

## WRHA Refusal to Work Report Form

<u>Important:</u> 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. "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.

| STEP 1  | A worker may refuse to perform work they believe is dangerous (see definition above) 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 Re  |   | e of Refusal:               | ☐ AM ☐ PM                         |  |  |  |  |  |  |
| Name of S   | e of Supervisor Receiving Report:   |                             |                                   |  |  |  |  |  |  |
| Supervisor  | 's Phone:   | Supervisor's email:         |                                   |  |  |  |  |  |  |
| DESCRIPTION   |   |                             |                                   |  |  |  |  |  |  |
| The supervisor immediately notifies OESH, Union where applicable, Human Resources and the worker co-chair of the Health and Safety Committee by email that a Right to Refuse has been initiated. <i>Note: This is notification only – it is the responsibility of the Supervisor to attempt to resolve the Right to Refuse at Step 1.</i> |   |                             |                                   |  |  |  |  |  |  |
|   | This Section to b   | e filled out by the super   | visor                             |  |  |  |  |  |  |
| Super   | visor shall immediately investigate/inspe   | ect and remedy the dangerou | us condition(s) where identified. |  |  |  |  |  |  |
| SUPERVISOR<br>INVESTIGATION<br>DETAILS  |   |                             |                                   |  |  |  |  |  |  |
| Dange   | rous Condition Identified and Remedied  | d ☐ No Danger               | rous Condition Identified         |  |  |  |  |  |  |
| SUPERVISOR<br>INVESTIGATION<br>RESULTS  | Explain Results – details of corrective   |                             |                                   |  |  |  |  |  |  |

February 2014 Page 1 of 4

| 0   | 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. |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| CONTINUED<br>REFUSL<br>DETAILS  | work to still undare). Readone for continued relacal are entered.  |  |  |  |  |  |  |  |
| ALTERNAT<br>E WORK  | Alternative work/other directions given to refusing employee. (include results).   |  |  |  |  |  |  |  |
| Step 2  | Notification of Workplace Safety and Health Committee and OESH   |  |  |  |  |  |  |  |
| WSHC Worker Co-Chair Called: no yes Name: WSHC Management Co-Chair Called: no yes Name: Supervisor investigates with WSHC Worker Co- Chair, if available; or A worker member of the safety committee, if available; or 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. |  |  |  |  |  |  |  |  |
| R SHU<br>AITON<br>ILS   | Notification: The supervisor must notify OESH Safety Coordinator. Name of Safety Coordinator Contacted:  |  |  |  |  |  |  |  |
| OESH OR SHU<br>NOTIFICAITON<br>DETAILS  |  |  |  |  |  |  |  |  |
| This section to be filled out by co-chair or designate of the WSHC.   |  |  |  |  |  |  |  |  |
| IINVESTIGATION<br>DETAILS   |  |  |  |  |  |  |  |  |
| ☐ Dange   | rous Condition Identified and Remedied   |  |  |  |  |  |  |  |
|   | Explain Results – details of corrective action or reason why the work does not constitute a danger.  |  |  |  |  |  |  |  |

February 2014 Page 2 of 4

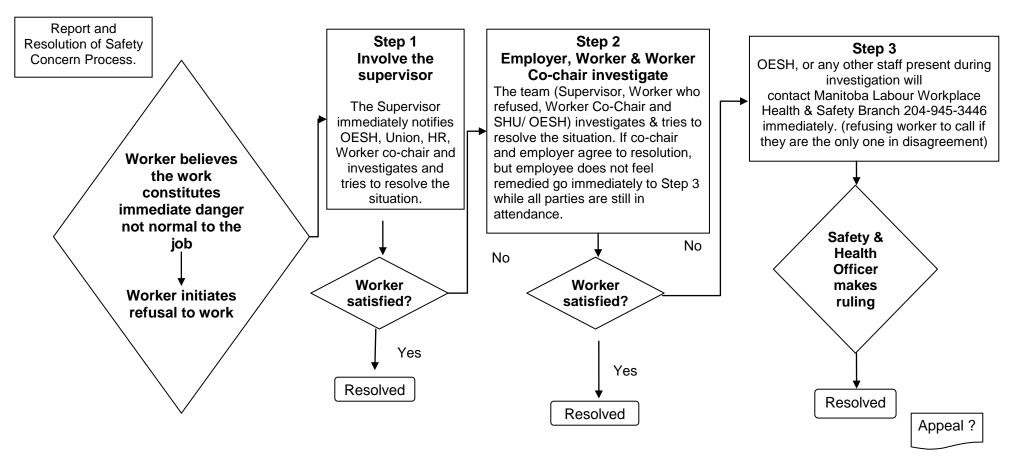
| ED   | If remedied then the Refusal is resolved. Worker may continue to refuse (If refuser believes work is still unsafe). Reasons for continued refusal are entered. |                 |               |                  |                |            |                    |  |  |  |  |
|--|--|-----------------|---------------|------------------|----------------|------------|--------------------|--|--|--|--|
| CONTINUED<br>REFUSAL   |  |                 |               |                  |                |            |                    |  |  |  |  |
| Assignme   | ent of other Worke   | rs: As per reg  | ulation, othe | er workers canno | ot be assigned | d to the r | refused task until |  |  |  |  |
| Assignment of other Workers: As per regulation, other workers cannot be assigned to the refused task until this point in the refusal. The employer must advise the other worker, in writing, of: the first worker's refusal, the reasons for the refusal, the other worker's right to refuse dangerous work and 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. |  |                 |               |                  |                |            |                    |  |  |  |  |
| Assigning other<br>workers   | Worker Name:   |                 |               | Form Commur      | nicated        |            | Accepted           |  |  |  |  |
|  | Worker Name:   |                 |               | Form Commur      | nicated        |            | Accepted           |  |  |  |  |
|  | Worker Name:   |                 |               | Form Commur      | nicated        | _ /        | Accepted           |  |  |  |  |
|  | Worker Name:   |                 |               | Form Commur      | nicated        |            | Accepted           |  |  |  |  |
| STEP 3 Contacting Manitoba Labour - Workplace Safety and Health Branch   |  |                 |               |                  |                |            |                    |  |  |  |  |
| Safety & H   | U, or any other staff n<br>ealth Branch at 204-9   | 45-3446 or afte | r hours at 2  | 04-945-0581.     |                |            |                    |  |  |  |  |
|  | s section to be fille  |                 |               |                  |                |            |                    |  |  |  |  |
| E<br>LTH<br>IILS   | Decision of Workplace Safety & Health Officer. Attach report or orders issued and any remedial action taken.   |                 |               |                  |                |            |                    |  |  |  |  |
| WORKPLACE<br>SAFETY & HEALTH<br>OFFICER DETAILS  |  |                 |               |                  |                |            |                    |  |  |  |  |
|  | <del></del>  |                 | RESOLU        |                  |                |            |                    |  |  |  |  |
| 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          | E                | Employee's S   | Signatur   | re                 |  |  |  |  |
|  | Resolved at:   | ☐Step 1         |               | ☐Step 2          |                | □Ste       | р 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.  |  |                 |               |                  |                |            |                    |  |  |  |  |

February 2014 Page 3 of 4



## Procedural Summary for Investigating Right to Refuse Situations





In order to exercise the right to refuse, **the Report and Resolution of Safety Concerns Process must have been followed.** 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", constitute immediate danger and be not normal to the job. Other workers cannot be assigned until Step 2 is completed and must be presented with the completed form. 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. 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 WRHA OESH or consult the Operational Procedure – Right to Refuse Dangerous Work.

February 2014 Page 4 of 4