

WORK REFUSAL FORM

STEP 1: THE WORKER INFORMS HIS IMMEDIATE SUPERVISOR OF THEIR REFUSAL.

Name of Worker: _____ Time: _____ Date: _____

Name of manager: _____

I, _____, refuse to do the job my manager asks me to do. I believe that this work will likely jeopardize my health and safety (or those of others) for the following reasons:

- I am not well trained to do the job.
- Physical or mechanical hazards
- I do not have enough experience to do the job.
- Chemical risks
- I do not have the skills to do the job.
- Biological risks
- I do not have the equipment to do the job.
- Other (specify) _____

Details:

Signature of worker: _____

Signature of supervisor, upon receipt of form: _____

MANAGER'S RESPONSE

Name of Manager: _____ Date and Time of Investigation: _____

WORK REFUSAL FORM

I believe that _____ has reasonable grounds to believe that the work is likely to endanger his or her health and safety or that of other workers. Therefore, I recommend that the following corrective measures be taken or I will take the following corrective measures so that the worker can return to work:

I am satisfied that _____ does not have reasonable grounds to believe that the work is likely to endanger the health and safety of the worker or any other worker. I therefore warn him to do the work.

Signature of Manager: _____

Other appropriate work offered or other instructions given to the worker who refuses to work:

Name of the worker to whom the refused work was offered (if applicable): (attach the worker's signed statement indicating that he / she is aware of the refusal): _____

STEP 2: THE WORKER INFORMS THE HEALTH AND SAFETY REPRESENTATIVE OF THEIR REFUSAL.

Received by: _____, representing the workers and _____, representing the employer, on (date) _____ at (time) _____

Response: As health and safety worker representative/committee member, we examined the reasons for the _____ refusal and made the following recommendations:

The Health and Safety Representative/Committee is of the opinion that the worker has reasonable grounds and makes the following recommendations to the employer:

The employer accepts the recommendations. The employer refuses the recommendations.

WORK REFUSAL FORM

Signature of employer: _____

The health and safety representative/committee finds that the worker has no reasonable grounds. His reasons are as follows:

The health and safety representative/committee was unable to make a decision for the following reasons:

The committee shall advise _____ to call upon a health and safety officer.

Signature of the Workers' Representative _____

Signature of the Employer's Representative _____

STEP 3: CASE ADDRESSED TO A HEALTH AND SAFETY OFFICER FOR INVESTIGATION:

Date and time the agent was contacted: _____

Name of agent: _____

Agent Details: (Attach Report, Orders and Corrective Actions in Place):

Notice given to employer: Yes No Reference # _____

