# Dangerous Work Refusal

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: | Location: | | | | |
| Employee Name: | | | | | |
| Supervisor reported to: | | | | | |
| Describe the details of the dangerous conditions that led to the refusal: | | | | | |
| Supervisor’s immediate corrective actions: | | | | Condition resolved (Y/N) | |
| Investigation findings by supervisor and HSC member or HS representative:  (outline findings and attach the full Incident Investigation Form) | | | | | |
| Post Investigation Corrective Action | | Responsible Party | Date | | Follow-Up |
|  | |  |  | |  |
|  | |  |  | |  |
|  | |  |  | |  |
| Work Refusal unresolved, OHS Officer contacted | | |  | | See attached OHS Report |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager/Supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HSC Co-Chair/HS Representative Date