

Send completed form to the Swedish Work Environment Authority (Arbetsmiljöverket):

Arbetsmiljöverket Box 9082 171 09 Solna

Request

For the Swedish Work Environment Authority's e-notes
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Email: arbetsmiljoverket@av.se

Request according to 6 chapter 6a § AML regarding injunction or ban

Request from

Safety representative name	Email address	Telephone number					
Workplace address							
Trade union affiliation							
Safety representative type							
Local	Head safety representative	Regional					

Employer/education coordinator

Employer/education coordinator name	Email address	Organisation number	
Employer/education coordinator address		Telephone number	
Name of workplace			

Requested measures

Date

Signature

Attached

Request according to 6 chapter 6a § AML to employer/education coordinator