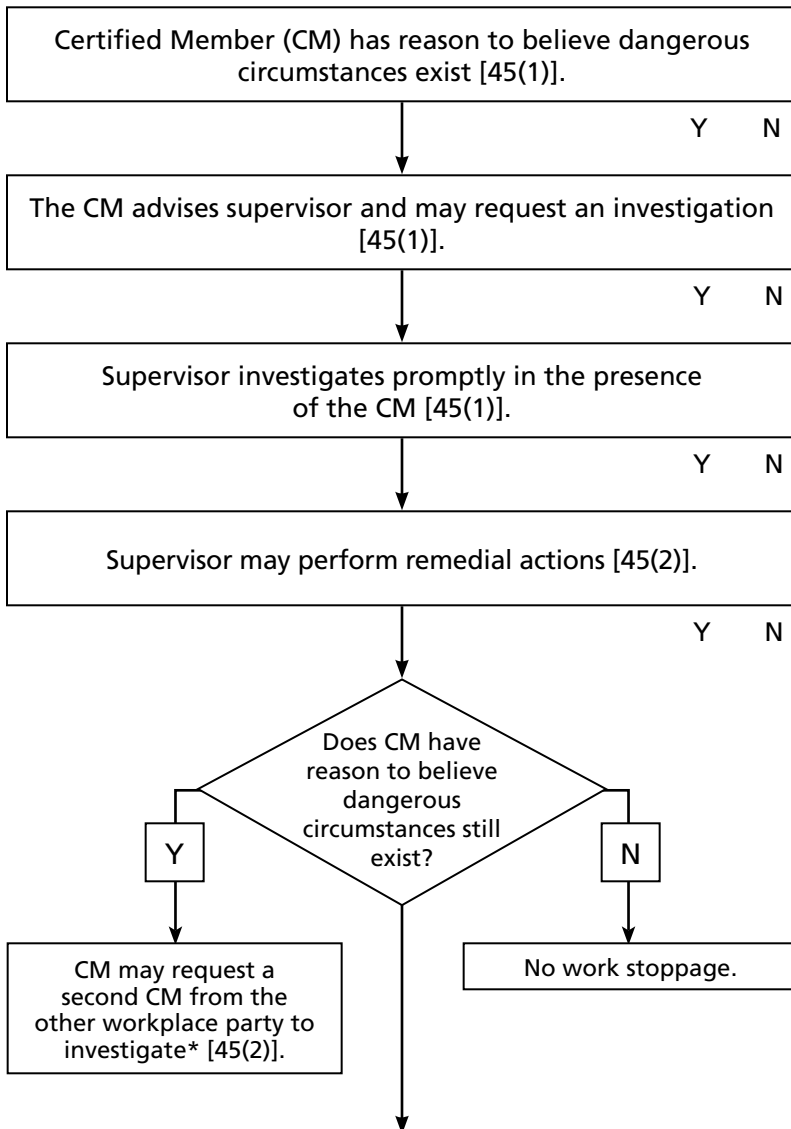


Bilateral work stoppage form

Worker representatives use this form to track and record the bilateral work stoppage process where a certified member has reason to believe that dangerous circumstances exist [(44),(45)].

Today's date:	Worker representative(s):
Time:	Name of worker(s):
Location:	Name of supervisor(s):

Dangerous circumstances [44(1)] – *all must apply*:
 a section of the Act or regulations are violated,
 violation poses a danger or hazard to a worker, and
 any delay in controlling hazard or danger may seriously endanger a worker.



