

Return To:  
JEFFREY QUANN  
O.H.S.A. & B.O.S.T.A. INSPECTOR  
PROVINCIAL OFFENCES OFFICER  
217 York Street, 5th Floor, London, ON N6A 5P9  
CMHSPLDNCompliance@ontario.ca  
Tel: (226) 919-4367  
Fax: (519) 672-0268

OHS Case ID: **4832CRNRWVK**  
Field Visit no: **4832CRNRWVK-4832-FV001**

Visit Date: **2024-SEP-26**

Workplace Identification: **WESTERN UNIVERSITY**  
**1151 RICHMOND STREET, LONDON, ON CA N6A 3K7**

Notice ID:

**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:  
**THE UNIVERSITY OF WESTERN ONTARIO**

Org/Ind Role:  
**Primary Employer**

Mailing Address:  
**1393 WESTERN ROAD, LONDON, ON, CA N6A3K7**

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
1	Time	OHSA	1990	38	1	a	Hard copy of SDS for ES84C in room 3211 and all crew for this building have access	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree	2024-OCT-01 Date
2	Time	OHSA	1990	38	1	a	Hard copy of SDS for ES56c in room 3211 and all crew for this building have access	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree	2024-OCT-01
3	Time	OHSA	1990	38	1	a	Hard copy of SDS for ES65H in room 3211 and all crew for this building have access	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree	2024-OCT-01
4	Time	OHSA 860	1990 1990	7	1		Workers has been trained on 84C contents + labels + significance of info on labels, SDS	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree	2024-SEP-27
5	Time	OHSA 860	1990 1990	7	1		Workers has been trained on 56c contents + labels + significance of info on labels + SDS	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree	2024-SEP-27
6	Time	OHSA 860	1990 1990	7	1		Workers have been trained on 65H contents + labels + significance of info on labels + SDS.	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree	2024-SEP-27

Form completed by Louise Koza  
Title Director, Health Safety & Employee Wellbeing  
For / on behalf of L. Koza  
Signature L. Koza

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 Peter Chidiac  
Signature Peter Chidiac

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.qlrb.gov.on.ca/> for more information.

