

Operations Division Occupational Health and Safety

Field Visit Report

OHS Case ID: **04379RWF264**

Field Visit no: **04379RWF265**

Visit Date: **2022-DEC-09**

Field Visit Type: **INITIAL**

Workplace Identification: **HAMILTON STREET RAILWAY CO, THE
2200 UPPER JAMES STREET, HAMILTON, ON, CANADA L0R 1W0**

Notice ID:

Telephone:
(905) 528-4200

JHSC Status:
Active

Work Force #:
700

Completed %:

Persons Contacted: **ANDREW WESTENBERG - SUPERINTENDENT; WORKER REPRESENTATIVE OF THE JHSC WAS NOT IN THE WORKPLACE AT THE TIME OF THE VISIT; STEVEN ROBERTS - UNION REPRESENTATIVE - VIA PHONE.**

Visit Purpose: **COMPLAINT**

Visit Location: **OFFICE**

Visit Summary: **NO ORDERS ISSUED.**

Detailed Narrative:

The Ministry of Labour, Immigration, Training and Skills Development attended the workplace today in response to a complaint. The complainant alleges:

1) A vibration study was conducted on the buses, started in the presence of the Joint Health and Safety Committee in July 2022. The Joint Health and Safety Committee has not been provided the results of this study.

INSPECTOR FINDINGS:

1) Section 9(18)(e) states that the committee has the power to: obtain information from the constructor or employer concerning the conducting or taking of tests of any equipment, machine, device, article, thing, material or biological, chemical or physical agent in or about a workplace for the purpose of occupational health and safety.

The workplace parties confirmed that the vibration study has been completed and that the employer is in possession of the results of the study. The workplace parties confirmed that a request has previously been made to have the results provided to the committee and it has not been received as of the time of this visit. See order issued.

No additional action is required at this time.

Recipient	Inspector Data	Worker Representative
Name _____	Sherry Simo 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 Tel: (905) 481-2746 Fax: (905) 577-1324	Title _____
Signature _____	Signature 	Signature _____

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Notice ID:

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

To:
CITY OF HAMILTON

Org/Ind Role
Primary Employer

Mailing Address:
71 MAIN ST W, HAMILTON, ON, CA L8P 4Y5

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	25	2	1	The employer shall provide to the committee the results of the vibration study report initiated in July 2022, respecting occupational health and safety that is in the employer's possession and, if that report is in writing, a copy of the portions of the report that concern occupational health and safety. At the time of the visit, the workplace parties advised that the employer has received the results of the vibration study and they have not been provided to the committee upon request as of the time of this visit.	2022-DEC-16
04379RWF266								

Recipient

Inspector Data

Worker Representative

Sherry Simo

Name _____

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

Name _____

Title _____

119 King St W, 14th Fl., Hamilton, ON, L8P 4Y7

MOLIHSHAMILTONEAST@ontario.ca

Title _____

Tel: (905) 481-2746

Fax: (905) 577-1324

Signature _____

Signature 

Signature _____

Return To:
Sherry Simo
O.H.S.A. & B.O.S.T.A. INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHAMILTONEAST@ontario.ca
Tel: (905) 481-2746
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Notice of Compliance

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Take Notice

Orders were issued 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 within three days after the Constructor or Employer believes that compliance with the Order(s) / Requirement(s) have been achieved.

Order(s) / Requirement(s) Issued:

To: CITY OF HAMILTON Role: Primary Employer

Mailing Address:
71 MAIN ST W, 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	ActReg	Year	Sec.	Sub Sec.	Clause	Compliance Details / Date	JHSC Worker Member / Comply by Worker Representative Date:
1	Time	OHSA	1990	25	2	1		<input type="checkbox"/> Agree 2022-DEC-16 <input type="checkbox"/> Disagree
04379RWF266								

(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 the Order(s) as indicated above.

Name: _____

Signature: _____