



Hazardous Materials Information Review Act Appeal Board Procedures Regulations

FORM 1 (Section 4)

APPEAL NUMBER _____

APPEAL BOARD HAZARDOUS MATERIALS INFORMATION REVIEW ACT

IN THE MATTER OF: An appeal pursuant to section 20 of the Hazardous Materials Information Review Act by _____ from the decision or order of a screening officer (name person) dated _____, 20__ in relation to a claim for exemption bearing Registry Number _____.

STATEMENT OF APPEAL

PART I - GENERAL INFORMATION

NAME OF APPELLANT: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____

POSTAL CODE: _____

ADDRESS FOR SERVICE: (if different from above) _____

CONTACT PERSON: (where appellant is a corporation) _____

TITLE: _____

ADDRESS FOR SERVICE: _____

TELEPHONE: _____

OTHER MEANS OF TELECOMMUNICATIONS AND THEIR NUMBERS: _____

COUNSEL (if any): _____

FIRM: _____

ADDRESS FOR SERVICE: _____

TELEPHONE: _____

OTHER MEANS OF TELECOMMUNICATIONS AND THEIR NUMBERS: _____

LANGUAGE OF PREFERENCE: ENGLISH [] FRENCH []

FORM 1 (Continued)

PART II - STATUS (Section 20 of the Act and subsection 2(2) of the *Hazardous Materials Information Review Regulations*)

NOTE: This Part seeks information in respect of the status of the person filing the statement of appeal. Please check opposite the description of that status.

STATUS OF THE APPELLANT

In relation to the decision or the order of a screening officer referenced by the statement of appeal, the appellant is

A CLAIMANT:

AN AFFECTED PARTY AS:

Supplier of the controlled product

Employee at the work place

Employer at the work place

Safety and health professional
for the work place

Safety and health representative
for the work place

Member of a safety and health
committee for the work place

A person who is authorized in
writing to represent

(a) a supplier of the controlled product

(b) an employer at the work place

(c) an employee at the work place, except where the person
is an official or a representative of a trade union that
is not certified or recognized in respect of the work place

FORM 1 (Continued)

PART III - TYPE OF APPEAL (Section 20 of the Act)

NOTE: This Part seeks information that will identify the class or nature of the appeal being filed. Please put a check mark opposite the most appropriate statement or statements.

THE CLAIMANT IS

- (a) a claimant appealing a decision rendered under section 15 of the *Act* in respect of the validity of a claim for exemption
- (b) a claimant appealing an order made under section 16 of the *Act* in respect of the invalidity of a claim for exemption or a portion thereof
- (c) a claimant appealing an order made under section 17 of the *Act* in respect of the compliance of a material safety data sheet or label with the provisions of the *Hazardous Products Act* or the *Canada Labour Code*, as the case may be
- (d) a claimant appealing a decision or order, as the case may be, made under section 32 of the *Act* pursuant to provincial legislation conferring jurisdiction on an appeal board to determine an appeal described in any of paragraphs (a) to (c)

THE AFFECTED PARTY IS

- (e) an affected party appealing a decision rendered under section 15 of the *Act* in respect of the validity of a claim for exemption
- (f) an affected party appealing an order made under section 16 of the *Act* in respect of the invalidity of a claim for exemption or a portion thereof
- (g) an affected party appealing an order made under section 17 of the *Act* in respect of the compliance of a material safety data sheet or label with the provisions of the *Hazardous Products Act* or the *Canada Labour Code*, as the case may be
- (h) an affected party appealing a decision or order, as the case may be, made under section 32 of the *Act* pursuant to provincial legislation conferring jurisdiction on an appeal board to determine an appeal described in any of paragraphs (e) to (g)
- (i) an affected party appealing a decision or order, as the case may be, described in any of paragraphs (e) to (h) and making an application under section 26 of the *Act* for the disclosure, in confidence, of any information in respect of which a claim for exemption is made

FORM 1 (Continued)

PART XII - DECLARATION

I, _____, hereby certify on behalf of the appellant herein that
(name)
the information reported in Parts I to XI of this Form is true to the best of my knowledge and belief.

(Signature)

(Date)

(Title)

APPENDIX TO FORM 1

FEE CALCULATION (Subsection 20(2) of the *Act* and section 12 of the *Hazardous Materials Information Review Regulations*)

NOTE: Appeal fees must be paid by certified cheque or money order in Canadian dollars to the Receiver General for Canada.

1. BASIC FEE

Fee required to accompany a statement of appeal pursuant to subsection 12(1) of the *HMIRR* **\$2,000**

2. FEE, OTHER THAN BASIC FEE (*Please check opposite the appropriate status.*)

Fee required pursuant to subsection 12(2) of the *HIMRR* to accompany a statement of appeal is one half of the basic fee where the statement of appeal is filed by:

(a) an affected party who is an individual employee and who is not

(i) a member of a bargaining unit, or

(ii) employed at a work place for which a trade union has been certified or recognized;

(b) an affected party who is a member, official or representative of a trade union that

(i) is a non-affiliated trade union, and

(ii) does not have more than 100 members;

(c) a claimant that

(i) has a gross annual revenue of not more than three million dollars in the claimant's fiscal year immediately preceding the fiscal year in which the statement of appeal is filed; and

(ii) does not employ more than 100 employees.

3. FEE ENCLOSED (*Please check opposite appropriate fee.*)

Basic Fee (\$2,000)

Fee, other than Basic Fee (\$1,000)