

Notice of Appeal: Order or Decision

Form # 101

Labour and Advanced Education

This notice of appeal is for appealing an Officer's order(s) or decision(s) to the Executive Director of the Occupational Health and Safety Division.

- **Note, this form is *not* to be used for a *Discriminatory Action Appeal* or an *Administrative Penalties Appeal* (the form required for those appeals can be found on the [Labour Board Website](#) under OHS Appeals).**

Procedure to Appeal an Officer Order(s) or Decision(s)

- The attached *Notice of Appeal* form must be filed within fourteen (14) days after the order or decision is served on the recipient.
- As required by Section 67(2) of the *Occupational Health and Safety Act*, a copy of the *Notice of Appeal* must be:
 - EITHER posted in the workplace OR served to the employer for posting in the workplace;
 - AND, a copy must be delivered to the Occupational Health and Safety Committee or Health and Safety Representative.
- Ensure a copy of the order or decision you are appealing is attached.
- Ensure you have attached all other supporting material you wish to have considered.
- The Notice of Appeal form (and supporting documentation) shall be submitted (either through registered/non-registered mail, fax or by hand) to the Executive Director of the *Occupational Health and Safety Division*. The contact information is provided below:

Labour and Advanced Education
Occupational Health and Safety Division
ATT: Executive Director, OHS Division
5151 Terminal Road, 7th floor
PO Box 697
Halifax, Nova Scotia
B3J 2T8
Fax: (902) 424-5640

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Note: In keeping with the privacy provisions of the *Nova Scotia Freedom of Information and Protection of Privacy Act*, the Department of Labour and Advanced Education will only use personal information for the purpose for which the information was obtained or compiled, or, for a use comparable with that purpose.

Section A: Appellant Information <i>(please print)</i>			
I am appealing in my capacity of:			
<input type="checkbox"/> Employee <input type="checkbox"/> Employer <input type="checkbox"/> Other (identify): _____			
Name: <i>(individual, business or organization)</i>			
Contact Name: <i>(if applicable)</i>		Position: <i>(if applicable)</i>	
Address:			
Town/City:		Postal Code:	
Telephone #: <i>(home or business)</i>		Fax #:	
Email Address: <i>(if one available)</i>			
Please provide the following information <i>[failure to provide this information may result in processing delays]</i> .			
Date of the Order	_____ / _____ / _____ <i>Day Month Year</i>		
Identify the Order(s)/Decision(s) being appealed:			
Attach these items to this Notice of Appeal submission: <i>(they are required)</i>	<input type="checkbox"/> Copy of the order/decision; and <input type="checkbox"/> A written statement containing: <ul style="list-style-type: none"> ▪ the part or parts of the order(s) being appealed; ▪ clear and concise reason(s) why the order/decisions should be changed; or ▪ clear and concise reason(s) why an order should have been written; and ▪ the outcome or remedy you are seeking. 		

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Are you also requesting a suspension of the order(s)/decision(s)?	<input type="checkbox"/> Yes, I am. (proceed to Part B)	<input type="checkbox"/> No, I am not. (proceed to Part C)
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Section B: Suspension Request *(please print)*

What is the compliance date noted on the order/decision?	_____ / _____ / _____ <i>Day Month Year</i>
Attach these items to this Notice of Appeal submission if you are requesting a suspension: <i>(they are required)</i>	<input type="checkbox"/> A written statement containing a clear and concise response to the following factors: <ul style="list-style-type: none"> ▪ Whether the suspension of the order will have the effect of endangering the safety of workers; and ▪ Describe the degree of impact from which the employer, employee (or other) is suffering due to this order; and ▪ Whether there is any urgency to the request.

Section C: Declaration

I, *(print name)* _____, *(print title, if Appellant not an individual)* _____, **declare that the statements and information contained in, attached to, and submitted with this Notice of Appeal, are true and accurate to the best of my knowledge and belief. I understand that this information is subject to verification and that any false or misleading representations may result in the dismissal of my appeal.**

(signature) _____, **of** *(city/town)* _____

(province) _____ **this** *(day)* _____ **day of** *(month)* _____,

(year) 20____.