



For Your Safety

Office of Stephanie Brown MPP
Attn: Michael Fontein
795 Eglinton Ave E, U101
Toronto, ON M4G 4E4

January 17, 2023

**Re: Request for Information:
95 Thorncliffe Park Dr, Toronto**

Dear Michael Fontein:

Please see the enclosed for the requested information.

I trust this to be satisfactory.

Sincerely,

A handwritten signature in black ink that reads "J. Smith". The signature is written in a cursive style with a large, looped initial "J".

Jacquie Smith
Senior Inspection Representative
Request for Information
Electrical Safety Authority

Encl.

ESA Incident Report Form Rev.4: 2019/01/09



ESA File Number: (For Regulatory Use) CI22011	Notification Number: 70233532
1.Author: Ben Demasi	Region: Central
2.Reviewed by Senior Inspector: Ben Demasi	Incident Type: <input type="checkbox"/> Injury or Near Miss <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Utility Incident
3.Reviewed by Technical Advisor: Keith Bartlett	
4.Approved by Safety Risk, Policy & Innovation group: Sean Burger	

Executive Summary (Brief description of the incident – no more than 50 words)

Apartment building fire, there was a catastrophic meltdown of the 600a/120v/208v/3p/4w suite distribution panel in the electrical closet on the 42nd floor. The fire was contained within the closet, 2 steel fire doors, 1 person was later taken to the hospital due to smoke inhalation.

Incident Type (Check as many boxes as necessary)

<input type="checkbox"/> Fatality	<input type="checkbox"/> Critical Injury	<input checked="" type="checkbox"/> Non-Critical Injury	<input type="checkbox"/> Near Miss (No Injury or Property Damage)
<input checked="" type="checkbox"/> Property Damage but No injury	<input type="checkbox"/> Animal Fatality/Injury	Type of animal:	
<input type="checkbox"/> Shock	<input type="checkbox"/> Arc flash	<input type="checkbox"/> Explosion	<input type="checkbox"/> Overvoltage Created
<input type="checkbox"/> Occupational	<input checked="" type="checkbox"/> Non Occupational	<input type="checkbox"/> N/A	

When

Date of Incident: 18-Aug-22	Time of Incident (hh:mm): 11 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm (or approximate, if available)
Date Incident Reported to ESA: 18-Aug-22	Time Incident Reported to ESA (hh:mm): 6 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Who Reported Incident to ESA: LEC	
Date ESA Attended: 22/08/19	Time ESA Attended (hh:mm): <input type="checkbox"/> am <input type="checkbox"/> pm

Where

Indoor Outdoor

Name of Business or Facility: Leaside Towers	Facility Type/ Building Classification: Residential Highrise Rental Ap	CSS Site: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Incident Address: 95 Thorncliffe Park Drive	City/Municipality/Township:	Building Era: 1960-1974
Prior ESA inspection: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Unknown If yes, is it related to the Incident: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Notification #:		

ESA Incident Report Form Rev.4: 2019/01/09

Wiring Information (specific to the incident)

<input type="checkbox"/> Overhead	<input checked="" type="checkbox"/> Copper	<input checked="" type="checkbox"/> Aluminum	<input checked="" type="checkbox"/> Permanent	<input type="checkbox"/> Grounded
<input type="checkbox"/> Underground	<input type="checkbox"/> Knob and Tube		<input type="checkbox"/> Temporary	<input type="checkbox"/> Ungrounded

Circuit Information (Specific to the Incident)

Voltage: 120/208 3p	Overcurrent Protection Type: Choose an item.	Overcurrent Protection Amperage: 600A
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OESC Compliant to Code of the Day Y N N/A Unknown

*If the answer is **Yes or N/A**, go to the next section, if No, please complete pertinent information below*

Hazardous Location: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A		Brief Comments:	
Modified Wiring: <input type="checkbox"/> Y <input type="checkbox"/> N	Incorrect Overcurrent Size: <input type="checkbox"/> Y <input type="checkbox"/> N	Improper Connection: <input type="checkbox"/> Y <input type="checkbox"/> N	
Incorrect Installation: <input type="checkbox"/> Y <input type="checkbox"/> N	Poor Condition/dirty: <input type="checkbox"/> Y <input type="checkbox"/> N	Improper Bonding: <input type="checkbox"/> Y <input type="checkbox"/> N	
Incorrectly assembled: <input type="checkbox"/> Y <input type="checkbox"/> N	Incorrect Conductor Size: <input type="checkbox"/> Y <input type="checkbox"/> N	Failure of Insulation: <input type="checkbox"/> Y <input type="checkbox"/> N	
Improper Grounding: <input type="checkbox"/> Y <input type="checkbox"/> N	GFCI: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	AFCI: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Facility Unaware of Conditions/Issues: <input type="checkbox"/> Y <input type="checkbox"/> N	Outdated/Missing Wiring Schematics: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Termination Related: <input type="checkbox"/> Loose Connection <input type="checkbox"/> Improper Device/wiring <input type="checkbox"/> Not Properly Secured			
Comments:			

