

WORK PLACE COMMITTEE or SAFETY REPRESENTATIVE INVESTIGATION REPORT

IDENTIFICATION OF INVESTIGATORS

11. Investigation conducted by:
 Employee Work Place Committee Member, or Employee Health and Safety Rep.
 Name: _____ Work phone: _____
 Email address: _____

and
 Employer Work Place Committee Member, or Employer designated person
 Name*: _____ Work phone: _____
 Email address: _____

*to allow for an unbiased investigation, should not be the same person listed in Section 2.

DESCRIPTION OF REFUSAL and INVESTIGATION BY COMMITTEE OR HEALTH AND SAFETY REP

12. Date and time the refusal is reported to Work Place Committee or Health and Safety Rep.
 Date: _____ Time: _____

13. Description of investigation, factors considered, and reasons for decision

14. Decision of Work Place Committee or Health and Safety Rep.

Consensus not reached (describe main points of dissension): _____

No Danger: _____

Danger: _____

Refusal not permitted under Subsection 128 (2): _____

Agree with employer decision: Yes No
 Recommendations made to employer: Yes (describe below) No

15. Investigation report provided to employer

Employee Work Place Committee Member or Health and Safety Rep.
 _____ Date: _____ Time: _____

Employer Work Place Committee Member or Employer designated person
 _____ Date: _____ Time: _____

SUPPLEMENTAL INFORMATION / CORRECTIVE ACTIONS REPORT

16. Supplemental information provided by the employer

Yes, provided on Date: _____ Time: _____

No

17. Did the employer take supplemental corrective action in response to the investigation report of the committee or representative?

Yes, taken on Date: _____ Time: _____

No

18. Was the workplace/rep investigation report amended based on above supplemental information / actions?

N/A, (No supplemental information / action provided)
 No
 Yes, on Date: _____ Time: _____
