

Company/Business Information				
This visit is due to:			Date:	Time:
Pro-active inspection 🗹 Complete	aint Scheduled p	rogram 🗌	14/04/2015	10.18am
Business/Trading Name:			Industry:	
Katylicious Nail and Spa				
Company/Proprietor:			ABN/ACN:	
s41(1)			48 439 107 4	40
Address:				Postcode:
s41(1)				2900
Contact Number: Email Addre	ess:			-
s41(1) s41(1)				
Number of Workers:				
Full-time:	Part-time:	C	asual/other:	
Time in Operation in the ACT:				
Obligations under ACT Workers Comp	pensation Act 1951			
Insurance Company Details:				
Allianz				
Workers Compensation Policy number:			ception:	Expiry:
s41(1)		C	4/04/2013	04/04/2015
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 S	Section 190 🗹	Follow up Req	uired 🗹	
Required actions:				
Could you please provide the follo - A copy of your certificate of curre	wing via amail:			
 Notification that your Workplace Notification that your Return to W Notification that your injury regist 	ency from an approve Information Summar Vork Plan is now disp	y is now disp layed	layed.	surer.
 Notification that your Workplace Notification that your Return to W Notification that your injury regist Rectification: As a result of the inspective with the requirements of the relevant let to be completed within 3 Further Action: If the above matters are action. Please contact the Office as a matter of the second of the complete of the complete of the second of the complete of the	ency from an approve Information Summar Vork Plan is now dispeter is in place and associated as a second terms on, the above matters have gislation. You must attend to days of the date of this notice not rectified within the spendatter of priority if you need	y is now displayed sessable to who been brought to be these matters a ce.	your attention to as: nd have them rectif WorkSafe ACT may	sist you to comply ied. Such action is
Notification that your Workplace Notification that your Return to W Note: Rectification: As a result of the inspective with the requirements of the relevant let to be completed within 3 Further Action: If the above matters are action. Please contact the Office as a multiple let. Inspector's Signature: Inspector	ency from an approve Information Summar Vork Plan is now dispeter is in place and associated as the days of the date of this notice not rectified within the spenatter of priority if you need inspector's Name:	y is now displayed sessable to who been brought to be these matters a ce.	your attention to as not have them rectife WorkSafe ACT may you require any furth Contact Number:	sist you to comply ied. Such action is
Note: Note: Rectification: As a result of the inspective with the requirements of the relevant let to be completed within 3 Further Action: If the above matters are action. Please contact the Office as a matter of the complete of the complete of the complete of the relevant let to be completed within 1 Inspector's Signature: Inspector	ency from an approve Information Summar Vork Plan is now dispeter is in place and associated as a second terms on, the above matters have gislation. You must attend to days of the date of this notice not rectified within the spendatter of priority if you need	y is now displayed sessable to who been brought to be these matters a ce.	your attention to as: nd have them rectif WorkSafe ACT may	sist you to comply ied. Such action is



Company/Business Information				
This visit is due to:			Date:	Time:
Pro-active inspection ☑ Com	nplaint 🗌	Scheduled program	25/05/2015	9.50am
Business/Trading Name:			Industry:	
ShinyNails				
Company/Proprietor:			ABN/ACN:	
			36 606 845 2	58
Address:				Postcode:
Shop 53 Cooleman Court Weston				2611
Contact Number: Email Ac	ddress:			
s41(1) s41(1)				
Number of Workers:	٦			
Full-time:	Part-time:	1	Casual/other: 3	
Time in Operation in the ACT:				
4 years				
Obligations under ACT Workers Co	mpensation /	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 [NO 🗹
Workplace Summary Displayed:			Yes [NO 🗹
Return to Work Program Displayed:			Yes [NO ☑
Further Action:				
No Further Action ☐		Default Notic	e Issued	
Required Action Unde	er Section 190	Follow up Re	equired 🗹	
Required actions:				
Could you please provide the fo	llowing via	email:		
- Notification that your Workplace		-	played.	
- Notification that your Return to				
- Notification that your injury reg	ister is in pl	ace and assessable to	workers	
Note:				
Rectification: As a result of the inspet with the requirements of the relevan				
to be completed within 7	days of the o	date of this notice.		
2. Further Action: If the above matters action. Please contact the Office as				
Inspector's Signature:	Inspector's Na		Contact Number:	
s41(1)	Lloyd Ben		62073000	
Business Representative:	Position:		Signature:	
Dadinood Roprodontativo.	. Ooktori.		Jigilatalo.	



This visit is due to:	OII	Date:	Time:
Pro-active inspection 🗹	Complaint Scheduled program	02/6/2015	10:41
Business/Trading Name:		Industry:	-
Star Gentle Nails		Personal Sei	vices
Company/Proprietor:		ABN/ACN:	
HTTN Pty Ltd		98 168 643	016
Address:		2,4673,947	Postcode:
Hyperdome Shopping Centre 5	Shop 53 Anketell Street Tuggeranong		2901
Contact Number: E	Email Address:		
s41(1)	41(1)		
Number of Workers:			
Full-time: 1	Part-time: 2	Casual/other:	
Time in Operation in the ACT:			
8months ago			
Obligations under ACT Work	ers Compensation Act 1951		
GIO			
Workers Compensation Policy nun	nber:	Inception:	Expiry:
s41(1)	7 500	1/6/2015	1/6/2016
Register of Injuries Accessible:		Yes	s □ NO ☑
Workplace Summary Displayed:		Yes □ NO 🗹	
Return to Work Program Displayed	1 -	Yes	□ NO ☑
Further Action:			1,10,0
No Further Ac	tion Default Not	ice Issued 🗌	
	on Under Section 190 🗹 Follow up F	Required 🗹	
Required actions:			
Can you p ease prov de the fo ow no	g;		
Not ficat on va ema that a workp ac	ce nformation summary(ava able from insurer) sid sp	ayed	
Not fication via email that returned to	o work program posters(ava ab e from nsurer) are d sp	aved	
		o uyoo	
Not ficat on v a ema that your reg st	ter of njur es s n p ace and access b e to workers		
Under Sect on 190	in the second se		
A copy of bus ness sale agreement i	between <u>\$41(1)</u> and HTTN Pty Ltd.		
The tota amount of wages pad to w	orkers/number of workers from when HTTN Pty Ltd to	ok over the bus ness	to the 31st May 201
Note:			
1. Rectification: As a result of the	he inspection, the above matters have been brought relevant legislation. You must attend to these matter days of the date of this notice.		
	matters are not rectified within the specified period, t ffice as a matter of priority if you need assistance, or		
1	Inspector's Name:	Contact Number	
1(1)	Jonathon Aoki	62076013	5.54
	Position:	Signature:	
	OMPOR.	N/a	