Equipment/Device and Tool Involved

[Nameplate Photo](#) N/A

Equipment/Device:	Tool:	Amperage : Voltage:
Product Certification/Approval: <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	Field Evaluation: <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	
File #:	Label #:	
Location of Equipment:	Equipment/Device Unapproved for Location: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown	
Comments:		
Not Working Properly: <input type="checkbox"/> Y <input type="checkbox"/> N	Misuse: <input type="checkbox"/> Y <input type="checkbox"/> N	Not Designed Properly: <input type="checkbox"/> Y <input type="checkbox"/> N
Barriers/Covers Missing/Not in Place: <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	Age of Device/Tool/Equipment:	History of Failure: <input type="checkbox"/> Y <input type="checkbox"/> N
Condition of Equipment: <input type="checkbox"/> New <input type="checkbox"/> Corroded/Aged	Defective Equipment: <input type="checkbox"/> Y <input type="checkbox"/> N	Not a Failure as per Design (Not a Tolerable Failure): <input type="checkbox"/> Y <input type="checkbox"/> N
Lack of Documentation: <input type="checkbox"/> Y <input type="checkbox"/> N	Improper Maintenance: <input type="checkbox"/> Y <input type="checkbox"/> N	
Type of Damage: <input type="checkbox"/> Mechanical <input type="checkbox"/> Environmental <input type="checkbox"/> Water <input type="checkbox"/> Temperature <input type="checkbox"/> Chemical <input type="checkbox"/> Wind		
Comments:		

ESA Incident Report Form Rev.4: 2019/01/09

Witnesses & Other People Involved

Surname, First Name	Involvement (Owner/ Employer/ Supervisor/ Worker/ Witness)	Position/Occupation

Authority Having Jurisdictions Involved

AHJ	Name & Title of Rep	Telephone #/E-mail address	AHJ Case Number

Occupational Injury Information N/A

Occupation/Title:	ACP Contractor: <input type="checkbox"/> Y <input type="checkbox"/> N	Pre-Apprentice/ OYAP : <input type="checkbox"/> Y <input type="checkbox"/> N
Employer Name:	C of Q: <input type="checkbox"/> Y <input type="checkbox"/> N	Apprentice: <input type="checkbox"/> Y <input type="checkbox"/> N
Type of License:		Apprentice Year: Choose an item.
Comments:		

Injury Information N/A

Victim's Name	Gender	Age	Arc Flash / Shock	Part of Body Injured (Primary)	Injury Type	Part of Body Injured (Secondary)	Injury Type
	Choose		Choose		Choose		Choose
	Choose		Choose		Choose		Choose
	Choose		Choose		Choose		Choose
	Choose		Choose		Choose		Choose
	Choose		Choose		Choose		Choose
	Choose		Choose		Choose		Choose

ESA Incident Report Form Rev.4: 2019/01/09

Fire Information

Construction	Fire Origin (per OFMEM or Fire Department)	Fire Cause Analysis (per OFMEM or Fire Department)
Floor construction: Choose an item.	Area of Origin:	Ignition Cause Type:
Roof construction : Choose an item.	Ignition Source:	<input type="checkbox"/> Resistive Heating Type of Resistive Heating:
Ceiling Construction: Choose an item.	Object First Ignited: :	<input type="checkbox"/> Arcing Type of Arcing:
Service Type: Choose an item.	Fire Spread:	<input type="checkbox"/> Direct Ignition of Flammables
<input type="checkbox"/> Accessible Wiring <input type="checkbox"/> Non- Accessible Wiring		<input type="checkbox"/> Lightning/Surge

Electrical Circuit Information

Switch in 'ON' position: <input type="checkbox"/> Y <input type="checkbox"/> N (when applicable)	Size of Overcurrent Protection (A):	Size of Conductors:
Circuit Energized: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> Tripped <input type="checkbox"/> Blown	
Main Service Voltage (if relevant):	Main Service Overcurrent Protection Amperage (if relevant):	Main Service Overcurrent Protection Type (if relevant): Choose an item.

Utility Information

Property Ownership: <input type="checkbox"/> LDC <input type="checkbox"/> Private <input type="checkbox"/> Public Right of Way	Area Accessible to the Public: <input type="checkbox"/> Y <input type="checkbox"/> N		
Equipment Ownership: <input type="checkbox"/> LDC <input type="checkbox"/> Private	Comments:		
Utility Name:			
Utility Area: (Regulatory to fill out)			
<input type="checkbox"/> Overhead	<input type="checkbox"/> Underground	<input type="checkbox"/> Front Lot	<input type="checkbox"/> Rear Lot
<input type="checkbox"/> Submarine	<input type="checkbox"/> Substation	<input type="checkbox"/> Vault	

Utility Information (Serious Incident Only – Unless provided by the LDC, Regulatory will determine Protection Scheme)

Protections Scheme	<input type="checkbox"/> Upstream Protection	<input type="checkbox"/> Operated	Distance to Station:
	<input type="checkbox"/> Auto Recloser	<input type="checkbox"/> Feeder Lockout	

Minimum required Pictures/drawings where applicable:

<input type="checkbox"/> Outside of building	<input type="checkbox"/> Distribution Equipment	<input type="checkbox"/> Breaker/Fuse Panel	<input type="checkbox"/> Branch Circuit Wiring
<input type="checkbox"/> General Area	<input type="checkbox"/> Overcurrent/Switch Positions	<input type="checkbox"/> Other Equipment Involved	
<input type="checkbox"/> Sketch drawing (Plan View, Side View, Dimensions)			

ESA Incident Report Form Rev.4: 2019/01/09



Scene Observations

The interior of the panel completely melted down including the cover, cb's, bars, etc. All cables entering & leaving the panel also severely damaged, outer sheathing melted.

