WHS Consultation

# Meeting details

|  |  |
| --- | --- |
| Date and time: |  |
| Location: |  |
| WHS representative: |  |
| Attendings |  |

# Record of Consultation

|  |
| --- |
| The health and safety matter discussed was? |
|  |
| How was the information shared? |
|  |
| What views were expressed? |
|  |
| How were these views taken into account? |
|  |
| Participants in the discussion |
|  |
| What was the decision/outcome? |
|  |
| How will the affected parties be information of the decision/outcome? |
|  |
| Was the consultation procedure followed? Yes  No |