



WORK REFUSAL REPORT

All employees have the right to refuse work if they believe it will be dangerous to themselves or others. Please see Policy GABE – Dangerous Work Refusal Procedure. **Supervisor** should inquire as to the employee’s reason for refusing to work and complete this form as fully as possible.

Please print legibly

Date: _____ Time: _____ am/pm Name of Employee: _____

Name of Supervisor: _____ Department: _____

Location of work refused: _____ Task assigned: _____

Worker’s reasons for refusing work (in own words, as detailed as possible): _____

Employee’s signature: _____

Date of investigation: _____ Time of investigation: _____

Name(s) of Workplace Safety & Health Committee member(s) also investigating: _____

Action recommended: _____

Workplace Safety & Health Committee member(s) observations after investigation: _____

Employee satisfied that problem has been resolved: Yes () No ()

Employee signature: _____

Signature of investigators: _____

Supervisor/Manager: _____

Workplace Safety & Health Committee: _____