

Operations Division Occupational Health and Safety

Field Visit Report

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OHS Case ID: **02889PTWV729**

Field Visit no: **02889PTWV730**

Visit Date: **2020-NOV-12**

Field Visit Type: **INITIAL**

Workplace Identification **CITY OF HAMILTON - WATER & WASTE WATER TREATMENT PLANT  
700 WOODWARD AVENUE, HAMILTON, ON, CANADA L8H 6P4**

Notice ID:

Telephone:  
**(905) 546-2424**

JHSC Status:  
**Active**

Work Force #:  
**100**

Completed %:

Persons Contacted **CARY MACDONALD - H & S COORDINATOR 2) TODD DE SANTIS - ELECTRICIAN/ WORKER REP, JHSC 3) BRIAN BENDER - ACTING SUPERVISOR, MAINTENANCE & FLEET**

Visit Purpose: **COMPLIANCE REVIEW OF EVENT**

Visit Location: **700 WOODWARD AVE, MAINTENANCE BUILDING**

Visit Summary: **ORDER ISSUED**

**Detailed Narrative:**

Event details;

Between 2:30 and 3pm in the office of the maintenance building, a worker was speaking with his supervisor and lost consciousness, falling to the floor. LOC lasted about 30 seconds. Worker then went to sit in a chair and when leaving the chair there was as second LOC for about 10 seconds.

Summary of visit;

There was no nexus to a hazard determined by the workplace with regards to the worker losing consciousness. The employer has fuel fired equipment at this workplace so a review was conducted on the forklift, found outside the building at time of visit. The lift is used indoors at times so it was started to see if it would activate this inspector's warning device. Within approximately 10 seconds, the lift outdoors set off this inspectors warning device and at the time was 6 or 8 feet away. The employer is advise to review the lifts use indoors and ensure that the emissions are maintained to the lowest practical level, ideally below 1%. 1% emission equates to 10,000 ppm of exhaust which can fill a space with the excursion limit of 125ppm in a short time without proper ventilation. Hazard alert attached to email of this visit. The lift was found last certified on Oct 2019, which is more than the annual requirement. Order issued.

Require;

Written Statement of Injured worker & witness. Blank form provided by email.  
WSIB form 7

Notice report sent by email this date

Recipient	Inspector Data	Worker Representative
Name _____	<b>PETER COUTLEE</b> OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7	Name _____
Title _____	MOLIHSHAMILTONEAST@ontario.ca Tel: 905-912-1244 Fax: 905-577-1324	Title _____
Signature _____	Signature <i>Peter Coutlee</i>	Signature _____

You are required under the Occupational Health and Safety Act to post a copy of this report in a conspicuous place at the workplace and provide a copy to the health and safety representative or the joint health and safety committee if any. Failure to comply with an order, decision or requirement of an inspector is an offence under Section 66 of the Occupational Health and Safety Act. You have the right to appeal any order or decision within 30 days of the date of the order issued and to request suspension of the order or decision by filing your appeal and request in writing on the appropriate forms with the Ontario Labour Relations Board, 505 University Ave., 2nd Floor, Toronto, Ontario M5G 2P1. You may also contact the Board by phone at (416) 326-7500 or 1-877-339-3335 (toll free), mail or by website at <http://www.olrb.gov.on.ca/english/homepage.htm> for more information.

The Government of Ontario wants to hear from you. You can provide feedback on this visit at 1-888-745-8888

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Notice ID:

*Order(s) /Requirement(s) Issued To:*

To: **CITY OF HAMILTON** Org/Ind Role **Primary Employer**

Mailing Address:  
**77 JAMES ST N, SUITE 320, HAMILTON, ON, CA L8R 2K3**

*Order(s) /Requirement(s) Description:  
You are required to comply with the order(s) /requirement(s) by the dates listed below.*

No	Type Code	ActReg	Year	Sec.	Sub Sec.	Clause	Text of Order/Requirement	Comply by Date
1	Time	OHSA	1990				The employer shall ensure that the Heli counterbalance forklift, serical#230351R3516 shall be thoroughly examined by a competent person to determine its capability of handling the maximum load as rated at least once a year. The lifting device was not thoroughly examined by a competent person within the last year.	2020-DEC-01
02889PTWV731		851	1990	51	1	b		

Recipient	Inspector Data	Worker Representative
Name _____	<b>PETER COUTLEE</b> OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7	Name _____
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