



Office of the Public Sector  
Integrity Commissioner  
of Canada

Commissariat à l'intégrité  
du secteur public  
du Canada

# Findings of the Public Sector Integrity Commissioner in the Matter of an Investigation into a Disclosure of Wrongdoing

## Correctional Service Canada

Case Report  
March 2024

The report is available on our website: [www.psic-ispcc.gc.ca](http://www.psic-ispcc.gc.ca)

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Public Sector  
Integrity Commissioner



Commissariat  
à l'intégrité du secteur public

Ottawa, Canada K1P 5Y7

The Honourable Raymonde Gagné, Senator  
Speaker of the Senate  
The Senate  
Ottawa, Ontario K1A 0A4

Dear Madam Speaker:

I have the honour of presenting you with the Office of the Public Sector Integrity Commissioner of Canada's Case Report of Findings in the Matter of an Investigation into a Disclosure of Wrongdoing at Correctional Service Canada, which is to be laid before the Senate in accordance with subsection 38(3.3) of the Public Servants Disclosure Protection Act.

The report contains the findings of wrongdoing, the recommendations made to the chief executive, the chief executive's written comments and my opinion as to whether the chief executive's response to the recommendations is satisfactory.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'H. Solloway'.

Harriet Solloway  
Public Sector Integrity Commissioner  
Ottawa, March 2024

Public Sector  
Integrity Commissioner



Commissariat  
à l'intégrité du secteur public

Ottawa, Canada K1P 5Y7

The Honourable Greg Fergus, P.C., M.P.  
Speaker of the House of Commons  
House of Commons  
Ottawa, Ontario K1A 0A6

Dear Mr. Speaker:

I have the honour of presenting you with the Office of the Public Sector Integrity Commissioner of Canada's Case Report of Findings in the Matter of an Investigation into a Disclosure of Wrongdoing at Correctional Service Canada, which is to be laid before the House of Commons in accordance with subsection 38(3.3) of the Public Servants Disclosure Protection Act.

The report contains the findings of wrongdoing, the recommendations made to the chief executive, the chief executive's written comments and my opinion as to whether the chief executive's response to the recommendations is satisfactory.

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Harriet Solloway  
Public Sector Integrity Commissioner  
Ottawa, March 2024

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## Foreword

This Case Report of founded wrongdoing, which has been tabled in Parliament as required by the Public Servants Disclosure Protection Act (the Act), presents the findings of an investigation into the management of a water and chemical leak from a facility of the District Heating System at a Correctional Service Canada (CSC) institution that was leaching chemicals into the soil.

The Act provides a confidential whistleblowing mechanism for public servants and members of the public to disclose information related to wrongdoing in the federal public sector. Following a disclosure, the Office of the Public Sector Integrity Commissioner of Canada (the Office) launched an investigation into an allegation that CSC management committed wrongdoing when they did not adequately or promptly respond to a serious leak at one of their correctional facilities, despite being aware of the leak and receiving advice from experts that the situation needed to be urgently addressed.

This report highlights the importance of management accountability. Many individuals in management positions were aware of the leak, and they failed to take sufficient action to mitigate impacts over a period of years. As a result, millions of litres of chemically treated water leached into soil near an aquifer, agricultural lands, and salmon habitats.

Harriet Solloway  
Public Sector Integrity Commissioner

## Mandate

The Office contributes to strengthening accountability and increases oversight of government operations by:

- providing an independent and confidential process for receiving and investigating disclosures of wrongdoing in, or relating to, the federal public sector, from public servants and members of the public;
- reporting founded cases of wrongdoing to Parliament and making recommendations to chief executives on corrective measures; and
- providing a mechanism for handling complaints of reprisal from public servants and former public servants, with for the purpose of coming to a resolution including referring cases to the Public Servants Disclosure Protection Tribunal.

The Office is an independent organization that was created in 2007 pursuant to the Act.

Section 8 of the Act defines wrongdoing as:

- (a) a contravention of any Act of Parliament or of the legislature of a province, or of any regulations made under any such Act, other than a contravention of section 19 of this Act;
- (b) a misuse of public funds or a public asset;
- (c) a gross mismanagement in the public sector;
- (d) an act or omission that creates a substantial and specific danger to the life, health or safety of persons, or to the environment, other than a danger that is inherent in the performance of the duties or functions of a public servant;
- (e) a serious breach of a code of conduct established under section 5 or 6;
- (f) knowingly directing or counselling a person to commit a wrongdoing set out in any of paragraphs 8(a) to 8(e).

