

**Important:** A request for review of a WorkSafeBC decision or order on a:

- **Claim or assessment** matter must be submitted within **90 days** of the date the decision was made
- **Occupational health and safety or claims cost levy** matter must be submitted within **45 days** of the date the decision or order was made

Worker's last name	First name	Middle initial	WorkSafeBC claim number
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**Contact information (Please contact the Review Division in writing if this information changes.)**

I am the <input type="checkbox"/> Worker <input checked="" type="checkbox"/> Employer — My title/position is VP, Chief Risk Officer <input type="checkbox"/> Other (please describe)			
Last name Holton	First name Ron	Employer's name The University of British Columbia	
Mailing address 336 - 2389 Health Sciences Mall			
City Vancouver		Province BC	Postal code V6T 1Z3
Work phone number (include area code) 604-822-4218	Home phone number (include area code)	Fax number (include area code) 604-822-6650	
Email address ron.holton@ubc.ca			

**I request a review of the following WorkSafeBC decision  
(Please attach a copy of the decision(s) to this application.)**

Please check (✓) one and fill out the requested information in that row.		
<input type="checkbox"/> Claim decision ▶	WorkSafeBC claim number(s)	Decision date (yyyy-mm-dd)
<input type="checkbox"/> Employer assessment decision ▶	Employer account number(s)	Decision date (yyyy-mm-dd)
<input checked="" type="checkbox"/> Prevention decision ▶	Employer account number(s) 11284	Order number 1
	Report number 201816973069A	Order date (yyyy-mm-dd) 2018-07-30

**Reason for review****(If there isn't enough space below, additional pages may be attached.)**

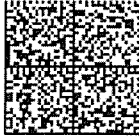
Are more pages attached?

 Yes  No

Please be specific about your reason for review and the outcome you are seeking

The Employer seeks the rescission of Order 1 in Inspection Report No. 2018116973069A. The Employer submits that the Officer made errors of fact, law and policy in issuing Inspection Report No. 2018116973069A and the order contained in that Inspection Report. Without limiting the generality of the foregoing the Employer submits that the Officer's decision to issue Order 1 in Inspection Report No. 2018116973069A exceeded her jurisdiction and was made arbitrarily and/or in bad faith.

The Employer is also seeking a stay of Order 1 pending the outcome of the Employer's challenge to the Order.



# Request for Review Review Division

Worker's last name	First name	Middle initial	WorkSafeBC claim number
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### Review method

Read and review is the standard method of review. The review officer reads all submissions received from you and other parties to the review, as well as the WorkSafeBC decision and file, and obtains any additional information in order to make a decision. This method may involve telephone contact with you and other parties in order to clarify issues and gather more information.

In most cases, reviews are decided without an oral hearing. However, in some cases, the review officer may decide that an oral hearing is required, in order to make a decision.

If you believe an oral hearing is necessary or that telephone contact is required, please advise below and provide your reasons

### Disclosure (copy of WorkSafeBC file)

Once it is confirmed that you have a valid reviewable matter, you will receive an email notification when the WorkSafeBC file is available online for downloading from worksafebc.com. If you have a representative, the notification will be sent to the representative's email address. Videos, photographs, and audio statements will be delivered by Canada Post on a DVD up to two weeks after your claim file is available online.

No access to email Please check (✓) the box if you are a worker without email access.  
If you select this box, your claim file will be delivered by Canada Post.

### Representation (Please contact the Review Division if this information changes.)

Please check (✓) one  I will represent myself in the review process  I have a representative who will handle this review

**If you are represented, fill in responses below.**

Representative's name  
Andrew Wood

Name of representative's organization  
Harris & Company LLP

Representative's mailing address  
14th Floor, 550 Burrard Street

City Vancouver	Province BC	Postal code V6C 2B5
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Representative's phone number (include area code) 604-891-2242 (Direct)	Representative's fax number (include area code) 604-684-6632
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Representatives Email address  
awood@harrisco.com

### Authorization

"I request a review under the *Workers Compensation Act*. I acknowledge the Review Division may obtain or view, for the purposes of review only and from any source whatsoever, a copy of records respecting the matter under review. I also acknowledge that WorkSafeBC will disclose information related to this review to the other parties to this review for the express purposes of this review. Further, I authorize the representative identified above to act on my behalf for the purposes of this review, including providing evidence and making submissions. I understand that it is a serious offence to knowingly provide false information in order to induce WorkSafeBC to make a particular decision."

