

# Labour Board

## Notice of Appeal

[This form is to be used for appeals made under the Occupational Health and Safety Act and the Workplace Health and Safety Regulations]

**IMPORTANT:** A NOTICE OF APPEAL MUST BE FILED WITH THE LABOUR BOARD WITHIN 30 CALENDAR DAYS OF THE DATE OF RECEIPT OF A DECISION OR ORDER OF AN OHS OFFICER OR DIRECTOR, OR NOTICE OF ADMINISTRATIVE PENALTY. THE LABOUR BOARD CANNOT EXTEND THESE TIME-LINES. APPEALS FILED OUTSIDE THESE TIME-LINES WILL NOT BE CONSIDERED.

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

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 Information (e.g. Contractor, Supplier, Constructor, etc.)

Business Name / Employer / Other Name		Contact Name (if applicable) / Position	
Address		Town/City	Postal Code
Home 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)*

An Order or Decision of an Officer of Occupational Health and Safety Division  
**[Complete Section D, Page 2]**

A Notice of Administrative Penalty  
**[Complete Section E, Page 2]**

A Decision of the Director of Occupational Health and Safety Division  
**[Complete Section F, Page 2-3]**

**Section D: Use this section if you are appealing an Order or Decision of an Officer.** (Note: Failure to provide the information requested below could result in processing delays.)

D1	Date you received the Order or Decision of the Officer:	_____ / _____ / _____ day month year
D2	Identify the Decision and/or Order #(s) being appealed:	_____
D3	The following items <b>must</b> be attached to this Notice of Appeal:	
		<ul style="list-style-type: none"><li>• copy of Officer's Decision/Order being appealed,</li><li>• copy of workplace inspection report(s) and compliance order(s) (if applicable), and</li><li>• a written statement containing:<ul style="list-style-type: none"><li>i clear and concise reason(s) why the Decision/Order of the Officer should be changed, and</li><li>ii the outcome or remedy you are seeking</li></ul></li></ul>
D4	Are you also requesting a suspension of the Order? <i>[If yes, please complete D5 and D6 below]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
D5	What is the Compliance Date noted on the Order?	_____ / _____ / _____ day month year
D6	If you are requesting a suspension, you <b>must</b> also provide a written statement containing a clear and concise response to the following factors:	
		<ol style="list-style-type: none"><li>1) whether the suspension of the order will have the effect of endangering the safety of workers,</li><li>2) describe the degree of impact from which the Employer is suffering due to this order, and</li><li>3) whether there is any urgency to the request.</li></ol>

**Section E: Use this section if you are appealing a Notice of Administrative Penalty.** (Failure to provide the information requested below could result in processing delays.)

E1	Date you received the Notice of Administrative Penalty:	_____ / _____ / _____ day month year
E2	Identify the Notice of Administrative Penalty No.(s) being appealed:	_____
E3	The following items <b>must</b> be attached to this Notice of Appeal:	
		<ul style="list-style-type: none"><li>• copy of the Notice of Administrative Penalty,</li><li>• copy of workplace inspection report(s) and compliance order(s), and</li><li>• a written statement containing:<ul style="list-style-type: none"><li>i clear and concise reason(s) why the Notice of Administrative Penalty should be changed, and</li><li>ii the outcome you are seeking.</li></ul></li></ul>

**Section F: Use this section if you are appealing an Order or Decision of the Director.** (Failure to provide the information requested below could result in processing delays.)

F1	Date you received the Order or Decision of the decision of the Director	_____ / _____ / _____ day month year
F2	Identify the Decision and/or Order #(s) being appealed:	_____
F3	The following items <b>must</b> be attached to this Notice of Appeal:	
		<ul style="list-style-type: none"><li>• copy of the Decision/Order of the Director,</li><li>• copy of workplace inspection report(s) and compliance order(s) (if applicable), and</li><li>• a written statement containing:<ul style="list-style-type: none"><li>i clear and concise reason(s) why the Order and/or Decision of the Director should be changed; and</li><li>ii the outcome or remedy you are seeking.</li></ul></li></ul>

Section F continued...

- F4 Are you also requesting a suspension of the Order?  Yes  No  
*[If yes, please complete F5 and F6 below]*
- F5 What is the Compliance Date noted on the Order? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day month year
- F6 If you are requesting a suspension, you **must** also attached a written statement containing 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,
  - 2) describe the degree of impact from which the Employer is suffering due to this order, and
  - 3) whether there is any urgency to the request.

**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 know ledge 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**  
**1601 Lower Water Street, Suite 304**  
**PO Box 202**  
**Halifax, NS B3J 2M4**

**or Fax to: 902-424-1744**

*For more information call 902-424-6730  
or toll free 1-877-424-6730.*