

Operations Division Occupational Health and Safety

Field Visit Report

Page 1 of 3

OHS Case ID: **04758SNRP064**  
 Field Visit no: **04758SQNM141** Visit Date: **2023-SEP-07** Field Visit Type: **CONTINUATION**  
 Workplace Identification: **NORTH BAY REGIONAL HEALTH CENTRE** Notice ID:  
**50 COLLEGE DRIVE, NORTH BAY, ON, CANADA P1B 0A4**

Telephone: **(705) 474-8600** JHSC Status: **Active** Work Force #: **2000** Completed %:

Persons Contacted: **JESSICA TONIOLO-SAFETY COORDINATOR, MARK MITCHELL-CHARGE TECHNOLOGIST/JHSC WORKER REP (CERTIFIED), AND STEVE TOULIOPOULOS-MANAGER OF DIAGNOSTIC IMAGING**  
 Visit Purpose: **FOLLOW-UP**  
 Visit Location: **REMOTELY VIA TEAMS**  
 Visit Summary: **1 ORDER ISSUED-SEE NARRATIVE**

**Detailed Narrative:**

The field visit took place remotely via Teams and the following people were spoken to: Jessica Toniolo-Safety Coordinator, Mark Mitchell-Charge Technologist/JHSC worker rep (certified), and Steve Touloupoulos-Manager of Diagnostic Imaging.

The purpose of this visit is to follow up on field visit 04758SNRP065 conducted on August 1, 2023 and field visit 04758SPRQ099 conducted on August 21, 2023.

Accompanied by MLTSD Radiation Protection Officer Osmani Fernandez.

**INSPECTOR FINDINGS**

"COMMENTS FROM OSMANI FERNANDEZ MSc, RADIATION PROTECTION OFFICER:


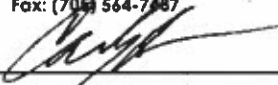

MLTSD contacted this workplace to address worker's concern regarding x-ray safety program. An order was issued.

The following items were reviewed and/or discussed with the workplace parties identified in this report:

- Concern of worker exposure to radiation from x ray machines as dosimeters has been taken away because of the cost.
- Not all workers working with fluoroscopy have dosimeters.

Information to all parties:

Regulation 861, X-ray Safety, definition of "X-ray worker": means a worker who, as a necessary part of the worker's employment, may be exposed to X-rays and may receive a dose equivalent in excess of the annual limits set forth in Column 4 of the Schedule:  
 (Whole body or trunk of body: 5 mSv/year)

Recipient	Inspector Data	Worker Representative
Name <u>Jessica Toronto</u>	Inspector Data <b>Carly Buckner</b> O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER	Name <u>MARK MITCHELL</u>
Title <u>Safety Coordinator</u>	159 Cedar Street, Suite 301 Sudbury P3E 6A5 sudburyindustrial@ontario.ca Tel: (249) 885-9957 Fax: (705) 564-7487	Title <u>CHARGE TECHNOLOGIST JHSC worker rep.</u>
Signature 	Signature 	Signature 



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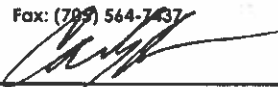

**Order(s) /Requirement(s) Issued To:**

To: **NORTH BAY REGIONAL HEALTH CENTRE** Org/Ind Role: **Primary Employer**

Mailing Address:  
**50 COLLEGE DR, NORTH BAY, ON, CA P1B 0A4**

**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 provide to each X-ray worker a suitable personal dosimeter that will provide an accurate measure of the dose equivalent received by the X-ray worker. At the time of inspection, workers, who work in close proximity to an unenclosed primary x-ray beam have not been provided with suitable personal dosimeter.	2023-OCT-06
04758SQNP142		861	1990	12	1			

<p>Recipient</p> <p>Name <u>J.T.</u></p> <p>Title _____</p> <p>Signature _____</p>	<p>Inspector Data</p> <p><b>Carly Buckner</b></p> <p>O.H.S.A. &amp; B.O.S.T.A. INSPECTOR                  PROVINCIAL OFFENCES OFFICER</p> <p>159 Cedar Street, Suite 301 Sudbury P3E 6A5                  sudburyindustrial@ontario.ca</p> <p>Tel: (249) 885-9957                  Fax: (705) 564-7437</p> <p>Signature </p>	<p>Worker Representative</p> <p>Name _____</p> <p>Title _____</p> <p>Signature </p>
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