

# Unsafe work Refuse Form

Format No.:

Date: \_\_\_\_\_ UWRF No.: \_\_\_\_\_ Department: \_\_\_\_\_

Workman Name: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Reason for Refused Work

Observation   Investigation

CAPA ( Corrective Action / Preventive Action )

Employee Return to Work? If yes, when?	What Employee Statement?

Solution considered from employee statement?

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Who & when to contacted OSHA officer	When OSHA officer conducted Plant?

OSHA officer Opinions

Directions / suggestion given by osha officer

Alternative working environment or direction given to refusing workman

Agreements:

Signature of Refused Workman:

Signature of Supervisor:

Signature of workmen representative: