

Operations Division Occupational Health and Safety

OHS Case ID: **02800KHNT596**
 Field Visit no: **02800KHS614** Visit Date: **2016-APR-25** Field Visit Type: **CONTINUATION**
 Workplace Identification: **WAINFLEET FIRE STATION #1 WINGER** Notice ID:

43178 HIGHWAY #3 HIGHWAY, WINGER, ON, CANADA L0S 1V0

Telephone: - JHSC Status: **Active** Work Force #: **38** Completed %:

Persons Contacted: **HARRY FLAGG- FIRE CHIEF, TED HESSELS-WORKER REP**
 Visit Purpose: **SEE BELOW**
 Visit Location: **SAME ADDRESS AS ABOVE- TOWNSHIP TOWN HALL**
 Visit Summary: **ACCOMPANIED BY MINISTRY OF LABOUR HYGIENIST MONIQUE BOULARD**

Detailed Narrative:


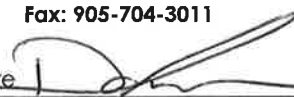

WAINFLEET FIRE & EMERGENCY SERVICES – Hygiene Comments/Advice
 Fire Hall Station 1 (Volunteer Fire Services): 43178 Hwy 3, Winger, ON

1. Station 1 is made up of a one-bay Apparatus Floor, and a small multi-purpose room which houses a toilet, shower stall, sink, clean bunker gear storage, and a desk. It is reported that this station is scheduled to be replaced in 5 to 6 years.

2. The Apparatus Floor area is dependant mostly on natural ventilation. There is a hot air furnace fitted with filters which circulates air during the heating season when the furnace is on. The furnace filters are reported to be changed every six to twelve months. This may filter some of the exhaust particulates emitted from the Apparatus during the colder months. Routine cleaning of the firehall station is recommended to control against worker exposure to diesel soot emitted from the Apparatus. PPE is to be worn during housekeeping would include skin protection and a disposable N95 mask as to limit worker exposure as a result of disturbance of settled diesel soot particulates during housekeeping activities.

3. For optimal control against exhaust emissions in the Apparatus Floor Area of the future Fire Hall station, an overhead local air exhausts system (ie. Nederman, EREC, etc) is recommended that captures the Apparatus exhaust at the tailpipe. If a local exhaust air system is not installed, then in order to minimize contamination of the building to diesel soot/fumes as well as minimize worker exposure to diesel soot/fumes from the Apparatus in use, ACGIH recommends that the building ventilation has mechanical exhaust of 20 000 cfm (or more) per operating truck; 100 cfm/horse power for diesel fueled vehicles. ACGIH=American Conference of Governmental Hygienists

4. There is a hot air supply vent in the ceiling of the small multi-purpose room. To maintain cleanliness of the multi-purpose room located adjacent to the Apparatus Floor area, the hot air supply ceiling vent should be fitted with a HEPA filter, the door to this room should be kept shut at all times, the bottom of the door fitted with weather stripping to help keep out dust/engine exhaust particulate, and the interior-wall vent opening to this room sealed to maintain the room under positive pressure.

Recipient	Inspector Data	Worker Representative
Name <u>Harry Flagg</u>	DAVID MASON OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name <u>Adrian Taylor</u>
Title <u>Fire Chief</u>	301 St. Paul Street, 8th Floor St. Catharines, ON L2R 7R4 Tel: 905-704-3089 Fax: 905-704-3011	Title <u>Firefighter</u>
Signature 	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.olrb.gov.on.ca/english/homepage.htm> for more information.

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5. No laundering or drying of bunker gear is done at this fire hall station. If laundering at the future fire hall station is expected, then it is recommended that an enclosed ventilated laundry room under slight negative pressure is considered in the plans for the future fire hall station to prevent contamination of the rest of the workplace from handling soiled bunker gear.

There are no set recommended ventilation guidelines specific to laundering of soiled firefighting gear, however due to the nature of contaminants on the soiled gear; the ventilation of the room housing the extractor/washer unit should exceed those ventilation guidelines of laundry rooms for normal soiled clothing/linen.