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Weather, Environment and Working Condition (Regulatory use) N/A

Weather:	Wind Condition : (wind speed/windy/calm)	Precipitation: (rainy/moist/not a factor)
Visibility : (Clear/Impeded/Not Enough Light)	Working Condition: (Cramped/Dirty)	Working Condition: (Water Underfoot/Dry)
<input type="checkbox"/> Water damage	<input type="checkbox"/> Temperature damage	<input type="checkbox"/> Contamination
	<input type="checkbox"/> Wind Damage	<input type="checkbox"/> Lightning Strike

Additional Occupational Injury Information (Regulatory use) N/A

Number of Employees:			
Licensed Electrical Contractor (LEC) #:	OCOT #:	Description:	Master Electrician #:
Comments:			

Incident Factors (Regulatory use) N/A

Communication Related <input type="checkbox"/> Miscommunication <input type="checkbox"/> No Communication <input type="checkbox"/> N/A
Management System Related <input type="checkbox"/> Policy/Rules Related <input type="checkbox"/> Standard Related <input type="checkbox"/> Competency Related <input type="checkbox"/> OHSA Related <input type="checkbox"/> N/A
Training/Awareness Related <input type="checkbox"/> No Training <input type="checkbox"/> Wrong Training <input type="checkbox"/> Lack of Training <input type="checkbox"/> Public Awareness Issue <input type="checkbox"/> N/A
Quality Control Related <input type="checkbox"/> Poor QA/Poor Audit Process <input type="checkbox"/> Housekeeping <input type="checkbox"/> Maintenance <input type="checkbox"/> N/A
Human Engineering Related <input type="checkbox"/> Poor Working Environment <input type="checkbox"/> Construction Deficiency <input type="checkbox"/> Design Deficiency <input type="checkbox"/> Safety Barrier Easily Defeated <input type="checkbox"/> Design Related <input type="checkbox"/> N/A
Direction/Instruction Related (Safe Work Procedure) <input type="checkbox"/> Direction Contrary to the Policy <input type="checkbox"/> Safe Work Procedure Exists but Not Followed <input type="checkbox"/> Improper Procedure <input type="checkbox"/> Regulation Deficiency Related <input type="checkbox"/> Improper use <input type="checkbox"/> PPE Available <input type="checkbox"/> Proper PPE Used <input type="checkbox"/> Knowingly Acted Contrary to Policy <input type="checkbox"/> Proper Hazard Assessment Conducted <input type="checkbox"/> Some Hazard Assessment Conducted <input type="checkbox"/> N/A
Other Related (non-occupational/fire) <input type="checkbox"/> Prank/Dare <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Safety Barrier Defeated <input type="checkbox"/> Other <input type="checkbox"/> N/A
Comments:











