HSR request – Review of safety management-related documents

Form

Document No: N-09000-FM2317

Date: 12/06/2025

General guidance for use

This is the approved form for a health and safety representative (HSR) of a designated workgroup in relation to a facility to use to request the operator of the facility review safety management-related documents under clause 37A of the *Offshore Petroleum and Greenhouse Gas Storage Act 2006*.

Part 1 of this form is to be completed by the HSR and sent to the relevant facility operator.

The facility operator must review the safety management-related documents (documents) as soon as practicable after receiving the request and respond to the requesting HSR by written notice.[[1]](#footnote-1) The operator’s written response can be made using the Part 2 of this form; however, its use by the facility operator is not mandatory.

For further information, refer to guidance note N-09000-GN1799 Powers of HSRs on [NOPSEMA's website](https://www.nopsema.gov.au/document-hub/guidance-notes).

Part 1 – HSR request

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HSR request for review document(s)** | | | | | |
| Submitter | Insert name & position title | | | HSR workgroup |  |
| Facility |  | | | Date of request |  |
| **Document(s) to be reviewed:[[2]](#footnote-2)** | | | *[insert additional rows for multiple docs][[3]](#footnote-3)* | | |
| Document title |  | | | Revision number |  |
| Document ID |  | | | Revision date |  |
| Document title |  | | | Revision number |  |
| Document ID |  | | | Revision date |  |
| **Reason for request:** | | | | | |
| 1. The circumstance that affects health and safety of workers at the facility is: | |  | | | |
| 2. The circumstance affects worker health and safety at the facility because: | |  | | | |
| 3. The reason(s) the HSR reasonably believes that the document has not been adequately reviewed by the operator in response to the circumstance are: | |  | | | |

Part 2 – Facility operator response

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Operator review of safety management-related document(s)** | | | | | |
| Operator | Insert name & position title | | | Date of review |  |
| **Outcome of review:** | | | | | |
| Document to be revised:  (complete 1. below) | | | No revisions necessary:  (complete 2. below) | | |
| 1. Specify revisions to be made and reasons for each revision | |  | | | |
| 2. Explanation as to why revisions are not required | |  | | | |

1. These requirements are set out under schedule 3, clause 37A(3) and (4) of the OPGGS Act. [↑](#footnote-ref-1)
2. Multiple documents can be added to each field in this section [↑](#footnote-ref-2)
3. Additional rows can be added in this section by right-clicking on the table, selecting Insert and Add Row Below, OR   
    clicking on the plus icon between two rows. [↑](#footnote-ref-3)