



Mount Royal University - Environmental Health & Safety Documentation		
<b>Work Refusal Report Form</b>		
Rev: 02	Date: April 2023	Page: 1 of 2

*When complete, provide a copy to the employee and submit the original to the EHS Department.*

**SECTION A: PARTIES INVOLVED**

Employee Name:		Supervisor:
Employee Number:		EHS 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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Rev: 02	Date: April 2023	Page: 2 of 2

**SECTION C: WORK REFUSAL CORRECTIVE ACTION AND RESOLUTION (EH&S)**

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:	EHS 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:	EHS Signature: