



Service Request #	997192
Inspection Report #	4245997

Inspection Address:	Reference Number(s):	Inspection Completion Date: JAN 14, 2013
	Facility Type: HOSPITAL	Item Type: Vertical Pltfrm Lift-D
Customer Name and Address:	Task Type: ED-Periodic Inspection	
	<p>The facility/equipment is inspected in accordance with Ontario's Technical Standards & Safety Act and the appropriate regulations and codes. When an Inspector's order is issued, time limits for compliance reflect the severity of the violation and serve to avoid disruption of service.</p>	

Line	Reference and Order(s)	Compliance Date
62610 3-1	General- other the main disconnect and car light disconnect shall be locked in such a manner as to prevent unauthorized person's from opening the disconnect box.	APR 14, 2013

Standard Notes
<p>Where an inspector performs a follow up inspection and finds that the order(s) have not been completed, the owner (for periodic inspection issues) or the contractor (for minor alteration issues) will be billed at three times the regular charge for inspection. The order(s) will remain outstanding and will be subject to an additional follow up inspection. A regular inspection includes half hour travel time per site plus actual inspection time. There is a minimum billable time of one hour per site.</p> <p>DECLARATION OF COMPLIANCE GUIDELINES: This report is eligible for the declaration of compliance option. YOU MUST EXERCISE THIS OPTION TO AVOID ADDITIONAL FEES.</p> <p>Reporting requirements are as follows;</p> <ol style="list-style-type: none"> All inspectors orders (directions) appearing on the inspection report must be complied with. A person who has legal signing authority on behalf of the owner or the ED contractor must FAX or EMAIL completion of the declaration of compliance option on or before the last compliance date appearing on the inspection report. For more information please contact TSSA at 1-877-682-8772. Note: Voluntary compliance is subject to an audit process which may result in additional inspection fees. It is an offence to knowingly make a false statement or to furnish false information under The Act, the regulations or a ministers order; Technical Standards and Safety Act, 2000; sect. 37.FAX INSTRUCTIONS: Provide printed name, signature and date and FAX TO: 416-231-5435(Printed Name, Signature, Date) <p>EMAIL INSTRUCTIONS: Send an EMAIL complete with the following information to dcreporting@tssa.org 1. Service Request #, 2. Reference Number(s), 3. Inspection Address, 4. The statement: I (insert name) acknowledge completion of ALL outstanding directions.</p>

Labour Detail			
Date	Activity	Hours	Comments
JAN 14, 2013	Inspection	1	

Customer Signature & Position / Date:	Inspector Name: Edey, Gary	Inspector Contact Number: 905-880-5413
Report Received By:	Customer Contact Number:	Inspector Email: GEdey@tssa.org
		Inspector Fax: 905-880-5418

As a not-for-profit regulatory authority, TSSA operates on a cost recovery basis. An Invoice will be issued for the Total Charges Incurred.
(Note: This is not an invoice)