

Occupational  
Health and Safety

Field Visit Report

Page 1 of 3

OHS Case ID: **2889FLKZGBK**  
Field Visit no: **2889FLKZGBK-2889-FV001**

Visit Date: **2026-AUG-24**

Field Visit Type: **INITIAL**

Workplace Identification: **CITY OF HAMILTON - FIRE/EMS STATION 24**  
**256 PARKSIDE DRIVE, WATERDOWN, ON CA L0R 2H6**

Notice ID:

Telephone:  
**(905) 689-2282**

JHSC Status:  
**Active**

Work Force #:  
**30**

Completed %:

Persons Contacted: **Vince Bianco - Health, Safety & Wellness Specialist 2) Grant Halsey - Deputy Chief 3) Kevin Waycik - Worker Rep 4) Darren Taylor - Captain**

Visit Purpose: **compliance review of event**

Visit Location: **256 Parkside Drive, apparatus bay & laundry facility**

Visit Summary: **No orders issued. Audit completed for Cancer, see case#04379QRPQ414. Accompanied by MLTSD Inspector, Sreeraj Sreekumar.**

Detailed Narrative:

Event details:

Occupational Illness Report - Cancer

In addition to the audit mention above, the following is a summary of this visit:

A review of the extractor area found several products that made reference to reviewing the SDS, but were not equipped with supplier labels. SDS are required to be sent to this inspector for review:

3.78l Coastwide Hand soap, glass cleaner & PPE Clean.

Xtinguisher was previously reviewed and found to be a controlled product. Supplier label was not affixed to this container. Order issued. A spray bottle of decanted product was not labelled. Order issued.

It could not be determined when WHMIS was reviewed with the JHSC. Order issued. Labelling would be a element to consider in the review.

The extractor machine in this workplace is used typically on the heavy soiled, colours setting.

Require:

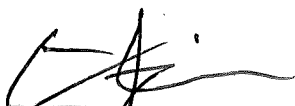
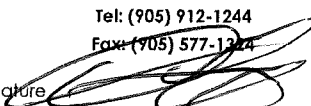
Owner's manual for the machine

Hot water temperature supplied to the machine

It was indetermined at time of visit how much soap is used for each cycle. The employer did develop a procedure for training at the Upper Wellington station, but was not at this location. Follow-up will be completed when the additional information has been obtained.

One bunker gear was selected in this workplace for inspection. It is reported that bunker gear is sent out for cleaning and inspection on a bi-annual basis. This jacket and pant was equipped with a label that the inspection and cleaning was completed in July 2025.

Require: record for bunker gear of worker's gear identified during the visit.

| Recipient                                                                                     | Inspector Data                                                                                                                                                                                 | Worker Representative |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Name <u>Vince Bianco</u>                                                                      | <b>PETER COUTLEE</b>                                                                                                                                                                           | Name _____            |
| Title <u>HS &amp; W Specialist</u>                                                            | O.H.S.A. & B.O.S.T.A. INSPECTOR<br>PROVINCIAL OFFENCES OFFICER<br>119 King St W, 14th Fl., Hamilton, ON, L8P 4Y7<br>MOLISHAMILTONEAST@ontario.ca<br>Tel: (905) 912-1244<br>Fax: (905) 577-1244 | Title _____           |
| Signature  | Signature                                                                                                   | 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.otr.gov.on.ca/> for more information.

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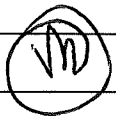
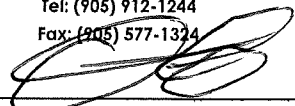
There were two reports in this workplace for asbestos and it could not be determined if the building had any ACM. Follow-up with MLITSD hygiene will be completed. Require: Copy of two reports.

Received by email June 15, 2026:

**Items Collected/Attached:**

The following item(s) were collected and attached during this field visit.