The purpose of investigations into disclosures is, according to the Act, to bring the existence of wrongdoing to the attention of the organization's chief executive and to make recommendations for corrective action.

According to case law, the purpose of the Act is to enable “federal government employees to bring to light wrongdoings in the public sector without fear of reprisal.” It is “designed to ensure that Canadians are protected by a lawful, transparent and uncorrupted public service.” The Act “addresses wrongdoings of an order of magnitude that could shake public confidence if not reported and corrected. When the Commissioner is ‘dealing with’ an allegation of wrongdoing, it is something that, if proven, involves a serious threat to the integrity of the public service<sup>1</sup>.”

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1 Canada (Attorney General) v. Canada (Public Sector Integrity Commissioner), 2016 FC 886

## The Disclosure

On January 19, 2022, the Office received a disclosure of wrongdoing relating to the management of a leak at the Matsqui Complex in Abbotsford, British Columbia.

My predecessor launched an investigation into the allegation that CSC management committed gross mismanagement when they failed to take timely and adequate action to locate and repair a leak at the Matsqui Complex, allowing chemically treated water to leach into surrounding soil for nearly four years.

## About the Organization

CSC is the federal government agency responsible for managing institutions of various security levels. It operates under three levels of management: National, Regional, and Institutional/District Parole Offices. The National management is headquartered in Ottawa and the Regional management is located in five regions: Atlantic, Quebec, Ontario, Prairies and Pacific. The allegations under investigation concern events that occurred between 2017 and 2021 at the Matsqui Complex in the Pacific Region.

The Pacific Institution is a multi-level complex located on Federal Reserve land in Abbotsford, British Columbia. It is situated on top of three aquifers, one of which flows into a salmon-bearing stream. The Pacific Institution is co-located on the Federal Reserve land housing the Matsqui Complex with the Matsqui Medium Security Institution (the Matsqui Institution), the Fraser Valley Institution for Women, the Community Corrections Administration Office, and the Regional Supply Depot.

The Central Heating Plant (CHP) is active 24 hours a day and its main purposes are to supply hot water for domestic use and heat the three institutions of the Matsqui Complex, which houses over 1,070 inmates. The Plant carries hot water through an underground district hot water heating piping system (District Heating System) that is buried approximately four to five feet below ground level.

## Results of the Investigation

The investigation found that CSC management committed gross mismanagement when they did not adequately respond to the leak in a timely manner.

## Overview of the Investigation

Ms. Josiane Garneau, an Investigator with the Office, led the investigation with support from Ms. Christine Denis, a Senior Investigator. They interviewed 14 individuals and reviewed numerous documents.

As required under the Act, CSC's personnel fully cooperated with the investigation.



In keeping with our obligation to uphold natural justice and procedural fairness, the Office provided CSC with full and ample opportunity to respond to the allegations through the provision of a preliminary investigation report (PIR) for review and comment.

In arriving at my findings, I have given due consideration to all information received throughout the course of the investigation, including the comments in response to the PIR.

## **Factors Considered in Determining Wrongdoing**

For the Commissioner to make a finding that wrongdoing was committed, as defined under section 8 of the Act, the standard of proof that applies is a balance of probabilities. In Canadian law, this standard of proof is generally defined as meaning that one conclusion is more probable than another or, in other words, that there is a greater likelihood of one thing than another.

### ***Gross Mismanagement***

The factors that the Office considers in making a finding of gross mismanagement under paragraph 8(c) of the Act include, but are not limited to:

- matters of significant importance;
- serious errors that are not debatable among reasonable people;
- more than minor wrongdoing or negligence;
- management action or inaction that creates a substantial risk of significant adverse impact upon the ability of an organization, office or unit to carry out its mandate;
- management action or inaction that poses a serious threat to public confidence in the integrity of the public service, and that does not primarily concern a personal matter, such as individual harassment complaints or individual workplace grievances;
- the deliberate nature of the wrongdoing; and
- the systemic nature of the wrongdoing.

## **Summary of Findings**

Information obtained during the investigation shows that CSC management at the Matsqui Complex failed to take reasonable action to repair the leak in a timely manner.

