# Dangerous Work Refusal

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| --- | --- |
| 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  |

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Employee Date

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

Manager/Supervisor Date

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HSC Co-Chair/HS Representative Date