## Appendix 1.2, Right to Refuse Unsafe Work Form

**Right to Refuse Unsafe Work – Refusal Tracking Form**

**Personal Information** – To be completed by the person exercising their right to refuse

|  |  |  |
| --- | --- | --- |
| First Name  | Last Name  | Work Location  |
| Task Being Refused: Identify which aspect(s) of your work you believe are unsafe  |  |
| Attach additional pages as needed |  |
| Reason for Refusal: Describe the hazard you believe makes your work unsafe  |  |
| Attach additional pages as needed |  |
| Refusal Reported To:  |  |
| Supervisor Name  | Date  | Time  |
| Employee Signature: |  |

**Work Refusal: Employer Investigation** – To be Completed by Supervisor

|  |  |  |  |
| --- | --- | --- | --- |
| Corrective Action Taken:  | Yes (describe below) | No  | (corrective action not necessary)  |
| Describe Any Corrective Action Taken – Outcome of Investigation Must be Reported Back to Employee – Attach additional pages as needed  |  |
| Supervisor Signature:  |  |

**Outcome of Employer Investigation** - To be completed by the person exercising their right to refuse

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you satisfied with the outcome of the investigation?  | Yes  | (I will resume the refused task)  | No  |  | (Refer my refusal to the JOHS Committee) |
| Employee Signature: |  |  |  |  |  |

**Work Refusal: JOHS Committee Investigation** – To be completed by Co-chairs or designates appointed by Co-chairs

|  |  |  |
| --- | --- | --- |
| Unanimously Advise Worker to Return to Work (vote):  | Yes  | No  |
| Recommendations Made to Employer:  | Yes (detail below) | No  |
| Detail all Recommendations Made as a Result of the Investigation – Outcome of Investigation Must be Reported Back to Employee – Attach additional pages as needed.  |
| Employer Co-Chair Signature:  | Employee Co-Chair Signature:  |

**Outcome of JOHS Committee Investigation** - To be completed by the person exercising their right to refuse

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you satisfied with the outcome of the investigation?  | Yes  | (I will resume the refused task)  | No  | (Refer my refusal to a Dept. of Labour, Skills & Immigration, Health & Safety Officer)  |
| Employee Signature:  |  |  |  |  |