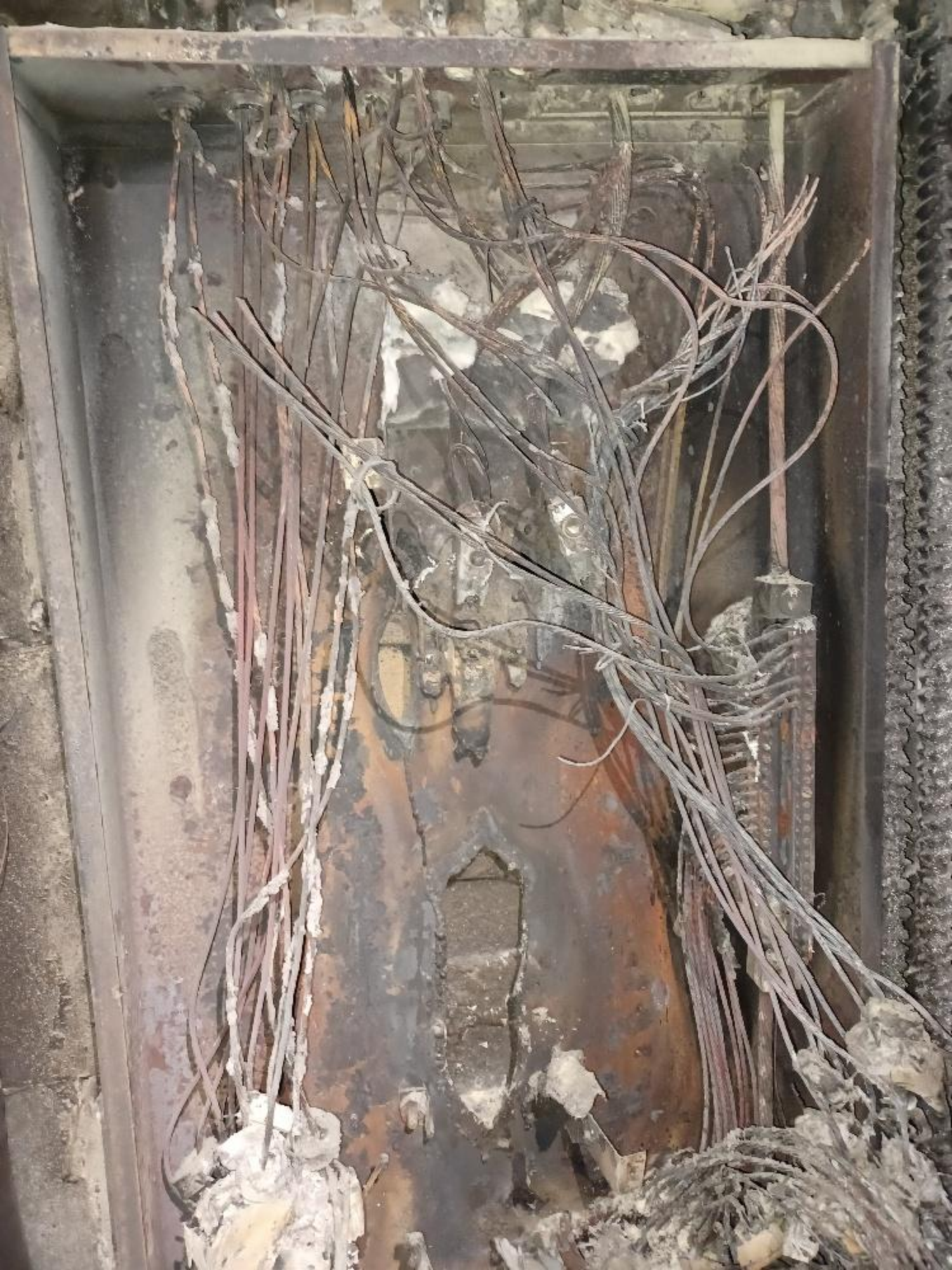


















3902 3802
3901 3804
3903 3803
3904 3804
3905 3805
3702 3602
3701 3601
3703 3602
3704 3604
3705 3605

Handwritten notes on a piece of paper taped to the inside of the door.





TYPE NQO PANELBOARD

CATALOG NO.

SERIES

NQO S442 6S

AMPS

VOLTS A. C.

PH.

W.

600

120/208

3

4



Testing Laboratories

APPROVED
PANELBOARD

NO.

142628

AUTOMATIC TRIP IS INDICATED BY HANDLE POSITION MIDWAY BETWEEN
ON AND OFF RESTORE SERVICE BY MOVING HANDLE TO OFF THEN ON

SQUARE D COMPANY CANADA LIMITED





SAP Notification Printout

Notification No: 17635289

Printout Date:	2023/01/09	Inspector:	Steven Hermetz
Notification Type:	Z1	Inspector ID:	
Code Group:	W-WIRING	Inspector Phone:	██████████
User status:	PVIS	Area ID:	
Insp Requested:	Service	Purchase Order #:	
Priority:		Notification Date:	2022/08/26
Short Text:	Wiring Inspection WIP WIP SPV	Required Start Date:	
Supply Authority:	TORONTO HYDRO NORTH EAST	Completion Date:	

Applicant Info:

Account #:
LEN ELECTRIC CORP

2700 DUFFERIN ST U39
TORONTO ON M6B 4J3
Contact Name:
License #: 0007007511
Phone: ██████████
Fax:
E-mail:

Site Info:

MORGUARD INVESTMENTS LIMITED
95 THORNCLIFFE PARK DR
TORONTO ON M4H 1L7
Alternate City:
Site Contact:
Phone:
Fax:
E-mail:
Cell:

Comments:

AUG 26/22 SUBMITTED BY - REC'D BY PHONE:
AUG 19/22 SUBMITTED BY - REC'D BY EMAIL: INSP/BEN D
20220819 BY - LINKED NOTIFICATIONS:
0020600446

1 APARTMENT RENOVATION
FLOOR 42
- 1 RENO APT 10-40 OUTLET/PANEL
FLOOR 42
1 OVERTIME
- 1 UNSCHEDULED

AUG 18/22 BDEMASI - ON CALL INSPECTION TODAY DUE TO A FIRE AT THIS SITE. LEC REQUESTED INSPECTION & ACCEPTED AFTER HRS FEE'S. TODAY AT APPROX 11AM THE 600A/120V/208V/3P/4W DISTRIBUTION PNL IN THE CLOSET OF THE 42ND FLR COMPLETE CAUGHT FIRE & HAD A CATASTROPHIC MELTDOWN. PHOTOS ARE ON FILE, INCIDENT REPORT COMPLETED AND SUBMITTED. ONE PERSON WAS TAKEN TO THE HOSPITAL DUE TO SMOKE INHALATION. ADVISED CENTRAL REGION MANAGER, TA'S, CSS INSPECTOR & SENIOR, AREA WIRING INSPECTOR. MET WITH TORONTO FIRE SERVICES INSPECTOR, PLATOON CHIEF AND DISCUSSED ESA'S INVOLVEMENT MOVING FORWARD. POWER TO THE BUILDING REMAINED ENERGIZED AND WAS NOT SHUTDOWN, THE FIRE WAS CONTAINED TO WITHIN THE ELECTRICAL CLOSET, MINIMAL WATER WAS USED IN THE VICINITY AND NO WATER DAMAGE TO ELECTRICAL EQUIPMENT WAS OBSERVED. WHEN T.O FIRE SERVICES APPEARED ON SITE THERE WAS STILL ARCHING AT THE FIRE AND IT WAS EXTINGUISHED WITH FIRE EXTINGUISHERS. SEE NOTIFICATION 17627014 FOR REPAIRS BY LEN ELECTRICAL (DISCUSSED CUTTING BACK AND ISOLATING THE DAMAGED CABLES ABOVE & BELOW).

AUG 20/22 BDEMASI - WIP, LEC HAS STARTED TO CUT BACK THE DAMAGED CABLES AND REFEED THE AFFECTED AREA'S. TEMP APPROVED PNL'S WILL BE INSTALLED IN THE CORRIDORS WITH 24 HR SECURITY WATCH ADJACENT TO THE EQUIPMENT. LEC WILL REMOVE CABLES TO RECONNECT TEMP AND ENSURE GROUNDING/BONDING WILL BE THE SAME AS BEFORE. AFFECTED COREFLEX CABLES ARE 350MCM.

