YORK REGION DISTRICT SCHOOL BOARD

OCCUPATIONAL HEALTH & SAFETY REPRESENTATIVE - CONCERN/ WORK REFUSAL REPORT FORM

OHSA Chapter 321 Part V Section 43 Refers

Date: _____ Time: _____

Health & Safety Rep.: _____ Location of Rep.: _____

Workplace: _____

Specific Location: _____

Concerned Employee or Worker & Job Title: _____

_____

Supervisor or Person in Charge: _____

Type of Report

1.Refusal to Work	Supervisor Present?	Yes ◯	No ◯
2. Workplace Concern	Witness?	Yes ◯	No ◯
	Photograph taken?	Yes ◯	No ◯

Name of Witness and Details of Witness Report: _____

_____

_____

_____

_____

_____

Has this concern or work refusal been previously reported?

Yes ◯ No ◯

Details: _____

_____

_____

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YORK REGION DISTRICT SCHOOL BOARD

OBSERVATIONS AND RECOMMENDATIONS OF HEALTH AND SAFETY REPRESENTATIVE

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Please attach any other information or photographs required to complete this investigation.

Other information attached to form Yes ◯ No ◯

If yes to attachments, how many? _____

_____
Signature of Health and Safety Representative

_____
Date Completed

Distribution: Employee (White)

Supervisor/ Person in Charge (Yellow)

Occupational Health & Safety Officer (Pink)

Health and Safety Representative (Goldenrod)