

Refusal of Unsafe Work Investigation Report

*This document is to be completed in conjunction by the worker exercising their right to refuse work and the employer.
This document must be provided in full to any worker reassigned refused work.*

Section 1 – Identification of Parties Involved

A. Employer	
Name	Job Title
Department/Work area	
Phone	Email

B. Worker (Exercising Their Right to Refuse)	
Name	Job Title
Department/Work area	
Phone	Email

Section 2 – Worker Description of Unsafe Work

Work Location	Type of work
Date refusal was reported to Employer	
Worker's reasons for believing that an undue hazard* exists	
Events leading up to the refusal	

Section 3 – Investigation by Employer

Investigation notes (factors considered, description of investigation)

Section 4 – Conclusion of Employer

A. Decision of the Employer

Date of Decision

No
Hazardous
Condition

(list any corrective actions taken and reason for decision)

Undue
Hazard

(list any corrective actions taken and reason for decision)

****Undue Hazard: A thing or condition that may expose a worker to an excessive or unwarranted risk of injury or occupational disease represents an undue hazard for the purposes of [Section 3.12 of the Regulation](#).***

B. Worker's response to employer decision:

Was the worker satisfied and the matter resolved?

Yes No (Proceed to Section 5 to continue investigation)

Section 5 (if applicable) – Employer Investigation in presence of worker exercising their right to refuse and select (one)

<input type="checkbox"/> Worker member of Joint Occupational Health and Safety Committee <input type="checkbox"/> Another worker from the same union representing the worker who exercised their right to refuse work	
Name	Job Title
Department/Work area	
Phone	Email

Investigation notes (factors considered, description of investigation)

Section 6 (if applicable) – Conclusion of Investigation from Section 5

A. Decision of the Employer

Date of Decision

**No
Hazardous
Condition**

(List any corrective actions taken and reason for decision)

**Undue
Hazard**

(List any corrective actions taken and reason for decision)

B. Worker’s response to employer decision:

Was the worker satisfied and the matter resolved?

- Yes No (Employer and Worker call Safety & Security 855-239-7654)

Section 7 (if applicable) - WorkSafeBC Investigation Summary

Investigation notes (factors considered, description of investigation as per the inspection report that would've been received)

Section 8 - Conclusion of WorkSafeBC (if applicable)

A. Decision of WorkSafeBC

Date of Decision

**No
Hazardous
Condition**

(List any corrective actions taken and reason for decision)

**Undue
Hazard**

(List any corrective actions taken and reason for decision)

B. Worker's response to WorkSafeBC decision:

Was the worker satisfied and the matter resolved?

Yes

No

Section 9 – Reassignment of Refused Work (if applicable)

A. Worker (who is being Reassigned the Refused Work)	
Name	Job Title
Department/Work area	
Phone	Email
<input type="checkbox"/> I have been advised of the refusal, unsafe condition, reasons why the work would not create an undue hazard to my health and safety or any other person.	Date
<input type="checkbox"/> I have received and reviewed this Refusal of Unsafe Work Investigation Report.	Date
<input type="checkbox"/> I have been advised on my <u>right to refuse unsafe work</u> without any prohibited action	Date

B. Joint Committee Member, Worker from Similar Union, or Worker doing similar work as the one who exercised their right to refuse work	
Name	Job Title
Department/Work area	
Phone	Email
Choose the category that best identifies you <input type="checkbox"/> Joint Occupational Health and Safety Committee Member <input type="checkbox"/> Worker from similar Union <input type="checkbox"/> Worker doing similar work as the one who exercised their right to refuse work	
<input type="checkbox"/> I have been advised of the refusal, unsafe condition, reasons why the work would not create an undue hazard to the health and safety of the worker identified above in this section or any other person	Date
<input type="checkbox"/> I have received and reviewed this Refusal of Unsafe Work Investigation Report.	Date
<input type="checkbox"/> I have been advised that the worker identified above in this Section has the <u>right to refuse unsafe work</u> without any prohibited action	Date