This visit is due to:	on.	Date:	Time:
Pro-active inspection 🗹	Complaint Scheduled program	03/6/2015	10:41
Business/Trading Name:		Industry:	***************************************
Star Gentle Nails		Personal Ser	vices
Company/Proprietor:		ABN/ACN:	
HTTN Pty Ltd		98 168 643	016
Address:			Postcode:
Hyperdome Shopping Centre S	hop 53 Anketell Street Tuggeranong		2901
Contact Number: E	mail Address:		
s41(1) s4	41(1)		
Number of Workers:			
Full-time: 1	Part-time: 2	Casual/other:	
Time in Operation in the ACT:			
8months ago			
Obligations under ACT Worke Insurance Company Details:	ers Compensation Act 1951		
GIO			
Workers Compensation Policy num	ber:	Inception:	Expiry:
41(1)		1/6/2015	1/6/2016
Register of Injuries Accessible:		Yes	NO 🗹
Workplace Summary Displayed:		Yes	NO 🗹
Return to Work Program Displayed		Yes	s □ NO ☑
Further Action:		10.	
No Further Acti	ion Default Not	tice Issued	
Required Action	n Under Section 190 🗹 Follow up F	Required 🗹	
Required actions:			
Can you p ease prov de the fo ow ng	\$ 1		
Not fication via email that a workplace	e nformat on summary(ava ab e from nsurer) s d sp	aved	
Not fication via email that returned to	work program posters(ava ab e from nsurer) are d s	p ayed	
Not ficat on v a ema that your reg ste	er of njur es s n p ace and access b e to workers		
Under Sect on 190			
A copy of bus ness sa e agreement b	etween 541(1) and HTTN Pty Ltd.		
The tota amount of wages pad to wo	orkers/number of workers from when HTTN Pty Ltd to	ok over the bus ness	to the 31st May 201
Note:			
1. Rectification: As a result of th	e inspection, the above matters have been brought elevant legislation. You must attend to these matte days of the date of this notice.		
2. Further Action: If the above m	natters are not rectified within the specified period, t fice as a matter of priority if you need assistance, o		
Inspector's Signature	Inspector's Name:	Contact Number	er:
1(1)	Jonathon Aoki	62076013	
Busmess Representative:	Position:	Signature:	
s41(1)	owner	N/a	



Company/Business Informati	on			
This visit is due to:			Date:	Time:
Pro-active inspection 🗹	Complaint	Scheduled program	11/06/2015	9.50am
Business/Trading Name:			Industry:	
Fancy Nails				
Company/Proprietor:			ABN/ACN:	
			74 147 537 1	11
Address:				Postcode:
s41(1)				2912
	Email Address:			
	41(1)			
Number of Workers:				
Full-time: 1	Part-time	2	Casual/other:	
Time in Operation in the ACT:				
2 years				
Obligations under ACT Work	ers Compensation	Act 1951		
Insurance Company Details:				
Workers Compensation Policy num	nber:		Inception:	Expiry:
Register of Injuries Accessible:			Yes [NO 🗹
Workplace Summary Displayed:			Yes [NO 🗹
Return to Work Program Displayed	d:		Yes [NO 🗹
Further Action:				
No Further Act	tion 🗌	Default Notic	e Issued 🗌	
Required Action	on Under Section 19	90 🗌 Follow up Re	quired 🗹	
Required actions:				
Could you please provide - A copy of your certificate - Notification that your Wo - Notification that your Ret - Notification that your inju	of currency from rkplace Informat urn to Work Plar	n an approved workers o ion Summary is now dis n is now displayed	olayed.	surer.
with the requirements of the to be completed within 3 2. Further Action: If the above r	relevant legislation. Ydays of the matters are not rectific ffice as a matter of pri		and have them rectife WorkSafe ACT may	ied. Such action is y pursue further
	Lloyd Be	TIIVENIO		
Business Representative:	Position:		Signature:	
s41(1)	Manager			



