

WORKERS' COMPENSATION BOARD OF ARTHISM

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.

occupational Health & Safety Regulation Act.

Occupational Health & Safety Regulation requires that one copy of this report remain posted in a conspicuous place at or near the period of the conspicuous place at or near the period of the conspicuous place at or near the period of the conspicuous place at or near the conspicuous p

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*
2008-02-29	2008090580085	7	4000	002	841102	0.75	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)
>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	MINISTRY OF PUBLIC SAFETY & SOLICITOR GENERAL K.R.C.C. 2250 WEST TRANS CANADA HWY. Kamloops, BC

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

Employer Representative Name	Accompanied By Employer Representative
Rob Davies	R. DAVIES, N. MORRIS
Employer Representative Position	Accompanied By Worker Representative
Acting Deputy Warden	
Phone Number	Organization
250 571-2227	
Signature	Officer of the Board / Signature
	HACPHERSON, COLIN

For Internal Use Only			

Delivery Method: Email



WORKERS' COMPENSATION BOARD & BENTISH

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.

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
L	2008-02-29	2008090580085	7	4000	002	841102	0.75	0.00

Inspection Text

Issued on: 2008/02/29

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

Employer Representative	Officer of the Board
Rob Davies	MACPHERSON, COLIN



WORKERS' COMPENSATION BOARD & EMTERAL

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

1

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.

Da	ate of Issue	Number	Activity Time Recorded	Travel Time Recorded	Employer
200	08-02-29	2008090580085	0.75	0.00	PROVINCIAL GOVERNMENT

 rder "	Decision ~	WCB Reference
	Decision M	WOD Reletance
lumber '		
i di i i di i		

THIS IS A FOLLOW UP TO INSPECTION 2008090580034 ORDER Complied with as per employers "Notice of Compliance"

Order	Decision C	WCB Reference
Number 4	-	

THIS IS A FOLLOW UP TO INSPECTION 2008090580034 ORDER 2 Complied with as per employers "Notice of Compliance"

-				
	- Broken		Casisian	WCB Reference
- 50	r rder	~	Decision ~	
,			l L	
	mber			
1.	. in comme			<u> </u>

THIS IS A FOLLOW UP TO INSPECTION 2008090580034 ORDER 3 Complied with as per employers "Notice of Compliance"

Order	4 Decision C	WCB Referen	ce	
Number		į		

THIS IS A FOLLOW UP TO INSPECTION 2008090580034 ORDER Complied with as per employers " Notice of Compliance"

Employer Representative	Officer of the Board
Rob Davies	MACPHERSON, COLIN



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.

3 Occupational Health & Safety Regulation requires that one copy of this report remain posted in a conspicuous place at or near the

reration 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
2008-02-29	2008090580085	0.75	0.00	PROVINCIAL GOVERNMENT

Order Number	5 Decision D	WCB Reference

THIS IS A FOLLOW UP TO INSPECTION 2008090580034 ORDER 5 Compliance date change to June 16, 2008.

Employer's Compliance Action	Date	Decision	Initials

Order	- Decision -	WCB Reference	
	6 Decision D	Trob Releases	
Number			

THIS IS A FOLLOW UP TO INSPECTION 2008090580034 ORDER 6 Compliance date change to June 16, 2008.

		· · · · · · · · · · · · · · · · · · ·	
Employer's Compliance Action	Date	Decision	Initials
amployer a compliance realism			Initials

Employer Representative	Officer of the Board
Rob Davies	MACPHERSON, COLIN

WORK SAFE BC WORKING TO MAKE A DIFFERENCE

WORKERS' COMPENSATION BOARD & 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

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 eartion 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
2008-02-29	2008090580085	0.75	0.00	PROVINCIAL GOVERNMENT

Order my	Decision -	WCB Reference
Number /	D	

THIS IS A FOLLOW UP TO INSPECTION 2008090580034 ORDER 7

- (1) Complied with as per employers "Notice of Compliance".
- (2) Complied with as per employers "Notice of Compliance"
- (3) Compliance date change to June 16, 2008.
- (4) Compliance date change to June 16, 2008.
- (5) Complied with as per employers "Notice of Compliance".

ì	- 1

Employer Representative	Officer of the Board
Rob Davies	MACPHERSON, COLIN