

WORKING TO MAKE A DIFFERENCE

WORKERS' COMPENSATION BOARD OF BRITISH

6951 Westminster Highway, Richmond, BC
Mailing Address: PO Box 5350, Vancouver, BC, V6B 5L5
Telephone: 604 276-3100 Toll Free: 1-888-621-7233 Fax: 604 276-3247

INSPECTION REPORT

WORKER AND EMPLOYER SERVICES DIVISION

An employer who fails to comply with the Occupational Health & Safety Regulation or Board orders or directions is subject to sanctions as prescribed in the Workers Compensation Act.

Occupational Health & Safety Regulation requires that one copy of this report remain posted in a conspicuous place at or near the peration inspected for at least seven days, or until compliance has been achieved, whichever is the longer period.

An affected employer, worker, owner, supplier, union or member of a deceased worker's family may, within 90 calendar days of this report, in writing, request the Review Division of the WCB to conduct a review of an order, or the non-issuance of an order, in this report by contacting the Review Division at the Board's Richmond Office. The time limit may be extended in certain circumstances. Employers requiring assistance can contact the Employers' Advisers at 1-800-925-2233 --workers can contact the Workers' Advisers at 1-800-663-4261.

Date of Issue	Number	Number of Orders	Employer	Location	Classification Unit Number	Activity Time Recorded*	Travel Time Recorded*
2008-01-24	2008137290031	2	4000	028	841102	1.00	0.00

* The Time Recorded reflects only that time which has been charged to this inspection up until the document was printed for delivery. Subsequent time may be added for additional activity related to this inspection.

Number of Workers	Project Number	Site Visit Date	Lab Samples Taken	Direct Readings	Results Presented	Sampling Inspection(s)
11-50			N	N	N	

Head Office	Job Site	
PROVINCIAL GOVERNMENT WORKERS' COMPENSATION PROGRAMS BC PUBLIC SERVICE AGENCY P O BOX 9404 STN PROV GOV'T VICTORIA BC V8W 9V1	Courtenay Courthouse 100-420 Cumberland Road Copurtenay, BC	

Portion "spected		up	Inspectio	n		
violations	REFER	то	ORDERS	ON	FOLLOWING	PAGE(S)

Employer Representative Name	Accompanied By Employer Representative			
Rolph Krayenhoff	Rolph Krayenhoff			
Employer Representative Position	Accompanied By Worker Representative			
Manager	N/A			
Phone Number	Organization			
	BC Government & Service Employees Union			
Signature	Officer of the Board / Signature			
	SCHLOSSER, NORM			

For Internal	Use Only
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Delivery Method: Email



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2008-01-24	2008137290031	2	4000	028	841102	1.00	0.00

Inspection Text

Issued on: 2008/01/24

This was a follow-up inspection to authenticate appropriate compliance with the order(s) noted.

Employer Representative	Officer of the Board
Rolph Krayenhoff	SCHLOSSER, NORM

WORKERS' COMPENSATION BOARD & EMITS A

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Date of Issue	Number	Activity Time Recorded	Travel Time Recorded	Employer
2008-01-24	2008137290031	1.00	0.00	PROVINCIAL GOVERNMENT

1.11		
Order	Decision -	WCB Reference
	4 Decision C	WCB Reference
Number		
		<u> </u>

THIS IS A FOLLOW UP TO INSPECTION 2007137290333 ORDER Compliance indicated. Employer has provided copies of safety committee meeting minutes.

Order	n Decision -	WCB Reference
	Decision V	WCD Reference
Number	4 0	·
	i	

THIS IS A FOLLOW UP TO INSPECTION 2007137290333 ORDER Compliance achieved. An Notice of Compliance report has been received.

Employer Representative	Officer of the Board		
Rolph Krayenhoff	schlosser, norm		