**WorkSafeNB**

**Notice of Appeal**

Please use this form to appeal an order, advice or administrative penalty (AP) issued under the *NB Occupational Health and Safety Act* and its regulations. The notice of appeal must be filed within 14 calendar days of receiving the order, advice or AP.

In the case where an individual person received an order, advice or AP, please fill out the information in section 1. In the case where an organization received an order or AP, please fill out the information in section 2.

**1. Employee or supervisor information**

|  |  |  |
| --- | --- | --- |
| Full name | Position title | |
| Street address | Town/City | Postal Code |
| Preferred phone number | Email | |

**2. Employer, contractor, subcontractor, owner or supplier information**

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

**3. Indicate which you are appealing**

|  |  |
| --- | --- |
| a) an order  b) advice |  |
| c) an AP |  |

**4. On what date did you receive the order, advice or the AP? (year/month/day)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. What is the inspection report number, order number(s) (if applicable) and the AP reference number (if applicable) associated with the order, advice or the AP being appealed?** The inspection report number is found on the bottom right hand corner of each page of the inspection report. The order number is found on the left-hand side of the inspection report, before the explanation of the order. There may be more than one order on the report and more than one order can be appealed. The AP reference number is found at the top right side of the Notice of Administrative Penalty.

Inspection report number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Order number(s) (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AP reference number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Explain the reason(s) for your appeal (attach an additional sheet of information if necessary)**

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**7. a) Are you requesting a suspension of the order, advice or the AP while the appeal is under review?**  Yes No

**b) If you are requesting a suspension of the order, advice or AP, please explain the reasons for the request below**.

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8. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name) declare that the information provided in this Notice of Appeal is accurate and true to the best of my knowledge. I understand that submitting false information may result in the dismissal of my appeal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**  **Date**

Send this form along with **a copy of the associated WorkSafeNB officer inspection report** or **Notice of AP** by email to [compliance.conformite@ws-ts.nb.ca](mailto:compliance.conformite@ws-ts.nb.ca), by fax at 506 738-4099 or by regular mail to:

WorkSafeNB, Attention: Chief Compliance Officer, 1 Portland Street, PO Box 160, Saint John, NB E2L 3X9

\*It is recommended to use certified or registered mail when mailing an appeal to help ensure its delivery within the 14 calendars day limit.