

WORKERS' COMPENSATION BOARD COLUMBIA

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.

The Occupational 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 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*
2011/04/05	2011158910067	1	4000	028	841102	0.75	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		Results Presented	Sampling Inspection(s)
51 - 100		2011/04/05	N	N	N	

Head Office	Job Site
PROVINCIAL GOVERNMENT WORKERS' COMPENSATION PROGRAMS BC PUBLIC SERVICE A PO BOX 9404 STN PROV GOVT	North Fraser Pretrial Centre 1451 Kingsway Avenue
VICTORIA BC V8W9V1	Port Coquitlam BC

Portion Inspected	Follow Up
Violations	REFER TO ORDERS ON FOLLOWING PAGE(S)

Employer Representative Name	Accompanied by Employer Representative			
Ardith Watson	Ardith Watson			
Employer Representative Position	Accompanied by Worker Representative			
DEPUTY WARDEN	Matt Stewart			
Phone Number	Organization			
(604) 468-3546	BCGEU Local 104			
Signature	Officer of the Board / Signature			
	Goodman, Allan			

For Internal Use Only

Delivery Method: Email This report was emailed to: ardith.watson@gov.bc.ca and matthew.stewart@gov.bc.ca



WORKERS' COMPENSATION BOARD OF 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

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2011/04/05	2011158910067	1		4000	028	841102	0.75	0.25	
	Increation Tout								

Inspection Text

This was a follow-up inspection to authenticate appropriate compliance with the order noted on inspection report #2011165890015.

The employer has revised Standard Operating Procedure 5.03 to reflect the use of the Personal Alarm Transmitter (Revision Issued Date: April 4, 2011). This revised SOP documents which staff members are required to wear the PAT device.

In addition, this revised SOP also includes a system to ensure that workers are wearing the PAT device in accordance with the organization's procedures and measures to document compliance related issues regarding the wearing of the PAT device.

The order on the above noted inspection report has now met compliance. An electronic copy of the revised SOP 5.03 has been attached to this inspection report.

WorkSafeBC has a wide range of health and safety information. For assistance and information on workplace health and safety visit our website at www.worksafebc.com.

To report a serious accident/incident or major chemical release call: 604 276-3100 in the Lower Mainland 1 888 621-7233 toll-free within B.C.

To report after hours safety and health emergencies, call 1 866 922-4357

Employer Representative	Officer of the Board
Ardith Watson	Goodman, Allan



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2011/04/05	2011158910067	1	4000	028	841102	0.75	0.25	
Order								
Order No. 1	Decisio	on C	WCB Reference	WCA115.(2).(d)			

THIS IS A FOLLOW UP TO INSPECTION 2011165890015 ORDER 1.

The employer has revised Standard Operating Procedure 5.03 to reflect the use of the Personal Alarm Transmitter (Revision Issued Date: April 4, 2011). This revised SOP documents which staff members are required to wear the PAT devices.

In addition, this revised SOP also includes a system to ensure that workers are wearing the PAT device in accordance with the organization's procedures and measures to document compliance related issues.

This compliles with the Workers Compensation Act Section 115(2)(d).

Employer Representative	Officer of the Board
Ardith Watson	Goodman, Allan