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Submission templates - Work Health and Safety Regulations for Western Australia

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# WHS Regulations submission coversheet

# Section 1: Submission details

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| --- | --- | --- | --- | --- |
|  |  | | | |
| Full name |  | | | |
| Organisation and position (if applicable) |  | | | |
| Email |  | | | |
| Telephone |  | | | |
| Employment status  (if applicable) | Worker  Employer  Self-employed | | Principal contractor  Contractor  OSH professional | |
| Other (enter details) | | | |
| Size of workplace | Small (0-9) | Medium (20-199) | | Large (200+) |
| Please indicate in what capacity you are making this submission (select one of the following categories) | Individual  Business  Community organisation  Employer organisation | | Industry representative  Academic  Government representative  Professional | |
| Other (enter details) | | | |
| Which industry sector do you operate in? |  | | | |
| Your type of job or business (if applicable) |  | | | |

# Section 1: Permission details

|  |  |  |  |
| --- | --- | --- | --- |
| **Internet publication** | | | |
| Public submissions may be published in full on the website, including any personal information of authors and/or other third parties **contained in the submission.**  Please tick this box if you wish for your input to remain confidential (that is, you **do not consent** to having your input published on the internet) |  | | |
|  |  |  |
|  | | |
| **Anonymity** | | | |
| Please tick this box if you wish for your input to be treated as anonymous (that is, you **do not consent** to having your name, or the name of your organisation, published on the internet with your input) |  | | |
|  |  |  |
|  | | |
| **Third party personal information** | | | |
| Please tick this box **if your input contains personal information of third party individuals,** and strike out the statement that is not applicable in the following sentence:  The third party **consents / does not consent** to the publication of their information. |  | | |
|  |  |  |
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# WHS Regulations submission comments

Enter your comments on specific regulations in the table below. You may add new rows at the end of the table if you wish to include comments on other aspects of the national model WHS regulations.

When making your submission, please consider providing specific responses to the following issue:

1. What is the benefit to workplace participants of a proposal?
2. What is the likely cost for you, your business and the Regulator to implement a specific proposal?
3. Is a specific recommendation likely to be effective in achieving healthier and safer workplaces?
4. Are there any unintended consequences of adopting individual regulations in the model WHS regulations?
5. If a new requirement is proposed by the model WHS regulations, what are the costs and benefits?

This template can be used for providing your views concerning:

* National Model Work Health and Safety Regulations
* Demolition licensing under the OSH regulations
* Commercial driver fatigue under the OSH regulations
* Protection from tobacco smoke under the OSH regulations
* Proposed deletions in Western Australia to remove overlap with the *Dangerous Goods Safety Act 2004*

# Section 2: Feedback

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  | | |
| **Track-changed document submission** | | | | | | | |
| Which consultation document(s) are you providing feedback on? | Differences between the national model WHS regulations and the OSH regulations 1996  Consultation document WHS (Mines) Regulations for WA  Consultation document WHS (Petroleum and Geothermal Energy Operations) Regulations for WA  *Proposed deletions in WA to remove overlap with the Dangerous Goods Safety Act 2004*  Commercial vehicle drivers: Hours of work – Work Health and Safety Regulations for WA  Protection from tobacco smoke – Work Health and Safety Regulations for WA  Demolition work: Licence – Work Health and Safety Regulations for WA | | | | | | |
| Number of pages in your submission |  | | | | | | |
| Does this submission contain a **track-changed version** of the draft proposal?  *If yes, submit as a Microsoft Word compatible document (\*.docx)* | |  | Yes |  | | No |  |
|  |  | |  |
|  | | | |
| **General comments** | | | | | | | |
|  | | | | | | | |

|  |  |
| --- | --- |
| **Detailed comments** | |
| If commenting on specific content, you may wish to use the table below. | |
|  | |
| Reference to specific model WHS / OSH reg no. | Comment |
|  |  |