

#### WORKERS' COMPENSATION BOARD & SEMISH

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.

e 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*
2008-01-11	2008058250015	2	4000	028	841102	1.00	0.25

\* 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	Project Number	Site visit Date	Lab Samples Taken	Direct Readings	Results Presented	Sampling Inspection(s)
2-10		2008-01-11	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	BRITISH COLUMBIA GOVERNMENT MINISTRY OF ATTORNEY GENERAL SHERRIFS SERVCIES 540 BORLAND STREET Williams Lake, BC

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violations	REFER	то	ORDERS	ON	FOLLOWING	PAGE(S)			

Employer Representative Name	Accompanied By Employer Representative		
DAVE OLSON	IRA PRATT		
<b>Employer Representative Position</b>	Accompanied By Worker Representative		
HEAD SHERRIF	DWAYNE ARDELL		
Phone Number	Organization		
- · · · · · · · · · · · · · · · · · · ·	BC Government & Service Employees Union		
Signature	Officer of the Board / Signature		
	PEDERSON, DON		

For Internal Use	Only		

Delivery Method: In Person



#### WORKERS' COMPENSATION BOARD SERVISH

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

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Inspection Text

Issued on: 2008/01/11

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

Order #1 requires you to reply to the writer in writing indicating that order #1 had been received and understood.

Employer Representative	Officer of the Board
DAVE OLSON	PEDERSON, DON



### WORKERS' COMPENSATION BOARD OF BRITISH

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2008-01-11	2008058250015	1.00	0.25	PROVINCIAL GOVERNMENT

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	Order	Decision	WCB Reference
	Order	4 Decision D	
-	Number	) { PS	
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THIS IS A FOLLOW UP TO INSPECTION 2007058250531 ORDER 1
REGARDING INSPECTION REPORT 2007058250531 AND REGARDING YOUR REPLY TO
ORDER #1, COURT ROOM NUMBER 112 AFTER FOLLOW UP AND CONSIDERATION IT IS NOW
ESTABLISHED THAT THIS COURT ROOM "WILL NOT" BE USED FOR HIGH PROFILE/HIGH
RISK SECURITY PRISONERS AND IN Custody Prisoners until SUCH A TIME AS
ENVIRONMENTAL ALTERATIONS HAVE BEEN MADE TO THE COURT ROOM TO MAKE IT SAFE FOR SUCH USAGES.

Order	o Decision	WCB Reference
Q ( d C )	A DECISION M	WCD Reletence
Number	Z) C	· · · · · · · · · · · · · · · · · · ·
RUINE		

THIS IS A FOLLOW UP TO INSPECTION 2007058250531 ORDER 2

I have recived your written compliance.

Employer Representative	Officer of the Board
DAVE OLSON	PEDERSON, DON