

Step 1: Refusal Context

Identifying the Lead Reviewer

To be completed by supervisor with the worker refusing work

Reviewer's Name (First and last name of the person reviewing the issue)	Date Review Initiated (yyyy-mm-dd)	Time Review Initiated ☐ a.m. ☐ p.m.
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Understanding the issue [OHSR 3.12(2) & 3.12(3)]

Worker's name (Full name of the worker initiating the Refusal of Unsafe Work)	Date Supervisor Notified (yyyy-mm-dd)	Time Supervisor Notified ☐ a.m. ☐ p.m.
Is the worker currently onsite? ☐ Yes, ☐ No If "No" direct the worker to come to the worksite to a safe area.	Name of supervisor notified if different than the reviewer?	
Give a complete description of the concern as indicated by the worker. (who, what, when, and how of the issue)		
Give a description of the location of the issue. (where specifically does the issue exist, take photos if relevant)		
Are there any additional contextual items that are important in understanding this issue? (e.g. events leading up to this issue being raised, work history or restrictions, actions of others) ☐ Yes, ☐ No – if "Yes" give details		
Does this issue involve equipment the worker has been directed to operate? ☐ Yes, ☐ No – if "Yes" give details		
Does this issue involve a process the worker has been directed to carry out? ☐ Yes, ☐ No – if "Yes" give details		
Does this issue involve workplace violence? ☐ Yes, ☐ No – If "Yes" answer the items below, if "No" proceed to the next question block. - Is the workplace violent incident still in progress and involves a student? ☐ Yes, ☐ No - If "Yes" please note that workers must not refuse the work during an escalation, because they are required to support the safety of all students, while doing so safely. - If "No" proceed to the next question - Has a workplace violent incident report been submitted with respect to this situation recently? ☐ Yes, ☐ No - If "Yes" review the incident report and include a reference to it in this review (or attach it if paper based). - If "No", have the worker fill out an incident report or if there is no reason for an incident report take note of this when summarizing the information. - Is there an Individual Safe Work Instruction/Procedure in place, for the directed work? ☐ Yes, ☐ No - If "Yes" obtain a copy and reference it or attach it if paper based. - If "No" take note of this when summarizing the information.		
Has the worker been temporarily assigned to an alternate task/work while the review is conducted? ☐ Yes, ☐ No If "Yes" please include some details below about the temporary assignment.		
Are other workers potentially at risk if they are not informed of this refusal of unsafe work? ☐ Yes, ☐ No - If "Yes" list names or groups and inform them in person of the risk to ensure their safety while working, then proceed to Step 1a. - If "No", proceed to Step 1a.		

Step 1a - Supervisor Review and Initial Assessment [OHSR 3.12(3)a & 3.12(3)b]

Identifying the risk factors:

Is the worker experienced in this type of work? ☐ Yes, ☐ No,

Are there established procedures/instructions for this work? ☐ Yes, ☐ No, ☐ Not applicable

If "Yes", was the worker following the procedures/instructions? ☐ Yes, ☐ No, ☐ Not applicable

Does the worker have the required training? ☐ Yes, ☐ No, ☐ Not applicable

Are the ergonomics of the task acceptable – lifting, awkward posture, pushing? ☐ Yes, ☐ No, ☐ Not applicable

Does the worker have access to required equipment to perform the job safely? ☐ Yes, ☐ No, ☐ Not applicable

Are equipment repairs and scheduled maintenance/inspection complete? ☐ Yes, ☐ No, ☐ Not applicable

Is there appropriate protection against chemicals or risk pathogens that could cause illness? ☐ Yes, ☐ No, ☐ Not applicable

Is the work area safe – lighting, air quality, noise, structure, storage, shared usage? ☐ Yes, ☐ No, ☐ Not applicable

Please give details related to items identified as "No" in the space below. Use this information, along with other information gathered in the "Understanding the Issue" section, to inform your risk assessment ("No" reduces your overall capacity to handle adverse events or work reliably).

