

Labour Board

Notice of Appeal

(This form is to be used for appeals made under the Occupational Health and Safety Act and the Occupational Health and Safety Administrative Penalties Regulations)

IMPORTANT: A NOTICE OF APPEAL MUST BE FILED WITH THE LABOUR BOARD WITHIN 21 CALENDAR DAYS OF THE DATE OF RECEIPT OF A DECISION OR ORDER OF THE OHS DIRECTOR OR OHS OFFICER (DISCRIMINATORY ACTION CLAIMS ONLY), OR NOTICE OF ADMINISTRATIVE PENALTY. THE LABOUR BOARD CANNOT EXTEND THESE TIME-LINES. APPEALS FILED OUTSIDE THESE TIME-LINES WILL NOT BE CONSIDERED.

(Complete Sections A, B & C below)

Section A: Employee (or Employee with supervisory responsibilities) Information

Full Name		Position Title	
Address		Town/City	Postal Code
Home Telephone No.	Other Telephone No.	Fax. No. <i>(If available)</i>	E-mail <i>(if available)</i>

Section B: Employer or Other (e.g. Contractor, Supplier, Constructor, etc) Information

Business Name / Employer / Other Name		Contact Name (if applicable) / Position	
Address		Town/City	Postal Code
Business Telephone No.	Other Telephone No.	Fax. No. <i>(If available)</i>	E-mail <i>(if available)</i>

(Check the appropriate box)

I am the : Employee Employer Other (Identify): _____

Section C: Type of Appeal

I am appealing:

(please check the appropriate box)

- A Decision of the Director of Occupational Health and Safety Division
[Complete Section D, Page 2]

- An Order or Decision of an Officer *(Discriminatory Action claims only)* of Occupational Health and Safety Division
[Complete Section E, Page 2]

- A Notice of Administrative Penalty
[Complete Section F, Page 3]

Section D - Use this section if you are appealing a Decision of the Director (except Discriminatory Action claims). Failure to provide the information requested below could result in processing delays.

D1 Date of the Director's decision _____ / _____ / _____
day month year

D2 Identify the Decision and/or Order #(s) being appealed: _____
_____.

D3 The following items must be attached to this Notice of Appeal:

- copy of the Decision of the Director; and
- a written statement containing:
 - i clear and concise reason(s) why the Order and/or Decision of the Director should be changed, and
 - ii the outcome or remedy you are seeking.

D4 Are you also requesting a suspension of the Order/Decision? Yes No *[If yes, complete D5 and D6 Below]*

D5 What is the Compliance Date noted on the Order/Decision? _____ / _____ / _____
day month year

D6 The following item must also be attached if you are requesting a suspension:

- A written statement containing:
 - i a clear and concise response to the following factors:
 - 1) whether the suspension of the order will have the effect of endangering the safety of workers; and
 - 2) describe the degree of impact from which the Employer is suffering due to this order, and
 - ii whether there is any urgency to the request.

Section E - Use this section if you are appealing an Order or Decision of an Officer concerning a Discriminatory Action claim. Failure to provide the information requested below could result in processing delays.

E1 Date you received Notice of the Order or Decision of the Officer _____ / _____ / _____
day month year

E2 Identify the Decision and/or Order #(s) being appealed: _____
_____.

E3 The following items must be attached to this Notice of Appeal:

- Copy of Officer's Order(s) or Decision being appealed.
- A written statement containing:
 - i clear and concise reason(s) why the Decision of the Officer should be changed, and
 - ii the outcome or remedy you are seeking.

Section F - Use this section if you are appealing a Notice of Administrative Penalty. Failure to provide the information requested below could result in processing delays.

F1 Date you received Notice of Administrative Penalty _____ / _____ / _____
day month year

F2 Identify the Notice of Administrative Penalty #(s) being appealed: _____

- F3 The following items must be attached to this Notice of Appeal:
- Copy of the Administrator's Notice of Administrative Penalty.
 - A written statement containing:
 - i clear and concise reason(s) why the decision of the Administrator should be changed, and
 - ii the outcome you are seeking.

DECLARATION

I _____, _____ declare that the statements and
(print name) (Print title, if Appellant not an individual)
information contained in, attached to, and submitted with this Notice of Appeal are true and accurate to the best of my knowledge and belief. I understand that this information is subject to verification and that any false or misleading representations may result in the dismissal of my appeal.

_____, of _____
signature city/town
_____ this _____ day of _____, 20 _____.
province day month year

Submit via mail, registered mail or by hand to:

Labour Board
5151 Terminal Road, 7th Floor
PO Box 697
Halifax, NS B3J 2T8

or Fax to:
(902) 424-1744

*For more information call 424-6730
or Toll free 1-877-424-6730*