="checkbox"/> |

The responsible person being given this Notice:

Note: Each person who is required to comply with a duty under the Dangerous Substances Act 2004 must comply with the duty whether or not someone else may also be responsible for complying with the duty (see section 101(2)(d)).

|  |                  |
|--|------------------|
| Name of Individual or Registered Company | ACN (if company) |
| [Redacted]                               |                  |
| Business or trading name (if different)  | ABN (if any)     |
| Professional                             | 36320891066      |
| Address                                  |                  |
| [Redacted]                               |                  |

The inspector believes you have contravened, are contravening or are likely to contravene:

Section: 297 of

Dangerous Substances Act 2004  Regulation:

Short description of contravention:

There were no Safety Data Sheets to be seen or able to be shown to WorkSafe at time of request on inspection.

Substance/s:

Alcohol, Acetone

Time / Date of contravention (or period for continuing offences): 27 07 2015

Address of place of contravention:

Westfield's Mall Benjamin Way Belconnen ACT

What you are required to do:

(for example, put stated premises, plant or systems for handling dangerous substances into a safe condition by repairing or replacing them; prepare, implement or amend a safety management system; take stated measures to carry out the requirements of a safety management system; destroy or otherwise dispose of the substance; comply with a particular provision of the dangerous substances laws; or do something to ensure the dangerous substances laws are complied with in relation to the substance)

Date for compliance:

07 08 2015

Obtain a Current Safety Data Sheet for both chemicals have them displayed a copy given to Westfield's, then inform all works with in the business and ensure that all workers understand the content with in the Safety Data Sheet



**WORKSAFE ACT****Dangerous Substances Improvement Notice**

Notice No: I P21119-03

This is an Improvement Notice issued under section 100 of the *Dangerous Substances Act 2004*

|                      |  |   |
|----------------------|--|---|
| Issued by Inspector  | Inspector ID number  | Date of service   |
| Christopher Flanagan | P21119   | 04 08 2015  |
| Recipient            | Method of service  |   |
| [Redacted]           | By hand <input checked="" type="checkbox"/> Other <input type="checkbox"/> |   |
|                      |  | Company <input checked="" type="checkbox"/> Individual <input type="checkbox"/> |

The responsible person being given this Notice:

Note: Each person who is required to comply with a duty under the *Dangerous Substances Act 2004* must comply with the duty whether or not someone else may also be responsible for complying with the duty (see section 101(2)(d)).

|  |                  |
|--|------------------|
| Name of Individual or Registered Company | ACN (if company) |
| [Redacted]                               |                  |
| Business or trading name (if different)  | ABN (if any)     |
| Professional                             | 36320891066      |
| Address                                  |                  |
| [Redacted]                               |                  |

The inspector believes you have contravened, are contravening or are likely to contravene:

Section: 297 of

Dangerous Substances Act 2004  Regulation:

Short description of contravention:

There were no Safety Data Sheets to be seen or able to be shown to WorkSafe at time of request on inspection.

Substance/s:

Alcohol, Acetone

Time / Date of contravention (or period for continuing offences): 27 07 2015

Address of place of contravention:

Westfield's Mall Benjamin Way Belconnen ACT

What you are required to do:

(for example, put stated premises, plant or systems for handling dangerous substances into a safe condition by repairing or replacing them; prepare, implement or amend a safety management system; take stated measures to carry out the requirements of a safety management system; destroy or otherwise dispose of the substance; comply with a particular provision of the dangerous substances laws; or do something to ensure the dangerous substances laws are complied with in relation to the substance)

Date for compliance:

07 08 2015

Obtain a Current Safety Data Sheet for both chemicals have them displayed a copy given to Westfield's, then inform all works with in the business and ensure that all workers understand the content with in the Safety Data Sheet

See reverse for important information about this notice.

[www.worksafe.act.gov.au](http://www.worksafe.act.gov.au)



# Workplace Visit report - submission confirmation

Your submission has been successful. Please keep a copy of this receipt for your records.

