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

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| * Form OHS2. Please type or print clearly. * All parts of this form must be properly completed. * Before completing this form you are strongly advised to read the Alberta Labour Relations Board’s *Rules of Procedure for OHS Appeals*, as these Rules set out the applicable deadlines for Respondent Statements. The *Rules of Procedure for OHS Appeals* are available on our website at: <http://www.alrb.gov.ab.ca/ohs_appeals.html> * An order, notice, cancellation or suspension, record or report issued by an officer or the Director under the OHS Act been appealed to the Alberta Labour Relations Board, which is the Appeal Body for the purposes of the OHS Act. The OHS matter under appeal and the Notice of Appeal are attached. * Any personal information provided herein is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* (“FOIP”), for the purpose of processing your application to the Labour Relations Board.  Any further personal information received in written or oral submissions will be collected under that authority.  The collection, use and disclosure of this information is managed pursuant to FOIP.  Any information provided to the Board that is relevant to the application must in the normal course be provided to all affected parties to the application, so all parties know the case to be heard and have an opportunity to respond.  Questions about the collection or use of personal information can be posed to the Board Officer appointed to your file, or the Board’s FOIP Coordinator at 501, 10808 99 Avenue, Edmonton, AB, T5K 0G5, or (780) 422-5926. |

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

**Respondent’s Response to the Grounds of Appeal identified in the Notice of Appeal:**

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| **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.** | | |
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| **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. Parties to 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**.  |  | | --- | |  | | | |
| **FOR BOARD USE ONLY:**  Board File Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Checked by Received by Input by |  | **I certify that the information provided in this Respondent Statement is true and accurate to be best of my knowledge.**  Signature of Respondent or Corporate Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Signing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  |  | **Please return this Respondent Statement, signed and dated, to:**  Director of Inspection Director of Inspection  Labour Relations Board Labour Relations Board#640, 10155 – 102 Street OR #308, 1212 31 Avenue, N.E.  Edmonton, AB T5J 4G8 Calgary, AB T2E 7S8  Fax: (780) 422-0970 Fax: (403) 297-5884  [ALRB.OHSAPPEALS@gov.ab.ca](mailto:ALRB.OHSAPPEALS@gov.ab.ca) |
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