

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 or call the Prevention Information Line at 604.276.3100, or toll free within BC at 1.888.621.7233 (SAFE).

Inspection Report #202218333049A

Employer Name	Jobsite Inspected	Scope of Inspection
THE UNIVERSITY OF BRITISH COLUMBIA	3272 University Way Kelowna BC V1V 1V7	Employer's Incident Investigation Report

Date of Initiating Inspection	Date of This Inspection	Delivery Date of This Report	Delivery Method
Apr 08, 2022	Apr 08, 2022	Apr 12, 2022	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 **February 26, 2022**. This report meets the requirements of section 72(2) of the *Workers Compensation Act*.

If you have any questions regarding this inspection report please contact Reid McIntyre at the information provided below:

Reid McIntyre - Occupational Safety Officer - WorkSafeBC Prevention Field Services
Office: (250) 717-4329 | Email: Reid.mcintyre@worksafebc.com

For more information on health & safety issues in the workplace visit: WWW.WORKSAFEBC.COM

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
WCA72(2) The employer must ensure that a report of the full investigation is (a) prepared in accordance with the policies of the board of directors, (b) submitted to the Board within 30 days of the occurrence of the incident, and (c) within 30 days of the occurrence of the incident, 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 full investigation report they have submitted for the incident referenced in this Inspection Report has been accepted.

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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	214

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

Workers onsite during Inspection	Notice of Project Number
1	

Inspection Report Delivered To	Employer Representative Present During Inspection	Worker Representative Present During Inspection	Labour Organization & Local
Adrian Hingston	Adrian Hingston	Not Applicable	BC Government and Services Employees' Union (BCGEU)

WorkSafeBC Officer Conducting Inspection
Reid McIntyre

*Inspection Time	*Travel Time
1.50 hrs	0.50 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.