**WorkSafeNB**

**Deviation Request Form**

Please use this form to request a deviation from specific sections of regulations under the New Brunswick *Occupational Health and Safety Act*.

**1. Applicant information**

|  |  |  |
| --- | --- | --- |
| Organization name | Contact Name/ Position | |
| Organization Street address | Town/City | Postal Code |
| Preferred phone number | Email | |

**2. Regulation and section number you are requesting a deviation for:**

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | Regulation name | Section number | |  |
|  |  |

**3.  Explain why the organization is unable to comply with the above legislative requirement (attach additional sheet of information if necessary).**

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**4. Explain how the organization proposes to deviate from the regulatory requirements and how the proposed action provides an equal or greater protection to the health and safety of employees (attach additional sheet of information if necessary).**

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**5. Declaration**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name) declare that the information provided in this deviation request is accurate and true to the best of my knowledge.

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**Signature**  **Date**

Send this form along with additional technical information which supports the request by email to [compliance.conformite@ws-ts.nb.ca](mailto:compliance.conformite@ws-ts.nb.ca), by fax to: 506 738-4099 or by regular mail to: WorkSafeNB, Attention: Chief Compliance Officer, 1 Portland Street, PO Box 160, Saint John, N.B. E2L 3X9

\*It is recommended to apply for a deviation well in advance of requiring it. Depending on the complexity of the request, it may take several weeks to review the information provided to render a decision.