

#### **WORKERS' COMPENSATION BOARD CERTIFIED**

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 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*
2007-06-27	2007120030192	1	4000	028	841102	1.50	0.75

<sup>\*</sup> 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)
>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	PROVINCIAL GOVERNMENT 4216 Wilkinson road VICTORIA, BC

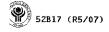
	Notice UNKNOWN	of	accident	·····			 ······································	 	 ······································
violations	REFER	то	ORDERS	ON	FOLLOWING	PAGE(S)			

Employer Representative Name	Accompanied By Employer Representative
Rawn Phalen	Rawn Phalen
Employer Representative Position	Accompanied By Worker Representative
Warden	Christine Jones
Phone Number	Organization
250 953-4460	BC Government & Service Employees Union
Signature	Officer of the Board / Signature
	STULTZ, GARY

	STULTZ, GARY
	nal Use Only
Delivery Method: In Person	

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Regulation(s) Referenced in Inspection	n Text	

WCA 173.(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

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#### Inspection Text

Comments issued on: Jun 29, 2007
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 Notice of Compliance decument may be required to outlook or compliance. Notice of Compliance document may be required to authenticate compliance with the order(s) noted. Issued on: 2007/06/27

Officer Inspection Text 

In regards to an incident occurring on or about June 15, 2007, an incident report has not been sent to the board as of June 27, 2007. Discussions with this employer on June 24, 2007 indicated the investigation was near completed.

(WCA173.(1)) An employer must immediately undertake an investigation into the cause of any accident or other incident that:
(a) is required to be reported by section 172,

(b) resulted in injury to a worker requiring medical treatment,
(c) did not involve injury to a worker, or involved only minor injury not requiring medical treatment, but had a potential for causing serious injury to a worker, or
(d) was an incident required by regulation to be investigated.

Employer Representative	Officer of the Board
Rawn Phalen	STULTZ, GARY



## WORKERS' COMPENSATION BOARD COMPENSATION

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Date of Issue	Date of Issue Number		Travel Time Recorded	Employer	
2007-06-27	2007120030192	1.50	0.75	PROVINCIAL GOVERNMENT	

Order 1 Decision N WCB Reference WCA 175 (2) (b)			 			
Mumber 1 N WCA 175 (2) (D)	Order	a Decision ът	455	(0)	/ 1. N	
	Number	I N			(D)	

This is a directive order pursuant to WCA section 187.

The employer has not provided a copy of the incident investigation report to the board.

The employer must provide a copy of the incident investigation report to the board.

Attention: Gary Stultz 4514 Chatterton Way Victoria BC V8X 5H2 fax number 250 881 3482

Employan's Compliance Action	Date	Decision	Initials
Employer's Compliance Action	Date	Decision	ł

Employer Representative	Officer of the Board
Rawn Phalen	STULTZ, GARY