To prevent contamination of the rest of the workplace with soot and off-gassing from soiled bunker gear, the enclosed Laundry Room in the new Fire Hall Station should be under slight negative pressure. A dedicated ventilation system for this enclosed Laundry Room is recommended to be interlocked with the light switch so that the room ventilation system is automatically turned on upon entry.

The ASHRAE Standard 62.1-2013 Table 6.2.2.1 recommended minimal ventilation rate for breathing zone in laundry room (for normal soiled clothing/linen) is 5 cfm/person or 0.12 cfm/square foot; and Table 6.5 minimal ventilation rate for soiled laundry storage room (for normal soiled clothing/linen) is 1 cfm/square foot. As soiled gear from fire suppression may release soot particulates and off-gassing in the laundry room when handling of such soiled gear, then the Laundry Room ventilation system should be great enough to exhaust airborne contaminants from the soiled gear, thus at least more than 1 cfm/square foot and while maintaining the room under slight negative pressure.

6. Some clean bunker gear was noted to be stored on the Apparatus Floor. Most of the clean bunker gear is reported to be stored in the small multi-purpose room of the station. Clean bunker gear stored on the Apparatus Floor should be either moved to the clean multi-purpose room or stored in zipped clean bunker gear bags (in operational readiness inside the bag) if left on the Apparatus Floor to protect the clean bunker gear against diesel soot and other airborne particulates.

7. There is non-potable water only for this workplace. Signage is posted to instruct workers against drinking the water. If the non-potable water supplied to the fire hall station is used for washing hands/showering, the non-potable water should meet at least the water quality requirements set by Public Health for safe recreational/beach water use.

8. As non-potable water only is available, an emergency plumbed eyewash station is not recommended. ANSI Standard Z358.1-2014 defines flushing fluid as "potable water, preserved water, preserved buffered saline solution or other medically acceptable solution manufactured and labelled in accordance with applicable government regulations". It is thus recommended to continue the use of saline solution eyewash in the case of accidental eye contact with chemicals. Most chemicals require a 15-minute eye rinse, so the workplace

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needs to be supplied with enough rinsing solution for a 15-minute period. The saline solution needs to be replaced prior to the expiry date as recommended by the manufacturer.

9. There is a wooden storage cabinet on the Apparatus Floor which stores various chemical products (ie. Turbo Power Windshield Washer Fluid, Glass Plus Appliance & Glass Cleaner, Sinoniz All Purpose Cleaner, Eagle One Wet Polish & Wax, Silicone Lubricant, Citro D Cleaner Degreaser, etc.). An MSDS binder is kept. A chemical inventory should be done and the MSDS binder checked for MSDS/SDS required. Chemical products should be stored according to chemical compatibilities.

10. The wooden cabinet in the multi-purpose room contains 3M 8511 N95 masks, safety glasses, nitrile gloves for use as needed when handling chemical products.

11. It is reported that, after major structural firefighting, the apparatus (truck) return to Fire Hall Station 2 for refuelling and cleaning. Truck hoses are cleaned at the scene when possible and/or cleaned at the Roads Department.

INSPECTOR COMMENTS:

An order was already issued for eye wash fountains, as noted in above comment #8 there is only non-potable water available and this cannot be used to flush out eyes for the 15 or more minutes required as first aid treated. The employer is aware and if they plan to use saline solution the comments would apply. Whatever way the employer chooses to comply with the eye wash fountain order they are reminded that it shall provide the first air treatment required by the chemicals used of 15 or minutes continual flow.

For dealing with reducing diesel fumes in the Wainfleet Fire Stations it is recommended the employer in consultation with the JHSC review and implement where possible the recommendations found in the Ontario Fire Service Section 21 Advisory Committee guidance note #3-1.

For dealing with the soiled and clean ensembles and ensemble elements it is recommended the employer in consultation with the JHSC review and implement where possible the requirements of NFPA 1851 for cleaning and storage of fire fighter ensembles and ensemble elements.

PPE noted in the above hygiene comments would be PPE worn related to order #1 of this report.

A copy of this report shall be posted in the workplace and a copy provided to the JHSC.

