

WORKERS' COMPENSATION BOARD COMPENSATION

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 period in a conspicuous place at or near the 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*
ala manada de la constanta de	2007-12-28	2007120030373	2	4000	028	841102	4.25	0.75

* 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	PROVINCIAL GOVERNMENT 4216 Wilkinson road Correctional Centre VICTORIA, BC		

Portion Notice of compliance

Spected UNKNOWN

Violations REFER TO ORDERS ON FOLLOWING PAGE(S)

Employer Representative Name	Accompanied By Employer Representative Dina Green Accompanied By Worker Representative		
Dina Green			
Employer Representative Position			
Acting Warden	N/A		
Phone Number	Organization		
250 953-4400	BCGEU		
Signature	Officer of the Board / Signature		
	STULTZ, GARY		

For Internal Use O	nly
--------------------	-----

Delivery Method: In Person



WORKERS' COMPENSATION BOARD COMPINE

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 period of the conspicuous place at or near the period of 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
2007-12-28	2007120030373	2	4000	028	841102	4.25	0.75

Inspection Text

Issued on: 2007/12/28

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

This officer met with the Acting Warden on January 11 to discuss the content of this inspection report.

Discussion also included:

Ensuring the Occupational Joint Heath and Safety Committee has received a copy of the Inmate Classification Process Review performed July 26, 2007.

A risk assessment was performed in December 2004. If, since the last risk assessment, substantial changes have taken place in processes, staffing, or the physical structural of the jail the employer must consider performing another risk assessment. The risk assessment may only include areas where changes could impact the worker safety.

Posting a copy of this inspection report on the worker safety board.

I	Employer Representative	Officer of the Board
	Dina Green	STULTZ, GARY



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	Activity Time Recorded	Travel Time Recorded	Employer
2007-12-28	2007120030373	4.25	0.75	PROVINCIAL GOVERNMENT

Order	Decision -	WCB Reference
• Viuel	Decision A	WCB Reference
Alumbau	l t	
Number	_	
500		

THIS IS A FOLLOW UP TO INSPECTION 2007120030202 ORDER 2 In follow up to a incident investigation performed by this employers Joint Occupational Health and Safety Committee a review of the bed placement/classification process was recommended. The review was performed on July 26, 2007. The review included: Discussions with the Classification officer and Correctional officer involved in the incident.

The review indicated the classification practices in place at VIRCC are consistent with provincial policy and due diligence had been applied by staff making placement decisions within the centre.

A copy of the review was sent to this officer on Aug 1, 2007. Compliance achieved.

Employer Representative	Officer of the Board
Dina Green	STULTZ, GARY



WORKERS' COMPENSATION BOARD CORRECTION

6951 Westminster Highway, Richmond, BC Mailing Address: PO Box 5350, Vancouver, BC, V6B 5L5 INSPECTION REPORT WORKER AND EMPLOYER

SERVICES DIVISION WORKING TO MAKE A DIFFERENCE Telephone: 604 276-3100 Toll Free: 1-888-621-7233 Fax: 604 276-3247

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 ب، 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	Activity Time Recorded	Travel Time Recorded	Employer
2007-12-28	2007120030373	4.25	0.75	PROVINCIAL GOVERNMENT

70.00		
Order	o Decision o	WCB Reference
Number	2	
	L L	

THIS IS A FOLLOW UP TO INSPECTION 2007120030202 ORDER A risk assessment at this workplace was performed in December 2004. The risk assessment committee consisted of representatives from the operational and program functional areas, and included a manager, supervisor and correctional officer.
The purpose of the risk assessment was to assess and identify increased risk to staff safety, taking in consideration the changes that have occurred at VIRCC, and to make recommendations that might assist with enhancing the safety of the staff while maintaining the daily operation of the centre. Workers were given the opportunity to participate in the survey although a small percentage actually participated. Areas reviewed included:

Structural Changes

living units

courtyard; Gymnasium; courtyard interview rooms

health care/sentence management unit

kitchen

Non-Structural Changes

closed circuit TV cameras

searches

training

staff deployment staff assaults

Programmatic Changes

modified supervision unit

lock-up times

mentally disordered unit

visits

work Programs

Compliance achieved

Employer Representative	Officer of the Board
Dina Green	STULTZ, GARY