Safe At Work



Operations Division

Occupational Health and Safety **Field Visit Report**

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OHS Case ID: 00952RRFN166

Field Visit no:

00952RRFN167

Visit Date: 2022-SEP-20

Field Visit Type: INITIAL

Workplace Identification: CORP OF THE TWP OF CALVIN, THE

Notice ID:

RURAL ROUTE 2, MATTAWA, ON, CANADA POH 1V0 LOT 17 CON 5

Telephone:

JHSC Status:

Work Force #:

Completed %:

Not required

2

Visit Purpose:

Persons Contacted: MARY STOCK - DEPUTY CLERK TO INVESTIGATE COMPLAINT

Visit Location:

MUNICIPAL OFFICE

Visit Summary:

SEE NARRATIVE - ORDER ISSUED

Detailed Narrative:

A complaint was received regarding harassment complaints.

The complainant advises that one complaint was investigated and recommendations were made. The complaint also advises that one complaint was not investigated as the allaged harasser resigned their position.

Regardless of employment status or whether a member of the public the employer is required to investigate all instances of alleged harassment. The investigation must be by a non-biased competent person and written results are required to both the complainant and the alleged harasser.

The employer has a duty to take all reasonable precautions to protect workers including from harassment from the public and thus even those complaints must be investigated and dealt with.

An order is issued to the employer to investigate the complaint from the complainant against the individual who resigned.

Discussed REPRISAL legislation - workers can not be reprised against for many reasons as mentioned below including filing harassment complaints

Under section 50 of the OHSA, workers are protected from reprisals. This means, your employer is not allowed to:

fire or threaten to fire you

suspend or discipline you, or threaten to do so

intimidate or coerce you including, for example, bullying you or strongly encouraging you not to report impose any penalty upon you including, for example, transferring you to another position, shift or work location, reducing or changing your hours or denying you a raise or benefits that you're entitled to

Recipient	Inspector Data JOANNE THISDELLE	Worker Representative
Name	O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER 204-200 First Ave W, North Bay, ON P1B 3B9	Name
Title	20 / 200 / 110 / / / (0.111 / 207)	Title
	Tel: (705) 471-1524 Fax: (705) 497-6850	
Signature	Signature Will	Signature
	/ 1	

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CHC	Case	ID.

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because you, as a worker have:

acted on any of your rights under the OHSA (for example, refusing to perform work you believe is unsafe) followed or asked your employer to follow Ontario's occupational health and safety laws given information to a Ministry of Labour, Training and Skills Development inspector or followed an inspector's order

testified at a hearing about occupational health and safety enforcement:

Further information on Reprisals can be found at

https://www.ontario.ca/page/reprisals-against-workers-employers

Recipient	Inspector Data JOANNETHISDELLE	Worker Representative
Name	O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER 204-200 First Ave W, North Bay, ON P1B 3B9	Name
Title		Title
	Tel: (705) 471-1524	
	Fax: (705) 497-6850	
Signature	Signature	Signature
,	/ † \	

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	Case ID: /isit no:	00952R 00952R			Visit [oate: 2022- 5	SEP-20	Field Visit 1	Type: INITIAL	
Vorkp	olace ide	entificatio				CALVIN, THI AWA, ON, C	EANADA POH 1	V0 LOT 17 CC	Notice II)N 5):
Orde	er(s) /Re-	quireme	nt(s) I	ssued T	o:					
		TWP OF	CALV	IN, THE			Oi	rg/Ind Role Owner		
RURA		2, RR 2,			N, CA POH	1 V0	·		·	· · · · · ·
		quireme red to co				uirement(s) L	by the dates list	ed below.		
No	Type Code	ActReg	Year	Sec.	Sub Clause Sec.		Text of Ord	ler/Requirement		Comply by Date
1 0075:	Time 2RRFP168	OH\$A	1990	32.0.7	1	an employan in and com appropri (b) the workplace he or she in writing any correvill be to (c) the previewed annually the policing required (d) such carried of the employans in	e is a worker of of the results ective action to the comment of th	ure that, conducted in kplace haras umstances; sallegedly extand the allest the employed of the investigate that has been to workplace to workplace 32.0.1 (1) (b) is may be presented that was distributed that was distributed the control of the investigate the control of the inve	to incidents is sment that is experienced eged harasser, if er, are informed gation and of a taken or that tigation; section 32.0.6 is at least ely implements e harassment; and, escribed are alleged missed due to	
				·		harassm	ent shall be in	vestigated re	gardless of	
		Recipient	†			Inspector I			Worker Represen	tative
Nam	e	•		· · · · · · · · · · · · · · · · · · ·	- PRC		A. INSPECTOR NCES OFFICER th Bay, ON P1B 31			•
Title					•	Tel: (705) 47 Fax: (7 05) 4		Title		
Signo	ature	· · · · · · · · · · · · · · · · · · ·			Signatu	re (Signature	· · · · · · · · · · · · · · · · · · ·	

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Operations Division

Code

Occupational Health and Safety

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Field Visit Report

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OHS Case ID:	00952RRFN166			
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Workplace Id		HE TWP OF CALVIN, THE ITE 2, MATTAWA, ON, CANA	DA P0H 1V0 LOT 17 CON 5	Notice ID:
Order(s) /Re	equirement(s) Issued To	o:		
To:			Org/Ind Role	
CORP OF THE	E TWP OF CALVIN, THE		Owner	•.
Mailing Addre	ess: E 2, RR 2, MATTAWA, C	PN, CA POH 1V0		
	equirement(s) Descriping	tion: order(s) /requirement(s) by the	dates listed below.	
No Type	ActReg Year Sec.	Sub Clause	fext of Order/Requirement	Comply by Date

source ie. public, worker on worker etc

Written results of the investigation shall be provided to the alleged harasser and the complainant

Recipient	Inspector Data JOANNE THISDELLE	Worker Representative
Name	O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER 204-200 First Ave W, North Bay, ON P1B 3B9	Name
Title	Tel: (705) 471-1524	Title
	Fax: (705) 497-6850	
Signature	Signature	Signature