



WORK REFUSAL REPORT FORM

Conestoga gives all workers the right to refuse unsafe work as outlined in the Occupational Health and Safety Act. The work refusal must be reported promptly to the supervisor and Part A of this form is to be completed by the worker and submitted to the supervisor for investigation and corrective action.

PART A: Completed by Worker	
Date:	Time: AM PM
Name:	Contact No.:
Department:	Campus:
Location of Work Refused:	
Task Assigned:	
Worker's reason for refusing work (be specific):	
Worker Signature:	
PART B: Completed by Supervisor	
Date of Investigation:	Time of Investigation: AM PM
Name of Supervisor:	Position:
Name of JOHSC member investigating:	
Details of Investigation (use extra notes page if required):	
Corrective Action Recommended:	
Worker satisfied that problem has been resolved: YES NO	
Worker Signature: _____	
Signatures of Investigators:	Supervisor: _____
	JOHSC Member: _____
PART C: Completed by Health and Safety Office	
Has the MOL been called? YES NO	
Date Called:	Time Called: AM PM
Name of MOL Inspector:	
Reference No. for Orders:	
Health and Safety Office Signature:	Date: