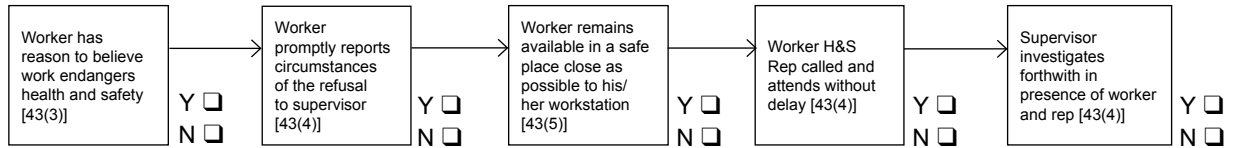


Work refusal tracking form

Stage 1		
Date:	Time:	Department:
Worker:	Supervisor:	Attending Worker Rep:
Reason to believe work poses danger:		



Resolve:	
	Worker returns to work? Y <input type="checkbox"/> N <input type="checkbox"/>

↓
Continue to stage two.

Stage two

Worker continues to refuse Y <input type="checkbox"/> N <input type="checkbox"/>	Reasonable grounds:
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Worker, rep, supervisor or employer contacts MOL [43(6)] Y <input type="checkbox"/> N <input type="checkbox"/>	Worker remains in a safe place as close as possible to their workstation Y <input type="checkbox"/> N <input type="checkbox"/>	Worker is available to inspector for the investigation during worker's normal working hours Y <input type="checkbox"/> N <input type="checkbox"/>
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Reasonable alternate work or other directions given, subject to the collective agreement Y <input type="checkbox"/> N <input type="checkbox"/>	If so, what:
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Was a second worker approached to complete refused work? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes Name: _____	Worker rep present when worker told of refusal and reasons for it [43(11),(12)] Y <input type="checkbox"/> N <input type="checkbox"/> Name: _____
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Inspector consults with worker, worker H&S rep, employer [43(7)]	Supervisor Y N <input type="checkbox"/> <input type="checkbox"/> Worker Y N <input type="checkbox"/> <input type="checkbox"/> Worker Rep Y N <input type="checkbox"/> <input type="checkbox"/>	Written decision to supervisor, worker and rep [43(8)] <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Supervisor</td> <td style="width: 10%;">Y</td> <td style="width: 10%;">N</td> <td style="width: 20%;"></td> <td style="width: 10%;">Y</td> <td style="width: 10%;">N</td> </tr> <tr> <td>Worker</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Worker Rep</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Supervisor	Y	N		Y	N	Worker	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Worker Rep	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Supervisor	Y	N		Y	N															
Worker	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>															
Worker Rep	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>															

MOL Inspector name: _____

Likely to injure? Y N

Orders issued? Y N

Additional notes

Signed:	Date/Time:
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cope:343