



# WORKPLACE SAFETY AND HEALTH CONCERN FORM

Section 42 (1) of the Workplace Safety and Health Act states discriminatory action against a worker is prohibited for (a) exercising a right under or carrying out a duty in accordance with this Act or the regulations; and (c) giving information about workplace conditions affecting the safety, health or welfare of any worker to:

- an employer or a person acting on behalf of an employer,
- a safety and health officer or another person concerned with the administration of this Act,
- another worker or a union representing a worker

CHECK APPROPRIATE LINE

Notice of Workplace Safety and Health Concern

OR

Notice of Right to Refuse Dangerous Work

## SECTION 1: TO BE COMPLETED BY WORKER

Be as concise as possible. You may be contacted if further information is required. If more space is required, attach a page to the form.

Your Name \_\_\_\_\_ Office Location \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Date of Incident \_\_\_\_\_  
 Your Supervisor \_\_\_\_\_ Date Reported \_\_\_\_\_

Concerns:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you contacted your Safety & Health Committee Representative? Yes  No

Submitted to Supervisor on: \_\_\_\_\_  
 Date Signature

## SECTION 2: TO BE COMPLETED BY SUPERVISOR

Date Received: \_\_\_\_\_

Section 41.1(2) of the Workplace Safety and Health Act

### A. Action Taken

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### B. Discussed With

Worker	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Site/Program Management	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
WS&H Committee Rep	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Regional Manager WS&H program	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

C. Result of Action

\_\_\_\_\_  
\_\_\_\_\_

Issue Resolved?                      Yes                       No                       Date \_\_\_\_\_

D. Follow-up Action Required

\_\_\_\_\_  
\_\_\_\_\_

E. THIS SECTION TO BE COMPLETED FOR NOTICE OF RIGHT TO REFUSE WORK.

Has another Worker been assigned this work?                      Yes                       No

Hours of work involved biweekly \_\_\_\_\_

(\*REMEMBER the replacement Worker(s) must be informed of situation by Worker refusing to work in accordance with Section 43.4(b) of the Workplace Safety and Health Act.)

Submitted to Director on

\_\_\_\_\_  
Date    Signature    Phone Number

**SECTION 3: TO BE COMPLETED BY DIRECTOR**

In the event that Director was called:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Director    Date    Phone Number

Upon completion, please forward to

Worker                      Yes                       No   
Site/Program Management                      Yes                       No   
WS&H Committee Rep                      Yes                       No   
Regional Manager WS&H program                      Yes                       No