## WORKERS' COMPENSATION BOARD COLUMBIA

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**

PREVENTION 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.

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

An employer, worker, supplier, union or other person aggrieved may submit a request for review of this report or orders in this report, in writing, to the Prevention Division within 60 calendar days of the date of this report. This time cannot be extended. 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*
2000-06-29	2000111080108	2	4000	007	841102	2.25	2.25

\* 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	Shift	Project Type	Project Number	Closure Imposed	Closure Removed	Lab Samples Taken		Results Presented	Sampling Inspection
8	1					N	N	N	

Head Office	Job Site
PROVINCIAL GOVERNMENT PUBLIC SERVICE EMPLOYEE REL COM 548 MICHIGAN ST VICTORIA BC V8V 1S3	MINISTRY OF ATTORNEY GENERAL CROWN COUNSEL 3793 ALFRED ST. SMITHERS, BC

POINT	Jobsite PARTIAL				E .	Principal Contractor				
of	GOVERNM		`						 	
Violations	REFER	то		FOLLOWING	PAGE (	s)		 	 	

Employer Representative Name	Accompanied By Employer Representative				
SANDY MACDONELL	CONTACTED				
Employer Representative Position	Accompanied By Worker Representative				
ADMIN CROWN COUNSEL	SUE HOLMES				
Phone Number	Organization				
250 847-7364	BCGEU				
Signature	Officer of the Board / Signature				
	WILLER, DOUG				

Administration Notes

## 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

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Date of Issue			Travel Time Recorded	Employer		
2000-06-29	2000111080108	Recorded 2.25	2.25	PROVINCIAL GOVERNMENT		

					Astion Dun Data
Order	1 Decision T	WCB Reference OHS	<i>L</i> ‡	1	Action Due Date
Number	1 E	01110	•		

AN ELECTRICAL OUTLET DISTRIBUTION POLE NEXT TO A WORKER'S DESK HAS NOT BEEN SECURED AND CAN POSE A TRIPPING HAZARD TO WORKERS PASSING NEXT TO THE DESK.

THIS IS IN CONTRAVENTION OF THE OCCUPATIONAL HEALTH AND SAFETY REGULATION SECTION 4.1.

BUILDINGS, STRUCTURES, EXCAVATIONS, MACHINERY, EQUIPMENT, TOOLS AND WORKPLACES MUST BE MAINTAINED IN SUCH A CONDITION THAT WORKERS WILL NOT BE

		Luco b de les			Action Due Date	
Order	2 Decision F	WCB Reference OHS	4	47		
Momber	<b>∠</b>					

THE EMPLOYER HAS FAILED TO IDENTIFY FACTORS IN THE OFFICE, WITH REGARDS TO THE LAYOUT OF THE DESKS, FILING CABINETS, OTHER PIECES OF OFFICE FURNITURE AND WALKWAYS, 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
SANDY MACDONELL	WILLER, DOUG