Risk Assessment Rating Descriptions

	Low	Medium	High	Extreme	Points
Severity Physical/psychological injury severity potential	☐ (1 pt) Minor first aid treated at the site.	☐ (2 pts) Medical aid – healthcare professional required	☐ (3 pts) Health care professional treatment and lost time >5 days	☐ (4 pts) Health care professional treatment resulting in permanent disability	
Probability Probability of an incident based on the current situation	☐ (1 pt) Not possible or probable	☐ (2 pts) Might happen in the future but not certain when	☐ (3 pts) Will happen today or tomorrow if work proceeds as directed	☐ (4 pts) Will happen immediately if work proceeds as directed	
Control measures Existing hierarchy of control measures to support safe work	☐ (1 pt) Controls in place, workers are aware, experienced, skilled, and have authority to address issue effectively.	☐ (2 pts) Limited controls in place, workers are aware, but with limited experience or skills, and cannot address the issue without support	☐ (3 pts) Controls in place may not be sufficient, limited worker hazard awareness, skills and experience is limited	☐ (4 pts) No controls, no worker hazard awareness, no experience, young worker.	

Risk Score

Risk Score = S*P*C	Severity	*	Probability	*	Controls	=	Total Risk Score

Risk Level	Risk Score Range	Expected actions
Low risk	1-7	Could proceed as planned; the issue is not likely to lead to increased risk of injury.
Med risk	8-16	Could proceed but need to reconsider the context and the controls to manage risk.
High risk	18-64	Must review the work as planned and reduce risk by implementing controls.

Considering the risk assessment, and details reviewed, give a summary statement that includes a clear description of the specific hazard(s)/reason(s) for invoking a refusal of unsafe work as well as the findings of the review? (e.g. The worker has been directed to clean up debris after a number of ceiling tiles fell to the floor during the night and broke into smaller pieces. The worker has refused unsafe work over a concern that the tiles are made of an asbestos containing material (ACM) and that they are not trained to work with ACM. A review of the ACM site assessment documents shows that the tiles in question are not ACM. The training records confirm the worker has not received ACM specific training.)

Based upon the identified risk responses, the risk score category and the above statement, is it reasonable to believe that carrying out the process, or operating the equipment as directed would create an undue hazard to the health and safety of any person?

☐ Yes, ☐ No

- If "Yes" take action to ensure any unsafe conditions are remedied as appropriate. Inform the worker of the changes made to remedy the situation. Itemize corrective actions in the section at the end of this report.
 - Does this report include corrective actions set out to lower the risk and remedy the refusal of unsafe work?

☐ Yes, ☐ No

- If "No", and in the opinion of the reviewer the refusal is not valid, inform the worker who made the report of your findings.

After informing the worker of your findings, have the actions and/or discussions about the review resolved the matter with the worker who made the report? ☐ Yes, ☐ No

- If "Yes", this ends the refusal process. Maintain a record of this review.
- If "No" proceed to Step 1b.

Step 1b – Assignment of refused work to another worker [OHSR 3.12.1(1)b] (Only required if Step 1a failed to resolve the refusal and another worker is needed to carry out the work) The information on this section of the form can be sent to the worker via various means including electronic messaging (email, text messaging), notice board, or other means. It cannot be verbal only. It must be documented.

Will the refused work be re-assigned to another worker? ☐ Yes - continue below, ☐ No – Proceed to Step 2

Does the reassignment of the refused work to another worker resolve the undue hazard and unsafe condition? ☐ Yes – the refusal has been resolved, ☐ No – continue below

Review the information in **Step 1a** in the presence of the worker to which the refused work will be assigned, as well as (select one of the following):

- ☐ A worker member of the joint health and safety committee,
- ☐ A worker who is selected by a trade union representing the worker, or
- ☐ If neither of the above two options is possible, any other reasonably available worker selected by the worker.

Name of worker to be assigned to the refused work:

Name of worker representative participating in this step of the process:

Describe the unsafe condition as reported:

Give the reason why the work would not create an undue hazard to the health and safety of another worker or any other person:

Please note that the worker to which this work may be reassigned has the right to refuse unsafe work as per section 3.12 of the Occupational Health and Safety Regulation.