Applicant's name (please print) The University of British Columbia	Applicant's signature <i>ad Wood, Auth Rep</i>	Date signed (yyyy-mm-dd) 2018-07-31
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Please send this form to - **Review Division** via mail or fax — **not both**.

<b>Review Division</b>	<b>Fax</b>	<b>Mail</b>
Phone 604.214.5411	604.232.7747	Review Division
Toll-free in B.C. 1.888.922.8804	Toll-free 1.855.433.9728	WorkSafeBC
<a href="http://worksafebc.com">worksafebc.com</a>		PO Box 2071 Stn Terminal Vancouver BC V6B 3S3

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.



# Request for Review Review Division

Worker's last name	First name	Middle initial	WorkSafeBC claim number
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## Checklist before sending in your Request for Review

Have you

- |  |  |
|--|--|
| <input type="checkbox"/> Attached a copy of the decision letter you wish to have reviewed? | <input type="checkbox"/> Included an up-to-date authorization if the representative is signing the Request for Review form? Authorizations from representatives are valid for a period of two years.   |
| <input type="checkbox"/> Signed the Request for Review form?                               | <input type="checkbox"/> Faxed the Request for Review form? If so, please <b>do not</b> mail the original, as only one copy is required by our office. <b>Please keep your fax confirmation sheet.</b> |

Thank you for completing these steps. This will assist us in the timely processing of your Request for Review.

If you have any questions or are unclear about what information to provide, please contact the Review Division at 604.214.5411 or toll-free in B.C. at 1.888.922.8804.



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

The *Workers Compensation Act* requires that the employer must post a copy of this report in a conspicuous place at or near the workplace inspected for at least seven days, or until compliance has been achieved, whichever is the longer period. A copy of this report must also be given to the joint committee or worker health and safety representative, as applicable.

Inspection Report #201816973069A		
Employer Name	Jobsite Inspected	Scope of Inspection
THE UNIVERSITY OF BRITISH COLUMBIA	2389 Health Sciences Mall Greater Vancouver A BC V6T	inspection

Date of Initiating Inspection	Date of This Inspection	Delivery Date of This Report	Delivery Method
Jul 30, 2018	Jul 30, 2018	Jul 30, 2018	Email

**THERE IS ONE (1) ORDER OR OTHER ITEM OUTSTANDING**

**ACTION REQUIRED**

Summary of Orders or other Items		
See "Orders/Items – Full Details" section of this Inspection Report for orders/items cited		
Order/Item No.1 <input type="checkbox"/>	Status: <b>Outstanding</b>	Cited: <b>OHS3.16(1)(a)</b>
Notice of Compliance Required.		

ORDER STATUS LEGEND	
Order Status	Description
Outstanding	Order Outstanding - Action Required to Achieve Compliance
Complied	Compliance Achieved - No Further Action Required
Closed	Order is Closed
Rescinded	Order has been cancelled – No Further Action Required



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## INSPECTION NOTES

The Workers Compensation Act (WCA) and the Occupational Health and Safety Regulation (OHSR) were used as a bases for compliance.

### **I. FIRST AID BASIC REQUIREMENTS - Order #1**

WorkSafeBC ('the Board') has determined that the UBC Vancouver Campus consists of multiple work locations.

### **II. PLAN**

The employer must submit the Notice of Compliance and supporting documents to this Officer no later than August 30, 2018.

Additional information may be found on the WorkSafeBC website:  
<http://www.worksafefbc.com>

Please contact this Officer if you have any questions.

