

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

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### *The Workplace Safety & Health Act*

#### **Appellant:**

Name:

Address (Street, City, Postal Code):

Phone number:

Email:

If applicable, please complete the following information:

#### **Corporation or Union name:**

Contact Person:

Address:

Phone number:

Email:

Status of appellant and how interested:

Date of stop work order being appealed and name of issuing safety and health officer:

Concise statement of reason for appeal:

Details of relief sought:

Other persons or parties who may be interested:

Name:

Address:

Email:

Phone number:

Name:

Address:

Email:

Phone number:

#### **ATTACH:** (.pdf electronic format preferred)

Copy of stop work order

Statement of substance of appeal

List of other interested persons or parties

Date

Signature