

INSTRUCTION SHEET

Appeals under the *Occupational Health and Safety Act* (Section 69) and *Workplace Health and Safety Regulations* (Section 31)

By filing this appeal, the appellant claims that they were not satisfied with the decision/order(s) under the *Occupational Health and Safety Act* and any related penalty(s) under the *Workplace Health and Safety Act*.

Important to note

- Do not modify this form.
- Appeals may be delivered by email, personal service, by registered mail or other similar mail services.
- If an appeal is filed on a Saturday, Sunday, or holiday, it will be deemed to be filed on the following business day, as set out in the [Labour Board Act](#) and [The Labour Board's Rules and Procedures](#).
- The appeal must be filed within 30 calendar days after the Decision/Order or Penalty was served upon the parties.
- If this appeal relates to an administrative penalty, that penalty does not need to be paid until 30 days after the Board makes a decision ordering payment.

Late appeal information

- The Board cannot extend filing deadlines, as these timelines are fixed by the *Occupational Health and Safety Act* and the *Workplace Health and Safety Regulations*. **Late appeals will not be considered.**

Suspension Requests

- Filing an appeal does not automatically suspend the order or decision, unless the appeal relates to section 46(1) of the *Occupational Health and Safety Act*.
- The appellant must indicate to the Board if they are requesting a suspension of any order(s)/penalty(s).
- Only appeals related to reprisals under section 46(1) of the *Occupational Health and Safety Act* will automatically suspend the operation of the relevant order or decision until the appeal is resolved.
- The Board considers the following factors to determine suspension requests:
 - Whether the suspension of the order(s)/penalty(s) would endanger worker safety;
 - The relative prejudice accruing to the parties from the suspension or lack of suspension of the order(s)/penalty(s); and
 - Whether the Appellant seeking the stay has made out a strong *prima facie* case for the appeal of the order(s)/penalty(s).

Useful resources are available at <https://novascotia.ca/lae/labourboard/>, including:

- [Occupational Health and Safety Act](#)
- [Workplace Health and Safety Regulations](#)
- [Labour Board Rules of Procedure](#)
- [Past decisions of the Labour Board \(CanLII\)](#)
- [Information Bulletin: Dispute Resolution Alternatives](#)



Applications can be submitted to:

Labour Board
1601 Lower Water Street, 3rd Floor
PO Box 202
Halifax NS B3J 2M4
Email: labourboard@novascotia.ca

Access

The Board aspires to provide services that are universally accessible. Once your application is submitted, the Board will contact you to provide information about the process. Any accessibility requests that you have can be discussed at that time including language translation or other accommodation that may be required. The Labour Board does not provide legal advice. You may want to contact the [Legal Information Society of Nova Scotia](#) for legal assistance.

Privacy Statement

Any personal information requested in this form is collected under the authority of the Nova Scotia *Labour Board Act* (“LBA”) and the Nova Scotia *Freedom of Information and Protection of Privacy Act* (“FOIPOP”). It is collected for the purpose of processing your appeal to the Labour Board. The collection, use and disclosure of this information is managed under the LBA and FOIPOP. Any information provided to the Board may be shared with all parties affected by this Appeal, subject to the discretion and policies of the Board. The Board’s decision in this matter will be published online on CanLII and Carswell, both of which are publicly accessible databases.



SECTION A – CONTACT INFORMATION

We need to know how to reach the individuals involved in this Appeal. Fill out as much of this section as possible. It is your responsibility to update the Board if there are any changes in your contact information.

APPELLANT INFORMATION (Party making this appeal)

Full Legal Name:		
Contact Person and Position:		
Gender Pronouns:	Phone No.:	
Email Address:		
Street Address:		
Town/City:	Province:	Postal Code:

If applicable, fill out the following information related to the Appellant's Counsel and Law Firm

Law Firm Name:		
Counsel Name:		
Gender Pronouns:	Phone No.:	
Email Address:		
Street Address:		
Town/City:	Province:	Postal Code:

RESPONDENT INFORMATION (Party who this appeal is against)

Full Legal Name:		
Contact Person and Position:		
Gender Pronouns:	Phone No.:	
Email Address:		
Street Address:		
Town/City:	Province:	Postal Code:

SECTION B – INFORMATION RELATING TO YOUR APPEAL

1) The appellant filing this appeal is the:

- Employee Employer Other (identify) _____

2) I am appealing:

- Order(s) or decision of an officer of Occupational Health and Safety division
 Notice of Administrative Penalty(s)
 Decision of the Director of Occupational Health and Safety Division

Order or Decision of the Officer

1) What is the date you received the order or decision of the officer? ____/____/____
(mm/ dd/ yyyy)

2) List the decision and/or order(s) numbers being appealed:

3) Are you also requesting a suspension of the order: Yes No

4) What is the Compliance Date noted on the order? ____/____/____
mm/ dd / yyyy

Notice of Administrative Penalty

1) What is the date you received the Notice of Administrative Penalty? ____/____/____
mm/ dd / yyyy

2) Identify the Notice of Administrative Penalty numbers being appealed:

Order or Decision of the Director

1) What is the date you received the order or decision of the Director? ____/____/____
mm/ dd / yyyy

2) Identify the decision and/or order(s) numbers being appealed:

3) Are you also requesting a suspension of the order: Yes No

4) What is the compliance date on the order? ____/____/____
mm/ dd / yyyy

SECTION C - ATTACH RELEVANT DOCUMENTS TO YOUR APPEAL

It is important that the following documentation (as applicable) are attached to this Appeal:

- Copy of officer's or Director's order or decision being appealed;
- Copy of workplace inspection report(s) and compliance order(s);
- Copy of the notice of administrative penalty(s);
- A written statement containing:
 - Clear and concise reason(s) why the decision/order/penalty should be changed.
 - Outcome or remedy you are seeking.

IMPORTANT: This appeal form must be completed in full, with all applicable documents attached. An incomplete form may be delayed or not processed. Further, apart from where protected by statute or Board policy, all information and documents collected by filing this form with the Board will be shared with the other parties involved in this matter as part of the process. Decisions of the Labour Board are published online with CanLII and Carswell and are public record.

I, _____ of _____, _____
(print name) (city/town) (province)

declare that the statements and information contained in, attached to, and submitted with this 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)

DATED this _____ day of _____, 20 _____.
(day) (month) (year)