### ***Leak is Reported***

In August 2017, an engineer noticed a problem when he checked the water flow meter and sight glass tube for the system. The water flow meter measures the quantity of water that the CHP takes from the Abbotsford water system, and the sight glass tube is used to monitor the minimum level of chemically treated water required to operate the District Heating System, as well as detect any water loss. CHP

employees are responsible for mixing the anti-corrosion chemical substances and adding this mixture to the boiler water. Water levels are measured and recorded daily for comparison with previous days. When water loss is detected, CHP employees add the mixture of anti-corrosion chemicals and water to compensate for losses, to maintain proper operations of the CHP.

On August 28, 2017, immediately upon becoming aware of the loss of water in the system, the engineer reported a leak to CSC management, noting that there was a “substantial leak” in the Matsqui Complex Heating Loop and that he would request help from maintenance staff immediately. He also asked employees to check all mechanical rooms for leaks.

According to expert witnesses interviewed by the Office, the only way to locate and repair such a leak is by excavating and exposing the pipes and applying pressure to them. In September 2017, an engineer recommended proceeding with excavation to locate the leak.

It is important to note that the issue of the leak was raised multiple times and through multiple channels for nearly four years. Those with engineering expertise believed it was their responsibility to make management aware, and to push for a solution. Lack of awareness on the part of CSC management did not contribute to the problem.

### ***Locating the Leak***

In September 2017, an engineer recommended excavation of the system to locate the leak. In October 2017 excavation began but had to be suspended for the winter due to the ground freezing. In July 2018, the engineer sent an email to CSC management noting, “this leak needs to be addressed.” In his message, the engineer noted that by the end of the month, approximately 1,100,000 litres of chemically treated hot water would have leaked into the ground, and that he had an “ethical and moral obligation” to inform management.

Between April and September 2018, CSC management failed to heed the advice of the engineer and excavate the pipes. Instead, they performed exploratory digging and CHP employees performed several valve shutdowns. These efforts were not successful in finding the leak.

In September 2018, rather than following the advice of the engineer, CSC management requested that Public Services and Procurement Canada initiate a procurement process to engage a company to find the leak using hydrovac technology. Hydrovac is an equipment that uses high-pressure water to cut and liquefy soil while simultaneously using high volume vacuum to remove the soil from the excavation site. This work was conducted in October 2018 and was unsuccessful in locating the leak.

In an interview with the Office, an engineer at the CHP noted that in spring 2019 several employees asked CSC management to look for the leak, but no work was carried out in the summer or fall 2019. The engineer confirmed that chemically treated hot water continued to leak into the ground in 2019. The majority of witnesses interviewed by the Office stated that in 2019 CSC management gave up on trying

to find the leak, justifying their purposeful inaction by pointing to ongoing discussions about the possible closure of the CHP, and its eventual replacement with a decentralized system. At the time of the investigation, the CHP was still in operation, with work to decentralize it not completed.

The cost of finding the leak was also cited as a rationale for not taking action. A manager stated during his interview that no excavation was carried out between 2019 and 2021, because the necessary funds were not available, and additional funding would need to be requested from Pacific Regional Headquarters or National Headquarters. There is no evidence that such a request was ever made.

The engineer continued to raise the alarm throughout 2020 and 2021, but he was ignored. CSC management did not seem to believe the leak was worsening as, despite their lack of engineering expertise, they did not believe that the sight glass tube was an accurate method for identifying a leak. Some managers went so far as to suggest that the monitoring equipment was not “scientific enough.” These assertions were made by managers who did not possess engineering expertise to make such determinations.

As the leak increased so did water loss in the system. This water loss necessitated an increase in the use of anti-corrosion chemicals, as replacement water needed to be added to the system to make up for the leak. In December 2020, a manager noticed that “more and more” of the anti-corrosion chemicals were being used, which was becoming expensive. He then made the decision to stop buying the chemical, and none was added to the boiler between January and February 2021. In February 2021 it was decided that cheaper and more environmentally friendly anti-corrosion chemicals would be used in the system. It is not clear why this decision was delayed until 2021. An earlier implementation of this decision would have led to lower costs.

Finally, on April 29, 2021, excavation of the entire pipe system was undertaken, nearly four years after an engineer’s recommendation. As a result, multiple leaks were eventually found. By that time, according to CSC engineering personnel, millions of litres of chemically treated hot water had seeped into the ground.

