

# Right to Refuse Dangerous Work Report Form

**Important:** The [Winnipeg Regional Health Authority Report and Resolution of Safety Concerns Process](#) must be followed before a Right To Reuse is initiated. 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 their right to refuse dangerous work. *“Dangerous” work generally means: work involving safety and health risks that are not normal for the job and will cause immediate and serious, or long term effects on your safety and health or the safety and health of others.* **This does not preclude anyone from contacting the Workplace Safety and Health Branch for guidance at any stage in the process.**

<b>STEP 1</b>	A worker may refuse to perform work they believe is dangerous (see definition above) on reasonable grounds [when the Winnipeg Regional Health Authorities Report and Resolution of Safety Concerns Process has been unsuccessful.] Report refusal to supervisor immediately.		
<b>This Section to be filled out by refusing worker in person (where reasonably practicable) OR by supervisor (if completed by phone or email by refusing worker).</b>			
Name of Refusing Employee:		Employee Site:	
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:	
<b>DESCRIPTION OF UNSAFE WORK (provide details)</b>			
The supervisor immediately notifies Occupational and Environmental Safety & Health, and the worker co-chair of the Health and Safety Committee by email that a Right to Refuse Dangerous Work has been initiated. <i>Note: This is notification only – it is the responsibility of the Supervisor to attempt to resolve the Right to Refuse Dangerous Work at Step 1.</i>			
<b>This Section to be filled out by the supervisor</b>			
Supervisor shall immediately investigate/inspect and remedy the dangerous condition(s) where identified.			
<b>SUPERVISOR INVESTIGATION DETAILS</b>			
<input type="checkbox"/> Dangerous Condition Identified and Remedied		<input type="checkbox"/> No Dangerous Condition Identified	

<b>SUPERVISOR INVESTIGATION RESULTS</b>	Explain Results – details of corrective action or reason why the work does not constitute a danger.												
<b>CONTINUED REFUSAL DETAILS</b>	<i>If remedied then the Refusal is resolved. Worker may continue to refuse (If refuser believes work is still unsafe). Reasons for continued refusal are entered.</i>												
<b>ALTERNATE WORK</b>	Alternative work/other directions given to refusing employee. (Include results).												
<b>Step 2</b>	<b>Notification of Workplace Safety and Health Committee and Occupational and Environmental Safety &amp; Health</b>												
	<p><i>Supervisor notified</i> Occupational and Environmental Safety &amp; Health: <input type="checkbox"/> no <input type="checkbox"/> yes <b>Name:</b></p> <p><b>WSHC Worker Co-Chair Called:</b> <input type="checkbox"/> no <input type="checkbox"/> yes <b>Name:</b></p> <p><b>WSHC Management Co-Chair Called:</b> <input type="checkbox"/> no <input type="checkbox"/> yes <b>Name:</b></p> <p>Supervisor 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 and the refusing worker. Note below the inspection details, conditions observed, concerns noted, and recommendations to remedy the unsafe condition/task.</p>												
<b>NOTIFICATION DETAILS</b>													
	<p><b>Assignment of other Workers:</b> <i>As per regulation, other workers cannot be assigned to the refused task until this point in the refusal.</i> The employer must advise the other worker, in writing (omitting any information protected under PHIA), of: the first worker's refusal, the reasons for the refusal, the other worker's right to refuse dangerous work, the reason why, in the opinion of the employer, the work does not constitute a danger to the safety or health of the other worker, another worker or any person. Where practicable, the first worker has advised the other worker of the first worker's refusal, and the reasons for the refusal; and the inspection/investigation with committee and remedy (where required) have been completed.</p> <p>Note: If notified by email, attach email(s) to form</p>												
<b>Assigning other workers</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Worker Name:</b></td> <td style="width: 25%;"><input type="checkbox"/> <b>Form Communicated</b></td> <td style="width: 25%;"><input type="checkbox"/> <b>Accepted</b></td> </tr> <tr> <td><b>Worker Name:</b></td> <td><input type="checkbox"/> <b>Form Communicated</b></td> <td><input type="checkbox"/> <b>Accepted</b></td> </tr> <tr> <td><b>Worker Name:</b></td> <td><input type="checkbox"/> <b>Form Communicated</b></td> <td><input type="checkbox"/> <b>Accepted</b></td> </tr> <tr> <td><b>Worker Name:</b></td> <td><input type="checkbox"/> <b>Form Communicated</b></td> <td><input type="checkbox"/> <b>Accepted</b></td> </tr> </table>	<b>Worker Name:</b>	<input type="checkbox"/> <b>Form Communicated</b>	<input type="checkbox"/> <b>Accepted</b>	<b>Worker Name:</b>	<input type="checkbox"/> <b>Form Communicated</b>	<input type="checkbox"/> <b>Accepted</b>	<b>Worker Name:</b>	<input type="checkbox"/> <b>Form Communicated</b>	<input type="checkbox"/> <b>Accepted</b>	<b>Worker Name:</b>	<input type="checkbox"/> <b>Form Communicated</b>	<input type="checkbox"/> <b>Accepted</b>
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**This section to be filled out by co-chair or designate of the WSHC.**

**INVESTIGATION  
DETAILS**

Dangerous Condition Identified and Remedied  No Dangerous Condition Identified

**INVESTIGATION  
RESULTS**

**Explain Results – details of corrective action or reason why the work does not constitute a danger.**

**CONTINUED REFUSAL**

*If remedied then the Refusal is resolved. Worker may continue to refuse (If refuser believes work is still unsafe). Reasons for continued refusal are entered.*

**STEP 3 Contacting Growth, Enterprise and Trade - Workplace Safety and Health Branch**

Any of the members present during the investigation/inspection may contact the Growth, Enterprise and Trade, Workplace Safety & Health at **204-957-7233** or toll free **1-855-957-7233**.

**This section to be filled out by supervisor or by Occupational and Environmental Safety & Health**

**WORKPLACE  
SAFETY & HEALTH  
OFFICER DETAILS**

**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 that the dangerous condition has been remedied.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

Resolved at:  Step 1  Step 2  Step 3

Once the form is signed, e-mail to [OESH@wrha.mb.ca](mailto:OESH@wrha.mb.ca). The original completed form should be kept in the worker's file.