

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 #201817804051A

Employer Name	Jobsite Inspected	Scope of Inspection
THE UNIVERSITY OF BRITISH COLUMBIA	FACULTY OF MEDICINE-ADMIN VANCOUVER HOSPITAL 910 W 10TH AVE Vancouver BC V5Z 4E3	Preliminary EIIR

Date of Initiating Inspection	Date of This Inspection	Delivery Date of This Report	Delivery Method
Sep 05, 2018	Sep 05, 2018	Oct 02, 2018	Email

THERE ARE ZERO (0) ORDERS OR OTHER ITEMS OUTSTANDING

**ACTION MAY STILL BE NECESSARY TO ENSURE COMPLIANCE
PLEASE READ FULL REPORT**

INSPECTION NOTES

This Inspection Report documents the receipt and acceptance of the employer's preliminary investigation report that relates to an incident which occurred on August 31, 2018. This report meets the requirements of section 175(2) of the Workers Compensation Act.

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
WCA175(2) The employer must ensure that a report of the preliminary investigation is (a) prepared in accordance with the policies of the board of directors, (b) completed within 48 hours of the occurrence of the incident, (c) provided to the Board on request of the Board, and (d) as soon as practicable after the report is completed, either (i) provided to the joint committee or worker health and safety representative, as applicable, or (ii) if there is no joint committee or worker health and safety representative, posted at the workplace.	The employer was advised that the preliminary investigation report they have submitted for the incident referenced in this Inspection Report has been accepted.

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	093

Lab Samples Taken	Direct Readings	Results Presented	Sampling Inspection(s)	Workers onsite during Inspection	Notice of Project Number
N	N	N		200	

Inspection Report Delivered To	Employer Representative Present During Inspection	Worker Representative Present During Inspection	Labour Organization & Local
Nick Steel	Nick Steel	Not Available	

WorkSafeBC Officer Conducting Inspection
Rhonda Langlois

*Inspection Time	*Travel Time
0.50 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.