

Operations Division Occupational Health and Safety

Premise/Project Form

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Premise/Project Name: **ONTARIO INSTITUTE FOR STUDIES IN EDUCATION** P/P ID: **1227024** Visit Date: **16 Mar 2007** Case ID: **5598180** FV No.: **5546965**

Premise/Project Location: **252 BLOOR ST WEST TORO ON CAN M5S 1V6** STC

Telephone: **(416) 932-6641** Inspection Unit: **JC50** Work Force: **600** % Complete: **0**

Assigned Staff: **2749 TAYLOR** Requesting Staff: **8531** SIC Codes: **8531** Case Type: **FOLL** Field Visit Type: **FOLL** Notice ID:

Contacted: **MR. REG THORNTON MANAGER, MS. JUDITH TROTTER-FIELD MGMT CO-CHAIR, MS. MARION MORGAN WORKER CO-CHAIR**

Visit Purpose: **DELIVER AND REVIEW REPORT**

Visit Location: **OFFICES**

Summary or Comments: **FULL REPORT AND ORDERS DELIVERED AND REVIEWED.**

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

To	Org/Ind Role	Org/Ind ID No.	Telephone No.
UNIVERSITY OF TORONTO ONTARIO INSTITUTE FOR STUDIES IN EDUCATI	EMPLOYER	7515 1108407 Trade Code	(905) 706-3033
Mailing Address			Postal Code
728 EMERSON AVE GCHA ON 215 HURON ST TORONTO ON			M5S 1A5

Order(s)/Requirement(s) Description

You are required to comply with the order(s)/requirement(s) by the dates listed below. Remember that while complying with occupational health and safety laws you are also required to comply with applicable environmental laws.

Order No.	Type Code	Act/Reg	Year	Sec.	Sub Sec.	Clause	Text of Order/Requirement	Comply by Date
1	TIME	OHS	1990	9	31		The members of a committee who represent workers shall designate one or more such members to investigate cases where a worker is critically injured subject to subsection 51 (2), inspect the place where the accident occurred and shall report his or her findings to the Ministry and to the committee. At the time of this visit the JHSC had not completed their report. This employer shall ensure that the JHSC	13 Apr 2007
1995439								

Recipient	Inspector Data	Worker Representative
Name: Judith Trotter Field	Name: ROBIN TAYLOR	Name: MARION MORGAN
Title: Mgt Co-Chair-JOHSC	Address: 1290 CENTRAL PARKWAY WEST 4TH FLOOR MISSISSAUGA, ON. L5C 4R3	Title: Wkr. Co-Chair
Signature: <i>[Signature]</i>	Phone: 905-615-7166 Fax: 905-615-7098	Signature: <i>[Signature]</i>

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 88 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.gov.on.ca/lab/olrb/home.htm> for more information.

Premise/Project Name	P/P ID	Visit Date	Case ID	FV No.
ONTARIO INSTITUTE FOR STUDIES IN EDUCATION	1227024	16 Mar 2007	5598180	5546965

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

To	Org/Ind Role	Org/Ind ID No.	Telephone No.
UNIVERSITY OF TORONTO	EMPLOYER	7515-1108407	(905) 786-3033
ONTARIO INSTITUTE FOR STUDIES IN EDUCATION		Trade Code	Postal Code
			E1H 3L3

Mailing Address

728 EMERSON AVE OSHAWA ONT 215 HURON ST TORONTO ONT

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Order No.	Type Code	Act/Reg	Year	Sec.	Sub Sec	Clause	Text of Order/Requirement	Comply by Date
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completes and submits a report to the MOL and the JHSC. This report shall include any recommendations from the committee to prevent a similar accident in the future. This order to be compiled with by April 13, 2007.

Recipient

Name Judith Trotter Field
Title Mgt Co-Chair JHSC
Signature [Signature]

Inspector Data

ROBIN TAYLOR
INDUSTRIAL HEALTH AND SAFETY PROGRAM
1290 CENTRAL PARKWAY WEST 4TH FLOOR
MISSISSAUGA, ON, L5C 4R3
905-615-7156
Fax# 905-615-7098

Signature [Signature]

Worker Representative

Name MARION MORGAN
Title Wkr. Co-Chair
Signature [Signature]

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Premise/Project Form - Narrative Continuation

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ONTARIO INSTITUTE FOR STUDIES IN EDUCATION	1227024	16 Mar 2007	5598180	5546965

Purpose: Attended the workplace to review critical injury reported to the Ministry.

Items Discussed:

1. An incident occurred on Mar 12, 2007 where a worker sustained an injury when a glass panel gave away.
2. Co-workers heard a loud crashing sound and responded to the injured worker. First Aid was provided by co-workers who remained with the worker until EMS arrived. The EMS was notified immediately and a worker held the elevator on the ground floor for EMS to have direct access to the accident scene. The employer also notified the University of Toronto Campus Police, as per their emergency response procedure.
3. The incident was investigated immediately by the supervisor and a report was prepared by Management. At this point in time the workplace parties did not realize it was necessary to report to the Ministry of Labour.
4. The importance of notifying the Ministry of Labour in a timely manner was discussed. The employer is advised to review their reporting procedures with staff.
5. The employer provided copies of their reports and photographs of the accident scene.
6. The Joint Health and Safety Committee shall review the accident and provide recommendations to the employer to prevent a similar occurrence in the future.

<p>Recipient</p> <p>Name <u>Judith Trotter Field</u></p> <p>Title <u>Mgt Co-Chair JOHSC</u></p> <p>Signature <u>[Signature]</u></p>	<p>Inspector Data</p> <p>ROBIN TAYLOR</p> <p>INDUSTRIAL HEALTH AND SAFETY PROGRAM</p> <p>1290 CENTRAL PARKWAY WEST 4TH FLOOR</p> <p>MISSISSAUGA, ON. L5C 4R3</p> <p>905-615-7156</p> <p>Fax# 905-615-7098</p>	<p>Worker Representative</p> <p>Name <u>MARION MOROAN</u></p> <p>Title <u>Wk Co-Chair</u></p> <p>Signature <u>[Signature]</u></p>
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