

Safe At Work Ontario

Operations Division Occupational Health and Safety

Return To:
CARROLL KELLY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
300 Water St 3rd Flr, Peterborough ON K9J 8M5
HSPeterboroughDistrict@ontario.ca
Tel: (705) 313-4537
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Notice of Compliance

OHS Case ID: **02743PLDS131**
Field Visit No: **02743PLLR134**

Visit Date : **2020-JUN-16**

Workplace Identification: **FAIRHAVEN**
881 DUTTON ROAD, PETERBOROUGH, ON, CANADA K9H 7S4

Notice ID:

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: **FAIRHAVEN HOME FOR SENIOR CITIZENS** Role: **Primary Employer**

Mailing Address:
881 DUTTON RD, PETERBOROUGH, ON, CA K9H 7S4

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	25	2	h	Larger supply of masks have been placed on RHAs, policy updated and changes communicated June 18, 2020	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree <i>Kathy Barbisan</i> (Signature)	2020-JUN-17
2	Time	OHSA	1990	25	2	h	Screeners are wearing gowns and eye protection at employee exit/temperature taking station.	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree <i>[Signature]</i> (Signature)	2020-JUN-17

Form completed by: Lionel Towns
Title: Executive Director
For / on behalf of: Fairhaven
Signature: *[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: Kathy Barbisan
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) 326-7500 or 1-877-339-3335 (toll free), mail or by website at <http://www.ont.gov.on.ca/english/homepage.htm> for more information.