Date and time

20 Apr 2017 10:04:49 AM

Form submission ID

99118220170419105287

Reference number

GC65GB

To save a copy of the completed form and receipt, from the File menu select "Save a copy". To print a copy use the Print icon.

Access Canberra

GPO Box 158  
Canberra City ACT 2601

Telephone: (02) 6207 3000

## Initial information

Inspector ID \*

P05543

Inspection number

WPV-P05543-2TGPN6

Event number

170331-001552

Lead inspector \*

Stuart McKenzie

Accompanying inspector/other \*

Harsh Puri

Date \*

19 Apr 2017

Time commenced \*

09:05

Type of WPV \*

Proactive

Reactive

Purpose of WPV \*

Complaint

Legislation \*

Dangerous Substances Act 2004

Name of individual or registered company \*

Other

Name of individual or registered company \*

s41(1)

ABN

s43(1)(c)(i)

ACN

Business or trading name (if different)

s43(1)(c)(i)

## Registered company address

Address line 1 \*

s43(1)(c)(i)

Address line 2

Suburb \*

s43(1)(c)

State \*

s4

Postcode

s43(

Contact name \*

s41(1)

Contact number \*

s41(1)

Email address

## Workers compensation

Is a compulsory Workers Compensation Policy maintained? \*

Yes

No

Not applicable

## Details of inspection

Site/Workplace address

Same as registered address

Notification of entry to (as required by s164) \*

PCBU

Supervisor

Other

Manager

HSR

N/A



Inspector notes \*

ENTRY

On arrival at the premises I entered accompanied by Inspector Harsh Puri pursuant to Section 145 of the Dangerous Substances Act 2004. I observed a female wearing a name badge with the name s41( on it. I asked the person if they are the owner or manager? s41( said she is the owner. I showed s41( my Inspector ID, introduced myself and my colleague Inspector Harsh Puri. We both provided a business card to s41(. I explained briefly we had some concerns raised with us about the use of substances and that we are all about workplace safety looking at things to do with the Work Health and Safety Act, Dangerous Substance Act, Workers Compensation Act etc I then explained briefly pointing out on the business card the words ACT Government, Access Canberra and WorkSafe ACT.

s41( explained that she has some difficulty with English. I asked s41( if she could show me some of the substances they use in doing nails. s41( showed me some of the small plastic containers in the drawers of one of the workstations. I motioned a pouring action to s41( asking if she had larger containers she uses to fill the smaller ones from.

REAR ROOM - SUBSTANCES STORAGE

s41( took us to a small rear room where she lifted a drape from the underneath side of a single bed which revealed approximately 40 plus litres made up of 5 litre containers of Acetone, Alcohol, Ledo Monomer and various other plastic containers of substances all housed under this bed within a area of 2 square metres?

The room itself was quite small and appeared to be a lunch room? As we walked in s43( moved a plate with fresh food on it to an area out of the way.

SAFETY DATA SHEETS

On return to the front counter I showed s43( the Material Safety Data Sheet (MSDS) I had been provided by s43(1)(c)(i) . I asked s43( if she had these for the other substances they use? s43( said no. I asked s43( if the distributors name on the MSDS was who she purchased the Ledo Monomer from and s41( said yes it was. s41( said she only buys from three (3) suppliers and provided me the following two business names and contact No's.

- 1) s43(1)(c)(i) and
- 2) s43(1)(c)(i)

I explained to s41( that she needs to call these suppliers and ask them to provide her with Safety Data Sheets (SDS's) for each of the substances. s41( was concerned as she does not have a lot of contact with them and her purchases are small quantities. I advised her that doesn't matter as they have an obligation to provide the SDS's at the time of purchase (Harsh also advised her they are free). I advised s41( I would call the suppliers so they understood she would be contacting them and looking for them to supply these SDS's.

s41( said she would normally get assistance from her s41(1) to translate English for her. I suggested I would make arrangements to meet with both her and s41(1) on our next workplace visit which she was happy with.

I asked s41( for an email address to send her a copy of the Workplace Visit Report (WPVR) (and other documents) s41( said she doesn't have email.