Worker's Signature of review of refusal document	Date of incident (yyyy-mm-dd)	Time	☐ a.m. ☐ p.m.
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Selected worker representative signature of participation	Date of incident (yyyy-mm-dd)	Time	☐ a.m. ☐ p.m.
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Continue to Step 2:

Step 2 – Joint Review of Unsafe Work [OHSR 3.12(4)a, b, or c] (Only required if Step 1 failed to resolve the refusal)

Continue the review, without delay, in the presence of the worker, as well as (select one of the following):

- ☐ A worker member of the joint health and safety committee,
- ☐ A worker who is selected by a trade union representing the worker, or
- ☐ If neither of the above two options is possible, any other reasonably available worker selected by the worker.

Please include the name of the selected worker that will be now be involved in Step 2 of this process.

Are there any new findings from this joint review with the selected worker representative and the worker? ☐ Yes, ☐ No, If "Yes" give details.

After the joint review with the worker and the selected worker representative the risk score:

☐ Stayed the same, ☐ Decreased, ☐ Increased

Details if changed:

After reviewing the issue and assessing the risk jointly, does the worker still believe that carrying out the process, or operating the equipment as directed would create an undue hazard to the health and safety of any person? ☐ Yes, ☐ No

○ If "Yes" give details of the objective basis for the continuation of the refusal procedure.

▪ What is the worker seeking to remedy the issue?

▪ Is the remedy reasonable and relevant to address the objective basis for the continuation of the refusal?

☐ Yes, ☐ No

• If "No" proceed to Step 3.

• If "Yes" will the worker return to work when the remedy is implemented?

☐ Yes, ☐ No

○ If "No" proceed to Step 3.

○ If "Yes" add the remedy to the corrective actions section at the end of this report and sign below. Re-assign the worker until the remedy is in place.

○ If "No" and all parties have agreed on how to return to safe work, this ends the refusal process. Maintain a record of this review. Proceed to sign the signature box below.

▪ Does this report include corrective actions to lower the risk and remedy the refusal of unsafe work?

☐ Yes, ☐ No - If "Yes" ensure they are listed in corrective actions section at the end of this report.

Reviewer's Signature	Date of incident (yyyy-mm-dd)	Time	☐ a.m. ☐ p.m.
Worker's Signature of participation	Date of incident (yyyy-mm-dd)	Time	☐ a.m. ☐ p.m.
Selected worker representative signature of participation	Date of incident (yyyy-mm-dd)	Time	☐ a.m. ☐ p.m.

Step 3 Involvement of WSBC [OHSR 3.12(5)] (Only required if Step 2 failed to resolve the refusal of unsafe work)

When Step 1 and Step 2 have failed to result in an agreement on safe work options, both the supervisor or the employer, and the worker must immediately notify a WorkSafeBC officer, who must investigate the matter without undue delay and issue whatever orders are deemed necessary.

Phone toll-free: **1.888.621.7233** (1.888.621.SAFE) 7 days a week, 24 hours a day

Has the WSBC officer been contacted? ☐ Yes, ☐ No

If "yes" please include the Date of call (yyyy-mm-dd) and the Time of the call ☐ a.m. ☐ p.m.

○ If "No", please explain why a call has not been made.

WorkSafeBC Officer Name:

Date of site visit/call/video call (yyyy-mm-dd) and the Time of site visit or video call ☐ a.m. ☐ p.m.

Summary of discussion:

Has the WorkSafeBC Officer determined that the refusal of unsafe work is valid ☐ Yes, ☐ No

If yes, are compliance orders expected? ☐ Yes, ☐ No

Attach any and all WSBC reports to this report.

Corrective actions identified and taken to remove the “undue hazard” if applicable.

Action	Action assigned to (name and job title)	Expected completion date (yyyy-mm-dd)	Completed date (yyyy-mm-dd)
a)			
b)			
c)			
d)			
e)			

End of report