
An employee of the County may refuse to work when he/she has reason to believe work is likely to endanger himself/herself or another person.

- ◆ Any employee who refuses to work for reason of Health/Safety must immediately report the situation to his/her Supervisor.
- ◆ The Supervisor will contact an employee representative of the Joint Occupational Health & Safety Committee and the Department Head. The Supervisor must investigate as soon as possible and attempt to resolve the situation in the presence of the employee who has refused to work, and the employee representative of the Joint Occupational Health & Safety Committee. The Supervisor shall document all details on the Supervisor's Documentation Form (Appendix 1).
- ◆ If a resolution is agreed upon, the Supervisor will request the employee to return to work. The Supervisor must ensure any corrective measures are taken, if appropriate.
- ◆ Where the employee continues to refuse work, the Supervisor will notify the County Human Resources Co-ordinator, who in turn will notify the Ministry of Labour.
- ◆ When the Ministry Inspector arrives the Supervisor, the employee who has refused work, the employee member of the Safety Committee will be present at all times during the investigation.
- ◆ The Inspector's report must be posted in the workplace and copies provided to: the employee who refused work, the Joint Health and Safety Committee member, the Department Head, the Director of Human Resources and the County Human Resources Co-ordinator.

**REFUSAL TO WORK WHERE HEALTH/SAFETY
ARE ENDANGERED - SUPERVISORS DOCUMENTATION FORM**

Date of Work Refusal: _____

Time Work Refusal Reported to Supervisor: _____

Name of Employee(s) Refusing to Work: _____

Location of Work Refusal: _____

Reason given by Employee(s): _____

Time of J.H.S.C. Member Notified: _____

Time of Arrival: _____

Name of J.H.S.C. Member Requested to Attend: _____

Did Employee(s) Remain in a Safe Place? _____ Where? _____

Time Supervisors Investigation Commences: _____

Documentation of Details: (give a concise description of the events, & equipment involvement, etc.)

Did the workplace parties come to an agreement? Yes _____ No

Hazard _____ No Hazard

. Were corrective measures initiated? Yes _____ No

. Did the Employee agree to return to work? Yes _____ No

OR Did the employee continue to refuse to work? Yes _____ No _____

Ministry of Labour Notification: Yes _____ No

Name of Ministry Official: _____

Date: _____ Time: _____ a.m. ____ p.m.

Notified By: _____

Was alternate work assigned? Yes _____ No

Describe: _____

Date and time of Inspector's arrival: _____

Inspector's Name: _____

Branch: Industrial _____ Construction _____

Name of persons present during Stage 2 investigation: _____

Decision of Inspector: Likely to endanger _____

Unlikely to endanger _____

Orders Issued: _____

Document Inspector's departure time: _____

Inspector's report posted? Yes _____ No

Was the work (being refused) re-assigned to another worker?

Yes _____ No _____ Name: _____

Was the person advised of the refusal? Yes _____ No

Supervisor

Department

Date