Limited right to stop work

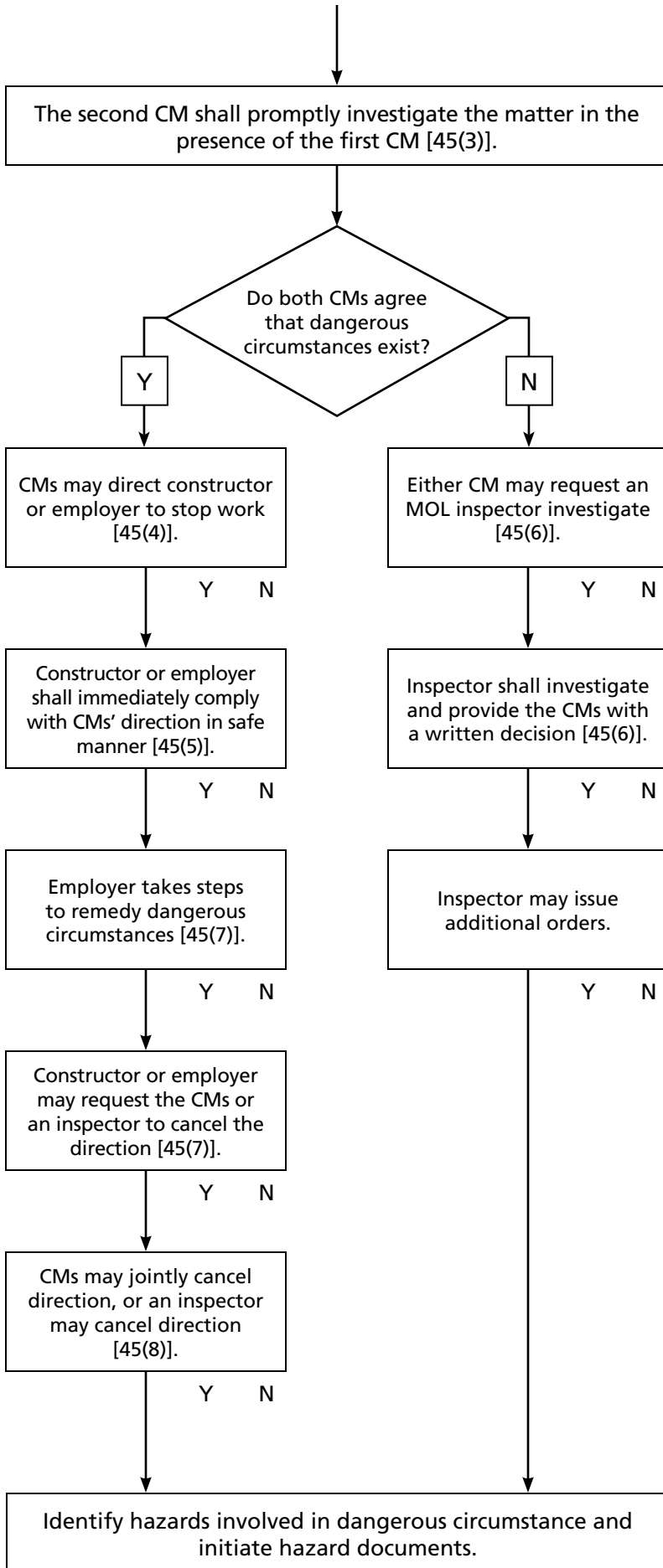
Certified members who work in certain workplaces have a limited right to conduct a bilateral work stoppage.

CMs with a limited right can conduct a bilateral work stoppage as long as it would not directly endanger the life, health or safety of another person [44(2)].

Such workers include firefighters, healthcare workers, correctional officers, paramedics, and other similar services that involve working with the public [43(2)].

Supervisor's response to investigation:

* Certified employer member shall designate a person to act in their stead when they are not available in the workplace [45(9)].



Direction from certified members:

Date: _____

Time: _____

Details: _____

MOL inspection:

Name of inspector: _____

Written decision appended?: Y N

Additional orders given?: Y N

Additional orders appended?: Y N

Employer's steps to remedy circumstances:

Stop work order (direction) cancellation:

Date of request: _____

Time of request: _____

Requested by: _____

Approved by: _____

Date of cancellation: _____

Time of cancellation: _____

Signature: _____

Signature: _____