Laura Gibbins, CRSP, BScN  
Occupational Safety Officer  
WorkSafeBC - Prevention Field Services  
Phone: 604-244-6479  
Fax: 604-231-8662  
E-mail: [laura.gibbins@worksafefbc.com](mailto:laura.gibbins@worksafefbc.com)

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 Mailing Address: PO Box 5350, Vancouver BC, V6B 5L5  
 Telephone 604 276-3100 Toll Free 1-888-621-7233 Fax 604 276-3247

**ORDERS/ITEMS**

An employer who fails to comply with Part 3 of the *Workers Compensation Act*, the *Occupational Health & Safety Regulation*, or WorkSafeBC orders may be subject to monetary or other sanctions as prescribed by the *Workers Compensation Act*.

**Orders/Items - Full Details**

Order/Item No.1 <input type="checkbox"/>	Status: <b>Outstanding</b>	Cited: <b>OHS3.16(1)(a)</b>
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The employer stated in a meeting (date: July 16, 2018) that it is currently providing first aid equipment, supplies, facilities, first aid attendants and services for the entire UBC Vancouver Campus as a single workplace. The Board has determined that the UBC Vancouver Campus consists of multiple workplaces. As a result, the employer has not provided first aid equipment, supplies, facilities, first aid attendants and services for the multiple workplaces at the UBC Vancouver Campus.

This is in contravention of the Occupational Health and Safety Regulation Section 3.16(1)(a).

The employer must provide for each workplace such equipment, supplies, facilities, first aid attendants and services as are adequate and appropriate for

- (a) promptly rendering first aid to workers if they suffer an injury at work, and
- (b) transporting injured workers to medical treatment.

Measures to Ensure Compliance:

Pursuant to section 194 (1) of the Workers Compensation Act, the employer must prepare a Notice of Compliance report. In accordance with section 194 (2), this report must detail what has been done to comply with the order, and where compliance has not been achieved by the time the report has been submitted, include a plan of what will be done to comply and when compliance will be achieved. Please submit the report no later than August 30, 2018.



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**REFERENCES**

In addition to any orders, or other items, and the information provided in the Inspection Notes section in this Inspection Report, the officer may discuss other health and safety issues with the employer arising out of the inspection. The information below sets out the health and safety requirements discussed with the employer, and unless otherwise noted, violations of these requirements were not observed.

Reference	Details Discussed
<b>WCA194(1)</b>  This Inspection Report contains one or more orders requiring you to submit a Notice of Compliance report. This report must be prepared in accordance with section 194(2) of the Workers Compensation Act.	Notice of Compliance
<b>WCA194(2)</b>  The employer or other person directed by an order under subsection (1) must prepare a compliance report that specifies: (a) what has been done to comply with the order, and (b) if compliance has not been achieved at the time of the report, a plan of what will be done to comply and when compliance will be achieved.	Notice of Compliance



**INSPECTION REPORT**  
**Worker and Employer Services Division**  
**201816973069A**

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

Employer #	Mailing Address	Classification Unit #	Operating Location
11284	C/O WCB CLAIMS ADMINISTRATOR HUMAN RESOURCES 6TH FLOOR 6190 AGRONOMY RD VANCOUVER BC V6T 1Z3	765010	001

Lab Samples Taken	Direct Readings	Results Presented	Sampling Inspection(s)
N	N	N	

Workers onsite during Inspection	Notice of Project Number

Inspection Report Delivered To	Employer Representative Present During Inspection	Worker Representative Present During Inspection	Labour Organization & Local
Bruce Anderson	Bruce Anderson	Kate Blackburn	BCGEU, CUPE Locals 2950, 116, 2278, AAPS, IUOE

WorkSafeBC Officer Conducting Inspection
Laura Gibbins

*Inspection Time	*Travel Time
1.50 hrs	0.00 hrs

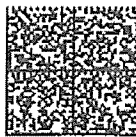
\*The time recorded above reflects the inspection time and travel time associated with this inspection report and includes time spent on pre and post-inspection activities. Additional time may be added for subsequent activity.

