## 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: |  |  |  |  |