

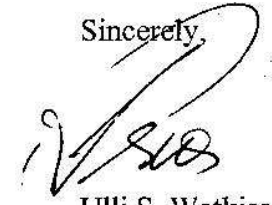
Jutta Mason

May 31, 2005

In response to your third question, the Health & Safety Unit, which is a Unit within the Human Resources Division, supports the Parks, Forestry and Recreation Division with a dedicated staff for occupational health and safety matters related to City of Toronto workplaces and employees.

Should you have any questions about this letter, please contact Rob Candy, Acting Manager, at (416) 392-4901. Mr. Candy is located at Metro Hall, 7th Floor, 55 John Street, Toronto, Ontario M5V 3C6.

Sincerely,



Ulli S. Watkiss
City Clerk.



Corporate Access & Privacy Office
City Clerks

Access/Correction Request

Metro Hall
Station 1071, 7th Floor
55 John Street
Toronto, Ontario, M5V 3C6
Tel: 416-392-9684

Municipal Freedom of Information and Protection of Privacy Act/Personal Health Information Protection Act

Application Fee *\$5.00. An application fee of \$5.00 is to accompany all requests for information and/or correction requests. Please make cheque/money order payable to City of Toronto. Forward to the Corporate Access and Privacy Office at Station 1071, 7th Floor, Metro Hall, 55 John Street, Toronto, ON M5V 3C6.

Please include a copy of a signed form of identification, with any request for your own personal or personal health information.

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information/Personal Health Information <input type="checkbox"/> Correction of Own Personal Information/Personal Health Information	City of Toronto Identify Dept.: <u>Corporate Services</u> <u>H.R. Business Unit</u> <u>Parks & Recreation</u> Other Institution: _____ (If applicable) _____
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Last Name <u>Mason</u>	First Name <u>Jutta etc.</u>	Initial ()	Daytime Telephone No. ()		
Address	Suite	City/Town	Prov.	Postal Code	Evening Telephone No. ()

Detailed description of requested records, personal information records or personal information to be corrected. ** If you are requesting a correction of personal information, please indicate the desired correction and attach any supporting documentation.

Health & Safety Unit pictured in MESA newsletter (attached)
 → 1. How many are consultants?
 2. Amount of Health & Safety Unit contract * with the City each year since it was formed
 3. Description of work
 * i.e. how much did the City pay for these contracted services by these consultants

Preferred method of access to records: Examine Original Or Receive Copy
 * Fees: Please note processing costs (i.e., photocopying, postage) may apply. [Click here to see fee schedule.](#)

Signature Of Applicant _____ Date _____
 Day Month Year

Office Use Only			
<input type="checkbox"/> MFIPPA	<input type="checkbox"/> PHIPA	<input type="checkbox"/> BOTH	
Date Request Received	Date Application Fee Received	Date Due	Request Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day Month Year	Day Month Year	Day Month Year	

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Director, Corporate Access and Privacy Office, at (416) 392-9683.