

**OPSEU NOTICE OF HEALTH AND SAFETY WORK REFUSAL
FORM**

**Fill in the Form below in the event of a work refusal. Fax it to BOB
DEMATTEO or LISA McCASKELL at OPSEU: FAX: (416) 443-0553**

WORKPLACE _____ ADDRESS _____

PHONE NO. _____ FAX NO. _____

DATE OF REFUSAL _____ TIME _____

NAMES OF REFUSING
WORKERS _____

NAME OF SUPERVISOR _____

DID SUPERVISOR CONDUCT INITIAL INVESTIGATION _____

WHAT DID YOU REFUSE TO DO _____

REASONS FOR REFUSING: (WHAT WERE THE
CIRCUMSTANCES) _____

WHAT REMEDIAL MEASURES DID YOU
REQUEST _____

WHAT WAS THE EMPLOYER'S
RESPONSE _____

INSPECTOR'S NAME AND IDENTIFICATION
NO. _____

WHEN AND WHO CONTACTED THE
INSPECTOR _____

DID INSPECTOR REFUSE TO INVESTIGATE AT THE
WORKPLACE _____

DID INSPECTOR INVESTIGATE IN YOUR PRESENCE AT THE WORKPLACE

WHAT WAS THE INSPECTOR'S
DECISION/RESPONSE _____

ATTACH THE INSPECTOR'S WRITTEN DECISION, IF AVAILABLE