

Occupational Health and Safety Division



to the Director of Occupational Health and Safety

Form #101 Date issued: 01/06 Form Revision date: 02/06 Approved by: Jim LeBlanc, Director

The attached form must be filed within 14 days after the order or decision is served on the recipient. The completed form must be delivered to:

Director,

Occupational Health and Safety Division, Nova Scotia Department of Environment and Labour, 6th Floor, 5151 Terminal Road, Halifax, N.S. B3J 1A1

or

Director, Occupational Health and Safety Division, Nova Scotia Department of Environment and Labour, P.O. Box 697, Halifax, N.S. B3J 2T8.

If delivered by hand a receipt should be requested and if delivered by mail it should be registered or by some other form of handling which will certify delivery.

Please complete the form legibly.



Notice of Appeal

TO THE *DIRECTOR* OCCUPATIONAL HEALTH AND SAFETY DIVISION UNDER SECTION 67 (1) OF THE OCCUPATIONAL HEALTH AND SAFETY ACT

1. Appellant's name: (organization or individual who is appealing):

Address:

Phone number:	Fax number:	

- 2. I certify that a copy of this Notice of Appeal has been, as required by Section 67(2) of the *Act*:
 - (i) posted in the workplace

(or)

- (ii) served on the employer.
- 3. I am appealing in my capacity as *(choose one)* an employer/employee/ (other, please specify) who is directly affected by an order (or decision) of an Officer of the Occupational Health and Safety Division made under Section 67 (1) *(choose appropriate section)* (a), (b), (c) or (d) of the Occupational Health and Safety Act.

4.	I am appealing the attached o	_, (or decision)	
	dated, 20_	The specific part(s) I am appealing are	e as follows (use
	additional pages if necessary)		

5. The grounds upon which the order (or decision) is being appealed are *(use additional pages if necessary)*

6.		remedy I am requesting is (use additional pages if necessary)(If the requested remedy includes d pay or benefits, show the amount and the way it is calculated)
7.	I,	, hereby declare that:
		(print name)
		I am the and hereby certify that my
		(print position or office, if appellant is not an individual)
		statements in this notice of appeal are true and correct to the best of my
		knowledge and belief.
		(Signature)
Sign	ed at	, Nova Scotia,
0		
		, 20
		(Duie)

REMEMBER TO ATTACH THE ORDER, OR DECISION OF THE OFFICER, WHICH IS BEING APPEALED