In May 2021, the leak got out of control and CHP employees had to run two makeup water pumps 24 hours a day, and could not keep up, even by adding cold water. Adding cold water to the boiler posed a mounting risk of an explosion caused by thermal shock, and on May 20, 2021, an engineer filed a Notification of Occupational Health and Safety Complaint with a manager, pursuant to section 127.1 of the Canada Labour Code. The complaint was resolved the same day when the water was shut off by an engineer, against the direction of CSC management. Due to the need for this shutdown, the Matsqui Institution, which houses more than 400 inmates, was without domestic hot water and space heating between May 20 and 22, 2021.

On May 25, 2021, after excavating and exposing the pipes under the Matsqui Institution, the leak was found and fully repaired. Several witnesses interviewed by our Office stated that this major leak could have been prevented had it been found and repaired in a timely manner.

### ***Management Knowledge and Inaction***

The leak continued for close to four years.

As mentioned above, CSC operates under three levels of management: National Headquarters in Ottawa, along with Regional Headquarters and Institutional/District Parole Offices. The Pacific Regional Headquarters included, among others, managerial positions with responsibilities requiring a thorough knowledge of engineering to fully accomplish the roles and responsibilities required by their work descriptions. While CSC establishes the work description and requirements for a specific position, the investigation revealed that some of the managerial positions within the Pacific Regional Headquarters were filled by non-engineers although their positions were in the Engineering (EN-ENG) group. It is also notable that a manager admitted that he was unable to perform all the duties in his work description, such as providing engineering advice regarding leaks.

Despite the lack of engineering expertise within CSC management, it appears that they tended not to believe employees and failed to entertain the concerns of engineers. Evidence indicates that CSC management did not believe the sight glass tube or water flow meter to be accurate indicators of a leak, even suggesting that the water flow meter was not functioning correctly. Despite these concerns, the equipment was not tested until 2021. The testing revealed that the water flow meter was in good condition and did not need adjustments.

Many witnesses expressed that they had been given to understand by CSC management that work to excavate and find the leak was not possible due to a lack of funds and future plans to close the CHP. Discussions had begun on the possibility of closing and replacing the CHP in the coming years, but as of the conclusion of the investigation, this work was not complete. While it could be argued that CSC management should not invest in a system that would be replaced, in this case, given the ongoing leak, and the uncertain nature of the discussions to replace the CHP, resources should have been put towards finding and repairing the leak. CSC management was advised that the typical timeframe for upgrading the system is four years. Consequently, it would have been essential to resolve the leak as soon as they were made aware.

The cost of excavation to locate the leak was cited by CSC management as a justification for inaction, whilst also acknowledging that no request for funds was ever submitted to Pacific Regional Headquarters or National Headquarters. Instead, CSC management relied on a lack of funds as an excuse to avoid taking action. If CSC management had taken the appropriate and necessary step of immediately informing headquarters about the leak and the need for funds, it is possible funding would have been provided, leading to the identification of the leak much sooner, with the positive impact of decreasing the amount of chemically treated water that leaked into the ground and preventing the major leak of 2021.

### ***Impact of Management Inaction***

CSC management was aware of the leak and the potential for millions of litres of chemicals to leach into ground water. When interviewed, CSC management acknowledged a lack of engineering expertise, and stated that they relied on experts for advice. Yet, they did the exact opposite, and acted upon their own opinion, rather than following engineering personnel advice.

As early as October 2018, in a document received by CSC management from Public Services and Procurement Canada, it was clear that “major line breaks can also result in an environmental contamination issue when water treatment chemicals contaminate the ground and require cleanup at significant cost.” Despite this knowledge, CSC did not test the soil until 2020. Furthermore, the contractor hired by CSC tested for the wrong type of chemical. No evidence was uncovered that can explain why tests were not conducted for the applicable chemicals. This is a serious error not debatable among reasonable people. Due to the mismanagement of the environmental testing, we are not able to conclude whether any environmental damage was caused by the chemicals in question at the relevant time. Still, evidence demonstrates that millions of litres of chemically treated water leaked into the soil.

Managing a leak of chemical substances also required adherence to CSC Commissioner’s Directive 318. This Directive requires that in cases of such a leak, the Environmental Emergency Plan should be followed and the British Columbia government be advised immediately. Evidence demonstrates that the Plan was not in place between 2017 and July 2021, and that no one reported the leak to the British Columbia government until 2021.

By failing to address the situation according to its seriousness, including by failing to conduct an environmental assessment in a timely manner, and ignoring Commissioner’s Directive 318, CSC management committed serious errors that are not trivial, and threaten the public’s confidence in the integrity of CSC.

