

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
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 _____

You are required under the Occupational Health and Safety Act to post a copy of this report in a conspicuous place of 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.oltb.gov.on.ca/> for more information.

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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 _____

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