

WORKERS' COMPENSATION BOARD COMPENSATION

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

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.

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 eraction 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*
2008-02-15	2008158910029	1	4000	028	841102	3.75	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)
51-100			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	Fraser Regional Corr. Centre 13777 256th Street Maple Ridge, BC

Portion	Investi	gat	ion			
rspected	UNKNOWN					
Violations	REFER	то	ORDERS	ON	FOLLOWING	PAGE(S)

Employer Representative Name	Accompanied By Employer Representative
Montee Dunbar	Montee Dunbar
Employer Representative Position	Accompanied By Worker Representative
Acting Deputy Warden Programs	N/A
Phone Number	Organization
604 462-9313	BCGEU
Signature	Officer of the Board / Signature
	GOODMAN, ALLAN

_			
For	Interna	LUse	Only

Delivery Method: Email

Regulation(s) Referenced in Inspection Text

OHS 3.4.(a), OHS 3.4.(b), OHS 3.4.(c), OHS 3.4.(d), OHS 3.4.(e), OHS 3.4.(f), OHS 3.4.(g), OHS 3.4.(h), WCA 173.(1).(c), WCA 174.(1)



WORKERS' COMPENSATION BOARD CERTIFIED

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

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 eration 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
2008-02-15	2008158910029	1	4000	028	841102	3.75	0.00

Inspection Text

Comments issued on: Feb 15, 2008
A review of the order(s) cited in this inspection report has determined that further enforcement action is not necessary at this time. This decision relates only to this inspection date, location and order(s) noted on this inspection report. A follow-up inspection may occur and/or a necessary of compliance decimant may be required to may occur and/or a Notice of Compliance document may be required to authenticate compliance with the order(s) noted. Issued on: 2008/02/15

Note the section of this inspection report titled "Regulation(s) Referenced in Inspection Text". Referenced regulations and Inspection Text provide proof of prior knowledge and may be vital to ongoing and/or future compliance.

The complete OH&S regulations as well as additional educational and safety resource material may be obtained at the WorkSafeBC website located at www.worksafebc.com.

This inspection report, is a result of this officer receiving information that on February 9, 2008 inmates at this correctional centre took part in a disturbance that resulted in injury to at least one worker. Extensive damage occurred to the facility and the assistance of, in part, RCMP emergency response teams, BC Corrections tactical units, fire department and ambulance personnel were utilized to return control to the correctional facility.

Incident Investigation WCA 173(1)(c), WCA 174(1)

- Discussed with the employer's representative to ensure the employer immediately undertake an investigation into the cause of this inmate riot incident that had a potential for causing serious injury to one or more workers at this workplace.

This investigation must be carried out by persons knowledgeable about the type of work involved and with the participation of the employer or a representative of the employer and at least one worker representative from the joint health and safety committee at this workplace.

* This investigation is separate from any other internal critical incident review or other investigation the employer may conduct into this matter and is required under WCA 173(1)(c).

As per OH&S Regulation 3.4 the investigation report must contain the following:

- (a) the place, date and time of the incident,
 (b) the names and job titles of persons injured in the incident,
 (c) the names of witnesses,
 (d) a brief description of the incident,
 (e) a statement of the sequence of events which preceded the incident,

Employer Representative	Officer of the Board
Montee Dunbar	GOODMAN, ALLAN



Workers' Advisers at 1-800-663-4261.

WORKERS' COMPENSATION BOARD CERTIFIED

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

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.

Experience of the comparison of the comparison of the contract بeration 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

Date of Issue	Number	Number of Orders	Employer	Location	Classification Unit Number	Activity Time Recorded	Travel Time Recorded
2008-02-15	2008158910029	1	4000	028	841102	3.75	0.00

(f) identification of any unsafe conditions, acts or procedures which contributed in any manner to the incident,(g) recommended corrective actions to prevent similar incidents, and

(h) the names of the persons who investigated the incident.

Order #1 - See Order Details for further information =======

The employer was directed to:
 * Conduct an incident investigation and provide a copy of the completed investigation to this officer.

Employer Representative	Officer of the Board
Montee Dunbar	GOODMAN, ALLAN

3



WORKERS' COMPENSATION BOARD & BRITISH

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

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 eperation 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	Activity Time Recorded	Travel Time Recorded	Employer
2008-02-15	2008158910029	3.75	0.00	PROVINCIAL GOVERNMENT

Number 1 Decision A WCB Reference WCA 187 (2)
Number 1 A WCA 187 (2)

This is a directive order pursuant to WCA section 187.

Without limiting Workers Compensation Act Part 3 Division 12 Subsection 187 (1), the authority under that Subsection includes authority to make orders ás follows:

(a) establishing standards that must be met and means and requirements that must be adopted in any work or workplace for the prevention of work related accidents, injuries and illnesses;
(i) doing any other thing that the board considers necessary for the prevention of work related accidents, injuries and illnesses.

"Fraser Regional Correctional Centre" (13777 256th Street, Maple Ridge, BC) must complete the following action without delay:

** Conduct an incident investigation as per the Workers Compensation Act Section 173(1)(c)on the inmate riot incident that occurred on February 9, 2008 where several inmates took part in a disturbance at this workplace that resulted in extensive damage to the facility and injury to at least one worker.

In addition, the employer is directed to provide a copy of the completed investigation to this officer.

The above documentation may be:

Faxed to: (604) 232-1946 or,

Mailed to:

WorkSafeBC, Coquitlam Office, Suite # 104 - 3020 Lincoln Avenue, Coquitlam, B.C., V3B 6B4 or,

Emailed to: allan.goodman@worksafebc.com

Employer Representative	Officer of the Board
Montee Dunbar	GOODMAN, ALLAN

4