

WORKERS' COMPENSATION BOARD COMMISSA

6951 Westminster Highway, Richmond, BC Mailing Address: PO Box 5350, Vancouver, BC, V6B 5L5

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 ceration 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*
2007-06-12	2007101110113	2	4000	002	841102	1.75	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)
2-10			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	Ministry of Attorney General Court Service Branch 305-350 Barlow Quesnel, BC

Portion spected	Jobsite UNKNOWN	;				
violations	REFER	то	ORDERS	ON	FOLLOWING	PAGE(S)

Employer Representative Name	Accompanied By Employer Representative			
Nadine Kirby	Nadine Kirby			
Employer Representative Position	Accompanied By Worker Representative			
REGISTRY ADMINISTRATOR	no			
Phone Number	Organization			
4	BCGEU			
Signature	Officer of the Board / Signature			
	HAINES, GEORGE			

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Delivery Method: Faxed



WORKERS' COMPENSATION BOARD OF BENTIESH

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2007-06-12	2007101110113	2	4000	002	841102	1.75	0.00

Inspection Text

Issued on: 2007/06/12

Follow-Up Text

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

Employer Representative	Officer of the Board
Nadine Kirby	HAINES, GEORGE



WORKERS' COMPENSATION BOARD CERTIFIED

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Date of Issue	Number	Activity Time Travel Time Recorded Recorded		Employer	
2007-06-12	2007101110113	1.75	0.00	PROVINCIAL GOVERNMENT	

Order 1 Number 1	Decision X	WCB Reference	
]

THIS IS A FOLLOW UP TO INSPECTION 2007101110071 ORDER 2 THIS IS A RESCINDED ORDER Based on information provided by the employer the following order is rescinded.

The employer has failed to consult with the joint committee, or the whealth and safety representative with respect to risk identification, or the worker assessment and control as they pertain to ergonomic (MSI) requirements. The work process for the court reporter has changed to computer based format and the desk used for this function is unacceptable, without modifications.

This is in contravention of the Occupational Health and Safety Regulation Section 4.53(1)(a).

The employer must consult with the joint committee, or the worker health and safety representative, as applicable with respect to risk identification, assessment and control when they are required by the ergonomics (MSI) requirements.

The desk needs to be modified so that the computer screen can be in front of the worker, but low enough to allow observation of the court. The present keyboard tray is not large enough to allow for a wrist rest and has a raised wooden edge that causes point stress on the workers wrist.

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Order	_	Decision	WCB Reference
Number	- 2	Lancian C	
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THIS IS A FOLLOW UP TO INSPECTION 2007101110071 ORDER Based on information provided by the employer the following order is considered complied with.

The employer has failed to identify factors in the workplace that may expose workers to a risk of musculoskeletal injury (MSI).

This is in contravention of the Occupational Health and Safety Regulation Section 4.47.

The employer must identify factors in the workplace that may expose workers to a risk of musculoskeletal injury (MSI).

Employer Representative	Officer of the Board
Nadine Kirby	HAINES, GEORGE

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