

## **REFUSAL OF UNSAFE WORK REPORT**

CF-S-60

iTrak #:

Refused by:						
Relused by.	☐ Contractor ☐ Employee		ployee	□ISP		Strike
Refuse's Name:	FIRST NAME	L	AST NAME	Refusal Date and Ti	me: DD/N	IM/YY 00:00
Reported to Whom:	FIRST NAME	L	AST NAME	Reported Date and	Time: DD/N	IM/YY 00:00
REFUSAL FACTS	AND DETAILS:					
Situation Refused:	☐ Confined Space	☐ H2S Release	☐ Stored Pressure	☐ Working at Heigh	nts	
Description of Imme	ruate Danger.					
Was the Task Haza	rd Analysis Adequate?	☐ Yes ☐ No	Tailgate Meeting D	oate and Time:	DD/MM/YY	00:00
ENVIRONMENTAL	CONDITIONS:					
Light Conditions:	☐ Artificial	□ B □ D	right Sun	☐ Daylight ☐ Dusk		Night Overcast
Weather Conditions:	☐ Bright Lights ☐ Blizzard		reezing Rain	Light Snow		Dust
	☐ Chinook ☐ Hail		_	☐ Overcast		Sandstorm
	☐ Clear	□н	leavy Rain	☐ Sleet		Sunny
	☐ Cloudy		leavy Snow	☐ Smoke		Windy
Wind Direction	☐ Fog/ Mist ☐ Light Rain		☐ South East		Courth Wood	
Wind Direction:	North     North West       North East     East		☐ South		☐ South West ☐ West	
Wind Speed: (estimated km/hr):	km/hr	Precipitation (amount at time o		cm/mm	Temperature (estimated °C)	°C
FOLLOW UP:		(amount at time o	. Incidently.		(6611114164 6)	
Does the complaina	nt want follow-up conta	ict: Yes	l No	When?	DI	D/MM/YY
Follow-up contact m	nade by:			Date: DD/MN	M/YY Time:	00:00
Details of Action Tal						
	ken:					
NOTIFICATION:		Notified	Notified Bv:	Date	:	Time:
NOTIFICATION: Required	Person	Notified	Notified By:	Date:		Time:
NOTIFICATION:  Required  Immediate Supervi	Person	Notified	Notified By:	DD/MM	/YY	00:00 am/pm
NOTIFICATION:  Required  Immediate Supervi  Manager  Regional/ General	Person	Notified	Notified By:		/YY	
NOTIFICATION:  Required  Immediate Supervi  Manager	Person	Notified	Notified By:	DD/MM	/YY /YY /YY	00:00 am/pm
NOTIFICATION:  Required  Immediate Supervi  Manager  Regional/ General Manager	Person	Notified	Notified By:	DD/MM DD/MM DD/MM	/YY /YY /YY	00:00 am/pm 00:00 am/pm 00:00 am/pm
NOTIFICATION:  Required  Immediate Supervi  Manager  Regional/ General Manager  Executive Manager	Person	Notified	Notified By:	DD/MM DD/MM DD/MM	/YY /YY /YY /YY	00:00 am/pm 00:00 am/pm 00:00 am/pm 00:00 am/pm
NOTIFICATION:  Required  Immediate Supervi  Manager  Regional/ General Manager  Executive Manage	Person	Notified	Notified By:	DD/MM DD/MM DD/MM DD/MM	/YY /YY /YY /YY	00:00 am/pm 00:00 am/pm 00:00 am/pm 00:00 am/pm 00:00 am/pm