

WRHA Community/Corporate Health Services and WIS Refusal to Work Report Form

Important: The Right to Refuse Process begins after the Report and Resolution of Safety Concerns Process has been followed. Employees must inform their supervisor/manager of a Right to Refuse Dangerous Work situation immediately. Immediate response from the supervisor is required when an employee has exercised his/ her right to refuse dangerous work.

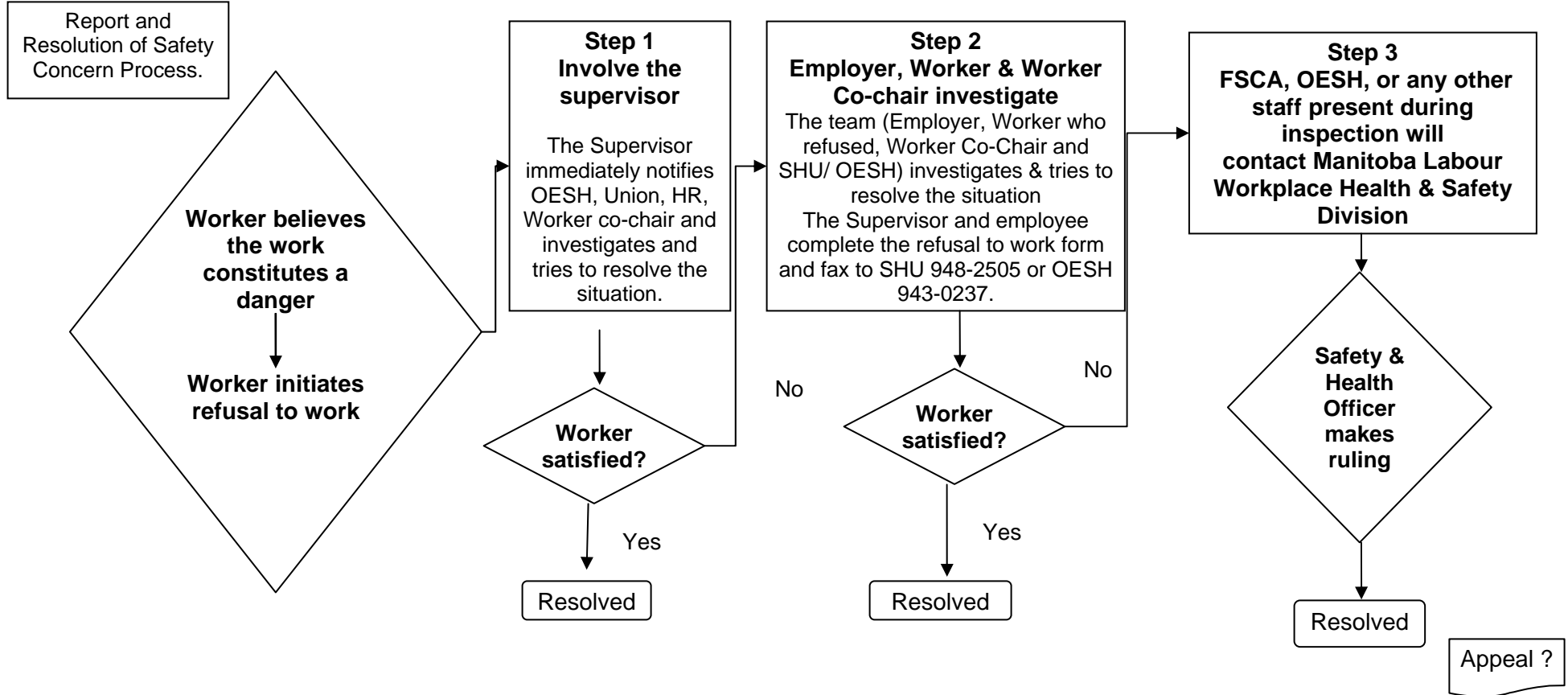
STEP 1	A worker may refuse to perform work they believe is unsafe on reasonable grounds when the Report and Resolution of Safety Concerns Process has been unsuccessful. Report refusal to supervisor immediately.		
This Section to be filled out by refusing worker, in person or by phone or email.			
Name of Refusing Employee:			
Position of Employee:			
Date of Refusal:		Time of Refusal:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Name of Supervisor Receiving Report:			
Supervisor's Phone:		Supervisor's email:	
DESCRIPTION			
This Section to be filled out by the supervisor			
SUPERVISOR INVESTIGATION DETAILS	Supervisor receiving notice of refusal shall immediately investigate and remedy the unsafe conditions. <i>If remedied then the Refusal is resolved.</i>		
CONTINUED REFUSAL DETAILS	Worker may continue to refuse (If refuser believes work is still unsafe).		
ALTERNATIVE WORK	Alternative work/other directions given to refusing employee. (Include results).		
ASSIGNING OTHER WORKERS	The employer cannot assign other employee(s) to the same client/task unless the other employee(s) have been advised by the refusing worker, or by a safety and health officer. The refusing worker must immediately notify all other employees who are doing the same work/task/seeing same client. Did the second employee refuse? <input type="checkbox"/> no <input type="checkbox"/> yes Name:		