- **Employer document** - Section 52 Report

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

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Field Visit no: **2889FLKZGBK-2889-FV001**

Visit Date: **2026-AUG-24**

Field Visit Type: **INITIAL**

Order(s) /Requirement(s) Issued:

To:  
**CITY OF HAMILTON**

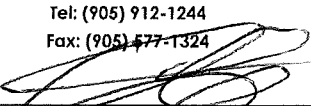
Org/Ind Role:  
**Primary Employer**

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      | OHSA    | 1990 | 42   | 3        |        | The employer shall review, in consultation with the committee for the workplace, the training and instruction provided to a worker and the worker's familiarity therewith at least annually. The employer has not reviewed with the JHSC the training and instruction provided to a worker within the last year.                               | 2026-SEP-25    |
| 2889FLKZGBK-2889-OR001 |           |         |      |      |          |        |                                                                                                                                                                                                                                                                                                                                                |                |
| 2                      | Time      | OHSA    | 1990 |      |          |        | The employer shall ensure that every hazardous product, xtinguisher in every container of a hazardous product, received at a workplace from a supplier is labelled with a supplier label. The xtinguisher 3.78l jug was not equipped with a supplier label.                                                                                    | 2026-AUG-26    |
| 2889FLKZGBK-2889-OR002 |           |         |      |      |          |        |                                                                                                                                                                                                                                                                                                                                                |                |
| 3                      | Time      | OHSA    | 1990 |      |          |        | The employer shall ensure that when a hazardous product that an employer receives in a container from a supplier is transferred to another container shall ensure that the other container has a workplace label. The spray bottle with the unknow product found by the extractor was not equipped with a supplier label or a workplace label. | 2026-AUG-26    |
| 2889FLKZGBK-2889-OR003 |           |         |      |      |          |        |                                                                                                                                                                                                                                                                                                                                                |                |

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

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OHS Case ID: 2889FPQVKFJ

Field Visit no: 2889FPQVKFJ-2889-FV001

Visit Date: 2026-AUG-24

Field Visit Type: INITIAL

Workplace Identification: CITY OF HAMILTON - FIRE/EMS STATION 24  
256 PARKSIDE DRIVE, WATERDOWN, ON CA L0R 2H6

Notice ID:

Telephone:  
(905) 689-2282

JHSC Status:  
Active

Work Force #:  
35

Completed %:

Persons Contacted: Vince Bianco - Health, Safety & Wellness Specialist 2) Grant Halsey - Deputy Chief 3) Kevin Waycik - Worker  
Rep 4) Darren Taylor - Captain

Visit Purpose: compliance review of event#260715727-EVS

Visit Location: 256 Parkside Drive, apparatus bay

Visit Summary: no orders issued. Accompanied by MLITSD, Sreeraj Sreekumar.

### Detailed Narrative:

Event details:

Complaint about access to emergency exits and no eyewash fountain.

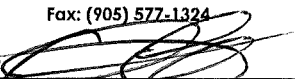
Summary of visit:

A review of the set up of fire and ambulance vehicles was completed this date in the apparatus bay. The apparatus bays are delineated by the lanes, being referred to in this report as west bay, middle bay and east bay. A time of visit, one apparatus that was part of the concern due to size was out for scheduled maintenance and a spare unit was in its place until such time as it can be brought back to active duty.

With regards to the access to exit concern, it was determined during this inspection that the main concern was found in the east bay and the inspection focuses on this location.

