

Occupational  
Health and Safety

Field Visit Report

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OHS Case ID: 4650FGQWMSH

Field Visit no: 4650FGQWMSH-4650-FV003

Visit Date: 2026-APR-13

Field Visit Type: FOLLOW-UP

Workplace Identification: LAKEHEAD UNIVERSITY SHIPPING/RECEIVING  
874 TUNGSTEN STREET, THUNDER BAY, ON CA P7B 6J3

Notice ID:

Telephone:

JHSC Status:  
Active

Work Force #:  
1200

Completed %:

Persons Contacted: Tiffany Moore - Health, Safety and Wellness Office of Human Resources

Visit Purpose: Health and Safety Inspection follow up

Visit Location: Field visit took place over the phone and at 960 Oliver Road.

Visit Summary: order withdrawn.

Detailed Narrative:

The purpose of this field visit is to follow up on orders.

Order # 4650FGQWMSH-4650-OR001 has been withdrawn. The Cube Van License # AB41886 has been removed from active service and is parked at 960 Oliver Road. Workers are not using the vehicle and it is scheduled to be sold for scrap. Workers are not to enter the cube van back compartment using the broken tailgate while it is parked at the facility awaiting removal.

Notify the Ministry of fatalities, critical injuries, work refusals, reprisals and unsafe work practices.

Ministry of Labour, Immigration, Training and Skills Development Health & Safety Contact Centre

• Toll-free: 1-877-202-0008

• TTY: 1-855-653-9260

• Fax: 905-577-1316

Learn how to file a complaint if you have a workplace health and safety or workplace harassment concern and believe your employer is not correcting the situation.

<https://www.ontario.ca/page/filing-workplace-health-and-safety-complaint>

In an emergency, always call 911 immediately.

A copy of this report must be posted in a conspicuous place where it is likely to be seen by workers.

Recipient	Inspector Data	Worker Representative
Name <u>Tiffany Moore</u>	James Gionet O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER	Name _____
Title <u>Mgr. H&amp;S</u>	222-435 James St. S. Thunder Bay, ON P7E 6S7 HSThunderBayDistrict@ontario.ca Tel: (807) 633-4467 Fax: (807) 475-1646	Title _____
Signature <u>T Moore</u>	Signature <u>[Signature]</u>	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.olrb.gov.on.ca/> for more information.

The Government of Ontario wants to hear from you. You can provide feedback on this visit at 1-888-745-8888