SUBSEQUENT TELEPHONE DISCUSSION WITH s41(1) (on return to office)

I explained to s4 I had visited s41(1) premises and the nature of the visit. After some brief discussion s4 said he was more than happy for me to use his email address to correspond with s41( as she already uses his email address for corresponding with the Centre and her insurance company etc. s4 was looking forward to the workplace visit so he would have an idea about what is going to be discussed when we meet at the business again on Friday morning.

MATTERS FOR DISCUSSION ON FRIDAY 21st APRIL

Dangerous Substances Act requirements with respect to the need to have a Safety Management System prepared, documented and implemented. I have a template I will provide for use and discuss on the day to simplify the process.

## Further action

Further action required? \*

Yes

No

Notices issued \*

Yes

No



# Finalisation details

---

WPV for asbestos related issue \*

Yes

No

Industry group \*

Retail Trade

Time finished

09:25

The email address below has been derived from the name you entered. Please ensure the email address is correct.

Lead inspector email address \*

Stuart.McKenzie@act.gov.au

How many other email addresses would you like to send this to? \*

1

Email 1 \*

s41(1)

## Privacy notice

The information collected for the purpose of the Work Health and Safety Act 2011 and is in accordance with the Information Privacy Act 2014. WorkSafe ACT prevents any unreasonable intrusion into person's privacy in accordance with the Privacy Act 1988 (C'With) and Information Privacy Act 2014. WorkSafe ACT provides identifiable information which can be disclosed to other law enforcement agencies and authorised organisations that have legal authority to request information under prescribed circumstances.





Reference Code: 3TMJ7G

# WC-Workplace Visit report - submission confirmation

Your submission has been successful. Please keep a copy of this receipt for your records.

Date and time

11 May 2017 12:28:28 PM

Form submission ID

99116920170511112710

Reference number

3TMJ7G

To save a copy of the completed form and receipt, from the File menu select "Save a copy". To print a copy use the Print icon.

Access Canberra

GPO Box 158  
Canberra City ACT 2601

Telephone: (02) 6207 3000

## Initial information

Inspector ID \*

P05737

Inspection number

WPV-P05737-S76G80

Event number

Lead inspector \*

Mason Tate

Accompanying Inspector/others \*

Nil

Date \*

11 May 2017

Time commenced

hh \*

11

: mm \*

04

Type of WPV \*

Proactive

Reactive

Purpose of WPV \*

Programmed Inspection

Legislation \*

Workers Compensation Act 1951



Name of individual or registered company \*

New York spa and nails

ABN

54122304241

ACN

Business or trading name (if different)

New York spas and nails

## Site/Workplace address

Address line 1 \*

Canberra centre

Address line 2

Suburb \*

CANBERRA CENT D

State

ACT

Postcode \*

2601

Contact name \*

s4

Contact number \*

s41(1)

Email address

s41(1)

## Registered company address

Same as Site/Workplace address

## Workers compensation and details of inspection

Is a compulsory Workers Compensation Policy maintained? \*

Yes

No

Not applicable

Need to check from database

Insurer name

Allianz Insurance

Policy number

s41(1)

Expiry date of policy

30 Jun 2017



Register of injuries maintained \*

Yes

No

Information summary displayed \*

Yes

No

Return to work program displayed \*

Yes

No

Number of Workers

Wages

3

Inspector notes \*

Nothing in place except register of injuries.

## Further action

---

Further action required? \*

Yes

No

Notices issued \*

Yes

No

Required Actions \*

You are required to provide me with a certificate of currency from your approved workers compensation insurer via email within 3 days to Mason.Tate@act.gov.au  
You are required to display a workplace summary and return to work program in the workplace within 7 days. These documents are available from your insurer.

Date of completion of required actions

15 May 2017

Note; As a result of the inspection, the above matters have been brought to your attention to assist you to comply with the requirements of the relevant legislation. You must attend to these matters and have them rectified. If the above matters are not rectified within the specified period, WorkSafe ACT may pursue further action. Please contact the office as a matter of priority if you need assistance, or if you require any further information.

