

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 #202319279077A

Employer Name	Jobsite Inspected	Scope of Inspection
THE UNIVERSITY OF BRITISH COLUMBIA	Leon Blackmore Pavilion 855 West 12th Avenue VANCOUVER BC V5Z 1M9	Full incident investigation report

Date of Initiating Inspection	Date of This Inspection	Delivery Date of This Report	Delivery Method
Oct 11, 2023	Oct 11, 2023	Oct 11, 2023	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 full investigation report that relates to an incident which occurred on July 18, 2023. This report meets the requirements of section 72(2) of the *Workers Compensation Act*.

If there are any questions regarding this inspection report, please contact:

Nessie Lichy  
Occupational Hygiene Officer  
Prevention Field Services  
Phone: 604.244.2159 or Email: [nessie.lichy@worksafebc.com](mailto:nessie.lichy@worksafebc.com)

For information on workplace health and safety, call toll-free within BC 1-888-621-SAFE (7233) or visit the WorkSafeBC web site [www.worksafebc.com](http://www.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
<p><b>WCA72(2)</b></p> <p>The employer must ensure that a report of the full investigation is</p> <ul style="list-style-type: none"> <li>(a) prepared in accordance with the policies of the board of directors,</li> <li>(b) submitted to the Board within 30 days of the occurrence of the incident, and</li> <li>(c) within 30 days of the occurrence of the incident, either,               <ul style="list-style-type: none"> <li>(i) provided to the joint committee or worker health and safety representative, as applicable, or</li> <li>(ii) if there is no joint committee or worker health and safety representative, posted at the workplace.</li> </ul> </li> </ul>	<p>The employer was advised that the full investigation report they have submitted for the incident referenced in this Inspection Report has been accepted.</p>
<p><b>WCA70(1)</b></p> <p>An investigation required under Workers Compensation Act Part 2 Division 10 must be carried out by persons knowledgeable about the type of work involved and, if they are reasonably available, with the participation of the employer or a representative of the employer and a worker representative.</p>	<p>Reference for the employer</p>

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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
Bruce Anderson	Bruce Anderson	Not Applicable	

WorkSafeBC Officer Conducting Inspection
Nessie Lichy

*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.

### 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.**

WorkSafeBC's online services provide employers with tools to view information and to complete a variety of transactions with us in an easy, fast, and secure way. Through an online services account, you can view and download your inspection reports and compliance agreements, submit Employer Incident Investigation Reports, view your Health & Safety Planning Tool Kit, and more. Visit [worksafebc.com](https://www.worksafebc.com) to log in or create an account.