



UNION INSPECTION NOTICE

 UIN reference:
 TSSA/
 Date:
 DD/MM/YYYY

 To:
 (name of safety manager/director as appropriate)

 I:
 (name of the safety representative issuing the notice)

as appointed **Health & Safety representative** by the **Transport Salaried Staffs' Association** under the **Safety Representatives & Safety Committee Regulations 1977 (SRSC)** believe that you as an employer are contravening the following statutory provision(s)

(identify Regulation(s) contravened)	
The contravention is occurring at:	
(address or area of the workplace)	
We believe the reasons for this notice are as follows:	
We request a remedy to the issue outlined abo	ve, by: DD/MM/YYYY
The following action should be taken:	
This notice will be posted in an appropriate location so that the workforce are made aware of our concerns. Should a failure to agree on a course of action arise from this notice, we reserve the right to inform TSSA and the relevant enforcement authority.	
Signature of safety representative:	Signature of employer or representative acknowledging (without prejudice) receipt of this notice:
Name Date	Position within the organisation

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