



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

NOTICE OF COMPLIANCE REPORT Instructions for Completion Worker and Employer Services Division

July 05, 2024

THE UNIVERSITY OF BRITISH COLUMBIA

C/O WCB CLAIMS ADMINISTRATOR
HUMAN RESOURCES
6TH FLOOR 6190 AGRONOMY RD
VANCOUVER BC V6T 1Z3

Reference: Inspection Report #202416973064A

Dear Frank Crudo,

One or more orders cited in the above referenced Inspection Report includes a requirement for you to provide a Notice of Compliance Report (NOC) to WorkSafeBC, explaining the actions you have either taken, or plan to take to comply with the order(s).

Please note that a copy of this NOC has also been provided to your head office, along with a copy of the related Inspection Report. Coordinate completion and submission of this NOC with your head office.

Instructions

1. Complete in full the attached Notice of Compliance Report. If you prefer to submit documents in addition to or in place of this NOC, note the associated Inspection Report number on those documents.
2. Submit by email, fax, or mail one copy of the NOC and any other related documents to the prevention officer identified below by the due date specified on the Notice of Compliance Report or as otherwise specified in the Inspection Report. Failure to prepare and submit a NOC Report by the date specified may result in enforcement action.
3. If compliance has not been achieved by the due date of the NOC, the employer or other person must also prepare a follow-up compliance report when compliance is achieved, and submit the report to WorkSafeBC.
4. A copy of all completed NOC reports must be posted in a conspicuous place at or near the workplace where the inspection was conducted for at least seven days, or until compliance has been achieved, whichever is the longer period.
5. Provide a copy of all completed NOC reports to the joint committee or worker health and safety representative, as applicable. If the report relates to a workplace where workers of the employer are represented by a union, send a copy of the report to the union.

Submit NOC to:

Attention: Laura Gibbins (Occupational Safety Officer)
Phone: (604) 244-6479
Email: Laura.Gibbins@worksafebc.com
Mailing Address: Worker and Employer Services Division
WorkSafeBC
Field Svcs - Van/Rich/Delta
6951 Westminster Hwy
Richmond BC
V7C 1C6

Should you have any questions, please contact the officer identified above.



NOTICE OF COMPLIANCE REPORT
Worker and Employer Services Division

6951 Westminister Highway, Richmond, BC
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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. If the report relates to a workplace where workers of the employer are represented by a union, send a copy to the union.

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Refer to the 'Orders - Full Details' section of the Inspection Report when completing this form.

Order #	Cited	Description of actions taken to comply, or the intended actions to comply, and the estimated date of compliance
1	WCA21(2)(e)	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Please submit the completed NOC report along with any supporting documentation, or in turn the documents that replace it no later than Sunday, August 4, 2024 or as otherwise specified in the Inspection Report.

Submit NOC to:

Attention: Laura Gibbins (Occupational Safety Officer)
Phone: (604) 244-6479
Email: Laura.Gibbins@worksafebc.com
Mailing Address: Worker and Employer Services Division
WorkSafeBC
Field Svcs - Van/Rich/Delta
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For Employer Use Only	
Person Submitting this Report (Please Print)	Date Submitted
	Month: Day: Year:
Phone:	Email:

For WorkSafeBC Use Only	
Person Receiving this Report (Please Print)	Date Received
	Month: Day: Year: