



RECORD OF DISPUTED SYSTEM OF WORK

Location of work: _____

Date: _____ Time: _____

Name of Person in Charge: _____

Name of Person disputing Systems of Work: _____

Work being undertaken at the time of the dispute: _____

Nature of Dispute:

Decision:

Signed: _____ **(Director)**

Copy of completed form is to be given to the person(s) disputing the system of work.

Matter to be raised at next safety meeting – Date of meeting _____