Company/Business Informat	ion			
This visit is due to:			Date:	Time:
Pro-active inspection 🗹	Complaint	Scheduled program	18/06/2015	11.20am
Business/Trading Name:			Industry:	
Crystal Nails				
Company/Proprietor:			ABN/ACN:	
			84 119 638 6	97
Address:				Postcode:
Shop 25a Gungahlin Market P	lace Gungahlin			2912
Contact Number:	Email Address:			
s41(1)	s41(1)			
Number of Workers:				
Full-time: 2	Part-time	e: 1	Casual/other: 4	
Time in Operation in the ACT:	_			
8 years				
Obligations under ACT Work	ers Compensation	Act 1951		
Insurance Company Details:		17101 1001		
QBE				
Workers Compensation Policy nur	mber·		Inception:	Expiry:
s41(1)			23/11/2009	23/11/2015
Register of Injuries Accessible:				Z NO 🗆
Workplace Summary Displayed:				☑ NO □
			_	
Potura to Work Brogram Displays	d.		Von E	Z NO 🗆
Return to Work Program Displayer Further Action:	d:		Yes	Ø NO □
		Default Notic		Z NO □
Further Action: No Further Action			ce Issued	Ø NO □
Further Action: No Further Action	etion 🗹		ce Issued	Ø NO □
Further Action: No Further Action Required Action	etion 🗹		ce Issued	Z NO 🗆
No Further Action: Required Action Required actions: Note: 1. Rectification: As a result of twith the requirements of the to be completed within 2. Further Action: If the above	the inspection, the above relevant legislation. Y		ce Issued equired o your attention to as and have them rective.	ssist you to comply fied. Such action is y pursue further
No Further Action: Required Action Required actions: Note: 1. Rectification: As a result of twith the requirements of the to be completed within 2. Further Action: If the above	the inspection, the above relevant legislation. Y	Pollow up Response to the second of the seco	ce Issued equired o your attention to as and have them rective.	ssist you to comply fied. Such action is y pursue further
Note: 1. Rectification: As a result of twith the requirements of the to be completed within	the inspection, the above relevant legislation. Y days of the matters are not rectific office as a matter of present legislation.	Pool Follow up Response matters have been brought to you must attend to these matters and a date of this notice. Bed within the specified period, the iority if you need assistance, or invalid the specified period. Name:	ce Issued equired o your attention to as and have them rective e WorkSafe ACT maif you require any fur	ssist you to comply fied. Such action is y pursue further
No Further Action: Required Action Required actions: Note: 1. Rectification: As a result of twith the requirements of the to be completed within 2. Further Action: If the above action. Please contact the Complete of th	the inspection, the above relevant legislation. Ye days of the matters are not rectific office as a matter of pr	Pool Follow up Response matters have been brought to you must attend to these matters and a date of this notice. Bed within the specified period, the iority if you need assistance, or invalid the specified period. Name:	ce Issued equired o your attention to as and have them rective WorkSafe ACT maif you require any furi	ssist you to comply fied. Such action is y pursue further







Workers Compensation Workplace Visit Inspection Sheet

1 Inspection Information

Inspection Numb	er Lead inspector		Companied	inspectors/others	
	Lloyd Ben	ivento			
Date	Time Commenced	Type of WPV		Purpose of WPV	
08/07/2015	10:54	✓ Proactive	Reactive	N/A	
Legislation					
Workers Comp	ensation Act 1951				
Name of Individu	al or Registered Compan	у			
BCNL Pty Ltd					
ABN			ACN		
98 153 433 624	4	-			
Business or Tradi	ng name (if different)				
Oz Nails					
Registered Comp	any Address				Postcode
Shop 17B 33 H	libberson Street Gun	gahlin			2912
Contact Name					Contact Numbe
?					s41(1)
Email Address					
?					
Notes:					
onable to unc	derstand as non en	giish speaking ba	ackground		
Number of Work 4 at the time of		1			
t at the time of	Inspection				

WorkSafe ACT, PO Box 158 Canberra ACT 2601 | Email: <u>worksafe@act.gov.au</u> | Phone: (02) 6207 3000 | Fax: (02) 6205 0336 <u>www.worksafe.act.gov.au</u> | Last updated 30/96/2015 Page 1 of 3

2 Obligations under the Workers Compensation Act 1951

Approved insurer name:		
Zurich		
Workers Compensation Policy Number:		Inception date: Expiry date:
s41(1)		05/10/2011 05/10/2015
Register of Injuries maintained:	Information Summary Displayed:	Return to Work Program Displayed:
☐ Yes ✓ No	Yes No	☐ Yes ✓ No
Further Action		
✓ Further Action Required	Default Notice Issued	☐ No Further Action
Required Actions:		
Could you please provide the following	owing via email:	
- Notification that your Return to	e Information Summary is now disp Work Plan is now displayed ster is in place and assessable to	•
Note:		
	he above matters have been brought to relevant legislation. You must attend to t	
	ectified within the specified period, Wor matter of priority if you need assistance,	• •
Date for completion of required actions:	1	
17/07/2015		
Inspector's Name:	•	Contact number:
Lloyd Benivento		62073000
Business Representative:		Position:

4 Privacy Notice

3

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	er Lead inspector		Companied i	inspectors/others	
P21119	Christophe	r Flanaga	n		
Date	Time Commenced	Type of WPV		Purpose of WPV	
27/07/2015		✓ Proactive □	Reactive	Event	
Legislation				<u> </u>	
Work Health an	d Safety Act 2011				
Name of Individua	al or Registered Company				
s41(1)					
ABN			ACN		
56210424231					
Business or Tradir	ng name (if different)				
nbbar nailsbeau	uty bar				
Registered Compa	any Address				Postcode
s41(1)					2914
Contact Name					Contact Numbe
s41(1)					s41(1)
Email Address					
lovenails@live.	com.au				
	empensation kers Compensation policy r	maintained?	Policy Number		Expiry Date
		Applicable			
Insurer Name					

3 Inspection Details

Site/Workplace Address	
Middle level east end of Westfields Belconnen	
	2.32

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 equipement in the store is to be Tested and Tagged as per AS3760 (any equipement 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 desplayed with in the store is to be in English and of the Language of the staff
 - 4 All cleaning of all equipement 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

WorkSafe ACT

Workplace Visit Record

Further Action

5

Further Action	Notices Issued	Follow up required
Yes No	✓ Yes No	✓ Yes
Type of Notices No.	No.	No.
✓ Improvement 2	Prohibition	☐ Infringement
Other Notice Types		No.
Other:		
Finalisation Details WPV for asbestos related issue?	Asbestos issue	
☐ Yes ✓ No	Complaint	
Industry Group Retail Trade		
Compliant at initial inspection	Time finished	
Yes No		

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.