STEP 2		Site Safety Involvement: Notification of Workplace Safety and Health Committee	
WSHC Worker Co-Chair Called: <input type="checkbox"/> no <input type="checkbox"/> yes Name: _____		WSHC Management Co-Chair Called: <input type="checkbox"/> no <input type="checkbox"/> yes Name: _____	
WSHC Management Co-Chair designate investigates with WSHC Worker Co- Chair, if available; <u>or</u> A worker member of the safety committee, if available; <u>or</u> A worker chosen by the refusing worker. Note below the inspection details, conditions observed, concerns noted, and recommendations to remedy the unsafe condition/task.			
This section to be filled out by co-chair or designate of the WSHC.			
CO- CHAIR DECISION	_____		

This section to be filled out by SHU or OESH Safety Coordinator.			
OESH OR SHU NOTIFI CA TION DE TAILS	<i>Notification: The supervisor must phone OESH 204-837-0866 (WRHA Occupational and Environmental Safety & Health) <u>or</u> SHU (FSL Safety and Health Unit) 204-782-5522</i>		
	Name of Safety Coordinator contacted:		
DE TAILS	Did Worker Continue Refusal? <input type="checkbox"/> Yes (Write down the steps taken).		

	<input type="checkbox"/> No (<i>ISSUE RESOLVED – go to Resolution Section</i>)		
STEP 3		Contacting Manitoba Labour - Workplace Safety and Health Division	
OESH, SHU, or any other staff member present during the inspection may contact the Workplace Safety & Health Division (WSHD) at 204-945-3446 or after hours at 204-945-0581.			
This section to be filled out by supervisor or by OESH and/or SHU safety coordinator.			
WORKPLACE SAFETY & HEALTH OFFICER DE TAILS	Decision of Workplace Safety & Health Officer. Attach report or orders issued and any remedial action taken.		

RESOLUTION			
Please note: The supervisor and refusing worker sign below when the Right to Refuse Dangerous Work case has been resolved and closed. Refusing worker's signature indicates that the worker agrees to close the Right to Refuse Dangerous Work case.			
_____		_____	_____
Supervisor's Signature		Date	Employee's Signature
Resolved at:		<input type="checkbox"/> Step 1	<input type="checkbox"/> Step 2 <input type="checkbox"/> Step 3
Once the form is signed, fax to OESH (204-943-0237) or SHU (204-948-2505). The original completed form should be kept in the worker's file.			



Workplace Safety and Health Act [C.C.S.M. c.W210] states that all workers have the **Right to Refuse** any task that the worker has reasonable grounds to believe is dangerous to his/her safety and health or the safety and health of other persons. Work refusals must be based on “reasonable grounds” and the employer can ask a second worker to do the job providing they are told of the reasons for the first employees’ refusal. The refusing worker is paid despite the refusal but can be reassigned. Workers carrying out duties or exercising rights, as set out under the *Workplace Safety and Health Act* [C.C.S.M. c.W210], are protected from discriminatory action. However, in order to exercise the right to refuse, **the Report and Resolution of Safety Concerns Process must have been followed** and the worker must have reasonable cause to believe that a condition or work activity is a danger or that the use of any equipment or thing at work presents a danger to themselves or to another employee. The right to refuse dangerous work should not be abused. It is intended to protect employees. If you have any questions about the right to refuse dangerous work or other matters related to health and safety in the workplace, contact the FSL Safety Unit at 204-782-5522/OESH at 204-837-0866 or consult the Operational Procedure – Right to Refuse Dangerous Work.