PHYSICAL PLANT
Health & Safety Programs

RIGHT TO REFUSE PROCEDURE

A worker may exercise their right to refuse when they believe that the work poses an imminent risk to their safety or the safety of others.

Work Refusal Steps:

1. The worker notifies their supervisor and shares the reason for refusal. Immediately upon being notified of the refusal, the supervisor will complete Part A of the Physical Plant Work Refusal Form along with the worker.
2. The supervisor may correct the dangerous condition. If the issue can be resolved at this step, the supervisor and worker will sign Part C of the Physical Plant Work Refusal Form and the supervisor will submit it to Physical Plant Health and Safety Programs.
3. If the supervisor does not agree, the supervisor must inspect the dangerous work with the refusing worker and the PP LASH UMB-4 Worker Co-Chair or their designate. This inspection must take place by the end of the work day. Following this inspection, the supervisor again has the opportunity to correct the dangerous condition.
4. The supervisor completes Part B of the Physical Plant Work Refusal Form; if the issue can be resolved at this step, the supervisor will ensure all signatures are complete in Part C and submit the form to Physical Plant Health and Safety Programs.
5. If the situation is not resolved after the inspection with the PP LASH UMB-4 Worker Co-Chair or their designate, the supervisor will ensure that all signatures are complete on Part C of the Physical Plant Work Refusal Form, and submit the form immediately to Physical Plant Health and Safety Programs. Physical Plant Health and Safety Programs will make arrangements for a Workplace Safety and Health officer to investigate the refusal. The officer will make a final decision; this decision can be appealed by any affected party by contacting the Director of Workplace Safety and Health.
6. During the time the work refusal is being addressed, the worker can continue to refuse. The supervisor can ask another worker to perform the work ONLY if the other worker is informed in writing of:
   - The reason for the refusal (refusing worker may also speak to them)
   - His/her right to refuse
   - The reasons why the employer believes the work is safe
7. When the situation has been resolved, Physical Plant Health and Safety Programs will submit a copy of the completed Physical Plant Work Refusal Form to the Co-Chairs of the PP LASH UMB-4 Committee for review at their next meeting.

Contact Physical Plant Health and Safety Programs for assistance carrying out this procedure.
## WORK REFUSAL FORM

### PART A: Complete immediately when supervisor is notified of refusal

<table>
<thead>
<tr>
<th>Name of Worker:</th>
<th>Name of Supervisor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PP LASH UMB-4 Worker Co-Chair or designate:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>Time of LASH Inspection (if applicable):</td>
</tr>
</tbody>
</table>

**Describe why the worker is refusing:**

**Describe why the supervisor believes the work is safe:**

**Can action be taken at this point to resolve the refusal?**

- [ ] Yes
- [ ] No

**If Yes** – Describe the corrective action. Worker and supervisor sign Part C below.

**Description of corrective action:**

**What date will the corrective action be implemented?**

**If No** – contact the PP LASH UMB-4 Worker Co-Chair to inspect the dangerous work along with the worker and supervisor by the end of the work day. After this inspection, complete Parts B and C below.

### PART B: Complete after inspection with PP LASH UMB-4 Worker Co-Chair or designate

<table>
<thead>
<tr>
<th>Can action be taken at this point to resolve the refusal?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**If Yes** – complete the following:

**Describe the corrective action that will resolve the refusal:**

**What date will the corrective action be implemented?**

**If No** – immediately contact PP Health and Safety Programs to arrange for a WSH officer to investigate.

### PART C: Signatures

<table>
<thead>
<tr>
<th>Worker (Print):</th>
<th>Worker (Sign):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor (Print):</td>
<td>Supervisor (Sign):</td>
</tr>
<tr>
<td>LASH Rep (Print):</td>
<td>LASH Rep (Sign):</td>
</tr>
</tbody>
</table>

*Submit completed form to Physical Plant Health and Safety Programs*

*Contact Physical Plant Health and Safety Programs for assistance carrying out this procedure.*