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



WORKS ITE ACT Works Substances Improvement Notice Notice No: 1 P21119 -05

	This is an Improvement Notice issued under section 10	Inspector ID num	ber:	nces Act 2004
	Issued by Inspector :	P21119		The of service.
	Christopher Flanagan	Method of service	:	04 08 2015
	Recipient:	By hand 🖾	Other 🗆	
N	The responsible person being given this Notice: lote: Each person who is required to comply with a duty under the root someone else may also be responsible for complying with the ame of Individual or Registered Company:	e Dangerous Subst the duty (see section	n 101(2)(d)).	A must comply with the duty whether I (if company):
Ru	siness or trading name (if different):		ABN	(if any):
	LV Trust (Love Nails)			10424231
	ress:			124231
The	inspector believes you have contravened, are contravening or	are likely to contra	avene.	
	tion: 297 of			
	Dangerous Substances Act 2004	Regulation:		
	description of contravention:			
There	were no Safety Data Sheets to be seen or able to be shown to W	orkSafe at time of re	quest on inspec	ction.
Substand	ce/s:			
Alcohol,	Acetone			
T	ime / Date of contravention (or period for continuing offences):	27 07 2015		
Address of	place of contravention:			
Westfield	's Mall Benjamin Way Belconnen ACT			
	re required to do:			
				Data for compliance
TIOI CAGIIIDIE	repairing or replacing them; prepare, implement or amend a	us substances into a	safe	Date for compliance:

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 works are under the control of the and ensure that all workers understand the content with in the Safety Data Sheet

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

(for example, put stated premises, plant or systems for handling dangerous substances into a safe

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)

condition by repairing or replacing them; prepare, implement or amend a safety management system; take

Date for compliance:

07 08 2015

What you are required to do:



Improvement No ice Page 1 of 2

Notice No: IN P21119 05

Inspector ID number: Time and Date of service Christopher Flanagan P21119 113 5 04 08 2015 Recipient: Method of Service (s 209) ■ 11 35 04 08 2015 Recipient: Method of Service (s 209) ■ 11 35 04 08 2015 Recipient: Method of Service (s 209) ■ 11 35 04 08 2015 Recipient: Method of Service (s 209) ■ 12 Method of Service (s 209) ■ 13 Method of Service (s 209) ■ 14 Method of Service (s 209) ■ 15 Method of Service (s 209) ■ 16 Method of Service (s 209) ■ 17 Method of Service (s 209) ■ 18 Method of Service (s 209) ■ 20 Method of Se	P21119 Method of Service (s 209) Personal Other ACN (if compared ACN (if compared ACN (if any)): ABN (if any): 56210424 So that make it likely that the contravention or likely contravention. (s19) to be, contravened by the activity (s196) Regulation 1 If (s192(1)(c)):	mail any individual pany): 231 n will continue or be 1(2)) (1)(c)):
The person to whom this notice is issued Name of Individual or Registered Company: Business or trading name (if different): Business or trading name (if different): Beauty Central 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 contravenion; or (b) prevent a likely contravention from occurring; or (c) remedy the things or operations causing the contravened by the activity (s196(1)(c)): Work Health and Safety Act 2011 Briefly, how the provision is being, or has been, contravened (s192(1)(c)): There was no current proof that any of the electrical equipement 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)): This Notice may include directions and/or recommendations on the measures to be taken to remedy the risk or contravention registor keep to show such. In the Belconnen Westfields store.	Personal Other ACN (if compared ACN (if	any individual coany): 231 n will continue or be 1(2)) (1)(c)):
The person to whom this notice is issued Name of Individual or Registered Company: Business or trading name (if different): Business or trading name (if different): Beauty Central Address: 341(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 contravenition 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 (s198(1)(c)): Work Health and Safety Act 2011 Briefly, how the provision is being, or has been, contravened (s192(1)(c)): There was no current proof that any of the electrical equipement 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)): 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 equipement Test and tagged as per AS3760 by a competent person and a registor keep to show such. In the Belconnen Westfields store.	Compa ACN (if comp ABN (if any): 56210424 s that make it likely that the contravention or entravention or likely contravention. (s19) to be, contravened by the activity (s196) Regulation 1	any individual coany): 231 n will continue or be 1(2)) (1)(c)):
Name of Individual or Registered Company: Business or trading name (if different): Beauty Central ABN (if any): Beauty Central 56210424231 Address: 341(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 from occurring; or (b) prevent a likely contravention from occurring; or (c) remedy the things or operations causing the contravened by the activity (s196(1)(c)): Work Health and Safety Act 2011 Briefly, how the provision is being, or has been, contravened (s192(1)(c)): There was no current proof that any of the electrical equipement 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)): This Notice may include directions and/or recommendations on the measures to be taken to remedy the risk or contraventior. Have all Electrical equipement Test and tagged as per AS3760 by a competent person and a registor keep to show such. In the Belconnen Westfields store.	ACN (if composition of the contravention of the contravened by the activity (s196) Regulation [1]	(1)(c)):
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The inspector directs you to: Have all Electrical equipement Test and tagged as per AS3760 by a competent person and a registor keep to show such. In the Belconnen Westfields store.	Thursday 06 C	18 2015
Have all Electrical equipement Test and tagged as per AS3760 by a competent person and a registor keep to show such. In the Belconnen Westfields store.	on the measures to be taken to remedy	the risk or contravention
The inspector recommends that you:		tent person and a
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Improvement Notice – Further Information

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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. 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 worksafe@act.gov.au email: (02) 6207 3000 Phone: (02) 6205 0336 Fax:

ENGLISH If you need interpreting help, telephone: **ITALIAN** Se avete bisogno di un interprete, telefonate al numero MALTESE Jekk għandek bżonn I-għajnuna t'interpretu, ċempel **ARABIC** لصتاٍ،ةيوفشلا ةمجرتلاب ةدعاسملل تجتحإ اذإ **PERSIAN** ەرامش نيا ەب ديراد جايتحا ىەافش ەمجرت ەب رگا فتاهلاب

دينک نفلت 如果您需要口译员帮助,请拨电话

CHINESE RUSSIAN Если вам нужна помощь переводчика, звоните по Ako trebate pomoć tumača telefonirajte CROATIAN