**Right to Review**

**Any employer, worker, owner, supplier, union, or a member of a deceased worker's family directly affected may, within 45 calendar days of the delivery date of this report, in writing, request the Review Division of WorkSafeBC to conduct a review of an order, or the non-issuance of an order, by contacting the Review Division. Employers requiring assistance may contact the Employers' Advisers at 1-800-925-2233.**

WorkSafeBC values your feedback. To obtain that feedback, an external market research provider may be contacting you to complete a survey.





Mall  
PO Box 4700 Stn Terminal  
Vancouver BC V6B 1J1  
Fax  
604.233.9777, toll-free 1.888.922.8807  
Phone  
604.231.8888, toll-free 1.888.967.5377

# WorkSafeBC Authorization of Representative

Please complete this form if you wish to authorize WorkSafeBC, including the Review Division, and the Workers' Compensation Appeal Tribunal (WCAT) to give confidential information about you or your business to your representative. You are not required to have a representative for WorkSafeBC matters; however, if you want someone to act for you and speak with us on your behalf, please complete this form in full, sign it, and return it to us.

## 1. Information about you

Inform WorkSafeBC or WCAT if your contact details change.

Employer account number (if applicable) 11284	WorkSafeBC claim number (if applicable)
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<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last name Holton	First name Ron	Middle initial
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Title and business name (if applicable) *Chief Risk Officer,*  
VP, FO Risk Management Services, The University of British Columbia

Mailing address 336 - 2389 Health Sciences Mall	City Vancouver	Province BC	Postal code V6T 1Z3
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Daytime phone number (include area code) 604-822-4218	Other phone number (include area code)	Fax number (include area code) 604-822-6650
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I am The University of British Columbia

A worker  An employer  
 A deceased worker's dependant  Other (explain)

## 2. Scope of representation

My representative will represent me with respect to the following WorkSafeBC matters, including any reviews or appeals that may arise: (check all that apply)

<input type="checkbox"/> All assessment matters, including the authority to settle such matters	<input type="checkbox"/> All certificate matters (e.g., first aid, blasting)
<input type="checkbox"/> All compensation claims matters, including section 10(8) transfers	<input checked="" type="checkbox"/> All occupational health and safety matters
<input type="checkbox"/> All return-to-work matters	<input type="checkbox"/> Section 257 certificate matters, or
<input type="checkbox"/> All relief of costs matters	<input type="checkbox"/> Only the following matters (provide claim number or other details)
<input type="checkbox"/> All discriminatory action matters	

This authorization refers to  All my claims  A single claim for claim number as noted above

## 3. Your representative (you may appoint one person or an organization to represent you)

One person — Name of person  Mr.  Ms.  Mrs.  Miss  Dr. Relationship

My representative is:  An organization — Name of organization Harris & Company LLP Contact person  Mr.  Mrs.  Dr. Andrew Wood  
 Ms.  Miss

Representative's mailing address 14th Floor, 550 Burrard Street	City Vancouver	Province BC	Postal code V6C 2B5
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Daytime phone number (include area code) 604-891-2242	Other phone number (include area code) 604-684-6633	Fax number (include area code) 604-684-6632
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- I consent to WorkSafeBC or WCAT disclosing to my representative the contents of any WorkSafeBC file(s) or related information for which I am eligible to receive disclosure. I authorize my representative to act on my behalf before WorkSafeBC, including the Review Division, or WCAT with respect to those files.
- This authorization form will replace any previous authorization(s) I have submitted to WCAT or WorkSafeBC for the same scope of representation identified in section 2 of this form.
- If I cancel this authorization, I understand that I must notify WCAT and the WorkSafeBC department(s) handling my outstanding matters.
- For individuals:** This authorization shall remain in effect for two years from the date of signing, unless I cancel it in writing, or until my death, whichever is earliest.
- For employers:** This authorization shall remain in effect for two years from the date of signing, or until it is cancelled in writing, or the business is no longer active with WorkSafeBC, whichever is earliest.

Signature *[Signature]* for your representative — must sign here Date (yyyy-mm-dd) 2018-07-18

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