

A worker may refuse to do an act at the worker's workplace where the worker has reasonable grounds for believing that the act is likely to endanger the worker's occupational health or safety or the occupational health and safety of another worker. – OHS Act Section 28 (1)

<b>Section A: Worker Information</b> (to be completed by the employee)		
Employee name:	UPEI ID number:	
Employee job title:	Department:	
Supervisor reported work refusal to:	Date and time reported:	
Location of work refusal:	Task assigned:	
I believe that this work endangers my health and safety for the reasons identified below (check all that apply): <input type="checkbox"/> I am not properly trained for the job <input type="checkbox"/> I do not have the necessary abilities for the job <input type="checkbox"/> Physical or mechanical hazards <input type="checkbox"/> Biological hazards <input type="checkbox"/> I do not have enough experience for the job <input type="checkbox"/> I do not have the necessary equipment for the job <input type="checkbox"/> Chemical hazards <input type="checkbox"/> Other (specify):		
Employee's rationale for work refusal (please provide specific details):	At any point the Health, Safety and Environment Department can be contacted for assistance with this process 902-566-0901.	
<b>Section B: Supervisor Information</b> (to be completed by the Supervisor)		
Supervisor name:	Date and time notified of work refusal:	
Is the work refusal justified?	Yes	No – Please provide reason why not (proceed to section C):
Immediate action taken (if any):		
Corrective action(s) to be taken:	Target date:	Completion date:
This action plan agreed upon by the Employee and Supervisor on (date):		
Employee's signature:	Supervisor's signature:	
Once action items are complete, proceed to section D for signature.		

**Protection of Privacy** - The personal information requested on this form is collected under the authority of Section 31(c) of the PEI *Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of administration of Provincial Occupational Health and Safety Legislation. Direct any questions about this collection to: Liz Rostant-MacArthur, 550 University Avenue, Charlottetown, PE, C1A 4P3, Tel: 902.566.0516.





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If this action plan is not agreed upon by Employee and Supervisor, contact Joint Occupational Health & Safety Committee (JOHSC) and proceed to section C.		
<b>Section C: Investigation Details</b> (to be completed by JOHSC members – 1 worker, 1 management)		
Date and time of investigation:		
JOHSC worker member name:		JOHSC management member name:
Is the work refusal justified?	Yes	No – Please provide reason why not:
Observations of existing conditions and hazards during investigation (please provide specific details):		
Recommended corrective action(s) to be taken:		Target date:
		Completion date:
This action plan agreed upon by the Employee and Supervisor on (date):		
Employee's signature:		Supervisor's signature:
<b>Section D: Resolution of Work Refusal</b> (to be completed when employee is satisfied the work is no longer hazardous)		
Date:		Time:
Employee signature:	JOHSC worker member signature:	Only if section C is required
Supervisor signature:	JOHSC management member signature:	
If the worker is not satisfied with the findings of the JOHSC or the corrective actions proposed they have the right to request a Workers Compensation Board (WCB) Occupational Health & Safety (OH&S) Officer be notified immediately at 1-800-237-5049.		
Date and time WCB OHS contacted:		Name of person that contacted WCB OHS:

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