телефону

DARI نيا ەب,ديراد ترورض يەافش ەمجرت كمك ەب رگا Si necessita la asistencia de un intérprete, llame al **SPANISH دينک** نوفليت ەرامش VIETNAMESE Nếu bạn cần một người thông ngôn hãy gọi điện thoại

GREEK Αν χρειάζεστε διερμηνέα τηλεφωνήσετε στο

TRANSLATING AND INTERPRETING SERVICE

131 450

WORKSAFE ACT

Improvement No ice Page 1 of 2

Notice No: IN P21119 07

Issued by inspector: Christopher Flanagan	Inspector ID num	nber: Time and Date of service:
	P21119	10 25 04 08 2015
Recipient:	Method of Service	ce (s 209)
s41(1)	Personal	Other 🗹 Email
The person to whom this notice is i	ssued	Company 🗹 individual 🗌
Name of Individual or Registered Com	npany:	ACN (if company):
Business or trading name (if different):		ABN (if any):
Love Nails		56210424231
Address: s41(1)		
repeated. (s191(1)and 197) The inspector requires you to: (a) remedy the contravention (b) prevent a likely contrave	vision in circumstances that make it likely that 92(1)) n; or	
	ves is being, or is likely to be, contravened by	
Work Health and Safety Act 2011	Regula	
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	has been, contravened (s192(1)(c)): hat any of the electrical equipeme	ent in the store has ever been
There was no current proof the ested and tagged	hat any of the electrical equipeme	
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There was no current proof the tested and tagged The day by which you are required to or likely contravention (s192(1)(d)): This Notice may include directions and	hat any of the electrical equipeme	30 07 2015
The day by which you are required to or likely contravention (s192(1)(d)): This Notice may include directions and the inspector directs you to: Have all Electrical equipements	remedy the contravention Friday	30 07 2015 taken to remedy the risk or contravention



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).

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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

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CROATIAN

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PERSIAN فتاهلاب

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GREEK Αν χρειάζεστε διερμηνέα τηλεφωνήσετε στο

TRANSLATING AND INTERPRETING SERVICE

131 450

WORKSAFE ACT

Improvement No ice Page 1 of 2

Notice No: IN P21119 05

Issued by inspector:		Inspector ID numb	, CI.	Time and Date of service
Christopher Flanagan		P21119	(= 000°	11 35 04 08 201
Recipient:		Method of Service		Z Empil
s41(1)		reisonal _	_	Z Email
The person to whom this notice is is				ompany 🗹 individual 🛚
Name of Individual or Registered Com	pany:		ACN (if	company):
Business or trading name (if different):			ABN (if	anv).
Professionail				891066
Address:			00020	
s41(1)				
(b) have contravened a prov repeated. (s191(1)and 197). The inspector requires you to: (a) remedy the contravention (b) prevent a likely contravention (c) remedy the things or open	92(1)) n; or ntion from occurring; or			
The provision that the inspector believe	es is being, or is likely to b	e, contravened by t	he activity (s196(1)(c)):
Work Health and Safety Act 2011		Regulation	on	150
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TRANSLATING AND INTERPRETING SERVICE

131 450



Improvement No ice Page 1 of 2

Notice No: IN P21119 11

Christopher Flanagan Recipient: Method of Service (s 209) 341(1) Personal □ Other ☑ Email The person to whom this notice is issued Name of Individual or Registered Company: Business or trading name (if different): ABN (if any): Inbbar nails beauty bar Address: 341(1) The inspector believes that you: (a) are contravening a provision of this Act; or (b) have contravening 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 contravention from occurring; or (c) prevent in the inspector believes is being, or is likely to be, contravened by the activity (s196(1)(c)): Work Health and Safety Act 2011 Briefly, how the provision is being, or has been, contravened (s192(1)(c)): There was no current proof that any of the electrical equipement in the store has ever been tested and tagged The day by which you are required to remedy the contravention or the measures to be taken to remedy the risk or contraventine inspector directs you to: The lay by which you are required to remedy the contravention or the measures to be taken to remedy the risk or contraventine inspector directs you to: The laye all Electrical equipement Test and tagged as per AS3760 by a competent person and registor keep to show such. In the Belconnen Westfields store.	Christopher Flanagan Recipient: Method of Service (s 209) Personal ☐ Other ☑ Email The person to whom this notice is issued Name of Individual or Registered Company: Business or trading name (if different): Inbbar nails beauty bar Address: ### 156210424231 Address: ### 156210424231 Address: ### 156210424231 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 contravend 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 equipement in the store has ever been tested and tagged The day by which you are required to remedy the contravention or the measures to be taken to remedy the risk or contravention rilkely contravention fereins or likely contravention (s192(1)(d)): This Notice may include directions and/or recommendations on the measures to be taken to remedy the risk or contravention rilkely contravention reflects you to: Have all Electrical equipement Test and tagged as per AS3760 by a competent person and a second rection of the risk or contravention representation as person and a second rection of the risk or contravention representations are person and a second rections and/or recommendations on the measures to be taken to remedy the risk or contravention representations and representation and representations are personated as personated and representations are personated as representations and representations are per	Issued by inspector:	Inspector ID nu	mber: Time and Date of service:
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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. 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 Phone: (02) 6207 3000 Fax: (02) 6205 0336

ENGLISH If you need interpreting help, telephone:

ARABIC إِنَا إِذَا اللَّهِ عَلَيْهِ اللَّهِ اللَّهِ عَلَيْهِ اللَّهُ عَلَيْهِ اللَّهِ عَلَيْهِ اللَّهِ عَلَيْهِ اللَّهِ عَلَيْهِ اللَّهِ عَلَيْهِ اللَّهِ عَلَيْهِ عَلَّا عَلَيْهِ عِلْمِ عَلَيْهِ عَلْمِ عَلَيْهِ عَ

