

OHS Case ID: **8941DSSWXB**

Field Visit no: **8941DSSWXB-8941-FV001**

Visit Date: **2025-OCT-21**

Field Visit Type: **INITIAL**

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

Notice ID:

Telephone:
(905) 546-2424

JHSC Status:
Active

Work Force #:
84

Completed %:

Persons Contacted: **Rebecca Moss, Health & Safety Wellness Specialist
Matt Yakymyshyn, Senior Project Manager
Chris Pirkas, Technologist JHSC worker rep.
Deborah Goudreau, Manager Plant Operations
Stephen McBride, Waste Water Operator
Samik Doshi, Instrumentation Technician**

Visit Purpose: **To investigate a reported workplace health and safety concern.**

Visit Location: **Office
Filter Building**

Visit Summary: **Orders issued, see detailed narrative.**

Detailed Narrative:

The Ministry of Labour, Immigration, Training and Skills Development (MLITSD) attended the workplace in response to a health and safety event which was submitted to the MLITSD contact centre. The following summarizes the details of the visit.

Accompanied by MLITSD Industrial Hygienist W. Yajaman.

SUMMARY

A work refusal was initiated at this workplace by a worker(s) who had health and safety concerns pertaining to working around asbestos in the workplace, primarily (but not exclusive) located in the insulation wrapping of overhead process piping, located in the Filter Building of the workplace. The employer hired a 3rd party consultant, who worked in conjunction with a remediation contractor to test and remove if necessary, the identified areas of concern.

The workplace has an existing document identified as "Work Refusal Procedure" (3 pages total) and a document identified as "Work Refusal Work-Sheet" (4 Pages). In consultation with the workplace parties and the Internal Responsibility System - the employer has committed to re-train and re-instruct the workers, supervisors and committee members on these procedures, to ensure all parties have a clear understanding and comprehension of the Work Refusal process, as per the Occupational Health & Safety Act (OHSA). ORDER ISSUED.

Wagish Yajaman MHSc., CIH, CRSP Occupational Hygiene Consultant MLITSD

The visit to the site was to review the processes in place to recognise the presence of asbestos containing materials, assess the same and the controls used to protect worker health.

The employer did not have an inventory of the asbestos containing materials previously and has engaged an external consultant to develop the inventory organisation wide. The inventory was provided at the time of the visit.

The employer is committed to completing the Asbestos Management Plan that is currently in draft, to be completed by December of 2025 and a program to support the plan by the end of the first quarter of 2026.

The employer is committed to providing information to workers who come in contact or work in areas with asbestos containing materials

Recipient	Inspector Data	Worker Representative
Name <u>Rebecca Moss</u>	Inspector <u>Mark Phillips</u> O.H.S.A. & B.O.S.T.A INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Fl., Hamilton, ON, L8P 4Y7 MOLHSHAMILTONEAST@ontario.ca Tel: (365) 366-0671 Fax: (905) 577-1324	Name <u>Stephen McBride</u>
Title <u>Health Safety + Wellness Specialist</u>		Title <u>Maintenance operator</u>
Signature <u>[Signature]</u>	Signature <u>[Signature]</u>	Signature <u>[Signature]</u>

You are required under the Occupational Health and Safety Act to post a copy of this report in a conspicuous place of 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/> 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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of the hazard and risk posed by asbestos and the policy and program in place to mitigate risk along with the responsibilities of management and workers. There would be information provided immediately to workers and a more detailed mode of training to ensure workers awareness of Asbestos Management Plan and employer program. There appeared to be a lack of understanding of what constituted "friable" "non-friable" asbestos, the different "types" of asbestos removal and precautions that were used to safely remove the asbestos containing materials.

This duty of the supervisor in the Occupational Health and Safety Act section 27 (2) (a) advise a worker of the existence of any potential or actual danger to the health or safety of the worker of which the supervisor is aware. This would include the presence of asbestos containing materials the precautions that exist that workers should be made aware of.

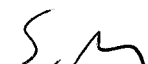
RESOURCES

Log into the Ministry of Labour Website at: www.labour.gov.on.ca

For more information on the Occupational Health and Safety Act and Regulations, or to report a work refusal, critical injury, fatality or other reportable incident in accordance with the Occupational Health and Safety Act to the Ministry of Labour, call 1-877-202-0008.

For external assistance that may help your company on matters of compliance, the employer may wish to contact their Safe Workplace Association (Workplace Safety & Prevention Services) at: 1-877-454-9777/

NOT ALL AREAS OF THE WORKPLACE WERE INSPECTED DURING THIS VISIT. A COPY OF THIS REPORT IS REQUIRED TO BE POSTED IN THE WORKPLACE WHERE IT IS MOST LIKELY TO COME TO THE ATTENTION OF THE WORKERS.

Recipient	Inspector Data	Worker Representative
Name _____	Mark Phillips O.H.S.A. & B.O.S.T.A INSPECTOR PROVINCIAL OFFENCES OFFICER	Name _____
Title _____	119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLHSHAMILTONEAST@ontario.ca Tel: (365) 366-0671 Fax: (905) 577-1324	Title _____
Signature 	Signature 	Signature 

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Order(s) /Requirement(s) Issued:

To:
CITY OF HAMILTON

Org/Ind Role:
Primary 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	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, specific to the work refusal process and policies that exist at this workplace. Workers, Supervisors and JHSC members were not aware of the work refusal process and the stages in its entirety at the time of the visit.	2025-OCT-31
8941DSSWXBJ- 8941-OR001								

Recipient	Inspector Data	Worker Representative
Name _____	Mark Phillips	Name _____
Title _____	O.H.S.A. & B.O.S.T.A INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca Tel: (365) 366-0671 Fax: (905) 577-1324	Title _____
Signature 	Signature 	Signature 

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Return To:
Mark Phillips
O.H.S.A. & B.O.S.T.A INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHAMILTONEAST@ontario.ca
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Take Notice

Compliance Order(s) were served under the authority of the Occupational Health and Safety Act or Regulations made there under. A notice of compliance shall be submitted to the ministry of Labour, Immigration, Training and Skills Development within three days after the person believes that compliance with the Compliance Order(s) has been achieved. This form can be used as a cover page to respond to demand(s).

Order(s) / Requirement(s) Issued:

To:
CITY OF HAMILTON

Org/Ind Role:
Primary 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	Act/Reg	Year	Sec.	Sub Sec.	Clause	Compliance Details / Date	JHSC Worker Member / Worker Representative	Comply by Date
1	Time	OHSA	1990	25	2	a		☐ Agree ☐ Disagree	2025-OCT-31
8941DSSWXB- 8941-OR001								(Signature)	

Form completed by _____

Title _____

For / on behalf of _____

Signature _____

Joint Health and Safety Committee Member representing workers or
worker Representative agrees or disagrees that compliance has
been achieved with all of the Order(s) as indicated above

Name _____

Signature _____

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