



MANITOBA LABOUR BOARD

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FORM 1: Appeal from a Stop Work Order

THE WORKPLACE SAFETY & HEALTH ACT

Name of Appellant _____

Address and Phone Number of Appellant _____

If Appellant is a Corporation, Union, etc., Name Contact Person and Address if Different From Above

Status of Appellant and How Affected (i.e. Employer, etc.) _____

**Date of Stop Work Order being Appealed and Name of Issuing Safety and Health Officer
(Copy of Order Must be Attached)**

Concise Statement of Substance of Appeal (Attach if Lengthy) _____

Details of Relief Sought (i.e. Suspension Set Aside, Vary or Amend. Explain Please) _____

**Other Persons or Parties Who Are Affected and Status (Names, Addresses, etc.)
(Attach List if Insufficient Room)**

Signature of Appellant