فتاهلاب

CHINESE 如果您需要口译员帮助, 请拨电话 CROATIAN Ako trebate pomoć tumača telefonirajte

نيا هب,ديراد ترورض ي هافش هم چرت کم که برگا

د**يڼک** نوفليت ەرامش

GREEK Αν χρειάζεστε διερμηνέα τηλεφωνήσετε στο

ITALIAN Se avete bisogno di un interprete, telefonate al numero MALTESE Jekk għandek bżonn I-għajnuna t'interpretu, ċempel

ەرامش نيا ەب دېراد جايتحا يەافش ەمجرت ەب رگا PERSIAN

دينک نفلت

RUSSIAN Если вам нужна помощь переводчика, звоните по

телефону

SPANISH Si necessita la asistencia de un intérprete, llame al

VIETNAMESE Nếu bạn cần một người thông ngôn hãy gọi điện thoại

TRANSLATING AND INTERPRETING SERVICE

131 450

WORKSAFE ACT

Improvement No ice Page 1 of 2

Notice No: IN P21119 07

Issued by inspector:	ued under section 191 of the Work He Inspector ID nun	nber: Time and Date of service:
Christopher Flanagan	P21119	11 00 04 08 2015
Recipient:	Method of Service	ce (s 209)
s41(1)	Personal _	Other 🗹 Email
The person to whom this notice is is	ssued	Company 🗹 individual 🗌
Name of Individual or Registered Com	pany:	ACN (if company):
Business or trading name (if different):		ABN (if any):
Golden Nails and Spa		86143615123
Address:	-2.5	00110010120
s41(1)	(in the second	
, 시 등 다 가게 되었습니다. 그 그 나는 것이 없어요?	n; or ntion from occurring; or erations causing the contravention or likely c	
그는 아이들은 아이를 하는데 없는데 얼마나 되었다.	res is being, or is likely to be, contravened by	
Work Health and Safety Act 2011	Regula	tion 150
Briefly, how the provision is being, or h	has been contravened (s192(1)(c)):	
	nat any of the electrical equipeme	ent in the store has ever been
There was no current proof the tested and tagged The day by which you are required to the stage of the stage	nat any of the electrical equipeme	
There was no current proof the tested and tagged The day by which you are required to the stage of the stage	nat any of the electrical equipeme	day 06 08 2015
There was no current proof the tested and tagged The day by which you are required to or likely contravention (s192(1)(d)):	nat any of the electrical equipeme	day 06 08 2015
There was no current proof the tested and tagged The day by which you are required to or likely contravention (s192(1)(d)): This Notice may include directions and the inspector directs you to: Have all Electrical equipement	remedy the contravention Thurso	day 06 08 2015 e taken to remedy the risk or contravention O by a competent person and a
The day by which you are required to a or likely contravention (s192(1)(d)): This Notice may include directions and The inspector directs you to: Have all Electrical equipement registor keep to show such. I	remedy the contravention Thurso I/or recommendations on the measures to be nt Test and tagged as per AS3766	day 06 08 2015 e taken to remedy the risk or contravention O by a competent person and a
The day by which you are required to a or likely contravention (s192(1)(d)): This Notice may include directions and The inspector directs you to: Have all Electrical equipement registor keep to show such. I	remedy the contravention Thurso I/or recommendations on the measures to be nt Test and tagged as per AS3766	day 06 08 2015 e taken to remedy the risk or contravention O by a competent person and a
There was no current proof the tested and tagged The day by which you are required to or likely contravention (s192(1)(d)): This Notice may include directions and the inspector directs you to: Have all Electrical equipement	remedy the contravention Thurso I/or recommendations on the measures to be nt Test and tagged as per AS3766	day 06 08 2015 e taken to remedy the risk or contravention O by a competent person and a
The day by which you are required to a or likely contravention (s192(1)(d)): This Notice may include directions and The inspector directs you to: Have all Electrical equipement registor keep to show such. I	remedy the contravention Thurso I/or recommendations on the measures to be nt Test and tagged as per AS3766	day 06 08 2015 e taken to remedy the risk or contravention O by a competent person and a
The day by which you are required to a or likely contravention (s192(1)(d)): This Notice may include directions and The inspector directs you to: Have all Electrical equipement registor keep to show such. I	remedy the contravention Thurso I/or recommendations on the measures to be nt Test and tagged as per AS3766	day 06 08 2015 e taken to remedy the risk or contravention O by a competent person and a
The day by which you are required to reduce or likely contravention (s192(1)(d)): This Notice may include directions and the inspector directs you to: Have all Electrical equipement registor keep to show such. I	remedy the contravention Thurso I/or recommendations on the measures to be nt Test and tagged as per AS3766	day 06 08 2015 e taken to remedy the risk or contravention O by a competent person and a





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

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WorkSafe ACT Contact Details

DARI

PO Box 158, Canberra, ACT 2601 worksafe@act.gov.au email: (02) 6207 3000 Phone: (02) 6205 0336 Fax:

ENGLISH If you need interpreting help, telephone: **ITALIAN** Se avete bisogno di un interprete, telefonate al numero MALTESE Jekk għandek bżonn I-għajnuna t'interpretu, ċempel **ARABIC** لصتاٍ،ةيوفشلا ةمجرتلاب ةدعاسملل تجتحإ اذإ

PERSIAN ەرامش نيا ەب ديراد جايتحا ىەافش ەمجرت ەب رگا فتاهلاب

دينک نفلت 如果您需要口译员帮助,请拨电话

CHINESE RUSSIAN Если вам нужна помощь переводчика, звоните по Ako trebate pomoć tumača telefonirajte CROATIAN