SAP Notification Printout

AUG 25/22 BDEMASI - SPV, LEC CALLED RE COMPLETING THE TEMP WIRING DUE TO THE FIRE. INSTRUCTED THE LEC TO CALL THE CSC AND HAVE THE AREA INSPECTOR GO IN. SHERMETZ ADVISED HE WAS NOT ABLE TO GO TODAY. TEMP SERVICE/WIRING COMPLETED, ADVISED OF UNSCHEDULED OVERTIME FEE.

AUG 25/22 BDEMASI - CALLED THE CSC AND REQUESTED THIS PERMIT BE CLOSED AND IN IT'S PLACE A TEMP WIRING NOTIFICATION BE OPENED, TRANSFER ALL DETAILS FROM THIS NOTIFICATION TO THE NEW TEMP PERMIT AND ADD THE X3 MI07 UNSCHEDULED OVERTIME FEE'S. ALSO, ADD THE X2 600A/120V/208V/3P/4W PNLs, 12 SPIDER APPROVED SPIDER BOXES.

AS PER SR INSPECTOR BENITO CANCELLED NOTIFICATION NUMBER 17627014 AND CREATED NEW ONE FOR TEMPORARY SERVICES

20220826 by - Linked Notifications:

0017627014, 0070233532

14 LV DISTRIBUTION EQUIPMENT

600 AMP

- 2 Panelboards

600 AMP

- 12 Other

30 AMP SPIDER BOXES

3 Overtime

- 3 Unscheduled

20220923 By ESASAFE\ - Notifications linked to 17635289:

17670478

20221026 By ESASAFE\ - Notifications linked to 17635289:

17711675

Time Confirmations:

<u>TC.Date</u>	<u>Insp Action</u>	<u>Inspector</u>
<u>Details</u>		
2022/08/20	WIP	Demasi, Benito
2022/08/20	WIP	Demasi, Benito
2022/08/25	SEPV	Demasi, Benito

SAP Notification Printout

Fee Items:

<u>Date</u>	<u>Qty</u>
2022/08/26	12

Fee Item Description:

LV ICIA DISTRIBUTION EQUIPMENT 0-225A

Fee Item Long Text:

2022/08/26	2
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Fee Item Description:

LV ICIA DISTRIBUTION EQUIPMENT 226A-799A

Fee Item Long Text:

2022/08/26	3.000
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Fee Item Description:

OVERTIME FEE- UNSCHEDULED

Fee Item Long Text:

SAP Notification Printout

Notification No: 17670478

Printout Date:	2023/01/09	Inspector:	Steven Hermetz
Notification Type:	Z1	Inspector ID:	
Code Group:	W-WIRING	Inspector Phone:	██████████
User status:	REDY	Area ID:	
Insp Requested:	Follow-up	Purchase Order #:	
Priority:		Notification Date:	2022/09/23
Short Text:	WIRING INSPECTION	Required Start Date:	2022/12/23
Supply Authority:	TORONTO HYDRO NORTH EAST	Completion Date:	

Applicant Info:

Account #:
MN ELECTRIC CO LTD
1050 BRITANNIA RD E U4
MISSISSAUGA ON L4W 4N9
Contact Name:
License #: 0007000196
Phone: ██████████
Fax: ██████████
E-mail:

Site Info:

95 THORNCLIFFE PARK DR
95 THORNCLIFFE PARK DR
TORONTO ON M4H 1L7
Alternate City:
Site Contact:
Phone:
Fax:
E-mail:
Cell

Comments:

SEP 23/22 SUBMITTED BY - REC'D BY PHONE:
EMERGENCY ATS INSTALL.
20220923 by - Linked Notifications:
0017635289, 0070233532, 0020600446
1 LV DISTRIBUTION EQUIPMENT
200 AMP
- 1 Transfer Switches
200 AMP

SEP 23/22 SUBMITTED BY - REC'D BY PHONE: ARMANDO DE LUCA
CHARGED OT FEES AS PER INSPECTOR ARMANDO DE LUCA
1 Overtime
- 1 Unscheduled
20221026 By ESASAFE\ - Notifications linked to 17670478:
17711675

Time Confirmations:

<u>TC.Date</u>	<u>Insp Action</u>	<u>Inspector</u>
2022/09/23	SEPV	De Luca, Armando Gabriel

SAP Notification Printout

Fee Items:

<u>Date</u>	<u>Qty</u>
2022/09/23	1

Fee Item Description:

LV ICIA DISTRIBUTION EQUIPMENT 0-225A

Fee Item Long Text:

2022/09/23	1.000
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Fee Item Description:

OVERTIME FEE- UNSCHEDULED

Fee Item Long Text:

Investigations

AUG 22/22 SUBMITTED BY CSR - REC'D BY EMAIL: INSPECTOR
UPDATED SITE NAME FROM PROPERTY OWNER TO MORGUARD INVESTMENTS LIMITED AS PER INSPECTOR
20220826 By ESASAFE\ - Notifications linked to 70233532:
17635289

20220923 By ESASAFE\ - Notifications linked to 70233532:
17670478

OCT 24/22 SUBMITTED BY CSR - REC'D BY PHONE:
ADVISED HUGE ELECTRICAL SURGE OCCURRED ON TUES OCT 18, 2022 BY
THE BUILDING CONNECTING A NEW PANEL , WORK DONE ON 42ND FLOOR, ALSO INCINERATED THE INSULATION
FROM HVAC UNITS, AND BURNING SMELLS FROM HVAC VENTS. [REDACTED] ADVISED THAT THERE WILL BE ANOTHER
ATTEMPT AT THE INSTALLATION ON WED OCT 26, 2022.

