

WORKPLACE INVESTIGATION REPORTS ON REFUSAL TO WORK

REFUSAL TO WORK INVESTIGATION EMPLOYER REPORT

IDENTIFICATION OF PARTIES	
1. Employer	
Legal name (or department):	
Workplace address:	Work phone:
2. Employer's Investigator	
Name:	Title:
Work address:	Work phone:
Email address:	
3. Refusing Employee	
Name:	Title:
Work address:	Work phone:
Email address:	
<input type="checkbox"/> Check the Box if the refusing employee is also the designate person representing for multiple refusing employees, and attach a list with the above contact information for each of the refusing employees	

DESCRIPTION OF REFUSAL AND INVESTIGATION BY EMPLOYER
4. Location of refusal:
5. Employee's reasons for believing danger exists. (report lab1069): http://www.esdc.gc.ca/cgi-bin/search/eforms/index.cgi?In=eng&app=prfl&frm=lab1069&in=eng
6. Events leading up to the refusal:
7. Date and time the refusal is reported to the employer: Date: _____ Time: _____
8. Description of investigation, factors considered, and the reasons for decision:
9. Decision of employer: <input type="checkbox"/> No Danger, (describe any corrective action taken): <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <input type="checkbox"/> Danger, (describe any corrective action taken): <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <input type="checkbox"/> Refusal not permitted under Subsection 128(2) (explain): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
10. Employee response to employer decision and/or corrective action taken: Employee satisfied and returned to work: <input type="checkbox"/> Yes <input type="checkbox"/> No (Committee/OHS Representative investigation required) _____ Date _____ Time _____ <div style="text-align: center; margin-top: 5px;">Employer Investigator</div>

WORK PLACE COMMITTEE or SAFETY REPRESENTATIVE INVESTIGATION REPORT

IDENTIFICATION OF INVESTIGATORS

11. The work place is covered by a:

Employee Work Place Committee, or Employee Health and Safety Rep.

Name: _____ Work phone: _____

Email address: _____

Employer Work Place Committee Member or Employer designated person

Name: _____ Work phone: _____

Email address: _____

DESCRIPTION OF REFUSAL and INVESTIGATION BY COMMITTEE OR HEALTH AND SAFETY REP

12. Date and time the refusal is reported to Work Place Committee or Health and Safety Rep.

Date: _____ Time: _____

13. Description of investigation, factors considered, and reasons for decision

14. Decision of Work Place Committee or Health and Safety Rep.

Consensus not reached (describe main points of dissension): _____

No Danger: _____

Danger: _____

Refusal not permitted under Subsection 128 (2): _____

Agree with employer decision: Yes No

Recommendations made to employer: Yes (describe below) No

15. Investigation report provided to employer

Employee Work Place Committee Member or Health and Safety Rep.

_____ Date: _____ Time: _____

Employer Work Place Committee Member or Employer designated person

_____ Date: _____ Time: _____

SUPPLEMENTAL INFORMATION / CORRECTIVE ACTIONS REPORT

16. Supplemental information provided by the employer

Yes, provided on Date: _____ Time: _____

No

17. Did the employer take supplemental corrective action in response to the investigation report of the committee or representative?

Yes, taken on Date: _____ Time: _____

No

18. Was the workplace/rep investigation report amended based on above supplemental information / actions?

N/A, (No supplemental information / action provided)

No

Yes, on Date: _____ Time: _____
