# **INSPECTION REPORT**Worker and Employer Services Division



6951 Westminster Highway, Richmond, BC Mailing Address: PO Box 5350 Stn Terminal, Vancouver BC, V6B 5L5 Telephone 604 276-3100 Toll Free 1-888-621-7233 Fax 604 276-3247

The Workers Compensation Act requires that the employer must post a copy of this report in a conspicuous place at or near the workplace inspected for at least seven days, or until compliance has been achieved, whichever is the longer period. A copy of this report must also be given to the joint committee or worker health and safety representative, as applicable.

A revised version of the *Workers Compensation Act* took effect on April 6, 2020. The B.C. government's revisions aim to make the Act easier to read and understand, and to reorganize the numbering to make laws easier to find. The revisions make no changes to B.C.'s laws concerning workers' compensation, occupational health and safety, and employers' assessment premiums. Please be aware there may be a transitional period where correspondence from WorkSafeBC may include references to either the previous Act or the revised Act. For more information, visit www.worksafebc.com/WCA2019 or call the Prevention Information Line at 604.276.3100, or toll free within BC at 1.888.621.7233 (SAFE).

Inspection Report #202116709039A		
Employer Name	Jobsite Inspected	Scope of Inspection
SIMON FRASER UNIVERSITY	8888 University Drive West Burnaby BC	Incident Response: Shrum Chemistry room C8074

Date of Initiating Inspection	Date of This Inspection	Delivery Date of This Report	Delivery Method
Jun 10, 2021	Jun 10, 2021	Jun 18, 2021	Email

## THERE ARE ZERO (0) ORDERS OR OTHER ITEMS OUTSTANDING

ACTION MAY STILL BE NECESSARY TO ENSURE COMPLIANCE PLEASE READ FULL REPORT



INSPECTION REPORT
Worker and Employer Services Division
202116709039A

6951 Westminster Highway, Richmond, BC Mailing Address: PO Box 5350 Stn Terminal, Vancouver BC, V6B 5L5 Telephone 604 276-3100 Toll Free 1-888-621-7233 Fax 604 276-3247

# **INSPECTION NOTES**

On June 9, 2021, the employer representative contacted WorkSafeBC to report an incident that occurred at the chemistry lab that presented a high risk of serious injury and resulted a worker injury.

#### **Incident Summary:**

Preliminary information provided by the employer representative indicated that a worker (Research Assistant) was working in the laboratory, the worker removed the glass vessel from a rotary evaporator and the glass vessel exploded and shattered. The worker had cuts in the hand and arms, first aid services attended the scene and the worker was taken at the nearest hospital for additional medical services.

#### **Immediate Correction Actions:**

The employer representative confirmed on June 10, 2021 that the glass vessel was not contaminated of any chemicals or biological substance. They contacted one of their contractor to do the clean up of the blood and bodily fluid and sharps in the area. The laboratory was closed for the day and the clean up occurred on June 10, 2021. The employer representative stated that they removed other glass vessels and associated equipment in the laboratory for investigation and inspection.

#### Incident Investigation:

I discussed with the employer representative to ensure, as per the *Workers Compensation Act* (the *Act*) Section 68 to immediately conduct an investigation identifying the cause of this incident that resulted in injury to a worker requiring medical treatment. I requested that a copy of the initiating investigation report sent to me for review. The employer representative agreed to this request and provided a copy to this officer on June 14, 2021. The employer was informed to provide a copy of their full investigation report to this officer once completed.

The employer representative was informed to ensure that when conducting the full investigation, the employer must ensure that a worker safety representative participate in the investigation process.

Any violations that may arise out of my review of the incident investigation report will be addressed on a follow-up Inspection Report (IR).

The Occupational Health and Safety Regulation (OHSR) <u>requires that one copy of this inspection report remain posted in a conspicuous place at or near the operation inspected for at least seven days</u>, or until compliance has been achieved, whichever is the longer period.

If there are any questions with respect to the contents of this inspection report or need more information, I can be contacted by telephone or email at:

Redonna Levis, Dip T. (OHS), OSO Regional Services-Burnaby 450-6450 Roberts Street, Burnaby BC

**Telephone:** 604-232-5977; Fax: 604-232-5950

Email: redonna.levis@worksafebc.com

WorkSafeBC has a wide range of health and safety information. For assistance and information on workplace health and safety, call toll-free (within BC) at 1-888-621-7233 or visit our web site at www.worksafebc.com . To report -serious accident/incident call 1-604-276-3100 -after hours health and safety emergencies call 1-866-922-4357



6951 Westminster Highway, Richmond, BC Mailing Address: PO Box 5350 Stn Terminal, Vancouver BC, V6B 5L5 Telephone 604 276-3100 Toll Free 1-888-621-7233 Fax 604 276-3247

## **REFERENCES**

In addition to any orders, or other items, and the information provided in the Inspection Notes section in this Inspection Report, the officer may discuss other health and safety issues with the employer arising out of the inspection. The information below sets out the health and safety requirements discussed with the employer, and unless otherwise noted, violations of these requirements were not observed.

Reference	Details Discussed
WCA72(2)	Referenced as discussed with the employer representative.
The employer must ensure that a report of the full investigation is  (a) prepared in accordance with the policies of the board of directors,  (b) submitted to the Board within 30 days of the occurrence of the incident, and  (c) within 30 days of the occurrence of the incident, either,  (i) provided to the joint committee or worker health and safety representative, as applicable, or  (ii) if there is no joint committee or worker health and safety representative, posted at the workplace.	



Mailing Address: PO Box 5350 Stn Terminal, Vancouver BC, V6B 5L5 Telephone 604 276-3100 Toll Free 1-888-621-7233 Fax 604 276-3247

Employer #	Mailing Address	Classification Unit #	Operating Location
112786	8888 UNIVERSITY DR BURNABY BC V5A 1S6	765010	001

Lab Samples Taken	Direct Readings	Results Presented	Sampling Inspection(s)
N	N	N	

Workers onsite during	Notice of Project
Inspection	Number
2	

Inspection Report Delivered To	Employer Representative Present During Inspection	Worker Representative Present During Inspection	Labour Organizations & Local
Miles Garcia	Miles Garcia	Not Available	Teaching Support Staff Union Simon Fraser University Faculty Association

WorkSafeBC Officer Conducting Inspection		
Redonna Levis		

*Inspection Time	*Travel Time
3.00 hrs	0.00 hrs

<sup>\*</sup>The time recorded above reflects the inspection time and travel time associated with this inspection report and includes time spent on pre and post-inspection activities. Additional time may be added for subsequent activity.

### Request a Review

Any employer, worker, owner, supplier, union, or a member of a deceased worker's family directly affected may, within 45 calendar days of the delivery date of this report, in writing, request the Review Division of WorkSafeBC to conduct a review of an order, or the non-issuance of an order, by contacting the Review Division. Employers requiring assistance may contact the Employers' Advisers Office at 1-800-925-2233.

To submit a request online, visit https://www.worksafebc.com/en/review-appeal/submit-request

WorkSafeBC values your feedback. To obtain that feedback, an external market research provider may be contacting you to complete a survey.