OCT 24/22 SUBMITTED BY CSR - REC'D BY PHONE:
CELL PHONE NUMBER IN CASE [REDACTED] NOT HOME DURING THE INSPECTION

Oct.25/2022 Spoke to LEC and [REDACTED] may have had a window AC
unit fail. Reached out to LEC attached to the repairs at the building
to determine what type of repairs are being completed at the moment.
Fwd.3 days for follow up. LEC on site is [REDACTED]. Upon further
discussion there was issue with the elevators being tied to the
generator noted two weeks ago. Will speak to engineer on site to
determine what has happened.

S.Hermetz
20221026 By ESASAFE\ - Notifications linked to 70233532:
17711675

Oct.27/2022 Spoke to onsite rep [REDACTED]. He will
have discussion with building managers and trades in regards to the
above. Fwd. ahead to next week to discuss on site or phone.

S.Hermetz
Oct.31/2022 Spoke to [REDACTED] again. He acknowledged there was an incident
where the neutral was livened on the East side through floors 24-35.
He is going to hire an LEC to verify devices, panels and plugged in
loads in each unit to verify their state.
Will start new Z7 to track outcome.

S.Hermetz
Nov.9/2022 have not recieved follow up letter from LEC regarding
inspection performed on floors 24-35. LEC is
Contact Phone # [REDACTED]
. Will send follow up email again.

S.Hermetz
Nov.10/2022 Follow up email of insp. performed by LEC after incident of
neutral being livened up during commisioning of bus riser failure. See
email below. Riser has now been repaired also. See z1 17711675 for
repair.

Electrical inspection performed for the property on November 3rd, 2022.
Inspection covered floors 24 to 34 (units 1-5 only on each floor).
All devices and electric panels inside the units were inspected for
any damage to the device and/or wiring.
Following the completed inspection, there was no damage to any device
or wiring to report. The only damages found were to appliances
reported by tenants. It is unconfirmed as to when these appliances no
longer operated normally. They are as follows:

- [REDACTED] -microwave, stereo receiver, stereo cassette tape player,
2 alarm clocks
- [REDACTED] - power bar
- [REDACTED] - no access due to COVID

Investigations

- [REDACTED] - stove, dishwasher, oven
- [REDACTED] - oven
- [REDACTED] - microwave, PC speaker set, subwoofer, 2alarm clocks, computer
- [REDACTED] - dishwasher
- [REDACTED] - computer
- [REDACTED] - oven
- [REDACTED] - dishwasher
- [REDACTED] - stove
- [REDACTED] - express pot, computer, stereo cassette tape player
- [REDACTED] - printer, phone wall unit, microwave

If any further information is needed regarding the inspection, please feel free to contact me anytime.

Thank you,

I Service Manager

Len Electric Corp

Ecra/Esa Lic #7007511

Previous Activity

Previous Inspection Date: 2022/10/31 Hermetz, Steven

Previous Inspection Date: 2022/10/27 Hermetz, Steven

Previous Inspection Date: 2022/08/19 Demasi, Benito

Previous Inspection Date: 2022/11/10 Hermetz, Steven

Previous Inspection Date: 2022/11/10 Hermetz, Steven

Previous Inspection Date: 2022/11/09 Hermetz, Steven

CRM Clerk Notes EMAIL

REPORTS Updated by batch proc. - see short text. Completed by Auto Complete on 2022/11/11

Continuous Safety Services Site Visit Report

The following CSS report was created on 2022/12/06. The findings in this report were as a result of an audit of the electrical work done at your facility or a review of the outstanding electrical defects. The first section of the report outlines our current findings while the second section identifies all outstanding electrical defects. ** WITHIN 30 DAYS OF RECEIVING THIS REPORT, please notify your inspector of the correction status or the correction plan for all the electrical defects identified.

Customer Information	Site Information
MORGUARD RESIDENTIAL S1000 55 CITY CENTRE DRIVE MISSISSAUGA, ON Attn:	LEASIDE TOWERS 95 95 THORNCLIFFE PARK DR TORONTO, ON Attn:

Issue Date: 2022/12/06
Purpose of Visit: Inspection
Visit Contact:

Inspector Name: Alex Zandi
Inspector Cell #: [REDACTED]
Inspector Email: [REDACTED]

