



Hamilton

COMMUNICATION UPDATE

TO:	Mayor and Members City Council
DATE:	December 19, 2024
SUBJECT:	Inspection from Ministry of Labour, Immigration, Training and Skills Development - Macassa Lodge (701 Upper Sherman Avenue)
WARD(S) AFFECTED:	Ward 7
SUBMITTED BY:	Holly Odoardi Senior Administrator, Long-Term Care Division Healthy and Safe Communities
SIGNATURE:	

The purpose of this Communication Update is to advise Council of a recent Inspection by the Ministry of Labour, Immigration, Training & Skills Development that resulted in compliance orders being issued to Macassa Lodge under the authority of the Occupational Health and Safety Act, and corresponding steps taken by staff since the date of the visit to satisfy these orders. The orders require staff to address items related to staff education and training, updating of policies and establishing formal processes for review and revision of specific health and safety policies and procedures. The orders have been posted on the City of Hamilton’s website: <https://www.hamilton.ca/city-council/news-notice/ministry-orders> as required. Staff have completed an action plan and expect the majority of the orders to be satisfied by January 2025, with the final order related to staff training satisfied by Q3 2025.

On November 12, 2024 an Occupational Health and Safety Inspector from the Ministry of Labour, Immigration, Training & Skills Development visited Macassa Lodge to advise that an anonymous complaint had been received regarding violence in the workplace occurring at Macassa Lodge. The complainant advised that workers do not have proper training when dealing with violent residents and that workers have experienced sexual and physical assault in the workplace. As the complaint was anonymous, and no identifying information provided, City staff had no ability to further investigate or follow up on the specific complaint. At the request of the inspector, staff provided supporting documentation to substantiate that the City has a robust policy and procedure framework to support employees in reporting incidence of violence, harassment and

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

discrimination in the workplace, along with mechanisms to address these incidents when reported.

Two inspectors returned November 21, 2024, and met with members of the Joint Occupational Health and Safety Team, our Health Safety and Wellness Specialist, and members of the Macassa Lodge leadership team. The inspectors advised that upon their review of the documentation provided, non-compliance was noted in 9 areas. The inspector returned on November 25, 2024, and formally issued the orders of non-compliance. Two of the orders resulted because of a submission error, where the incorrect version of two policies were sent as part of the requested documentation. This has now been corrected.

Macassa Lodge, in collaboration with our leadership team, the Manager of Health Safety and Wellness, our Health Safety and Wellness Specialist, and our Joint Occupational Health and Safety Committee have developed a shared action plan to address the areas of noncompliance.

The action plan has resulted in 2 of the orders being satisfied as of December 18, 2024, and five additional orders will be satisfied as of January 31, 2025. Macassa Lodge leadership will be requesting an extension from the Ministry Inspector to complete one of the policies and an extension for all 821 staff to complete the required training ordered. Ministry staff have indicated that the request is reasonable, given the number of staff to be trained. If this training extension is granted, the final order is expected to be satisfied by Q3 of 2025.

Next Steps: A compliance plan letter outlining the action plan for Macassa Lodge, and dates of compliance for each order (including the request for two extensions) will be sent to the Ministry Inspector no later than end of day December 23rd, 2024.

If you have any questions respecting this communication update, please contact Holly Odoardi at Holly.Odoardi@hamilton.ca or 905-546-2424 ext. 1906.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” – Ministry of Labour Inspection Order for Macassa Lodge

OHS Case ID: **4773CTPWMLH**

Field Visit no: **4773CTPWMLH-4773-FV003**

Visit Date: **2024-NOV-25**

Field Visit Type: **FOLLOW-UP**

Workplace Identification:

MACASSA LODGE

Notice ID:

701 UPPER SHERMAN AVENUE, HAMILTON, ON CA L8V 3M7

Telephone:
(905) 546-2800

JHSC Status:
Active

Work Force #:
500

Completed %:

Persons Contacted: **Lisa Phelps (Administrator, co-chair of the Joint Health and Safety Committee JHSC) and Andrea Ciparis (Administrative Assistant, work member of the JSHC).**

Visit Purpose: **Continuation from field visit # 4773CTPWMLH-4773-FV002 dated November 21, 2024.**

Visit Location: **Office.**

Visit Summary: **Orders issued.**

Detailed Narrative:

This Ontario Ministry of Labour, Immigration, Training and Skills Development (MLTSD) Inspector attended the workplace as a continuation from field visit # 4773CTPWMLH-4773-FV002 dated November 21, 2024.

