



PO Box 202
 1601 Lower Water Street
 3rd Floor
 Halifax, Nova Scotia
 B3J 2M4

Nova Scotia

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 RECEIPT OF A DECISION OR ORDER OR 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 CONTACT INFORMATION (or Employee with supervisory responsibilities)

We need to know how to reach the individuals involved in this Appeal. Fill out as much of this section as possible. It is your responsibility to update the Board if there are changes in your contact information.

Full Name		
Position Title		
Address		Town/City
Postal Code	Telephone No.	Cell No.
Fax No	Email	



SECTION B – EMPLOYER CONTACT INFORMATION (e.g. Contractor, Supplier, Constructor, etc.)

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

I am the employee employer other (identify):

SECTION C – TYPE OF APPEAL (Note: Failure to provide the information requested below could result in processing delays)

I am appealing: (Check the appropriate box)

An Order or Decision of an Officer of Occupational Health and Safety Division.

Date you received the Order or Decision of the Officer

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

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

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

- copy of Officer's Decision/Order being appealed,
- copy of workplace inspection report(s) and compliance order(s) (if applicable), and
- a written statement containing:
 - I. clear and concise reason(s) why the Decision/Order of the Officer should be changed, and
 - II. the outcome or remedy you are seeking

Are you also requesting a suspension of the Order? Yes No

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

If you are requesting a suspension, you must also provide 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.

A Notice of Administration Penalty

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

Identify the Notice of Administrative Penalty No.(s) being appealed: _____

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

- copy of the Notice of Administrative Penalty,
- copy of workplace inspection report(s) and compliance order(s), and
- a written statement containing:
 - I. clear and concise reason(s) why the Notice of Administrative Penalty should be changed, and
 - II. the outcome you are seeking.

A Decision of the Director of Occupational Health and Safety Division

Date you received the Order or Decision of the decision of the Director _____ / _____ / _____
day month year

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

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

- copy of the Decision/Order of the Director,
- copy of workplace inspection report(s) and compliance order(s) (if applicable), 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.

Are you also requesting a suspension of the Order? Yes No

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

If you are requesting a suspension, you must also attach 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.

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 to:

Labour Board
1601 Lower Water Street, 3rd Floor
PO Box 202
Halifax, NS B3J 2M4

For More Information:
call 902-424-6730
or Toll-free 1-877-424-6730

The Board will accept an appeal by fax or by email

Fax: 902-424-1744
Email : labourboard@novascotia.ca