Defects				
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1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">Risk Factor</td> <td style="width: 15%;">Notification #: 20600446</td> <td style="width: 25%;">Issue Date: 2022-12-06</td> <td style="width: 25%;">Defect Status: Outstanding</td> <td style="width: 25%; text-align: center;">Initial if corrected</td> </tr> <tr> <td style="text-align: center;">Medium</td> <td>Rule Reference: 12-114 Make safe unused conductors</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Defect Location: Unit # [REDACTED] bedroom</td> <td></td> <td>Defect #: 24</td> <td></td> </tr> </table>	Risk Factor	Notification #: 20600446	Issue Date: 2022-12-06	Defect Status: Outstanding	Initial if corrected	Medium	Rule Reference: 12-114 Make safe unused conductors					Defect Location: Unit # [REDACTED] bedroom		Defect #: 24		<p>Code Rule: OESC 2021 Rules 12-114, 2-130 and 12-3000 - Incomplete or unused wiring is required to be disconnected, removed or to made safe by terminating in approved enclosures. See Bulletin 12-25-*</p> <p>Inspector Comments: There are some unused conductors in unit #2009 bedroom ceiling. The light fixture is missing.</p>		
Risk Factor	Notification #: 20600446	Issue Date: 2022-12-06	Defect Status: Outstanding	Initial if corrected															
Medium	Rule Reference: 12-114 Make safe unused conductors																		
	Defect Location: Unit # [REDACTED] bedroom		Defect #: 24																
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Risk Factor	Notification #: 20600446	Issue Date: 2022-12-06	Defect Status: Outstanding	Initial if corrected															
Medium	Rule Reference: 12-114 Make safe unused conductors																		
	Defect Location: Unit # [REDACTED] kitchen		Defect #: 25																
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Risk Factor	Notification #: 20600446	Issue Date: 2022-12-06	Defect Status: Outstanding	Initial if corrected															
Medium	Rule Reference: 12-114 Make safe unused conductors																		
	Defect Location: Unit # [REDACTED] hallway & bedroom		Defect #: 26																
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Risk Factor	Notification #: 20600446	Issue Date: 2022-12-06	Defect Status: Outstanding	Initial if corrected															
Medium	Rule Reference: 02-300 Maintain electrical equipment																		
	Defect Location: Unit # [REDACTED] kitchen		Defect #: 27																
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Risk Factor	Notification #: 20600446	Issue Date: 2022-12-06	Defect Status: Outstanding	Initial if corrected															
Medium	Rule Reference: 14-204 15A gen purp ccts, fuse rej req'd																		
	Defect Location: Unit # [REDACTED] electrical panel		Defect #: 28																

Recommendations				
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Continuous Safety Services Site Visit Report

6	Risk Factor	Notification #: 20600446	Issue Date: 2022-12-06	Defect Status: Completed	Initial if corrected
	N/A	Rule Reference: 02-003&02-006 Logbook Review		Defect #: 23	
Code Rule: An audit of the electrical work recorded in the logbook was conducted and there were no defects identified.					
Inspector Comments:					

Thank you for giving us the opportunity to help you improve the safety of your facility. Your attention to the defects identified in this report will ensure continued safety on your premises. Should you have any questions regarding the items listed in this report, please do not hesitate to contact us.

Can your employees identify electrical hazards in the workplace? Do your electrical workers and maintenance staff understand the requirements of the OESC? ESA encourages supervisors and workers to continually improve their knowledge and follow safe work practices. Visit www.esasafe.com and choose "Safety and Technical Training" for dates and locations of workshops in your area or contact us at 1-877-854-0079.

Outstanding Defect Summary Report

The following list of defects are still outstanding from previous inspection visit(s). These items not only represent contraventions to the Ontario Electrical Safety Code but they also expose workers and employees to an electrical safety risk. As per Rule 2-018 of the Electrical Safety Code, all defects regardless of the risk factor assigned must be corrected as soon as possible. **** PLEASE NOTIFY YOUR INSPECTOR BY EMAIL WITHIN 30 DAYS OF RECEIVING THIS REPORT the correction status or the correction plan for the electrical defects listed below.**

Customer Information	Site Information
MORGUARD RESIDENTIAL S1000 55 CITY CENTRE DRIVE MISSISSAUGA, ON Attn:	LEASIDE TOWERS 95 95 THORNCLIFFE PARK DR TORONTO, ON Attn:

Outstanding Defects

1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Risk Factor</th> <td style="text-align: center;">Medium</td> </tr> </table>	Risk Factor	Medium	Notification #: 20600446 Issuing Inspector Name: Alex Zandi Site Visit Contact:	Issue Date: 2022-09-13	Defect #: 8	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Initial if corrected</th> <td style="width: 50px;"> </td> </tr> </table>	Initial if corrected	
Risk Factor	Medium								
Initial if corrected									
Rule Reference: 14-204 15A gen purp ccts, fuse rej req'd Defect Location: Unit # [REDACTED] electrical panel Code Rule: OESC 2021 Rule 14-204 1) - General purpose lighting and receptacle branch circuit fusing shall not exceed 15 amperes. Fuse rejectors shall be installed to prevent overfusing. Inspector Comments: There is one 20 amp. fuse in the unit # [REDACTED] electrical panel.									
2	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Risk Factor</th> <td style="text-align: center;">Medium</td> </tr> </table>	Risk Factor	Medium	Notification #: 20600446 Issuing Inspector Name: Alex Zandi Site Visit Contact:	Issue Date: 2022-09-13	Defect #: 9	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Initial if corrected</th> <td style="width: 50px;"> </td> </tr> </table>	Initial if corrected	
Risk Factor	Medium								
Initial if corrected									
Rule Reference: 02-300 Maintain electrical equipment Defect Location: Unit # [REDACTED] Code Rule: OESC 2021 Rule 02-300 - Repair or replace damaged electrical equipment. Inspector Comments: There is a broken/cracked light switch cover plate in unit # [REDACTED] bathroom located close to the entry door.									
3	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Risk Factor</th> <td style="text-align: center;">Medium</td> </tr> </table>	Risk Factor	Medium	Notification #: 20600446 Issuing Inspector Name: Alex Zandi Site Visit Contact:	Issue Date: 2022-09-13	Defect #: 10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Initial if corrected</th> <td style="width: 50px;"> </td> </tr> </table>	Initial if corrected	
Risk Factor	Medium								
Initial if corrected									
Rule Reference: 02-022 Approved equipment only Defect Location: Unit # [REDACTED] kitchen Code Rule: OESC 2021 Rule 02-022 - No person shall use, advertise, display, sell, offer for sale or other disposal any electrical equipment unless it has been approved in accordance with Ontario Regulation 438/07 and Rule 2-024. Inspector Comments: There is an unapproved exhaust hood in unit # [REDACTED] kitchen.									
4	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Risk Factor</th> <td style="text-align: center;">Medium</td> </tr> </table>	Risk Factor	Medium	Notification #: 20600446 Issuing Inspector Name: Alex Zandi Site Visit Contact:	Issue Date: 2022-09-13	Defect #: 12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Initial if corrected</th> <td style="width: 50px;"> </td> </tr> </table>	Initial if corrected	
Risk Factor	Medium								
Initial if corrected									
Rule Reference: 14-204 15A gen purp ccts, fuse rej req'd Defect Location: Unit # [REDACTED] electrical panel Code Rule: OESC 2021 Rule 14-204 1) - General purpose lighting and receptacle branch circuit fusing shall not exceed 15 amperes. Fuse rejectors shall be installed to prevent overfusing. Inspector Comments: There is one 30 amp. fuse in the unit # [REDACTED] electrical panel.									
5	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Risk Factor</th> <td style="text-align: center;">Medium</td> </tr> </table>	Risk Factor	Medium	Notification #: 20600446 Issuing Inspector Name: Alex Zandi Site Visit Contact:	Issue Date: 2022-09-13	Defect #: 14	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Initial if corrected</th> <td style="width: 50px;"> </td> </tr> </table>	Initial if corrected	
Risk Factor	Medium								
Initial if corrected									
Rule Reference: 12-3000 Box/device covers req'd Defect Location: Unit # [REDACTED] - throughout Code Rule: OESC 2021 Rule 12-3000 5) - Cover plates are required on all devices. Inspector Comments: There are multiple devices with missing cover plate throughout unit # [REDACTED].									