The following people were spoken to:

Lisa Phelps (Administrator, co-chair of the Joint Health and Safety Committee JHSC) and,
Andrea Ciparis (Administrative Assistant, work member of the JSHC).

INSPECTORS FINDINGS related to the complaint:

1. Workers do not have proper training for managing violent patients.

At the time of the investigation the workplace parties stated workers receive violence prevention information and instruction, however, not all workers have received the training or the training is not current on identifying escalating behaviour, de-escalation and disengagement techniques with respect to workplace violence, verbal and nonverbal techniques to defuse hostile behaviour, skills to manage aggressive behaviour in the least restrictive and safest manner and how to prevent or get out of situations which may result in physical injury, as well as the hazard associated with violent patients and measures workers are to take to protect themselves from this hazard (PLANNED ORDER ISSUED).

The employer has agreed to ensure the violence training captures violence risks and hazards associated with the changing patient demographics to include but not limited to dual diagnosis, which is being observed by workers in the workplace.

At the time of the investigation the workplace parties stated the employer has not reassessed the risk of violence in the workplace since 2019, to ensure the violence policy and program continue to protect workers from workplace violence (ORDER ISSUED).

At the time of the investigation the employer has agreed to ensure a copy of the violence risk reassessment is provided in writing to the Joint Health and Safety Committee for review.

The employer has agreed to ensure the violence risk reassessment captures violence risks and hazards associated with the changing patient demographics to include but not limited to dual diagnosis, which is being observed by workers on the unit.

At the time of the investigation, the workplace parties stated workers receive information and instruction on the workplace violence policy and program upon hire.

At the time of the investigation, the policy titled "Violence in the workplace prevention procedure" did not include the most current measures and procedures for workers to summon immediate assistance, and is not in light of current knowledge and practice (ORDER ISSUED).

Recipient	Inspector Data	Worker Representative
Name <u>Lisa Phelps</u>	Erica Gavin	Name <u>Andrea Ciparis</u>
Title <u>Lisa Phelps Administrator</u>	O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Fl., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca Tel: (289) 244-0567 Fax: (905) 577-1324	Title <u>Administrative Assistant</u>
Signature <u>[Signature]</u>	Signature <u>[Signature]</u>	Signature <u>[Signature]</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/> for more information.

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

Occupational
Health and Safety

Field Visit Report

Page 2 of 6

OHS Case ID: **4773CTPWMLH**

Field Visit no: **4773CTPWMLH-4773-FV003**

Visit Date: **2024-NOV-25**

Field Visit Type: **FOLLOW-UP**

Workplace Identification:

MACASSA LODGE

Notice ID:

701 UPPER SHERMAN AVENUE, HAMILTON, ON CA L8V 3M7

The employer has agreed to ensure workers receive information and instruction on the "Violence in the workplace prevention procedures" once it has been reviewed and revised in light of current knowledge and practice.

At the time of the investigation, the workplace parties stated information related to a risk of workplace violence from a person with a history of violent behaviour is not provided to workers who are expected to encounter that person in the course of his or her worker and, the risk of violence is likely to expose the worker to physical injury (ORDER ISSUED).

At the time of the investigation the workplace parties stated the policy titled "Personal (Workplace) harassment prevention policy" found on page 29 of the "Handbook" is the most current copy of the workplace harassment policy, however, the document is dated June 6, 2022, and is missing two prescribed elements outlined in Section 32.0.6 (2) of the Occupational Health and Safety Act (ORDER ISSUED).

The employer has agreed to ensure workers receive information and instruction on the "Personal (Workplace) harassment prevention policy" once it has been reviewed and revised in light of current knowledge and practice.

2. Workers have experienced sexual and physical assault in the workplace.

At the time of the investigation the workplace parties stated incidents of sexual and physical assault have not been reported to the employer, and the employer is unaware of any situations which have resulted in sexual or physical assault.

