



WORK REFUSAL

Subject: Procedures and Guidelines for Work Refusal

Applies to: All employees

Pages: 3

Effective Date: August 2012

Supersedes:

WORK REFUSAL REPORT

Section A. Employee Completes this Section		
Name of Employee:	Time:	Date:
Name of Supervisor:		
Location of Work Refusal:		
Task Assigned:		
Employee Comments:		
Employee Signature:		
Section B. Supervisor Completes this Section		
Date of Investigation:	Time of Investigation:	
Action Recommended:		
Section C. JHSC Member Completes this Section		
JHSC member Observations After Investigation:		
Employee and JHSC Member satisfied that concerns have been resolved: yes () no ()		
Action Recommended:		
JHSC Member Signature:		
OHS Completes this Section		
MoL Required yes () no ()		
Date Called:	Time Called:	
MoL Investigator:	Orders written: yes () no () Ref. #	