

Operations Division Occupational Health and Safety

Field Visit Report

Page 1 of 2

OHS Case ID: **04764RPPFP401**

Field Visit no: **04764RPPFP402**

Visit Date: **2022-AUG-11**

Field Visit Type: **INITIAL**

Workplace Identification: **SOUTHLAKE REGIONAL HEALTH CENTRE  
596 DAVIS DRIVE, NEWMARKET, ON, CANADA L3Y 2P9**

Notice ID:

Telephone:  
**(905) 895-4521**

JHSC Status:  
**Active**

Work Force #:  
**4000**

Completed %:

Persons Contacted: **AMIYO RAHMAN (HEALTH/SAFETY ADVISOR), MENKA ANAND (H/S MANAGER), MICHAEL BRISCOE (EMPLOYEE/LABOUR RELATIONS CONSULTANT) AND MARIAM MOMAND (EMPLOYEE/LABOUR RELATIONS MANAGER).**

Visit Purpose: **TO ADDRESS A COMPLAINT RECEIVED ON JULY 28, 2022 TO MLITSD CONTACT CENTRE.**

Visit Location: **MAB BOARDROOM**

Visit Summary: **SEE NARRATIVE. ORDER ISSUED.**

**Detailed Narrative:**

The purpose of today's visit was to address a complaint which was received by the Ministry of Labour, Immigration, Training, and Skills Development (MLITSD) contact centre on July 28, 2022. The complainant reported that they were part of an investigation to which they were last interviewed on March 16, 2022. The complainant further advised that they had not yet received results of the investigation.

Inspector's Findings:

- A complaint was lodged against the complainant on January 11, 2022.
- The investigation to the complaint was initiated on January 21, 2022. The workplace party advised that they had tasked a third party service to carry out the investigation.
- The workplace party advised that during the course of the investigation, information was received which caused the investigating party to collect further information pertinent to the investigation, therefore, a conclusion to the investigation has not yet been reached, and the investigation is ongoing.
- The workplace party indicated that the investigation will be concluded by August 31, 2022. An Order is issued to provide the results of the investigation to the appropriate involved parties.

Recipient	Inspector Data	Worker Representative
Name _____	<b>Lusill Chan</b> O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER	Name <u>Jill Moore</u>
Title _____	102-17345 Leslie Street, Newmarket ON, L3Y 0A4 MOLComplianceFormsNewmarket@ontario.ca <b>Tel: 289-388-9893</b> <b>Fax: (905) 715-7609</b>	Title <u>ONA BUP, JHSC Worker coChair</u>
Signature _____	Signature _____	Signature <u>J Moore</u>

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.olrb.gov.on.ca/english/homepage.htm> for more information.

The Government of Ontario wants to hear from you. You can provide feedback on this visit at 1-888-745-8888

Operations Division Occupational Health and Safety

Field Visit Report

OHS Case ID: **04764RPPF401**

Field Visit no: **04764RPPF402**

Visit Date: **2022-AUG-11**

Field Visit Type: **INITIAL**

Workplace Identification: **SOUTHLAKE REGIONAL HEALTH CENTRE  
596 DAVIS DRIVE, NEWMARKET, ON, CANADA L3Y 2P9**

Notice ID:

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

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

Mailing Address:  
**596 DAVIS DR, NEWMARKET, ON, CA L3Y 2P9**

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	32.0.7	1	b	The employer shall ensure that the worker who has allegedly experienced workplace harassment and the alleged harasser, if he or she is a worker of the employer, are informed in writing of the results of the investigation and of any corrective action that has been taken or that will be taken as a result of the investigation. At the time of this investigation the worker who had allegedly experienced workplace harassment and the alleged harasser (Event #04881RNTN207), were not informed in writing of the results of the investigation and/or of any corrective action that had been taken or that would be taken as a result of the investigation.	2022-AUG-31
	04764RPPFQ403							

Recipient	Inspector Data	Worker Representative
Name _____	<b>Lusill Chan</b> O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER	Name <u>Jill Moore</u>
Title _____	102-17345 Leslie Street, Newmarket ON, L3Y 0A4 MOLComplianceFormsNewmarket@ontario.ca Tel: 289-388-9893 Fax: (905) 715-7609	Title <u>ONA BUP, JHSC Worker coChair</u>
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