

# Construction Project Site Improvement Order Form



## Family Services and Labour

Workplace Safety and Health Division  
 328-340 9th Street, Brandon, Manitoba, Canada R7A 6C2  
 T 204-726-6361 F 204-726-6749  
 www.safemanitoba.com

Employer Site Name (or Person) <b>XYZ Company</b>	Employer Mailing Address <b>123 Main St</b>	
Site Description <b>Residential Construction</b>	City/Town/Municipality, Province <b>Brandon, MB</b> Country <b>Canada</b>	Postal Code <b>R7B 1Q2</b>
Safety & Health Committee <b>yes</b>	Worksite Location (if different from above) <b>321 Railway St Brandon, MB</b>	
Phone Number:                  Fax Number:	Management Contact	
Worker Representative <b>yes</b>	Worker Contact	
Number of Workers <b>6</b>		
Union or Association name		

**STOP WORK WARNING:** Section 26(2) of The Workplace Safety and Health Act W210. If the specified improvement order(s) are not completed by the compliance date a stop work order may be issued with respect to the contravention(s) (if this section is not completed, the warning does not apply).

**ORDER NUMBER(S):**

### This Improvement Order contains 2 order(s)

Order Number		Compliance Date
	<p>On 10 September 2012, the undersigned Safety and Health Officer attended this workplace construction project site and conducted an inspection as per section 23 and 24(1)(a) of the Manitoba Workplace Safety and Health Act W210.</p> <p>The officer noted contraventions to Workplace Safety and Health Act (WSHA) and Manitoba Regulation 217/2006.</p> <p>Therefore the following improvement orders are hereby issued to the employer in accordance with the WSHA sections 4(1), 4(2), 4.1, 5, 6,</p>	

	7.1, 7.2 and 26(1), and MR 217/2006.	
1	<p>Fall Protection Systems</p> <p>Contravention: The employer has not provided fall protection systems for workers in accordance with MR 217/06 Part 14 and 31.</p> <p>Comments:</p>	10-09-2012
2	<p>Inspection of Project Site</p> <p>Contravention: The employer has not conducted regular inspections in accordance with MR 217/06 Part 2 2.4 (1-2).</p> <p>Comments:</p>	10-09-2012

**This Improvement Order contains 2 order(s)**

**SECTION 35 OF THE ACT REQUIRES YOU TO PROVIDE A WRITTEN COMPLIANCE REPORT TO THE UNDERSIGNED SAFETY AND HEALTH OFFICER AND A COPY TO THE SAFETY AND HEALTH COMMITTEE/REPRESENTATIVE WITHIN SEVEN DAYS AFTER THE COMPLIANCE DATE SPECIFIED IN THE ORDER. IF THERE IS NO SAFETY AND HEALTH COMMITTEE/REPRESENTATIVE A COPY MUST BE POSTED IN THE WORKPLACE.**

**WHEN A PERSON FAILS TO COMPLY WITH AN IMPROVEMENT ORDER AN ADMINISTRATIVE PENALTY MAY BE ISSUED PURSUANT TO SECTION 53.1 OF THE ACT.**

This Improvement Order and Report Form has been discussed with the undersigned, and a copy given to each on 04 September 2011 at 10:42:06 AM

The following documents must be posted at the workplace: a copy of any improvement order or document applicable to the workplace, as issued or recommended by a safety and health officer.

Signed: \_\_\_\_\_  
 Employer's Representative and Title      Workers Representative – Safety and Health

\_\_\_\_\_  
 Safety & Health Officer

**ANYONE DIRECTLY AFFECTED BY THIS ORDER/DECISION HAS THE RIGHT TO APPEAL TO THE DIRECTOR WITHIN 14 DAYS IN ACCORDANCE WITH SECTION 37 OF THE ACT**