Outstanding Defect Summary

6	Risk Factor	Notification #: 20600446 Issuing Inspector Name: Alex Zandi Site Visit Contact:	Issue Date: 2022-09-13	Defect #: 15	Initial if corrected
	Medium	Rule Reference: 14-204 15A gen purp ccts, fuse rej req'd Defect Location: Unit # [REDACTED] electrical panel Code Rule: OESC 2021 Rule 14-204 1) - General purpose lighting and receptacle branch circuit fusing shall not exceed 15 amperes. Fuse rejectors shall be installed to prevent overfusing.			

Inspector Comments: There are one 20 amp. & one 30 amp. fuses in the unit # [REDACTED] electrical panel.

7	Risk Factor	Notification #: 20600446 Issuing Inspector Name: Alex Zandi Site Visit Contact:	Issue Date: 2022-09-13	Defect #: 16	Initial if corrected
	Medium	Rule Reference: 02-034 Equipment to be approved for use Defect Location: Unit # [REDACTED] electrical panel Code Rule: OESC 2021 Rule 02-034 - The equipment noted below is not approved for its intended use or is not installed as specified by the manufacturer.			

Inspector Comments: There is a defective panel in unit # [REDACTED]. The panel cover is covered with paint & it could not be opened.

8	Risk Factor	Notification #: 20600446 Issuing Inspector Name: Alex Zandi Site Visit Contact:	Issue Date: 2022-10-21	Defect #: 22	Initial if corrected
	Medium	Rule Reference: 02-018 3) Defects > 30 days Defect Location: Code Rule: Rule 02-018 3) - Outstanding defects greater than 30 days. The Electrical Safety Authority may, by notice in writing, require any owner or occupant of land, buildings, or premises, upon or within which is found an electrical installation in which a condition dangerous to persons or property has developed, to make such changes in the electrical installation as are necessary to remedy the condition.			

Inspector Comments:



www.esasafe.com

400 Sheldon Dr, Unit 1, Cambridge, ON, N1T 2H9
 Toll Free Tel: 1-877-372-7233 Toll Free Fax: 1-800-667-4278
 esa.cambridge@electricalsafety.on.ca

Certificate of Acceptance

MACVIVE ELECTRIC

551 WEST MALL U1222

TORONTO ON

M9C 1G7

Telephone: [REDACTED]

Fax:

Email:

Notice Date:	May 09, 2022
Notification Number:	17492520
Print Date:	May 09, 2022
Customer ID:	[REDACTED]
Licence Number:	7010190
Cust. Order:	[REDACTED]

RE

LEASIDE TOWERS 95

LEASIDE TOWERS 95

95 THORNCLIFFE PARK DR

TORONTO ON M4H 1L7

We hereby certify that the electrical installation at the aforementioned address, and as described herein, is accepted in accordance with the requirements of the Ontario Electrical Safety Code.

Locations: MAIN ELECTRICAL ROOM

Work Item	Description	Quantity
1	SMALL JOB (1-20 DEVICES) Switches 1.000 Other 2.000, COVER PLATES	3

The Electrical Safety Authority (ESA) operates as a delegated authority on behalf of the provincial government in accordance with Part VIII, section 113 of the Electricity Act, 1998, S.O. 1998, c.15, Sched. A.(the Act), and the Safety and Consumer Statutes Administration Act, 1996, S.O. 1996, c.19. ESA's mandate is to administer the Act and corresponding Regulations on behalf of the Province of Ontario.

ESA is a not-for-profit corporation under the direction and control of a Board of Directors and is accountable to the Ministry of Government and Consumer Services in accordance with an Administrative Agreement.