

## Stop Work Authority Reporting Form

Stop Work Initiation Details			
Date:		Time	
Employee's Name		Depot:	
Stop Work Authority issued to? (Name & Position)			
Line manager's name:		Line manager informed	Yes or No?
Location			
Description of work being performed:			
Description of the unsafe work activity or safety hazard(s)?			
Did they stop and followed your instructions?		Yes or No?	
Immediate Corrective Action(s) Taken:			

*For Safety department use only:*

Form Received on:	Date:	Time:
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## Stop Work Authority Resolution Form

Section 1: Stop Work Initiation (Background)			
Date:		Time	
Reported by:		Depot:	
Stop Work Authority issued to? (Name & Position)			
Line manager's name:		Line manager informed	Yes or No?
Location			
Description of work being performed:			
Description of the unsafe work activity or safety hazard(s)?			
Did they stop and followed the instructions?		Yes or No?	

Section 2: Stop Work Issue Resolution	
Immediate Corrective Action(s):	
Any other relevant information or observations related to the unsafe work activity or safety hazard?	

Section 3: Long-Term Corrective Actions

Resolution Date and Time:	Signed off by:
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For Safety department use only:		
Reviewed by:		
Further investigations required? Yes or No?	Date:	Time: