



Ontario Labour du Travail
Operations Division
Occupational Health and Safety

Premise/Project Form
Formulaire d'inspection des locaux/du chantier

Form header with fields for Date, PPR Page No./N.C. page, and Case ID No./N° de cas. Includes handwritten date 09/12/04 and case ID 842359.

Form section for Premise/Project Name and Location. Handwritten: Sunnybrook & Women's College Health, 2073 Bayview Ave. Scarborough.

Form section for Inspection Unit and Work Force/Personnel. Includes checkboxes for Class Assign/Former to work and Class Case/Former to doctor.

Form section for Staff ID and Reporting ID. Includes checkboxes for Case Type (WVE/ENG, CONS/CORS).

Narrative/Description: An issue of equal participation in committee meetings was discussed with Mr. [redacted] - Executive Manager and Ms. [redacted] - Ont. Nurses' Assoc. Local 8.

Form section for Order issued to/Ordre donné à: Destination, LD No./N° d'ordre, Trade Code/Code du métier, Telephone No./Téléphone n°.

Form section for Organizations/Companies and Individuals/Particulars. Includes checkboxes for Contractor, Owner, Supplier, Superintendent, Officer, etc.

You are required to comply with the order/... (Please see codes on back of the page) Remember that while complying with occupational health and safety laws you are also required to comply with applicable environmental laws.

Table with columns: Order No./N° d'ordre, Type Code/Code, Act/Reg/Let/Regl, Text of Order/Requirements/Texte de l'ordre/Exigences, Comply by Date/Se conformer d'ici le. Includes checkboxes for Cont'd./Suite.

Form section for Receiver/Destinataire, Inspector Data/Données de l'inspecteur, and Worker Representative/Représentant des travailleurs. Includes signatures and handwritten name Chris Bandiera.

Notes: You are required under the Occupational Health and Safety Act to post a copy of this inspection report... (16) 314-5885



Ministry of Labour

Ministère du Travail

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Premise/Project Form - Narrative Continuation / Formulaire d'inspection des locaux/du chantier Exposé de fait (suite)

Occupational Health and Safety

Santé et sécurité au travail

Date/Case D.: MM YA	Page No./NLC page	P.V. No./N° de - V.R.
07 Feb 2003	2003	242559

The multisite joint health and safety committee of this workplace consists of 15 worker members and 14 management members with voting rights for 13 management and 13 worker members.

Committee meetings are conducted every month. Committee meetings were not held for the last two months because the number of worker members were less than the number of management members available on the dates of meetings.

Regarding the number of committee members; the sec 9.7) of the act states that at least half the members of a committee shall be workers employed at the workplace who do not exercise managerial functions. Also sec. 9(30) of the act states that a committee shall meet at least once every 3 months at the workplace and may e.

Cont'd. Su:re

Recipient/Destataire

Inspector Data/Données de l'inspecteur(riche)

Health & Safety Representative/ Représentant(e) en santé et sécurité

Name of Recipient/Récepteur présent à (nom)

Title

Signature

Signature

Note: You are required under the Occupational Health and Safety Act to post a copy of this report in a conspicuous place and provide a copy to the health and safety representative and the committee, if any. You should also report any order or direction within 30 days and to request enforcement of an order. Please direct your request to the Ontario Labour Relations Board by phone (416) 326-7528, by fax (416) 326-7521, or by mail: Ontario Labour Relations Board, 2nd Floor - Parliament, Toronto, Ontario M5C 2P1. / Remarque: En vertu de la Loi sur la santé et la sécurité au travail, vous devez afficher une copie de ce rapport dans un endroit bien en vue et fournir une copie de la loi applicable à la santé et à sécurité, ainsi qu'un exemplaire de ce rapport, à son destinataire. Vous devez le faire d'un exemplaire de votre établissement de travail dans les 30 jours qui suivent l'adoption de l'ordonnance. Veuillez adresser votre demande de la Commission des relations de travail de l'Ontario par téléphone au (416) 326-7528, par télécopieur au (416) 326-7521 ou par courrier à l'adresse: Ontario Labour Relations Board, 2nd Floor - Parliament, Toronto, Ontario M5C 2P1.



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Premise/Project Form - Narrative Continuation / Formulaire d'inspection des locaux/du chantier Exposé de fait (suite)

Occupational Health and Safety

Santé et sécurité au travail

Date Site	APR Page No. / M.C. page	P.V. No. / N° de - V.R.
2004 Feb 16	3003	842559

required to meet by order of the Minister.

In the writer's opinion equal participation (in numbers) is expected in committee meetings.

It is advised that the issue of equal participation be resolved internally at the workplace in discussion between the management and workers.

Conf. S.

Recipient/Destinataire	Inspector Date/Date des (l'inspecteur/visite)	Health & Safety Representative/ Représentant(e) en santé et sécurité
Name of Report / Rapport présente à vous	Signature	Signature
Tra. Title		
Signature / Signature		

Note: You are required under the Occupational Health and Safety Act to post a copy of this report in a prominent place and provide a copy to the health and safety representatives and the commission, if any. You have 30 days to do this. If you do not, you may be liable for a fine. / Remarque : En vertu de la Loi sur la Santé et la Sécurité au Travail, vous devez afficher une copie de présent rapport dans un endroit bien en vue et en fournir une copie à la(s) personne(s) en santé et sécurité, et au conseil, le cas échéant, de votre établissement. Vous devez le faire dans un délai de 30 jours après la date de l'inspection. Si vous ne le faites pas, vous pouvez être passible d'une amende.