There were a combination of two units parked in the east bay this date and when positioned, measurements were taken. The north side, 15.5", (39.3cm). The rest of the measurements were not taken at the time, due to the 2nd vehicle to the south being outside. When measuring the apparatus P24, it was found to be (bumper to bumper) 420" (1066.8cm) and it was compared to E24 unit parked on the west bay. E24 measured, bumper to bumper at 408" (1036.3cm). Out of interest the two units were swapped positions at the time of visit. It appears that the shorter vehicle in combination with the shorter spare unit, there were better clearances between the north and south door and between the two apparatuses. When in the final position, measurements were taken to find that north door to bumper was 62cm, bumper to bumper 38cm and bumper to south door 39cm. The workplace parties resolved the complaint internally, but is following up with the inspection branch. When looking at the Regulations for Industrial Establishments, section 17, it identifies that a fixed walkway be at least 55cm. Although it cannot be interpreted in this setting as a fixed walkway, 55 cm maybe a reasonable measurement to use. When averaging the spacing between the door and the apparatus units, 46 cm maybe adequate for a worker to move to an emergency exit when required. This is also a temporary implementation until the new station is finished construction, expected July 2027.

The employer dispenses chemicals where the extractor machine is located. The xtinguisher request the use of ppe and an eye wash. There was no eyewash fountain at or near the room. Order issued. When considering compliance, the employer attention is drawn to the ANSI standard 358.1, where an eye wash fountain is defined as: being able to deliver and continuous flush simultaneously to both eyes for at least 15 mins. It reasonably be also unobstructed access within a 100 feet of the hazard. Regulation 851 was also amended

| Recipient                                                                                     | Inspector Data                                                                                                                | Worker Representative |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Name <u>Vince Bianco</u>                                                                      | <b>PETER COUTLEE</b><br>O.H.S.A. & B.O.S.T.A. INSPECTOR<br>PROVINCIAL OFFENCES OFFICER                                        | Name _____            |
| Title <u>HSE &amp; W Specialist</u>                                                           | 119 King St W, 14th Fl., Hamilton, ON, L8P 4Y7<br>MOLIHSHAMILTONEAST@ontario.ca<br>Tel: (905) 912-1244<br>Fax: (905) 577-1324 | Title _____           |
| Signature  | Signature                                  | Signature _____       |

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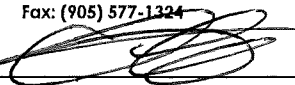
to include the following elements:

124. (1) Where a worker is required to work with, or is likely to be exposed to, a hazardous biological or chemical agent that could cause injury to the eye or skin, an employer shall provide as many of the following as are needed for adequate emergency treatment:

1. Eye wash facilities.
2. Emergency showers.
3. Antidotes, flushing fluids or washes. O. Reg. 186/19, s. 7.

(2) The emergency equipment or treatments described in subsection (1) must,

- (a) be clearly marked with a sign or label;
- (b) be located or installed in a conspicuous place near where the hazardous biological or chemical agent is kept or used;
- (c) be readily accessible to workers; and
- (d) have instructions for its use displayed on the equipment or treatment or as near to it as is practical. O

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

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Visit Date: 2026-AUG-24

Field Visit Type: INITIAL

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<br>Code | ActReg | Year | Sec. | Sub<br>Sec. | Clause | Text of Order/Requirement                                                                                                                                                                                                                                                                                                     | Comply by<br>Date |
|----------------------------|--------------|--------|------|------|-------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 1                          | Time         | OHS A  | 1990 | 25   | 2           | h      | The employer shall take every precaution reasonable in the circumstances for the protection of a worker by ensuring where xtinguisher is dispensed at the extractor machine on the east side of the apparatus bay, that an eyewash fountain be provided. There was no eyewash fountain where the above chemical is dispensed. | 2026-SEP-04       |
| 2889FPQVKFJ-<br>2889-OR001 |              |        |      |      |             |        |                                                                                                                                                                                                                                                                                                                               |                   |

Recipient

Inspector Data

Worker Representative

Name \_\_\_\_\_

PETER COUTLEE  
O.H.S.A. & B.O.S.T.A. INSPECTOR  
PROVINCIAL OFFENCES OFFICER

Name \_\_\_\_\_

Title \_\_\_\_\_

119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7  
MOLIHSHAMILTONEAST@ontario.ca

Title \_\_\_\_\_

Tel: (905) 912-1244

Fax: (905) 577-1324

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

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