

## [FARM NAME] WORK REFUSAL REPORT

Under the Occupational Health and Safety Act, Sections 13(1)(a), 17(2), 28(2)(e), the Violence in the Workplace Regulations Sections 5(1), 7(1), and the First Aid Regulations Sections 5(1), and 18(1) all workers at [FARM NAME] have the right to refuse work they believe to be unsafe without being subject to discipline. However, all refusals must be carried out using the refusal procedures set out in [FARM NAME] Work Refusal Procedure. Filling out this Work Refusal Report is one of the obligations personnel must follow when refusals occur.

### **PART 1: To Be Completed by Worker**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Name: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Position: \_\_\_\_\_

Work Area: \_\_\_\_\_

Location of Work Refusal: \_\_\_\_\_

Task You're Refusing to Perform: \_\_\_\_\_

Reason for Refusing (Please be specific about why you think the task is dangerous and why the current safety precautions in place aren't adequate to protect you):

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Signature: \_\_\_\_\_

### **PART 2: To Be Completed by Supervisor**

Date of Investigation: \_\_\_\_\_

Time of Investigation: \_\_\_\_\_ AM/PM

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Name of Investigator: \_\_\_\_\_

JHSC Member/Health Safety Rep Participating: \_\_\_\_\_

Details of Investigation: \_\_\_\_\_

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DISCLAIMER: This policy sheet example is provided by Farm Safety Nova Scotia as a general overview for information purposes only. Farmers are responsible for modifying the example to suit each individual farm. Refer to section 5:1 of Farm Safety Nova Scotia's "A Guide to Your Farm Safety Plan".

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Corrective Action Recommended (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Worker Satisfied Problem Resolved?       YES    NO

Worker Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Investigator Signature: \_\_\_\_\_

JHSC/Rep. Signature: \_\_\_\_\_

**PART 3: To Be Completed by Safety Coordinator**

Department of Labour & Advanced Education Called?       YES    NO

Date Called: \_\_\_\_\_

Time Called: \_\_\_\_\_ AM/PM

Name of OHS Inspector: \_\_\_\_\_

Case No.: \_\_\_\_\_

Safety Coordinator Signature: \_\_\_\_\_