For four years, CSC management insisted that closure of the CHP was imminent, and that therefore, no costs should be incurred to fix the leak. It was revealed that for years, CSC management failed to heed the advice of engineering experts. By ignoring the leak for many years, CSC management created a situation that allowed for a much larger and more serious leak to occur in May 2021.

### **Conclusion**

A core value in the public sector includes, among others, stewardship. Stewardship is not simply about cutting costs. The Values and Ethics Code for the Federal Public Sector defines stewardship as the responsible and careful use of public resources, for both the short term and long term. This would include proper maintenance and repair of government assets, such as heating systems.

In reviewing the evidence, it becomes clear that CSC management did not take undertake adequate and timely remedial action, demonstrating serious errors impacting safety and potentially harming the environment—not reflecting responsible stewardship of government funds and assets.

Based on the evidence, it is reasonable to assert that CSC management committed gross mismanagement in their handling of Matsqui Complex leak.

## The Commissioner's Recommendations and CSC's Response

In accordance with paragraph 22(h) of the Public Servants Disclosure Protection Act, I have made the following recommendations to Ms. Anne Kelly, Commissioner of Correctional Service Canada (CSC), in her capacity as chief executive, concerning corrective measures. I am satisfied with Ms. Kelly's responses to my recommendations. I will be requesting an update on the recommendations in the next six months to ensure they are properly addressed. With respect to CSC's response to my fourth recommendation, I am satisfied that the tests conducted to date by CSC, although not as expansive as recommended, demonstrate a low risk of contamination. As such, the need for further testing will be reviewed with CSC as part of our follow-up.

My recommendations and CSC's responses follow.

### **1. I recommend that CSC ensure that positions, including engineers, are filled in accordance with the qualification standards for the core public administration by occupational group or classification.**

*CSC has established processes in place to ensure that positions are staffed with people who meet the statement of criteria, including required competencies and qualifications. In situations where recruitment is challenging due to qualification standards, managers can reallocate some of the duties of those positions on an assignment basis while recruitment efforts are ongoing.*

*The Pacific Region has only four (4) positions that require professional engineer designations. All are EN-ENG positions that work for Technical Services and Facilities (TSF) at Regional Headquarters. Currently, three (3) of the four (4) positions are encumbered indeterminately with individuals who are qualified engineers. The incumbent of the fourth position recently deployed to another government department. A staffing process was initiated and recently completed. Efforts are underway to staff the position indeterminately with an employee who meets all of the qualification standards.*

*There also are some positions that require staff with a Power Engineering certification, which is different than degreed professional engineer. (A power engineer is a person who is certified to operate equipment and processes that are regulated by BC's boiler and pressure vessel regulation.) All of the positions requiring Power Engineering certification in this region are filled with qualified staff.*

**2. I recommend that CSC ensure that maintenance plans are up to date for aging facilities across regions.**

*CSC agrees that it is important to have effective maintenance plans for all facilities across regions, especially for those with aging infrastructure. We believe that the following measures, in varying stages of implementation, will ensure that every facility has effective maintenance plans and services.*

*Commissioner's Directive (CD) 320 specifies that the site Maintenance Specialist (an EG-05 position per maintenance cluster, which is a grouping of two or three institutions), in collaboration with the National and Regional Maintenance Specialists and the site facilities maintenance staff, develop Facilities Maintenance Plans for each CSC facility under their responsibility. The Regional Maintenance Specialist positions were created in 2018 and staffed by 2020. In 2023, CSC created positions for both a National Maintenance Specialist and an Engineering & Maintenance Program Support Officer; efforts are underway to staff these positions. Further, CSC has developed a framework for the development of a Maintenance Strategy which will start to be implemented in 2024-25. This strategy includes (among many other elements) the development of templates for the required maintenance plans.*

*Another critical initiative is the implementation of a Computerized Maintenance Management System (CMMS) which is the backbone upon which the information for these maintenance plans will be based. The rollout began in 2018 with data gathering, the inputting of 81,605 buildings/rooms/floors with 26,598 assets to date. A focus on responding to corrective maintenance requests (identification of items in need of repair), as well as the creation of compliance-based maintenance plans (scheduled maintenance tasks for regulated equipment, such as fire alarms and petroleum tanks), were the top priorities with work now underway to include preventative maintenance tasks.*

*Finally, pursuant to CD 320, Technical Services and Facilities has established Service Level Agreements (SLA) for Facilities Management which explicitly lay out the responsibilities for maintenance activities and the expected response times. These are scheduled to be reviewed by the end of 2025 to ensure ongoing alignment with CD 320.*

