

Safety Manager Review Request Form

Note: The information on this form is collected to administer the provisions of the Safety Standards Act and section 26 of the Freedom of Information and Protection of Privacy Act. If you have questions about the collection, use, or disclosure of this information, contact the Record, Information & Privacy Analyst at 1 866 566 7233.

A. TECHNOLOGY

Amusement Devices: amusementdevices@technicalsaftybc.ca Boiler, Pressure Vessel and Refrigeration: bpvrsupport@technicalsaftybc.ca
 Electrical: elsupport@technicalsaftybc.ca Elevating: elevating@technicalsaftybc.ca
 Gas: gassupport@technicalsaftybc.ca Passenger Ropeways: passengerropeways@technicalsaftybc.ca

B. REQUESTOR INFORMATION

Requestor Name:		
Address:		
City	Province	Postal Code
Telephone:		
Email:		

C. TYPE OF DECISION

Indicate the type of decision for which you are requesting a review:	
<input type="checkbox"/> Certificate of Inspection <input type="checkbox"/> Compliance Order <input type="checkbox"/> Revoke or Suspend Permit <input type="checkbox"/> Other (Provide explanation for other decision) _____	
*A copy of the decision that is being reviewed must be attached. <input type="checkbox"/> Please check to confirm copy of decision has been attached	
Name of the Safety Officer that issued the decision:	Date decision was made:

D. REASON FOR REQUEST (If more space is needed, please attach a separate sheet including any documentation that will support your request.)

Request: <i>(provide details)</i>
Reason/s for request:
Codes, Standards or other resources supporting request:

Note: Where the request for review is from a person other than the one who was served the decision, a detailed explanation of how the decision has adversely impacted the requestor must be included above.

Checking this box and submitting this form to Technical Safety BC **via email** constitutes your authorization. This has the same effect as submitting a handwritten signature.

Signature: _____

Date: _____