

Occupational
Health and Safety

Field Visit Report

Page 1 of 4

OHS Case ID: 2889DMLXLKJ
Field Visit no: 2889DMLXLKJ-2889-FV001

Visit Date: 2025-JUL-10

Field Visit Type: INITIAL

Workplace Identification: CITY OF HAMILTON - DUNDAS TRANSFER STATION
27 OLYMPIC DRIVE, DUNDAS, ON L9H7P5

Notice ID:

Telephone:
(905) 525-1224

JHSC Status:
Not required

Work Force #:
2

Completed %:

Persons Contacted: Karen Jestin - Scale Operator 2) Islyn Yoryor - Scale Operator
Visit Purpose: compliance review of event
Visit Location: 27 Olympic Dr, scale house
Visit Summary: orders issued

Detailed Narrative:

Event details:

Air conditioning not working and workers are suffering from heat stress

Summary of visit:

measurements were taken at both booths this date with uncalibrated equipment. here are the reading measured;

The outside temperature recorded from inspector's vehicle was 25 C.

Commercial Scale:

25.6 C ambient temp

15.2 C direct laser surface temp at exhaust fan

Residential Scale:

29 C ambient temperature

28.5 c direct laser surface temp at exhaust fan

It was noted that this air conditioner digital reading indicated 86.

Two controls were adjusted to bring the unit setting to the snow flake and the fan adjacent to it was turned on. Within 10 mins the digital reading on the air conditioner changed to 82 c. At this time the ambient temperature remained at 28.9 c with an unchanged laser contact surface temp.

It appears the air conditioning unit is not functioning to cool the space. Order issued. Alternately if the unit is operating as designed the employer will be required to perform a assessment to ensure the device is adequate:

54(1)(f)

This inspector requires the employer, at their expenses to provide a written report to this inspector, assessing the condition of the air conditioner by a person with refrigeration and air condition mechanic designation to determine it condition.

Heat stress program does not appear in place at this location.

Recipient	Inspector Data	Worker Representative
Name <u>Karen Jestin</u>	PETER COUTLEE	Name _____
Title <u>Weigh Scale Operator</u>	O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER 111 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca Tel: (905) 912-1244 Fax: (905) 577-1324	Title _____
Signature <u>Karen Jestin</u>	Signature <u>[Signature]</u>	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 64 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.olyb.gov.on.ca/> 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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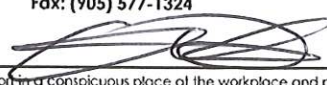
Visit Date: **2025-JUL-10**

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Notice ID:

It was determined that the workers have not received information and instruction on heat stress program. Order issued.

Recipient	Inspector Data	Worker Representative
Name _____	PETER COUTLEE	Name _____
Title _____	O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca Tel: (905) 912-1244 Fax: (905) 577-1324	Title _____
Signature _____	Signature 	Signature _____

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Visit Date: **2025-JUL-10**

Field Visit Type: **INITIAL**

Order(s) /Requirement(s) Issued:

To:
EUROWORLD CORPORATION

Org/Ind Role:
Primary Employer

Mailing Address:
6-2400 DUNDAS STREET, MISSISSAUGA, ON, CA L5K 2R8

Order(s) /Requirement(s) Description:

You are required to comply with the order(s) /requirement(s) by the Comply by dates listed below.

No	Type Code	Act/Reg	Year	Sec.	Sub Sec.	Clause	Text of Order/Requirement	Comply by Date
1	Time	OHS	1990	25	2	a	The employer shall provide information, instruction and supervision to a worker to protect the health or safety of the worker from heat stress by providing how to identify the signs and symptoms of heat stress and measures and procedures to deal with it. There was no information and instruction to the workers on heat stress.	2025-JUL-11
2889DMLXLKJ- 2889-OR001								

Recipient

Name _____

Title _____

Inspector Data

PETER COUTLEE

O.H.S.A. & B.O.S.T.A. INSPECTOR

PROVINCIAL OFFENCES OFFICER

119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7

MOLIHSHAMILTONEAST@ontario.ca

Tel: (905) 912-1244

Fax: (905) 577-1324

Worker Representative

Name _____

Title _____

Signature _____

Signature _____

Signature _____

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Order(s) /Requirement(s) Issued:

To:
CITY OF HAMILTON

Org/Ind Role:
Secondary Employer

Mailing Address:
71 MAIN STREET WEST, HAMILTON, ON, CA L8P 4Y5

Order(s) /Requirement(s) Description:

You are required to comply with the order(s) /requirement(s) by the Comply by dates listed below.

No	Type Code	ActReg	Year	Sec.	Sub Sec.	Clause	Text of Order/Requirement	Comply by Date
2	Time	OHSA	1990	25	1	b	The employer shall ensure that the air conditioning equipment provided by the employer is maintained in good condition. The air conditioning unit did not appear to cool.	2025-JUL-15

2889DMLXLKJ-
2889-OR002

Recipient

Name _____
Title _____

Inspector Data

PETER COUTLEE
O.H.S.A. & B.O.S.T.A. INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHAMILTONEAST@ontario.ca
Tel: (905) 912-1244
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Worker Representative

Name _____
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