



**Employer's Report of Safety-Related Refusal to Work**

**Name and position of employee(s):** (attach separate list as appropriate)

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**Date:**

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**Time refusal reported:**

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**Reasons reported for refusal:** (include full details of nature of alleged hazard and when first noticed; attach statements of supervisor and workers)

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**Supervisor receiving report:** (name)

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**Name of worker representative called:** (or reason for unavailability)

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**First-stage investigation results:** (include full details of conditions observed, concerns noted and steps taken to remedy)

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**Time second-stage refusal reported:**

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**Reasons reported for second-stage refusal: (full details)**

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**Time ministry inspector contacted: (include office contacted, what advised)**

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**Alternative work or other directions given refusing employee(s): (include results)**

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**Ministry inspection details: (full details of ministry findings -- attach report or orders issued, and any remedial action taken)**

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**Other employee offered the same work: (attach that worker's signed statement of being advised of the refusal)**

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**Details of any continuing refusal: (include reason given)**

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**Details of any discipline imposed:**

Employee name: \_\_\_\_\_

Discipline imposed (attach any letters or notes)

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Reasons for discipline:

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**Copies:**     **Department**  
                  **University Safety**  
                  **Human Resources**