

RIGHT TO REFUSE UNSAFE WORK (S. 128 /129)



Public Service Alliance of Canada
Alliance de la Fonction publique du Canada

DATE: _____ TIME: _____

COMPONENT: _____

LOCAL: _____

WORK LOCATION: _____

NAME OF SUPERVISOR: _____

ISSUE AND FACTS: _____

RESULT OF INITIAL INVESTIGATION: _____

JOINT INVESTIGATION _____

WORKPLACE COMMITTEE MEMBER/HEALTH AND SAFETY REPRESENTATIVE: _____

EMPLOYER REPRESENTATIVE: _____

RESULT OF JOINT INVESTIGATION _____

INVESTIGATION BY HRSDC HEALTH AND SAFETY OFFICER

NAME OF HRSDC HEALTH AND SAFETY OFFICER : _____

EMPLOYER REPRESENTATIVE(S): _____

WORKPLACE COMMITTEE MEMBER/HEALTH AND SAFETY REPRESENTATIVE: _____

HRSDC HEALTH AND SAFETY OFFICER'S DECISION: _____

RECOMMENDED ACTION (COMPONENT) : _____