## Finalisation details

---



Industry group \*

Health Care and Social Assistance

Compliant at initial proactive inspection? \*

Yes

No

Time finished

hh \*

:

mm \*

11

21

The email address below has been derived from the name you entered. Please ensure the email address is correct.

Lead inspector email address \*

Mason.Tate@act.gov.au

Lead inspector phone number

How many other email addresses would you like to send this to? \*

1

Email 1 \*

s41(1)

## Privacy notice

The information collected for the purpose of the Work Health and Safety Act 2011, Workers Compensation Act 1951 and is in accordance with the Information Privacy Act 2014. WorkSafe ACT prevents any unreasonable intrusion into person's privacy in accordance with the Privacy Act 1988 (C'With) and Information Privacy Act 2014. WorkSafe ACT provides identifiable information which can be disclosed to other law enforcement agencies and authorised organisations that have legal authority to request information under prescribed circumstances.





Reference Code: 4D54MS

# WC-Workplace Visit report - submission confirmation

Your submission has been successful. Please keep a copy of this receipt for your records.

Date and time

Form submission ID

Reference number

24 May 2017 1:24:28 PM

99116920170524116205

4D54MS

To save a copy of the completed form and receipt, from the File menu select "Save a copy". To print a copy use the Print icon.

Access Canberra

GPO Box 158  
Canberra City ACT 2601

Telephone: (02) 6207 3000

## Initial information

Inspector ID \*

05507

Inspection number

WPV-05507-S798M6

Event number

Lead inspector \*

Arthur Reilly

Accompanying Inspector/others \*

NIL

Date \*

24 May 2017

Time commenced

hh \*

: mm \*

11

05

Type of WPV \*

Proactive

Reactive

Purpose of WPV \*

Programmed Inspection

Legislation \*

Workers Compensation Act 1951



Name of individual or registered company \*

Civic Nails

ABN

12358859633

ACN

Business or trading name (if different)

Civic Nails (ACT)

## Site/Workplace address

Address line 1 \*

SHOP CG10

Address line 2

City walk

Suburb \*

CANBERRA CENT D

State

ACT

Postcode \*

2601

Contact name \*

s41(1)

Contact number \*

s41(1)

Email address

s41(1)

## Registered company address

Same as Site/Workplace address

## Workers compensation and details of inspection

Is a compulsory Workers Compensation Policy maintained? \*

Yes

No

Not applicable

Need to check from database

Insurer name

Zurich Financial Services

Policy number

s41(1)

Expiry date of policy

21 Aug 2017



Register of injuries maintained \*

Yes

No

Information summary displayed \*

Yes

No

Return to work program displayed \*

Yes

No

Number of Workers

Wages

6

Inspector notes \*

s41(1) and s41(1)

SEPT 2015 START BUSINESS

## Further action

Further action required? \*

Yes

No

Notices issued \*

Yes

No

Required Actions \*

Under. Legislation required to maintain the following located in th shop for display in staff area and staff information.

Register of Injuries - can be just an exercise book in shop

Information Summary - Can be obtained from insurer Zurich for display in shop

Return to Work Plan - Can be obtained from \Zurich for display in shop

Failure to comply can lead to Infringement. Notices as per brochure on responsibilities

Date of completion of required actions

24 Jun 2017

Note; As a result of the inspection, the above matters have been brought to your attention to assist you to comply with the requirements of the relevant legislation. You must attend to these matters and have them rectified. If the above matter are not rectified within the specified period, WorkSafe ACT may pursue further action. Please contact the office as a matter of priority if you need assistance, or if you require any further information.

## Finalisation details



Industry group \*

Retail Trade

Compliant at initial proactive inspection? \*

Yes

No

Time finished

hh \*

:

mm \*

11

15

The email address below has been derived from the name you entered. Please ensure the email address is correct.

