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
2010/06/01	2010120030196	0

Employer	Location	Classification Unit Number	Activity Time Recorded*	Travel Time Recorded*	
4000	029	841102	1.00	0	

*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		2010/05/31	N	N	N	

Head Office	Job Site
PROVINCIAL GOVERNMENT WORKERS' COMPENSATION PROGRAMS BC PUBLIC SERVICE A PO BOX 9404 STN PROV GOVT	Vancouver Is Correctional Ctr 4216 Wilkinson Road
VICTORIA BC V8W9V1	Victoria BC

Portion Inspected	Accident Invetigation
Violations	NO ORDERS WRITTEN

Employer Representative Name	Accompanied by Employer Representative
Patrick Doherty	Stacey Trudgian
Employer Representative Position	Accompanied by Worker Representative
Acting warden	Spoke to worker
Phone Number	Organization
(250) 753-4461	BCGEU
Signature	Officer of the Board / Signature
	Stultz, Gary

For Internal Use Only

Delivery Method: Email patrick.doherty@gov.bc.ca

Regulation(s) Referenced in Inspection Text

WCA 175.(2).(b)

INSPECTION REPORT

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2010/06/01	2010120030196	0	4000	029	841102	1.00	0

Inspection Text

On May 31, 2010 a correctional officer was assaulted during the intake process of a inmate.

Upon completion of the employer incident investigation this employer is directed to provide a copy of their investigation to this officer.

Attention:
Gary Stultz
4514 Chatterton Way
Victoria BC
V8X 5H2
fax number 250 881 3482
Phone number 250 881 7916
e-mail gary.stultz@worksafebc.com

(WCA 175.(2).(b)) The employer must provide a copy of the incident investigation report to the board.

Employer Representative	Officer of the Board		
Patrick Doherty	Stultz, Gary		