At the time of the investigation the workplace parties stated measures and procedures for workers to report sexual or physical assault are not established in the workplace (ORDER ISSUED).

At the time of the investigation the document titled "Processing -Report of accidental injury or industrial disease" forms guideline (#COH-RQ-GD-018) (2 pg.) was dated December 1, 2000 (ORDER ISSUED).

The employer has agreed to ensure workers receive information and instruction on the "Processing -Report of accidental injury or industrial disease forms guideline" once it has been reviewed and revised in light of current knowledge and practice.

The employer has also agreed to ensure workers who are required to complete incident reporting of violence in the workplace in the "Parklane" documentation system are reminded of the procedures to ensure workplace violence is being captured accurately.

At the time of the investigation, the workplace parties confirmed inspection of the physical conditions of the workplace are not always conducted by workers.

Pursuant to Section 9(23) of the Occupational Health and Safety Act, the employer is reminded, the members of a committee who represent workers shall designate a member representing workers to inspect the physical conditions of the workplace.

Pursuant to OHS/A/90 section 57, subsection (10)(a), THE EMPLOYER SHALL POST A COPY OF THIS ENTIRE REPORT IN THE WORKPLACE WHERE IT WILL COME TO THE ATTENTION OF WORKERS.

Recipient	Inspector Data	Worker Representative
Name _____	Erica Gavin 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 MOLHSHAMILTONEAST@ontario.ca Tel: (289) 244-0567 Fax: (905) 577-1324	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) 324-7500 or 1-877-339-3335 (toll free), mail or by website at <http://www.oltb.gov.on.ca/> for more information.

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Occupational
Health and Safety

Field Visit Report

Page 3 of 6

OHS Case ID: **4773CTPWMLH**
Field Visit no: **4773CTPWMLH-4773-FV003**

Visit Date: **2024-NOV-25**

Field Visit Type: **FOLLOW-UP**

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	ActReg	Year	Sec.	Sub Sec.	Clause	Text of Order/Requirement	Comply by Date
1	TimeU 4773CTPWMLH- 4773-OR002	OHSA	1990	25	2	h	The employer has not taken every precaution reasonable in the circumstances for the protection of a worker from the hazard of workplace violence. At the time of the investigation not all workers have received training or training is not current on identifying escalating behaviour, de-escalation and disengagement techniques with respect to workplace violence, verbal and nonverbal techniques to defuse hostile behaviour, skills to manage aggressive behaviour in the least restrictive and safest manner and how to prevent or get out of situations which may result in physical injury, as well as the hazard associated with violent patients and measures workers are to take to protect themselves from this hazard.	
2	Plan 4773CTPWMLH- 4773-OR001	OHSA	1990	57	4		The employer shall provide this inspector with details for compliance as follows on or before, January 3, 2025: - number of workers working in high-risk areas of the workplace, to receive information and instruction on identifying escalation behaviour, de-escalation, and disengagement techniques with respect to workplace violence, verbal, and non-verbal techniques to defuse hostile behaviour, skills to manage aggressive behaviour in least restrictive safest manner and how to prevent or get out of situations which may result in physical injury. - details of training to be provided to workers. - Frequency of training for workers. -Completion date for training on identifying escalation behaviour, de-escalation, and disengagement techniques with respect to	2025-JAN-03

Recipient	Inspector Data	Worker Representative
Name _____	Erica Gavin O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Fl., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca Tel: (289) 244-0567 Fax: (905) 577-1324	Name _____
Title _____		Title _____
Signature 	Signature 	Signature 

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Occupational
Health and Safety