Lead inspector email address \*

Arthur.Reilly@act.gov.au

Lead inspector phone number

62053463

How many other email addresses would you like to send this to? \*

1

Email 1 \*

s41(1)

## Privacy notice

The information collected for the purpose of the Work Health and Safety Act 2011, Workers Compensation Act 1951 and is in accordance with the Information Privacy Act 2014. WorkSafe ACT prevents any unreasonable intrusion into person's privacy in accordance with the Privacy Act 1988 (C'With) and Information Privacy Act 2014. WorkSafe ACT provides identifiable information which can be disclosed to other law enforcement agencies and authorised organisations that have legal authority to request information under prescribed circumstances.





Reference Code: **FTR8L7**

## WC-Workplace Visit report - submission confirmation

Your submission has been successful. Please keep a copy of this receipt for your records.

Date and time

21 Jul 2017 11:16:57 AM

Form submission ID

99116920170721112452

Reference number

FTR8L7

To save a copy of the completed form and receipt, from the File menu select "Save a copy". To print a copy use the Print icon.

Access Canberra

GPO Box 158  
Canberra City ACT 2601

Telephone: (02) 6207 3000

## Initial information

Inspector ID \*

P05546

Inspection number

WPV-P05546-S8FGH5

Event number

Lead inspector \*

Liam Fowley

Accompanying Inspector/others \*

No

Date \*

21 Jul 2017

Time commenced

hh \*

10

: mm \*

50

Type of WPV \*

Proactive

Reactive

Purpose of WPV \*

Programmed Inspection

Legislation \*

Workers Compensation Act 1951



Name of individual or registered company \*

s41(1)

ABN

45145259767

ACN

Business or trading name (if different)

Glamorous Nails & Spa

## Site/Workplace address

Address line 1 \*

Shop 532 Canberra Outlet Centre

Address line 2

Suburb \*

FYSHWICK

State

ACT

Postcode \*

2609

Contact name \*

s41(1)

Contact number \*

s41(1)

Email address

s41(1)

## Registered company address

Same as Site/Workplace address

## Workers compensation and details of inspection

Is a compulsory Workers Compensation Policy maintained? \*

Yes

No

Not applicable

Need to check from database

Insurer name

GIO Workers Compensation

Policy number

Expiry date of policy



Register of injuries maintained \*

Yes

No

Information summary displayed \*

Yes

No

Return to work program displayed \*

Yes

No

Number of Workers

Wages

4

Inspector notes \*

s41(1) s41(1)

Workers Compensation policy to be displayed  
Information summary to be displayed  
Return to work summary to be displayed  
Register of injuries to be maintained

## Further action

---

Further action required? \*

Yes

No

Notices issued \*

Yes

No

Required Actions \*

Workers Compensation policy to be displayed  
Information summary to be displayed  
Return to work summary to be displayed  
Register of injuries to be maintained

Date of completion of required actions

28 Jul 2017

Note; As a result of the inspection, the above matters have been brought to your attention to assist you to comply with the requirements of the relevant legislation. You must attend to these matters and have them rectified. If the above matters are not rectified within the specified period, WorkSafe ACT may pursue further action. Please contact the office as a matter of priority if you need assistance, or if you require any further information.

## Finalisation details

---



Industry group \*

Other Services

Compliant at initial proactive inspection? \*

Yes

No

Time finished

hh \*

:

mm \*

11

00

The email address below has been derived from the name you entered. Please ensure the email address is correct.

Lead inspector email address \*

Liam.Fowley@act.gov.au

Lead inspector phone number

02-6205-5190

How many other email addresses would you like to send this to? \*

1

Email 1 \*

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## Privacy notice

The information collected for the purpose of the Work Health and Safety Act 2011, Workers Compensation Act 1951 and is in accordance with the Information Privacy Act 2014. WorkSafe ACT prevents any unreasonable intrusion into person's privacy in accordance with the Privacy Act 1988 (C'With) and Information Privacy Act 2014. WorkSafe ACT provides identifiable information which can be disclosed to other law enforcement agencies and authorised organisations that have legal authority to request information under prescribed circumstances.