WORKERS CONFENSATION BUARD COMMIN

6951 Westminster Highway, Richmond, B.C. Mailing Address: PO Box 5350, Vancouver, B.C., V6B 5L5 Telephone: 604 276-3100 Toll Free: 1-888-621-7233 Fax: 604 276-3247

INSPECTION REPORT

An employer who fails to comply with Occupational Health and Safety Regulations or Board orders or directions is subject to sanctions as prescribed in the Workers Compensation Act,

Oupational Health and Safety Regulations require that one copy of this report remain posted in a conspicuous place at or near the ation inspected for at least seven days, or until compliance has been achieved, whichever is the longer period.

Report Date	Number :	Employee Number	Number of Orders
1999-02-11	1999130570064		4
Number			

Employer	Location
4000	034

Number of Workers	Shift	Project Type	Project Number	Closure Imposed	Closure Removed
. 14	1				

Classification Unit Number	SIC
841102	8250

Lab Samples Taken	Direct Readings	Results Presented	Sampling Inspection
N	N	N	

Assist	ing Emp	oloyees

Head Office	Job Site
PROVINCIAL GOVERNMENT PUBLIC SERVICE EMPLOYEE REL COM 548 MICHIGAN ST VICTORIA BC V8V 1S3	COMMUNITY CORRECTIONS 101-640 BORLAND STREET WILLIAMS LAKE, BC
Portion Jobsite Inspected PARTIAL	Principal Contractor
Type of Industry GOVERNMENT MINISTRY	
Violations REFER TO ORDERS ON FOLLOWING PAGE	GE(S)
Employer Representative Name	Accompanied By Employer Representative

Employer Representative Name	Accompanied By Employer Representative
KATHY FROESE	KATHY FROESE
Employer Representative Position	Accompanied By Worker Representative
OFFICE MANAGER	TALKED TO SOME
Telephone Number	Organization
250 -	BCGEU
Signature	Officer of the Board / Signature
	HOPP, DOUG

Administration Notes

WORKERS' COMPENSATION BOARD COMMENS 6951 Westminster Highway, Richmond, B.C.

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INSPECTION REPORT

PREVENTION DIVISION

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	ort. The time cannot be				
Report Date	Number	Employee Number		Employer	
	1999130570064	(PROVINCIAL	GOVERNMENT	
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	Employer's Compliance	Action	Date	Decision	Initials
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INJURY	TO WORKERS, AT	THE WORK STA	ATIONS, IN TH	HIS FACILITY.	
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MAY EXP	OSE WORKERS TO ERE A RISK IS	RISK OF MSI IDENTIFIED. 1	THE EMPLOVE	IN OH&S REGULAT	בככ דעוגד סדכי
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CONTROL	MEASURES.	CATE THE WORL	KERS ABOUT TH	HE CONTROLS AND	EVALUATE THE
CONTROL	MEASURES.	Action	KERS ABOUT TH	HE CONTROLS AND	EVALUATE THE Initials

6951 Westminster Highway, Richmond, B.C.

Employer's Compliance Action

INSPECTION REPORT

Decision

Initials

Mailing Address: PO Box 5350, Vancouver, B.C., V6B 5L5 PREVENTION DIVISION Telephone: 604 276-3100 Toll Free: 1-888-621-7233 Fax: 604 276-3247 An employer who fails to comply with Occupational Health and Safety Regulations or Board orders or directions is subject to sanctions as prescribed in the Workers Compensation Act, Occupational Health and Safety Regulations require that one copy of this report remain posted in a conspicuous place at or near the ation inspected for at least seven days, or until compliance has been achieved, whichever is the longer period. quest for a review of the orders in this report may be submitted to the Prevention Division within 60 calendar days of the date of this report. The time cannot be extended. Report Date Number **Employee Number Employer** 1999-02-11 1999130570064 PROVINCIAL GOVERNMENT WCB Reference OHS 3 Decision N Action Due Date 4 Number

A NUMBER OF THE CHAIRS IN THIS WORKPLACE ARE THE FOUR-POINT BASE TYPE. THESE ARE MORE PRONE TO TIPPING THAN THE FIVE-POINT BASE CHAIRS.

THIS IS IN CONTRAVENTION OF THE OCCUPATIONAL HEALTH AND SAFETY REGULATION SECTION 4.1.

BUILDINGS, STRUCTURES, MACHINERY, EQUIPMENT, TOOLS AND WORKPLACES MUST BE MAINTAINED IN SUCH A CONDITION THAT WORKERS WILL NOT BE ENDANGERED.

WCB Reference WCA Order 4 Decision F Action Due Date 71 Number (2)

IN ACCORDANCE WITH THE WORKERS' COMPENSATION ACT SECTION 71. (2) A WRITTEN "NOTICE OF COMPLIANCE" SHALL BE SUBMITTED TO THE BOARD WITHIN 30 DAYS.

Employer Representative Officer of the Board HOPP, DOUG