|  |  |  |
| --- | --- | --- |
|  | OCCUPATIONAL HEALTH AND SAFETY NOTICE OF APPEAL | |
| **APPLICABLE SECTIONS: - 45 and 46 OF THE OHS ACT, SA 2020 c O-2.2** |

|  |
| --- |
| * Please type or print clearly. * All parts of this form must be properly completed for the appeal to be commenced. * **You must attach and send a copy of the document being appealed to this form.** * Before completing this form, you are strongly advised to read the Alberta Labour Relations Board’s *Rules of Procedure for OHS Appeals*– available on our website at: <http://www.alrb.gov.ab.ca/ohs_appeals.html> * Any personal information provided in this form is collected by the Labour Relations Board pursuant to section 4(c) of the *Protection of Privacy Act* (“POPA”) to process the appeal before the Appeal Body. Any further personal information received in connection with this application will be collected under that authority. The collection and use of personal information is managed pursuant to POPA. Disclosure of this information is managed pursuant to POPA and the *Access to Information Act* (“ATIA”). Please direct questions on the collection or use of personal information to the Board Officer assigned to your file, or to the Board’s Privacy Coordinator at 640, 10155 102 Street, Edmonton, AB, T5J 4G8, or (780) 422-5926. * Please note that after a Notice to Appeal is filed, any relevant information provided to the Appeal Body must be provided to all affected parties so they know the case to be heard and have an opportunity to respond. |

## APPELLANT (please print)

|  |  |  |
| --- | --- | --- |
| Name:  Mailing Address:  Postal Code:  E-mail: |  | Residence Telephone No:  Business Telephone No:  Fax No: |

## RESPONDENT (please print)

|  |  |  |
| --- | --- | --- |
| Name (Company and Responsible Individual):  Mailing Address:  Postal Code:  E-mail: |  | Residence Telephone No:  Business Telephone No:  Fax No: |

**WHAT ARE YOU APPEALING? (Please check one. Complete a separate Notice of Appeal for each matter being appealed.)**

|  |
| --- |
| \_\_\_\_ Compliance order, stop work order, stop use order (section 38, 39, 40 of the *OHS Act*)  \_\_\_\_ Administrative Penalty (section 44 of the *OHS Act*)  \_\_\_\_ Variance of a compliance order, stop work order, stop use order or administrative penalty  (section 41 of the *OHS Act*)  \_\_\_\_ Cancellation/Suspension of a License (section 24(2) of the *OHS Act*)  \_\_\_\_ Finding in a record of an investigation of a dangerous work notification (section 17(15) of the *OHS Act*)  \_\_\_\_ Finding in a report relating to a disciplinary action complaint (section 19(2) of the *OHS Act*)  \_\_\_\_ An order relating to a disciplinary action complaint (section 19(8) of the *OHS Act*) |

1. **List the specific reasons or grounds for this appeal**
2. **On what date were you served with or receive notice of the order, administrative penalty, cancellation or suspension, report or reasons being appealed?** (Note: This Notice of Appeal must be received by the ALRB within 30 days of the date of service/notice)

|  |
| --- |
|  |

**OHS Appeals are conducted based on the Record as defined in Rule 4(i). Parties may only present new evidence if they can convince the Appeal Panel that the new evidence is directly relevant to the issues under appeal, would make a material difference to the outcome of your case, and it was not readily available, with ordinary diligence, to be presented at the time the matter under appeal was decided.**

1. **If you are seeking to present new evidence, please describe the proposed evidence below, and state how this new evidence is relevant to your appeal and why, with ordinary diligence, it could not have been shared with OHS in the matter under appeal.** **Do not attach the proposed new evidence with this form.**

|  |
| --- |
|  |

1. **Please indicate what relief you are seeking in the appeal (check all that apply)**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **If you are appealing a compliance order, stop work order, or stop use order:**  \_\_\_\_ Vary the order  \_\_\_\_ Revoke the order  \_\_\_\_ Remit the order back to the officer for reconsideration  **If you are appealing an administrative penalty:**  \_\_\_\_ Vary the order  \_\_\_\_ Revoke the order  \_\_\_\_ Remit the order back to the officer for reconsideration  **If you are appealing the variance of a compliance order, stop work order, or stop use order:**  \_\_\_\_ Remit the order back to the Director or officer for reconsideration  **If you are appealing the variance of an administrative penalty:**  \_\_\_\_ Remit the matter back to the Director or officer for reconsideration  **If you are appealing the cancellation or suspension of a license:**  \_\_\_\_ Reinstate the cancelled license  \_\_\_\_ Substitute a suspension for the cancellation  \_\_\_\_ Remove or vary the suspension  \_\_\_\_ Add conditions to the license  \_\_\_\_ Remit the matter back to the Director for reconsideration  **If you are appealing the findings in a record relating to a notification of unsafe work refusal:**  \_\_\_\_ Vary the officer’s findings  \_\_\_\_ Revoke the officer’s findings  \_\_\_\_ Remit the matter back to the officer for reconsideration  **If you are appealing the findings of a report in a disciplinary action complaint:**  \_\_\_\_ Vary the officer’s findings  \_\_\_\_ Revoke the officer’s findings  \_\_\_\_ Remit the matter back to the officer for reconsideration  **If you are appealing an order issued in relation to a disciplinary action complaint:**  \_\_\_\_ Vary the order  \_\_\_\_ Revoke the order  \_\_\_\_ Remit the order back to the officer for reconsideration | | |
|  | | |
| **The Appellant is responsible for ensuring this Notice of Appeal is received by the Board within 30 days of being served with or receiving notice of the order, administrative penalty, cancellation or suspension, report or reasons being appealed (attached).**  **This document, once completed and filed with the Board, will be shared with other parties involved in this appeal. Information in this document and other submissions in this Appeal may be publicly posted on the Board’s website, including in the final appeal decision. Individuals filing appeals may be identified by name at various stages of the Appeal Body’s procedures** **including in Appeal Body decisions, on the Appeal Body’s website, and in print and online reporting services that publish the Appeal Body’s decisions.**   1. **An exception to this general practice may be made in exceptional circumstances, and, at the discretion of the Appeal Body, in cases where sensitive personal information will be disclosed. In accordance with Rule 30, individuals wishing to have their names not be published in Appeal Body decisions must indicate this request on the form below and provide reasons for the request including identifying what sensitive personal information would be disclosed**.  |  | | --- | |  |   **The Appellant may withdraw this appeal at any time before the final decision is rendered by providing written notice to the Appeal Body at** [ALRB.OHSAPPEALS@gov.ab.ca](mailto:ALRB.OHSAPPEALS@gov.ab.ca) | | |
| **FOR APPEAL BODY USE ONLY:**  Appeal Body File Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Checked by Received by Input by |  | **I certify that the information provided in this Notice of Appeal is true and accurate to be best of my knowledge.**  Signature of Appellant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Signing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
|  |  | **Please file this Notice of Appeal, signed and dated, to:**  Director of Settlement Director of Settlement  Labour Relations Board Labour Relations Board#640, 10155 – 102 Street #308, 1212 31 Avenue, N.E.  Edmonton, AB T5J 4G8 Calgary, AB T2E 7S8  [ALRB.OHSAPPEALS@gov.ab.ca](mailto:ALRB.OHSAPPEALS@gov.ab.ca) |