

Employer/Supervisor Work Refusal Documentation Form

Name of Worker Refusing the Work:
Worker Title:
Department:
Name of Responding Supervisor:
Date of Work Refusal:
Time Work Refusal was Reported:

WORK REFUSAL STAGE 1

NOTIFICATIONS

Who was notified about the work refusal? Check all that apply.

- | | | |
|---|-------------|-------------|
| <input type="checkbox"/> Worker's Direct Supervisor | Name: _____ | Time: _____ |
| <input type="checkbox"/> Senior Supervisor/Manager | Name: _____ | Time: _____ |
| <input type="checkbox"/> JHSC Worker Member (preferably certified) | Name: _____ | Time: _____ |
| <input type="checkbox"/> Health and Safety Representative
(for organizations with less than 20 workers) | Name: _____ | Time: _____ |
| <input type="checkbox"/> Worker Safety Representative (either selected by the
Union or by workers where a Union doesn't exist) | Name: _____ | Time: _____ |
| <input type="checkbox"/> Union(s) | Name: _____ | Time: _____ |
| | Name: _____ | Time: _____ |
| <input type="checkbox"/> Other. Specify: _____ | Name: _____ | Time: _____ |

Was it clarified with the worker that he/she is refusing work because he/she has reason to believe it is unsafe?

- Yes
 No

The worker believes the following endangers their safety (Check all that apply):

- Any equipment, machine, device or thing the worker is to use or operate is likely to endanger himself, herself or another worker
- The physical condition of the workplace or part thereof in which he or she works to be likely to endanger himself or herself
- Workplace violence is likely to endanger himself or herself
- Any equipment, machine, device or thing he or she is to use or operate or the physical condition of the workplace or the part thereof in which he or she works or is to work is in contravention of this Act or the regulations and such convention is likely to endanger himself, herself or another worker

In the space below, provide details about why the worker is refusing the work.

Or see attached documentation for additional details

Supervisor: _____ See any related documentation attached

I, _____ [Worker' name], agree that this is an accurate description of the work refusal.

Signature: _____ Date: _____

INVESTIGATION

Was the investigation performed in the presence of a Worker Safety Representative (e.g., JHSC worker member, HSR, worker representative selected by the Union or, if no Union, selected by the worker)?

Yes

No → Do not proceed any further with the investigation until a Worker Safety Representative is in attendance.

Based on the investigation, what are the known root causes? Describe in the space below.

[Root causes can be *People, Equipment, Material, Environment, Process, or Other* (e.g., System, External Factors) known as PEMEPO].

Based on the investigation, are control measures and corrective actions required?

Yes

No

If **Yes**, what are they? Describe below.

If **Yes**, have they been implemented?

Yes

No

Some. Explain:

Work Refusal Stage 1 Outcome

Does the worker have reasonable grounds to believe that the work continues to be unsafe?

- Yes → Go to Stage 2 section of this form
- No → The Work Refusal has been resolved. The worker goes back to the work.

Date: _____

Time: _____

Supervisor: _____

Time: _____

I, _____ [Worker's name], no longer have reason to believe the work is unsafe.

Signature of Worker _____ Date: _____

WORK REFUSAL STAGE 2

Does the worker continue to refuse the work based on reasonable grounds that the work is likely to endanger him, her, or others?

- Yes → Contact the Ministry of Labour, Training and Skills Development (MLTSD)
- No

Who contacted the MLTSD?

Name: _____

Job Title: _____

Time: _____

Name of MLTSD Inspector: _____

Investigation Date: _____

Investigation Start Time: _____

Investigation End Time: _____

Were MLTSD orders issued?

- Yes → Attach a copy of the Orders to this form.
- No

Have all MLTSD orders been complied with?

- Yes → Date of completion: _____
- No

Work Refusal Stage 2 Outcome

- The Worker returns to the work
- The Worker does not return to the work.
Explain: _____

Worker Safety Representative Signature: _____ Date: _____ Time: _____

Worker Signature: _____ Date: _____ Time: _____

Supervisor Signature: _____ Date: _____ Time: _____

***If applicable*, an alternate Worker is requested by the Supervisor to do the refused work.**

I agree that I was informed of the reasons for and details of the refused work, and have access to the information, and...

- Yes, I agree to do the work.
- No, I refuse to do the work.

Alternate Worker Name (print): _____

Alternate Worker Signature: _____

Date: _____

Time: _____

I agree that the alternate worker was advised of the refusal and provided the reasons for and details of it.

Worker Safety Representative's Name (print): _____

Worker Safety Representative's Signature: _____

Date: _____

Time: _____

MLTSD Written Notice (Report). Check all that apply.

- Copy to OH&S, JHSC/HSR, and Senior Management/Supervisor(s)
- Copy posted in a place where workers can see it
- Copy Attached

Copy of Compliance Notice. Check all that apply.

- Copy to OH&S, JHSC/HSR, and Senior Management
- Copy to MLTSD
- Copy posted in a place where workers can see it
- Copy Attached