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

|  |
| --- |
| 1. Employer
 |
| Name | Job Title |
| Department/Work area |
| Phone | Email |

|  |
| --- |
| 1. 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 EmployerDate: Click or tap to enter a date. |
| Worker’s reasons for believing that an undue hazard\* exists |
| Events leading up to the refusal |

Section 3 –Investigation by Employer

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| Investigation notes (factors considered, description of investigation) |

Section 4 – Conclusion of Employer

1. Decision of the Employer

|  |
| --- |
| Date of DecisionDate: Click or tap to enter a date. |

|  |
| --- |
| (list any corrective actions taken and reason for decision) |

[ ]  **No Hazardous Condition**

|  |
| --- |
|  (list any corrective actions taken and reason for decision) |

[ ] **Undue Hazard**

***\*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.***](https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-03-rights-and-responsibilities#SectionNumber:3.12)

1. 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)

|  |
| --- |
| [ ]  Worker member of Joint Occupational Health and Safety Committee[ ]  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

1. Decision of the Employer

|  |
| --- |
| Date of DecisionDate: Click or tap to enter a date. |

|  |
| --- |
| (list any corrective actions taken and reason for decision) |

[ ]  **No Hazardous Condition**

|  |
| --- |
|  (list any corrective actions taken and reason for decision) |

[ ] **Undue Hazard**

1. Worker’s response to employer decision:

Was the worker satisfied and the matter resolved?

[ ] Yes [ ]  No (Employer and Worker call Safety & Risk Services 604 822 2029 and then together notifies WorkSafeBC)

Section 7 *(if applicable)* - WorkSafeBC Investigation Summary

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

Section 8 - Conclusion of WorkSafeBC *(if applicable)*

1. Decision of WorkSafeBC

|  |
| --- |
| Date of DecisionDate: Click or tap to enter a date. |

|  |
| --- |
| (list any corrective actions taken and reason for decision) |

[ ]  **No Hazardous Condition**

|  |
| --- |
|  (list any corrective actions taken and reason for decision) |

[ ] **Undue Hazard**

1. Worker’s response to WorkSafeBC decision:

Was the worker satisfied and the matter resolved?

[ ] Yes [ ]  No

Section 9 – Reassignment of Refused Work *(if applicable)*

*Refused Work can be reassigned as per the* [*flowchart*](https://srs.ubc.ca/health-safety/safety-programs/personal-safety/refusal-of-unsafe-work/)

|  |
| --- |
| 1. Worker (who is being Reassigned the Refused Work)
 |
| Name | Job Title |
| Department/Work area |
| Phone | Email |
| [ ]  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.  | DateClick or tap to enter a date. |
| [ ]  I have received and reviewed this Refusal of Unsafe Work Investigation Report. | DateClick or tap to enter a date. |
| [ ]  I have been advised on my [right to refuse unsafe work](https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-03-rights-and-responsibilities#SectionNumber:3.12) without any prohibited action | DateClick or tap to enter a date. |

|  |
| --- |
| 1. 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[ ]  Joint Occupational Health and Safety Committee Member[ ]  Worker from similar Union[ ]  Worker doing similar work as the one who exercised their right to refuse work |
| [ ]  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  | DateClick or tap to enter a date. |
| [ ]  I have received and reviewed this Refusal of Unsafe Work Investigation Report. | DateClick or tap to enter a date. |
| [ ]  I have been advised that the worker identified above in this Section has the [right to refuse unsafe work](https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-03-rights-and-responsibilities#SectionNumber:3.12) without any prohibited action | DateClick or tap to enter a date. |