# Work Refusal Report

This Report is to be completed by the employee refusing work and his/her direct supervisor. Upon a work refusal, supervisors shall assign the worker reasonable alternate job duties and immediately investigate the report in the presences of a certified member of the JHSC or, in the event that they are not available, another member of the management team. If the supervisor agrees that the situation is hazardous, corrective action shall be taken and documented below. If an agreement cannot be reached and the worker has reasonable grounds to believe that the work is still unsafe, the MOL (1-800-461-4383) shall be notified.

## Worker Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Position: |  | Program: |  |
| Date: |  | Time: |  |

## Supervisor Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Position: |  | Program: |  |
| Date: |  | Time: |  |

## Reason for Refusal

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| Please detail the circumstances of the refusal. |
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| Please describe any actions taken (e.g. corrective actions, notification of MOL Inspector). |
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| Additional comments: |
|  |

## Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| Worker: |  |  |  |
| Supervisor: |  |  |  |
|  | Name | Signature | Date |