



Mount Royal University - Environmental Health & Safety Documentation		
Work Refusal Report Form		
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When complete, provide a copy to the employee and submit the original to the Joint Occupational Health & Safety Committee (JOHSC).

SECTION A: PARTIES INVOLVED		
Employee Name:		Supervisor:
Employee Number:		JOHSC Rep:
Date:	Time:	Location:
SECTION B: WORK REFUSAL DETAILS		
Task being performed and reason for work refusal?		
Has this concern been identified before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, explain:		
If yes, who was notified? Dates and times of notification:		
What action was taken?		
Supervisor – describe current conditions:		
Was the supervisor previously aware of the concern? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide details about notification and corrective actions applied:		



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SECTION C: WORK REFUSAL CORRECTIVE ACTION AND RESOLUTION

What action will be taken?

Can this correction be applied immediately without need for further investigation? Yes No

If further investigation is required, provide an estimated due date:

WORK REFUSAL RESOLVED INTERNALLY

Date:	Employee Signature:
Supervisor Signature:	JOHSC Signature:

WORK REFUSAL NOT RESOLVED INTERNALLY

Why does the employee believe there is still a danger to health or safety?

Date/Time OHS contacted:

Date/Time OHS Inspector arrived:	Date/Time OHS Inspector departed:
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Results of OHS inspection (summary – attach copy of OHS report):

Date:	Employee Signature:
Supervisor Signature:	JOHSC Signature: