

6951 Westminster Highway, Richmond, BC  
 Mailing Address: PO Box 5350 Stn Terminal, 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.

A revised version of the *Workers Compensation Act* took effect on April 6, 2020. The B.C. government's revisions aim to make the Act easier to read and understand, and to reorganize the numbering to make laws easier to find. The revisions make no changes to B.C.'s laws concerning workers' compensation, occupational health and safety, and employers' assessment premiums. Please be aware there may be a transitional period where correspondence from WorkSafeBC may include references to either the previous Act or the revised Act. For more information, visit [www.worksafebc.com/WCA2019](http://www.worksafebc.com/WCA2019) or call the Prevention Information Line at 604.276.3100, or toll free within BC at 1.888.621.7233 (SAFE).

### Inspection Report #202016973194A

Employer Name	Jobsite Inspected	Scope of Inspection
THE UNIVERSITY OF BRITISH COLUMBIA	2337 Lower Mall BioEnergy Research Facility Greater Vancouver A BC V6T 1Z4	EIR submitted and accepted

Date of Initiating Inspection	Date of This Inspection	Delivery Date of This Report	Delivery Method
Oct 16, 2020	Oct 16, 2020	Oct 16, 2020	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 is issued to document the receipt (date: October 15, 2020) and acceptance of the employer's full Incident Investigation Report (EIIR), relating to an incident which occurred on September 18, 2020. Refer to Inspection Report #202016973171A for additional information.

### **I. EMPLOYER INCIDENT INVESTIGATION REPORT (EIIR)**

As per section 70 of the Workers Compensation Act (Act), this employer has carried out an investigation. At this time, it is reasonable to believe that as far as possible, the full investigation has determined the cause or causes of the incident, identified any unsafe conditions, acts or procedures that contributed in any manner to the incident, and has recommended corrective action to prevent similar incidents.

As per section 72 of the Workers Compensation Act, the employer has prepared in accordance with the policies of the board of directors, an incident investigation report. The report contains the categories of information that are specified as being required in such reports by the Workers Compensation Act and the policies of the board of directors.

This Inspection Report is not intended to document agreement or disagreement with the findings and recommendations of the employer's incident investigation report (EIIR). Rather, this inspection report documents that the employer has complied with the requirements of the Workers Compensation Act to prepare a full incident investigation report.

The employer is reminded that without undue delay, they must undertake any corrective action necessary to prevent recurrence of similar incidents. Further, section 72 of the Workers Compensation Act provides that as soon as is practicable, the employer must prepare a report of the corrective actions taken. There is no prescribed form for the corrective actions report.

The employer is reminded that the Workers Compensation Act requires copies of the report to be provided to the joint health and safety committee.

At the time of this inspection, no violations of the Workers Compensation Act or the Occupational Health and Safety Regulation were cited. This decision relates only to this inspection date and location noted on this inspection report. A follow-up inspection may occur and/or a Notice of Compliance document may be required if orders are noted in a future inspection.

Additional information may be found on the WorkSafeBC website:  
<http://www.worksafebc.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@worksafebc.com](mailto:laura.gibbins@worksafebc.com)

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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>WCA72(2)(a)</b>  The employer must ensure that a report of the full investigation is prepared in accordance with the policies of the board of directors.	The employer completed the EIIR that met the intent of the policies of the board.

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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)	Workers onsite during Inspection	Notice of Project Number
N	N	N			

Inspection Report Delivered To	Employer Representative Present During Inspection	Worker Representative Present During Inspection	Labour Organization & Local
Tariq Din	Peter Joseph	Not Available	BCGEU, CUPE Locals 2950, 116, 2278, AAPS, IUOE

WorkSafeBC Officer Conducting Inspection
Laura Gibbins

*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.

### Request a 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 Office at 1-800-925-2233.**

**To submit a request online, visit <https://www.worksafebc.com/en/review-appeal/submit-request>**

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