

## MANITOBA LABOUR BOARD

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[www.manitoba.ca/labour/labbrd](http://www.manitoba.ca/labour/labbrd)

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**FORM 1: Appeal from a Stop Work Order**

## THE WORKPLACE SAFETY & HEALTH ACT

# Name of Appellant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Address and Phone Number of Appellant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If Appellant is a Corporation, Union, etc., Name Contact Person and Address if Different From Above

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Status of Appellant and How Affected (i.e. Employer, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Date of Stop Work Order being Appealed and Name of Issuing Safety and Health Officer**

**(Copy of Order Must be Attached)**

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**Concise Statement of Substance of Appeal (Attach if Lengthy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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##### Details of Relief Sought (i.e. Suspension Set Aside, Vary or Amend. Explain Please) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other Persons or Parties Who Are Affected and Status (Names, Addresses, etc.)

(Attach List if Insufficient Room)

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(Revised May, 2016)