Field Visit Report

OHS Case ID: **4773CTPWMLH**

Field Visit no: **4773CTPWMLH-4773-FV003**

Visit Date: **2024-NOV-25**

Field Visit Type: **FOLLOW-UP**

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	ActReg	Year	Sec.	Sub Sec.	Clause	Text of Order/Requirement	Comply by Date
							workplace violence, verbal, and non-verbal techniques to defuse hostile behaviour, skills to manage aggressive behaviour in least restrictive safest manner and how to prevent or get out of situations which may result in physical injury.	
3	Time 4773CTPWMLH-4773-OR003	OHSA	1990	32.0.3	4		An employer shall reassess the risks of workplace violence as often as is necessary to ensure that the related policy and the related program continue to protect workers from workplace violence. At the time of the investigation the workplace parties stated the employer has not reassessed the risk of violence in the workplace since 2019, even though incidents of violence have occurred since.	2024-DEC-13
4	Time 4773CTPWMLH-4773-OR004	OHSA	1990	67	1993	9	2	2025-JAN-03
							The employer shall ensure at least once a year the measures and procedures for the health and safety of workers shall be reviewed and revised in the light of current knowledge and practice. At the time of the investigation, the policy titled "Violence in the workplace prevention procedure" did not include the most current measures and procedures for workers to summon immediate assistance, and is not in light of current knowledge and practice.	
5	Time 4773CTPWMLH-4773-OR005	OHSA	1990	32.0.5	3		The employer shall provide information, including personal information, related to a risk of workplace violence from a person with a history of violent behaviour if, the worker can be expected to encounter that person in the course of his or her work; and the risk of workplace violence is likely to expose the worker to physical injury. At the time of the investigation, the workplace parties stated information related to a risk of workplace violence from a person with a history of violent behaviour is not provided to all workers.	2025-JAN-03

Recipient	Inspector Data	Worker Representative
Name _____	Erica Gavin	Name _____
Title _____	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: (289) 244-0567 Fax: (905) 577-1324	Title _____
Signature 	Signature 	Signature 

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Occupational
Health and Safety

Field Visit Report

OHS Case ID: **4773CTPWMLH**
Field Visit no: **4773CTPWMLH-4773-FV003**

Visit Date: **2024-NOV-25**

Field Visit Type: **FOLLOW-UP**

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	ActReg	Year	Sec.	Sub Sec.	Clause	Text of Order/Requirement	Comply by Date
6	Time 4773CTPWMLH-4773-OR006	OHSA	1990	32.0.6	2	b	The employer shall ensure the harassment program includes measures and procedures for workers to report incidents of workplace harassment to a person other than the employer or supervisor, if the employer or supervisor is the alleged harasser. At the time of the investigation, measures and procedures for workers to report incidents of workplace violence if the alleged harasser is the employer or supervisor, is not included in the harassment program.	2025-JAN-03
7	Time 4773CTPWMLH-4773-OR007	OHSA	1990	32.0.6	2	e	The employer shall ensure the harassment program sets out how a worker who has allegedly experienced workplace harassment and the alleged harasser, if he or she is a worker of the employer, will be informed 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 the investigation the harassment program did not set out how a worker who has allegedly experienced workplace harassment and the alleged harasser, if he or she is a worker of the employer, will be informed 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.	2025-JAN-03
8	Time 4773CTPWMLH-4773-OR008	OHSA 67	1990 1993		9	1	The employer shall reduce the measures and procedures for the health and safety of workers, to report incidents of workplace sexual or physical assault. At the time of the investigation the workplace parties stated measures and procedures for reporting assault in the workplace is not established.	2025-JAN-03
9	Time 4773CTPWMLH-4773-OR009	OHSA 67	1990 1993		9	2	The employer shall ensure at least once a year the measures and procedures for the health and safety of	2025-JAN-03

Recipient Name _____ Title _____ Signature 	Inspector Data Erica Gavin O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Fl., Hamilton, ON, L8P 4Y7 MOLIHSAMILTONEAST@ontario.ca Tel: (289) 244-0567 Fax: (905) 577-1324	Worker Representative Name _____ Title _____ Signature 
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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 46 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.oitb.gov.on.ca/> for more information.

