



Workplace Refusal Tracking Form

I understand that my employer has no preferred workplace refusal tracking form. As such, please accept this form as my notification, pursuant to section 43 of Nova Scotia's Occupational Health and Safety Act, that I am exercising my right to refuse work - as I have reasonable grounds for believing that such work is likely to endanger my health or safety or the health or safety of any other person.

Personal Information – to be completed by the teacher exercising their right to refuse		
First Name:	Last Name:	Work Location:
Task Being Refused and Reason for Refusal: Identify which aspect(s) of your work you believe are unsafe and which hazards you believe make your work unsafe. (Attach additional pages as needed)		
Refusal Reported To:		
Principal/Supervisor Name:	Date:	Time:
Teacher Signature:		

Work Refusal: Employer Investigation – To be completed by Principal/Supervisor

Corrective Action Taken:	Yes ____ (describe below)	No ____ (corrective action not necessary)
Describe any corrective action taken – outcome of investigation must be reported back to the employee – attach additional pages as needed:		

Outcome of Employer Investigation – To be completed by the Teacher exercising their right to refuse

Are you satisfied with the outcome of the investigation:	Yes ____ (I will resume the task)	No ____ (Refer my refusal to the JOHS Committee)
Teacher Signature:		

Work Refusal: JOHS Committee Investigation – to be completed by Co-chairs or designates appointed by Co-chairs

Unanimously advise worker to return to work (vote):	Yes ____	No ____
Recommendations Made to the Employer:	Yes ____ (details below)	No ____
Detail all Recommendations Made as a Result of the Investigation – Outcome of Investigation Must be Reported Back to the Employee – Attach additional pages as needed		
Employer Co-Chair Signature:	Employee Co-Chair Signature:	

Outcome of JOHS Committee Investigation – To be completed by the Teacher exercising their right to refuse

Are you satisfied with the outcome of the investigation:	Yes ____ (I will resume the refused task)	No ____ (I will refer my refusal to the Department of Labour Health & Safety Officer)
Teacher Signature:		