телефону نيا ەب,ديراد ترورض يەافش ەمجرت كمك ەب رگا **SPANISH**

Si necessita la asistencia de un intérprete, llame al

دينک نوفليت ەرامش VIETNAMESE Nếu bạn cần một người thông ngôn hãy gọi điện thoại

GREEK Αν χρειάζεστε διερμηνέα τηλεφωνήσετε στο

TRANSLATING AND INTERPRETING SERVICE

131 450

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

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



Other

Workplace Visit report - submission confirmation

Date and time	Form submission ID	Reference number	
20 Apr 2017 10:04:49 AM	99118220170419105287	GC65GB	
To save a copy of the complet	eed 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 26		Telephone: (02) 6207 3000
nitial informati	on		
pector ID *			
5543			
pection number	Event number		
PV-P05543-2TGPN6	170331-001552		
nd inspector *			
uart McKenzie			
ompanying inspector/other *			
arsh Puri			
te *	Time commenced *		
Apr 2017	09:05		
e of WPV *			
		Reactive	
pe of WPV * Proactive Prose of WPV *	Legislation *	Reactive	

Name of individual or regist	ered company *			
s41(1)				
ABN	ACN			
s43(1)(c)(i)				
Business or trading name (i	f different)			
s43(1)(c)(i)				
Registered compar	ny address			
Address line 1 *			<u></u>	
s43(1)(c)(i)				
Address line 2				
Suburb *	State *	Postcode	1	
s43(1)(c)	s4	s43(
Contact name *			Contact number *	
s41(1)			s41(1)	
Email address				
Markara aan	anancati	0.0		
Workers con	іренѕан	OH		
Is a compulsory Workers Co	omnensation Policy	maintained? *		
Yes	imperisation rolley	()No		Not applicable
Details of ins	spection			
Site/Workplace add				
Same as registered add				
Notification of entry to (as r	required by s164)	^	Manager	
Supervisor			HSR	
Other			N/A N/A	

Inspector notes *

FNTRY

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 \$41() on it. I asked the person if they are the owner or manager? \$41() said she is the owner. I showed \$41() my Inspector ID, introduced myself and my colleague Inspector Harsh Puri. We both provided a business card to \$41(). 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 \$43(the Material Safety Data Sheet (MSDS) I had been provided by \$43(1)(c)(i) .

I asked \$43(if she had these for the other substances they use? \$43(said no. I asked \$43(if the distributors name on the MSDS was who she purchased the Ledo Monomer from and \$41(said yes it was. \$41(said she only buys from three (3) suppliers and provided me the following two business names and contact No's.

1) \$43(1)(c)(i) and 2) \$43(1)(c)(i)

I explained to \$41() that she needs to call these suppliers and ask them to provide her with Safety Data Sheets (SDS's) for each of the substances. \$41() 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 \$41() 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 \$41(1) (on return to office)

I explained to \$4 I had visited \$41(1) premises and the nature of the visit. After some brief discussion \$4 said he was more than happy for me to use his email address to correspond with \$41(as she already uses his email address for corresponding with the Centre and her insurance company etc. \$4 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	Discount of Discount of the control
The email address below has been derived from the name yo Lead inspector email address *	u entered. Please ensure the email address is correct.
Stuart.McKenzie@act.gov.au	
How many other email addresses would you like to send this	to? *
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 co	opy of this	receipt for your records.	
Date and time	Fo	rm submission I	D	Reference number	

11 May 2017 12:28:28 PM

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	Event number	
WPV-P05737-S76G80		
Lead inspector *		1
Mason Tate		
Accompanying Inspector/others	*	1
Nil		
Date *	Time commenced	hh * : mm *
11 May 2017		11 04
Type of WPV *		
Proactive		Reactive
Purpose of WPV *	Legislation *	
Programmed Inspection	Workers Compensation A	act 1951

Name of individual or registered of	company *				
New York spa and nails					
ABN	ACN				
54122304241					
Business or trading name (if diffe	rent)				
New York spas and nails					
Site/Workplace addres	S				
Address line 1 *					
Canberra centre					
Address line 2					
Suburb *	State F	Postcode *			
CANBERRA CENT D	ACT	2601			
Contact name *		Cont	act number *		
s4		s41	(1)		
Email address					
s41(1)					
Registered company a	ddress				
Same as Site/Workplace ad	dress				
Workers compe	neation	and da	tails of inc	spection	
Workers compe			tans or in	spection	
Is a compulsory Workers Company	ecation Dalicy maints	ninod? *			
Is a compulsory Workers Compen Yes		anieu? "			
() 103	0.13			Oner applicable	
Need to check from database	ie				
Insurer name					
Allianz Insurance					
Policy number	Expiry date of poli	icy	1		
s41(1)	30 Jun 2017				

Register of injuries maintained *	
Yes	○ No
Informatiion summary displayed *	
Yes	● No
Return to work program displayed	*
Yes	● No
Number of Workers 3	Wages
Inspector notes *	
Nothing in place except register of	y =
Further action	
Further action required? *	
Yes	○No
Notices issued *	
○Yes	● No
to Mason.Tate@act.gov.au	with a certificate of currency from your approved workers compensation insurer via email within 3 days kplace summary and return to work program in the workplace within 7 days. These documents are
Date of completion of required act	ions
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 relevent 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 *	
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	u entered. Please ensure the email address is correct.
Lead inspector email address *	Lead inspector phone number
Mason.Tate@act.gov.au	
How many other email addresses would you like to send this	to? *
Email 1 *	
s41(1)	

Privacy notice

The information collected for the purpose of the Work Health and Safety Act 2011, Workers Compensation Act 1951and 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

١	our/	su	bm	issi	ion	has	been	success	ful.	Please	keep	а	copy	of	this	receip	ot fo	or y	our	reco	rds.

