



WORK REFUSAL REPORT FORM

PART A - Completed by Employee	
Date: _____ dd/mm/yr	Time: _____ am / pm
Name: _____	Contact No.: _____
Department: _____	Campus: _____
Location of Work Refused: _____	
Task Assigned: _____	
Employee's reason for refusing work (be specific): _____	
Employee Signature: _____	
PART B - Completed by Supervisor	
Date of Investigation: _____	Time of Investigation: _____ am/pm
Name of Supervisor: _____	Position: _____
Name of JOHSC Member investigating: _____	
Details of Investigation: (use extra notes page if required)	
Corrective Action Recommended: _____	
Employee satisfied that problem has been resolved: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Employee Signature: _____	
Signatures of Investigators: _____	Supervisor: _____
JOHSC Member: _____	
PART C - Completed by Occupational Health & Safety Office	
WSBC Called YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date Called: _____	Time Called: _____ am/pm
Name of WSBC Inspector: _____	
Reference No. for Orders: _____	
Occupational Safety Office Signature: _____	Date: _____