

Refuse Dangerous Work Form

Employees are encouraged to first resolve concerns informally and through consultation with immediate supervisors. To refuse dangerous work the employee MUST state precisely:

“I, _____, am refusing this work on the grounds that I believe that the work constitutes a danger to my safety or health or to the safety or health of another employee.”

Refer to *Right to Refuse Dangerous Work Flow Chart Appendix* for assistance in completing this Notice of Workplace Safety and Health Right to Refuse Dangerous Work Tracking Form.

Section #1: To be completed by Employee

Employee Name: _____ Classification: _____

Workplace Site: _____ Phone #: _____

Supervisor (Name & Title) Reported to: _____

Date of Incident: _____

Date Reported: _____ Time Reported: _____

CONCERN: (Attach a page if additional space is required).

Describe assigned task/duty: _____

Nature of Concern: _____

What action would you suggest be taken?

Has an Incident Report been completed?(HRS _____ Yes No

Submitted to Supervisor: _____
Date Employee Signature

Supervisor Response:

- Task/duty is not safe. Employee reassigned and machine/area tagged out pending completion of recommendations listed below.

Recommendations:

Date of deadline for recommendations to be completed by: _____

Date Recommendations completed: _____

Name of employee completing recommendations: _____

- Task is felt to be safe by Supervisor and will proceed to Section 2

If employee selects DO NOT AGREE in box below, proceed to Section 2, then 3.

Employee to complete:

- I agree that my Safety and Health concerns have been addressed
 I DO NOT agree that my Safety and Health Concern has been addressed

Date

Employee Signature

Section #2: To be completed if employee's concern has not been addressed

The Supervisor in charge, the employee, and the employee Co-Chairperson of the applicable Workplace Safety and Health Committee shall inspect the task/duty and/or the task area assigned.

If the employee Co-Chairperson is unavailable, an employee Committee Member may replace the Co-Chairperson. If there is no Committee representative, another employee selected by the employee refusing to work shall represent the Committee Member.

Date Received: _____

- Task is felt to be safe by Supervisor
 Task has been offered to another employee (Go to Section 5)
 Task/duty is not safe. Employee re-assigned and machine/area tagged out pending completion of actions/recommendations

Cross Reference: Policy A-11

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↳ Deadline for Completion of Actions/ Recommendations: _____

↳ Date Actions/Recommendations Completed: _____

Action Taken/ Recommendations:

Discussed with:

- Employee
- Workplace Safety and Health Representative
- Applicable Workplace Safety and Health Committee member
- Other (specify) _____

Issue Resolved:

- YES – Copied to Workplace Safety and Health Committee as information
- NO – Referred to Workplace Safety and Health Committee for investigation

If employee selects DO NOT AGREE in box below, proceed to Section 4

Reporting Employee Notified YES Date of Notification: _____

Employee to complete after recommendations/actions are completed:

- I agree that my Safety and Health concerns have been addressed
- I DO NOT agree that my Safety and Health Concern has been addressed

Date

Employee Signature

Date

Supervisor Signature

Section #3: To be completed by Workplace Safety & Health Committee

Date Received: _____

Priority: Life Threat Health Threat Risk of Injury

Task Analysis	Safety & Health Concerns	Recommended Actions/Controls

Person to Complete Remedial Action:

Cross Reference: Policy A-11

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Proposed Resolution Date: _____ Revised Resolution Date: _____

Action Taken:

Final Resolution Date: _____

Reporting Employee Notified YES Date of Notification: _____

Date

Co-Chairperson Signature

Date

Co-Chairperson Signature

- Copies:
- Workplace Safety and Health Officer
 - Principal
 - Supervisor of Employee

Employee to complete after recommendations/actions are completed:

- I agree that my Safety and Health concerns have been addressed
- I DO NOT agree that my Safety and Health Concern has been addressed

Date

Employee Signature

Section #4: Unresolved Safety & Health Concerns

In Section 2 of this form, the employee has selected that they DO NOT agree that their safety and health concerns have been addressed. The following persons must be contacted in order to attempt to resolve this outstanding issue.

Notification List:

- Principal:

_____ _____ _____
Name Date Time

- Site/Program Workplace Safety and Health Employee Representative:

_____ _____ _____
Name Date Time

- Division Workplace Safety and Health Officer or designate (To be contacted prior to contacting Provincial Workplace Safety and Health Officer):

_____ _____ _____
Name Date Time

- Provincial Workplace Safety and Health Officer:

_____ _____ _____
Name Date Time

Notifications Made by (Name & Title): _____

ACTIONS:

- Meeting with Principal, Site Workplace Safety and Health Representative, Employee, and Division Workplace Safety and Health Officer:

Date of Meeting: _____ Time of Meeting: _____

- Meeting Date set for Provincial Workplace Safety and Health Officer visit:

Date of Inspection: _____ Time of Inspection: _____

Inspectors' Name: _____

Provincial Workplace Safety and Health Officer's Response:

- I deem that the assigned task/duty is dangerous and shall be issuing an improvement order and/or a stop work order.
- I deem that the assigned task/duty is not dangerous and will inform the employee that he/she is no longer entitled to refuse to do the work.

Provincial WS&H Officer Signature

Date:

Section #5: AUTHORIZATION REQUIRED BY SUPERVISOR

Section 5 is only to be completed when offering the same task/duty as described in Section 1 to another employee; and that employee is **fully informed by the refusing employee** as to why they refused the task/duty, and accept the task fully aware of their right to refuse the dangerous work.

Authorized by (Name & Title): _____

Employee's name requested to perform prior refused work: _____

Work being requested to perform: _____

Employee's name that refused work: _____

Supervisor's Declaration:

I have apprised the above employee that this task/duty has been refused by another employee.

Supervisor's Signature

Date

Time

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Employee Being Assigned:

I have been informed of the work refusal on the task/duty that I am now being asked to perform and the reasons for that refusal. I understand my right to refuse the task for the same and/or different reasons than stated by the previous employee but agree to perform the aforementioned task.

Employee's Signature

Date

Time