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Occupational
Health and Safety

Field Visit Report

OHS Case ID: **4773CTPWMLH**
Field Visit no: **4773CTPWMLH-4773-FV003**

Visit Date: **2024-NOV-25**

Field Visit Type: **FOLLOW-UP**

Order(s) /Requirement(s) Issued:

To:
CITY OF HAMILTON

Org/Ind Role:
Primary Employer

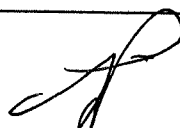
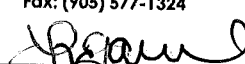
Mailing Address:
71 MAIN STREET WEST, HAMILTON, ON, CA L8P 4Y5

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	ActReg	Year	Sec.	Sub Sec.	Clause	Text of Order/Requirement	Comply by Date
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workers shall be reviewed and revised in the light of current knowledge and practice. At the time of the investigation the document titled "Processing -Report of accidental injury or industrial disease" forms guideline (#COH-RQ-GD-018) (2 pg.) is dated December 1, 2000.

Recipient	Inspector Data	Worker Representative
Name _____	Erica Gavin	Name _____
Title _____	O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Fl., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca Tel: (289) 244-0567 Fax: (905) 577-1324	Title _____
Signature 	Signature 	Signature 

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Return To:
Erica Gavin
O.H.S.A. & B.O.S.T.A. INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7
MOLHSHAMILTONEAST@ontario.ca
Tel: (289) 244-0567
Fax: (905) 577-1324

OHS Case ID: **4773CTPWMLH**
Field Visit no: **4773CTPWMLH-4773-FV003** Visit Date: **2024-NOV-25**

Workplace Identification: **MACASSA LODGE** Notice ID:
701 UPPER SHERMAN AVENUE, HAMILTON, ON CA L8V 3M7

Take Notice

Compliance Order(s) were served 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, Immigration, Training and Skills Development within three days after the person believes that compliance with the Compliance Order(s) has been achieved. This form can be used as a cover page to respond to demand(s).

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	ActReg	Year	Sec.	Sub Sec.	Clause	Compliance Details / Date	JHSC Worker Member / Worker Representative	Comply by Date
1	TimeU 4773CTPWMLH-4773-OR002	OHSA	1990	25	2	h		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	Date
								(Signature)	
2	Plan 4773CTPWMLH-4773-OR001	OHSA	1990	57	4			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	2025-JAN-03
								(Signature)	
3	Time 4773CTPWMLH-4773-OR003	OHSA	1990	32.0.3	4			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	2024-DEC-13
								(Signature)	
4	Time 4773CTPWMLH-4773-OR004	OHSA 67	1990 1993	9	2			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	2025-JAN-03
								(Signature)	
5	Time 4773CTPWMLH-4773-OR005	OHSA	1990	32.0.5	3			<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	2025-JAN-03
								(Signature)	
6	Time 4773CTPWMLH-4773-OR006	OHSA	1990	32.0.6	2	b		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	2025-JAN-03
								(Signature)	
7	Time 4773CTPWMLH-4773-OR007	OHSA	1990	32.0.6	2	e		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	2025-JAN-03
								(Signature)	

Form completed by _____ Joint Health and Safety Committee Member representing workers or
worker Representative agrees or disagrees that compliance has
been achieved with all of the Order(s) as indicated above

Title _____ Name _____

For / on behalf of _____ Signature _____

Signature _____ Signature _____

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Return To:
Erica Gavin
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
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Fax: (905) 577-1324

OHS Case ID: **4773CTPWMLH**
Field Visit no: **4773CTPWMLH-4773-FV003** Visit Date: **2024-NOV-25**

Workplace Identification: **MACASSA LODGE** Notice ID:
701 UPPER SHERMAN AVENUE, HAMILTON, ON CA L8V 3M7

Take Notice

Compliance Order(s) were served 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, Immigration, Training and Skills Development within three days after the person believes that compliance with the Compliance Order(s) has been achieved. This form can be used as a cover page to respond to demand(s).

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	Compliance Details / Date	JHSC Worker Member / Worker Representative	Comply by Date
8	Time	OHSA	1990					(Signature)	
4773CTPWMLH-4773-OR008	67	1993	9	1				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	2025-JAN-03
								(Signature)	
9	Time	OHSA	1990					(Signature)	
4773CTPWMLH-4773-OR009	67	1993	9	2				<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	2025-JAN-03
								(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 of the Order(s) as indicated above

Name _____ 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.orkb.gov.on.ca/> for more information.