

## FOR FURTHER ASSISTANCE

If you are a worker, you may contact the *Workers' Advisor* at:

### St. John's Office

Office of the Workers' Advisor  
c/o Newfoundland and Labrador Federation of  
Labour 330 Portugal Cove Place  
P.O. Box 8597, Stn. "A"  
St. John's, NL  
A1B 3P2  
Tel: (709) 754-3927  
Toll Free: 1-800-563-1998

### Central Office

Office of the Workers' Advisor  
113 Lincoln Road  
P.O. Box 248  
Grand Falls-Windsor, NL  
A2A 2J7  
Tel: (709) 489-9193  
Toll Free: 1-877-489-9193

If you are an employer, you may contact the *Employers' Advisor* at:

Office of the Employers' Advisor  
Newfoundland and Labrador Employers' Council  
129 Glencoe Drive  
Mt. Pearl, NL  
A1N 4S7  
Tel: (709) 368-6532  
Toll Free: 1-888-738-5900

## CHECK LIST

- ▶ Have all sections of the *Request for Review* application been completed?
- ▶ Are all WHSCC claim numbers and/or firm numbers involved in the case listed on the *Request for Review* application?
- ▶ Is there a copy of the final decision(s) to be reviewed included?
- ▶ Is a copy of the *Authorized Representative Consent* form attached?

For further information and access to WHSCRD brochures and forms, visit our website at:

[www.gov.nl.ca/whscrd](http://www.gov.nl.ca/whscrd)

**Workplace Health, Safety and  
Compensation Review Division**  
2nd Floor, Dorset Building  
6 Mount Carson Avenue  
Mount Pearl, NL, A1N 3K4  
Tel: (709) 729-5542  
Fax: (709) 729-6956  
Toll Free: 1-888-336-1111  
email: [whscrd@gov.nl.ca](mailto:whscrd@gov.nl.ca)



## Workplace Health, Safety and Compensation Review Division

# REVIEW PROCESS



## PREREQUISITE FOR A REVIEW

A final decision must be received from the Workplace Health, Safety and Compensation Commission (WHSCC) Internal Review Division before a *Request for Review* application can be initiated with the Workplace Health, Safety and Compensation Review Division (WHSCRD).

There is a thirty day time limit from the date of the final decision of the WHSCC to apply to the WHSCRD and initiate the review process.

If the thirty day time limit to file the application is exceeded, an extension of time may be provided by the Chief Review Commissioner upon receipt of the *Extension of Time* application form available from the WHSCRD office or accessed from the WHSCRD's website.

The WHSCRD will only accept a *Request for Review* application that is within 12 months from the WHSCC decision under review.

## APPLYING FOR A REVIEW

To initiate the review process, a *Request for Review* application form should be completed in full and forwarded to the WHSCRD office, along with a copy of the final decision to be reviewed.

The completed *Request for Review* application form will provide the WHSCRD with the necessary information required to process the request, i.e. the WHSCC claim numbers, firm numbers, the date of the decision(s) to be reviewed, information as to why it is believed the decision is incorrect and a brief outline of the type of benefit(s) requested from the WHSCC.

In accordance with the *Access to Information and Protection of Privacy Act (ATIPPA)*, if an applicant plans to have representation they will need to complete an *Authorized Representative Consent* form, consenting to the release of the file of information to their representative.

*Request for Review* application forms and *Authorized Representative Consent* forms are available from the WHSCRD's office or website.

## ACCEPTANCE OF REQUEST FOR REVIEW APPLICATIONS

Once the *Request for Review* application form has been received, a letter is sent to the WHSCC to advise them that an objection to their decision has been submitted.

The WHSCRD, at that time, will request confirmation from the WHSCC that the issues stated on the application have been finalized at the WHSCC. As well, a copy of the file will be requested.

Upon receipt of the WHSCC's response, a letter will be sent to the applicant and the accident employer (if applicable) on the status of the *Request for Review* application. This portion of the process usually takes three weeks after the application is received.

If the *Request for Review* application is accepted, the case will be assigned to a WHSCRD staff member to schedule a hearing and to prepare the file.

Applicants are encouraged to provide as much information as possible on their *Request for Review* application form to ensure their application is processed without delay.

