



Vancouver Island West School District 84

REFUSAL OF UNSAFE WORK **INVESTIGATION REPORT**

To be filled out by Supervisor and Employee or Worker Representative.

NOTE: If additional space is required, please use a separate sheet and attach to this report.

Name of Employee(s) Refusing Unsafe Work: _____

Worksite and Location of Unsafe Work: _____

Date/Time of Refusal: _____ Date of Investigation: _____

Details of Unsafe Work as Reported by Employee: _____

Witnesses:

Last Name	First Name	Address	Telephone

Was situation determined to be unsafe? Yes / No **Was employee informed of decision?** Yes / No

If unsafe, what was the remedy? _____

Did the remedy result in the employee feeling safe and able to do the work? Yes / No

If NO, then a second investigation must be conducted in the company of the employee and rep, and another report completed. If still not resolved, a WSBC Officer is to be contacted.

Persons Conducting Investigation:

Name	Signature	Type of Representative Employer, Worker or Other	Date

I agree this is a fair depiction of the instance(s): _____

Employee or Worker Representative Signature