

APPENDIX B

Safety Related Work Refusal Report & Tracking form

Re: Section 43 of Workplace Safety & Health Act

Name of Refusing Employee: _____ Position of Employee: _____ Date of Refusal: _____ Time of Refusal: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. Name of Supervisor/Receiving Report: _____ Ph: _____ Name of Worker Representative Called: _____ Name of Management Representative Called: _____ Name of Safety Coordinator: _____	
STEP 1	A worker may refuse to perform work they believe is unsafe. Report Refusal to Supervisor Immediately (Section 43(1), (2)). Please include full details of the reason(s) for refusal:
DESCRIPTION	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
STEP 2	Supervisor receiving notice of refusal shall investigate and remedy the unsafe conditions (Section (43(3))) (Include full details of conditions observed, concerns noted & recommendations)
DETAILS	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
CONTINUED REFUSAL DETAILS	Worker may Continue to Refuse (If refuser believes work is still unsafe) (Section (43(5))) :
ALTERNATE WORK	Alternative work or other directions given to refusing employee (Include results):

ASSIGNING OTHER WORKERS	If another employee was offered the same work, the employer shall ensure the new employee is informed of the refusal & the reasons why (Section 43(6)) (Attach that worker's signed acknowledgement optional):
STEP 3	Site Safety Committee Involvement Section 43(3): Management designate investigates with safety committee worker co-chair if available <u>or</u> , a worker member of the safety committee if available <u>or</u> , a worker chosen by the refusing worker (detail conditions observed, concerns noted, recommendation, name of worker representative)
SAFETY COMMITTEE DECISION	
DETAILS	Worker may Continue Refusal (Section (43(5)) (include reason given):
STEP 4	Workplace Safety & Health Division may be contacted at 945-3446 or after hours at 945-0581; Section 43.1(1); Please provide name of officer contacted:
DETAILS	Workplace Safety & Health Officer investigation details:
DETAILS	Decision of Workplace Safety & Health Officer. Attach report or orders issued and any remedial action taken:
DETAILS	Appeal of Safety Officer Decision Section Sec 37 (include reason given): Appeal to Director of Workplace Safety & Health by worker or employer:

Where pictures taken of the safety concern? ☐ Yes ☐ No If yes are they attached? ☐ Yes ☐ No

Did a second employee refuse ☐ Yes ☐ No

Inform your supervisor/manager of a Right to Refuse situation as soon as possible.

Inform Occupational and Environmental Safety & Health of Right to Refuse situations as soon as possible.
926 6067.

Managers Signature
Revised July 2007

Date

Employee Signature

Date