

## WORKERS COMPENSATION BOARD SERIES

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

VORKER 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 reation 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*
2007-03-15	2007130630132	0	4000	002	841102	10.25	1.00

\* 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		2007-03-14	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	Surrey Court House 14340 - 57th Ave. Surrey, BC		

Portion	Jobsite				
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	NO ORDER	> MKTITEM			

Employer Representative Name	Accompanied By Employer Representative			
Ryan Mahar	Ryan Mahar			
Employer Representative Position	Accompanied By Worker Representative			
REGISTRY ADMINISTRATOR	Spoke to workers			
Phone Number	Organization			
604 572-2249	BCGEU			
Signature	Officer of the Board / Signature			
	REINELT, ISABEL			

Regulation(s) Referenced in Inspection Text

OHS 4.49.(a)



## WORKERS COMPENSATION BOARD CERTIFIED

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## INSPECTION REPORT

WORKER AND EMPLOYER SERVICES DIVISION

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Inspection Text

Issued on: 2007/03/15

Officer Inspection Text \_\_\_\_\_\_\_

Meeting to discuss recent changes to court clerk workstations, and the introduction of DARS (digital recording system).

Employer Representative	Office of the December 1
Linployer Representative	Officer of the Board
Ryan Mahar	REINELT, ISABEL