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

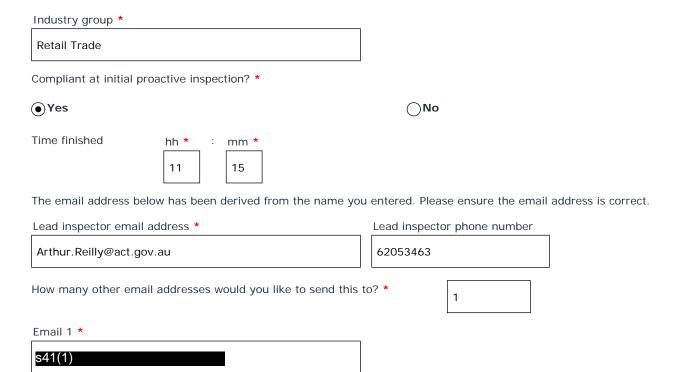
Inspector ID *		
05507		
Inspection number	Event number	
WPV-05507-S798M6		
Lead inspector *		1
Arthur Reilly		
Accompanying Inspector/others	*	1
NIL		
Date *	Time commenced	hh * : mm *
24 May 2017		11 05
Type of WPV *		
Proactive		Reactive
Purpose of WPV *	Legislation *	
Programmed Inspection	Workers Compensation A	Act 1951

Name of individual or registered of	company *		
Civic Nails			
ABN	ACN		
12358859633			
Business or trading name (if diffe	erent)		
Civic Nails (ACT)			
Site/Workplace address Address line 1 *	SS		
SHOP CG10			
Address line 2			
City walk			
Suburb *	State Postco	ode *	
CANBERRA CENT D	ACT 2601	I	
Contact name *		Contact number *	
s41(1)		s41(1)	
Email address			
s41(1)			
Registered company a	ddress		
Same as Site/Workplace ad	ldress		
Workers compe	ensation an	nd details of in	spection
Is a compulsory Workers Comper	nsation Policy maintained	l? *	
Yes	No		○ Not applicable
Need to check from database	se		
Insurer name			
Zurich Financial Services			
Policy number	Expiry date of policy		
s41(1)	21 Aug 2017		

Register of injuries maintained * Yes	No
Informatiion 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 Further action required? *	
	○No
Further action required? *	
Further action required? * Yes	○No ●No
Further action required? * Yes Notices issued *	
Further action required? * Yes Notices issued * Yes Required Actions * Under. Legislation required to maintain the following located in this Register of Injuries - can be just an exercise book in shop Information Summary - Can be obtained from insurer Zurich for dis Return to Work Plan - Can be obtained from \Zurich for display in sleep.	No nop for display in staff area and staff information. play in shop nop
Further action required? * Yes Notices issued * Yes Required Actions * Under. Legislation required to maintain the following located in this Register of Injuries - can be just an exercise book in shop Information Summary - Can be obtained from insurer Zurich for dis Return to Work Plan - Can be obtained from \Zurich for display in stature to comply can lead to Infringement. Notices as per brochure	No nop for display in staff area and staff information. play in shop nop
Further action required? * Yes Notices issued * Yes Required Actions * Under. Legislation required to maintain the following located in this Register of Injuries - can be just an exercise book in shop Information Summary - Can be obtained from insurer Zurich for dis Return to Work Plan - Can be obtained from \Zurich for display in sleep.	No nop for display in staff area and staff information. play in shop nop

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Finalisation details



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Reference Code: FTR8L7

WC-Workplace Visit report - submission confirmation

Your submission has been succe	essful. Please keep a copy of this r	eceipt for your records.
Date and time	Form submission ID	Reference number
21 Jul 2017 11:16:57 AM	99116920170721112452	FTR8L7
To save a copy of the complete	d form and receipt, from the File n	nenu select "Save a copy". To print a copy use the Print icon.
Access Canherra	GPO Box 158	Telephone: (02) 6207 3000

Access Canberra GPO Box 158 Telephone: (02) 6207 30 Canberra City ACT 2601

Initial information

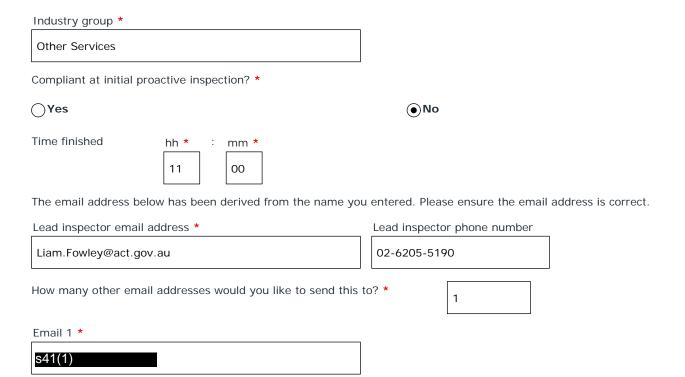
Inspector ID *		
P05546		
Inspection number	Event number	
WPV-P05546-S8FGH5		
Lead inspector *		7
Liam Fowley		
Accompanying Inspector/others	*	٦
No		
Date *	Time commenced	hh * : mm *
21 Jul 2017		10 50
Type of WPV *		
Proactive		Reactive
Purpose of WPV *	Legislation *	
Programmed Inspection	Workers Compensation A	Act 1951

Name of individual or registered company *	
s41(1)	
ABN ACN	
45145259767	
Business or trading name (if different)	
Glamorous Nails & Spa	
Site/Workplace address Address line 1 *	
Shop 532 Canberra Outlet Centre	
Address line 2	
Suburb * State Postcode *	
FYSHWICK 2609	
Contact name * 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	
Need to check from database	
Insurer name	
GIO Workers Compensation	
Policy number Expiry date of policy	

Register of injuries maintained * (Yes		No
Informatiion 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 Information summary to be displated Return to work summary to be distributed Register of injuries to be maintain	ayed splayed	
Further action		
Further action required? *		
		○No
Further action required? *		○No
Further action required? * Yes		○ No • No
Further action required? * • Yes Notices issued *		
Further action required? * • Yes Notices issued * • Yes	ayed splayed	
Further action required? * Yes Notices issued * Yes Required Actions * Workers Compensation policy to be Information summary to be displated Return to work summary to be displated in the summary to be displated i	ayed splayed ned	

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 relevent 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



Privacy notice

The information collected for the purpose of the Work Health and Safety Act 2011, Workers Compensation Act 1951and 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.