Order(s) were issued today, the yellow notice of compliance forms were left and reviewed with the contact(s)

Recipient	Inspector Data	Worker Representative
Name _____	DAVID MASON OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name _____
Title _____	301 St. Paul Street, 8th Floor St. Catharines, ON L2R 7R4 Tel: 905-704-3089 Fax: 905-704-3011	Title _____
Signature 	Signature 	Signature 

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and directions for completing the notice were reviewed. The instructions are also printed on the back of the notice. The completed notice form can be faxed to the inspector as directed or e-mailed to the inspector at this address; MOLOHSNiagara@ontario.ca.

Only notice of compliance forms are to be sent to this address, no other correspondence. For general inquiries and to report incidents or complaints to the Ministry of Labour that is done with the call centre at 1-877-202-0008

Recipient	Inspector Data	Worker Representative
Name _____	DAVID MASON OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 301 St. Paul Street, 8th Floor St. Catharines, ON L2R 7R4 Tel: 905-704-3089 Fax: 905-704-3011	Name _____
Title _____		Title _____
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Field Visit Report

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43178 HIGHWAY #3 HIGHWAY, WINGER, ON, CANADA L0S 1V0**

Notice ID:

Order(s) /Requirement(s) Issued To:

To:
CORP OF THE TWP OF WAINFLEET, THE

Org/Ind Role
Primary Employer

Mailing Address:

P.O.BOX 40, WAINFLEET, ON, CA L0S 1V0

Order(s) /Requirement(s) Description:

You are required to comply with the order(s) /requirement(s) by the dates listed below.

No	Type Code	ActReg	Year	Sec.	Sub Sec.	Clause	Text of Order/Requirement	Comply by Date
1	Time 02800KHRS615	OHSA	1990	25	2	h	Pursuant to the Occupational Health and Safety Act section 25(2)(h) it is a reasonable precaution for this employer to ensure that routine housekeeping of Fire Station #1 apparatus room surfaces contaminated soot and other products of combustion is done and that workers are provided the reasonable precaution of personal protective equipment that is to be worn when performing this housekeeping. At the time of the visit this is not being done and there are visible signs of soot and other contaminates that was observed on the walls, doors, work bench and other apparatus room surfaces. The employer shall comply with this order on or before May 13, 2016.	2016-MAY-13
2	Time 02800KHRS616	OHSA	1990	25	2	h	Pursuant to the Occupational Health and Safety Act section 25(2)(h) it is a reasonable precaution for this employer to ensure the protection of workers from the hazard of exposure to residual contaminates of the firefighting ensembles and ensemble elements. To ensure that soiled items are stored in bags and identified as soiled, to ensure clean items are stored in a bag or other	2016-MAY-13

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To:
CORP OF THE TWP OF WAINFLEET, THE

Org/Ind Role
Primary Employer

Mailing Address:

P.O.BOX 40, WAINFLEET, ON, CA L0S 1V0

Order(s) /Requirement(s) Description:

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protective case identified as clean to ensure they remain clean. Ensure both clean and soiled ensembles and ensemble elements are protected against cross-contamination. At the time of the visit this precaution was not taken and clean ensemble and their elements were found stored in open bags and laying out on the apparatus room. The employer shall comply with this order on or before May 13, 2016.

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Operations Division Occupational Health and Safety

Return To:
DAVID MASON
 OCCUPATIONAL HEALTH & SAFETY INSPECTOR
 PROVINCIAL OFFENCES OFFICER
 301 St. Paul Street, 8th Floor
 St. Catharines, ON L2R 7R4
 Tel: 905-704-3089
 Fax: 905-704-3011



Ontario
Notice of Compliance

OHS Case ID: **02800KHNT596**
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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: **CORP OF THE TWP OF WAINFLEET, THE** Role: **Primary Employer**

Mailing Address:
P.O.BOX 40, WAINFLEET, ON, CA L0S 1V0

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	ActReg	Year	Sec.	Sub Sec.	Clause	Compliance Details / Date	JHSC Worker Member / Comply by Worker Representative	Comply by Date:
1	Time	OHSA	1990	25	2	h		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	2016-MAY-13
02800KHRS615									
2	Time	OHSA	1990	25	2	h		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	2016-MAY-13
02800KHRS616									

Form completed by: _____
 Title: _____
 For / on behalf of _____
 Signature: _____

Joint Health and Safety Committee Member representing workers or Worker Representative agrees or disagrees that compliance has been achieved with Order(s) as indicated above.

Name: _____
 Signature: _____

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