

Please forward the completed and signed form to Health & Safety by fax: 519-971-3671 or email: safety@uwindsor.ca

SECTION A: WORKER INFORMATION (to be completed by worker)

Worker Name:		Employee #:
Department:		
Supervisor Reported to:		Date & Time Reported:
Location of work refusal:	Task Assigned:	
Worker's reason for work refusal (please provide specific details):		
Employee's Signature:		Date:

SECTION B: SUPERVISOR INFORMATION (to be completed by Supervisor)

Supervisor Name:	Date & Time Notified of Work Refusal:
Immediate action taken (if any):	
INVESTIGATION DETAILS – STAGE ONE	
Date and Time of Investigation:	
Worker Member of the Joint Health and Safety Committee:	Union Representative (if applicable):
Health & Safety Office Representative:	Other Representative(s):
Other Representative(s):	Other Representative(s):
Supervisor's observations of existing conditions and hazards during investigation (please provide specific details):	
Does Supervisor agree that hazardous conditions exist? <input type="checkbox"/> YES-Complete Section C Action Plan <input type="checkbox"/> NO-PROCEED TO SECTION D(2)	
Supervisor's Signature:	Date:

SECTION C: RECOMMENDED ACTION PLAN TO RESOLVE CONCERN (to be completed by Supervisor and Worker)

Action Item	Target Date	Completion Date

This Action Plan agreed upon by both the worker and Supervisor on (Date):

Worker's Signature:

Supervisor's Signature:

Once Action Items are complete, proceed to Section D1 below for signature.
If this Action Plan is not agreed upon by Worker and Supervisor, proceed to Section D2.

SECTION D: RESOLUTION OF WORK REFUSAL

D1) COMPLAINT RESOLVED - Worker is satisfied that the work is no longer hazardous

Date:	Time:
Worker Signature:	Worker Member of JHSC Signature:
Supervisor Signature:	Union Representative Signature (if applicable):

D2) COMPLAINT IS NOT RESOLVED – WORK REFUSAL PROCEEDS TO STAGE 2

Explain why work refusal is not resolved:

Date:	Time:
Worker Signature:	Worker Member of JHSC Signature:
Supervisor Signature:	Union Representative Signature (if applicable):

MINISTRY OF LABOUR INSPECTOR TO BE CONTACTED FOR INVESTIGATION & DECISION 1-877-202-0008

Time MOL contacted:	Time MOL Inspector arrived:	Time MOL Inspector departed:
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MOL Investigation Notes (Findings, Decision, Orders Written, etc.):

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