

## Work Refusal Investigation Form A

### SECTION A

DETAILS OF WORK REFUSAL (to be completed by the employee)	
Employee Name:	Date & Time Reported:
Site / Location:	Room #:
Site Administrator/ Department Supervisor:	Position:
Employee's reason for work refusal (please provide specific details):	
Has the employee's hazard assessment been reviewed for identified controls put into place and implemented? (PPE, Engineering Controls, Administrative Controls)	
What hazard controls has the employee put into place to keep themselves safe?	
Has the employee reviewed the safety plans and procedures relative to their job? (e.g. Student Behavior Plans, Safe Work Practices, Field Level Hazard Assessments, PPE)	
INTERNAL RESOLUTION (Direct Supervisor Response)	
<input type="checkbox"/> Job is felt to be safe. <input type="checkbox"/> Job is not safe. To be made safe by completion of recommendations below. <input type="checkbox"/> For the privacy of the employee if the reason for work refusal is associated with a health-related concern, Human Resources will contact the employee to review the health-related concern.	
Recommendations / Immediate Action Taken (if any):	
<input type="checkbox"/> I agree that my safety concern has been addressed.  <input type="checkbox"/> I do not agree that my safety concern has been addressed.	
Employee Signature	Date:
Direct Supervisor Signature	Date:
The Direct Supervisor submits Section A to <a href="mailto:OHS@lethsd.ab.ca">OHS@lethsd.ab.ca</a>	

**SECTION B**

INVESTIGATION DETAILS (completed by the assigned OHS Inspective Team)		
Date & Time of Inspection:		
OHS Investigative Team Member(s):		
Observations of existing conditions and hazards during inspection (please provide specific details):		
Does the Inspection Team agree that hazardous conditions exist?		
<input type="checkbox"/> YES - Complete Action Plan <span style="margin-left: 200px;"><input type="checkbox"/> NO</span>		
RECOMMENDED ACTION PLAN TO RESOLVE CONCERN (completed by Inspection Team)		
Action	Target Date	Completion Date
<input type="checkbox"/> This Action Plan is agreed upon by both the Employee and Direct Supervisor. Resolution of Work Refusal.		
<input type="checkbox"/> This Action Plan is not agreed upon by both the Employee and Direct Supervisor. The employee or any other person present during the inspection may file a complaint with Alberta Occupational Health and Safety. ( <a href="https://www.alberta.ca/file-complaint-online.aspx#toc-1">https://www.alberta.ca/file-complaint-online.aspx#toc-1</a> )		
Employee Signature:	Date:	
OHS Investigative Team Worker Representative Signature:	Date:	
OHS Investigative Team Management Representative Signature:	Date:	