**WorkSafeNB**

**Notice of Appeal**

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.

If an individual received the order, advice or AP and is filing the appeal, complete Section 1.

If an organization or company received the order, advice or AP and is filing the appeal, complete 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 what you are appealing (*select only one*)**

|  |  |
| --- | --- |
| a) an order complete Sections 4 to 7 b) an advice complete Sections 4 to 7 |  |
| c) an AP complete Sections 8 to 10d) an order and associated AP complete Sections 4 to 10 |  |

**4. Date that you received the order or advice. (year/month/day)**

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

**5. Provide the inspection report number, order number(s) (if applicable) being appealed.** The inspection report number is found on the bottom right corner of each page of the inspection report. The order number is found on the lef 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 may be appealed.

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

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

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

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

**b) If you are requesting a suspension of the order or advice, please provide the reasons below**.

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**8. Date you received the administrative penalty (year/month/day)**

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

**9. Provide the reference number of the AP being appealed?** The AP reference number is found at the top right side of the Notice of Administrative Penalty?

AP reference number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. Provide the reason you are appealing the AP (check box below):**

1. Appealing the order linked to the AP

1. Incorrect amount for the contravention
*Please explain:*

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

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Served to incorrect party

*Please explain:*

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

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* 1. The notice of AP was not served on the person to whom it was directed within 14 days of its date of issuance.

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, 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-calendar day limit.