**3. I recommend that CSC establish an action plan for the reporting, receiving and addressing of critical infrastructure risks and failures, including a strategy to ensure awareness among all employees and across regions.**

*Over the last three years, CSC has developed and implemented a rigorous process to assess its facilities, determine risks and implement the higher-priority projects. CSC conducts third-party building condition assessments for every site on a five-year basis. The building condition assessment for the Matsqui Institution and centralised facilities is currently underway and scheduled to be completed later this year. These assessments are shared with regional and local facility maintenance staff and with national facility planning staff. Regional and local staff use this information to refine their main-*

tenance plans; national staff use this information as further input, in addition to institutional master plans and regional priorities, to populate the Program of Work (PoW) with capital and larger maintenance projects. As projects are developed, they are prioritized against one another to ensure funding is allocated to the most pressing needs. The prioritization process evaluates, amongst other criteria, the environmental, health and safety, and asset lifecycle management risks. Projects addressing the highest risks are then developed and implemented.

CSC must still translate the impact of completed capital projects on the maintenance requirements that are tracked through the Computerized Maintenance Management System (CMMS). In 2022, an Engineering & Maintenance National Governance Model Review Committee was established by Corporate Services as the functional authority on maintenance, with participation from national, regional and institutional levels in order to review the present operations of CSC's maintenance program and bring forward recommendations. The recommendations are expected to be provided to CSC Senior Management later in 2024.

In addition, CSC will initiate the development of an internal communications strategy to ensure broad awareness of these various measures with relevant staff.

**4. I recommend that CSC initiate an independent, external environmental impact assessment of the area surrounding the Matsqui Complex, including aquifers, agricultural lands and salmon habitats, to determine possible past, present and future impact of the leak.**

*There were previous periods of time when the heat distribution system leaked fluid at an increased pace, and repairs were conducted in 2004. To determine whether the leaking had contaminated the soil, groundwater or any adjacent properties or surface water, numerous environmental assessments, investigations, and groundwater monitoring have been conducted. The resulting reports in 2006, 2010, 2011 and 2012 clarified the geology, ecology and environmental risks related to leaking from the system. All of these assessments concluded that there was no contamination of soil, ground water or surface water. The 2012 risk assessment further noted that there were no operable exposure pathways to ecological receptors. This means that underground pipe leaks on the Matsqui Complex do not flow to places where they contact – or will be digested by – animals, birds, fish, fresh-water algae and so on.*

*When increased leakage was detected, starting in 2017, CSC retained environmental consultants to test for contamination and identify environmental risks in 2020 and 2021. The resulting tests and reports indicated no contamination and deemed the risks to be negligible. After the pipes were repaired in 2021, independent, external consultants conducted a new assessment for contamination in the groundwater to ensure that potential environmental risks and liabilities were properly addressed. Their 2022 report concluded that there was no contamination and recommended that further assessment for contamination due to highly diluted rust inhibitors leaking from the heat distribution system pipes is not required.*



*Please note the CSC Matsqui Complex has been monitored as a site of interest since 2006 under the guidance of the Federal Contaminated Site Action Plan (FCSAP). This program is managed by subject matter experts within CSC, Public Service and Procurement Canada (PSPC) and Environment and Climate Change Canada (ECCC). From 2019 through 2021, the site progressed from the sixth to the eighth step in a ten-step process. The current status is “Remediation / risk management completed.” The next step will either involve long-term monitoring or closure of the file. The PSPC contaminated site manager for the Matsqui Complex was consulted in February 2024 and confirmed that the site is currently deemed a “low priority for action.”*

*As such, CSC deems that the substance and intent of this recommendation – assessing for potential contamination or environmental impact – have been met and we have done our departmental due diligence.*

### **Additional Comments from the Correctional Service of Canada**

*While the Correctional Service of Canada (CSC) believes the recommendations in your report will assist us in strengthening our management and maintenance of facilities and other infrastructure, I disagree with the conclusion that CSC committed wrongdoing.*

*As noted in our very comprehensive submission made to you, CSC undertook many actions under the guidance of environmental experts to respond to the 2017 leak of chemically treated water at the Matsqui Complex in Abbotsford, British Columbia.*

*Environmental protection is a high priority for the CSC and we are committed to supporting climate action and sustainability goals. Environmental assessments and the advice of environmental-sciences experts were considered when weighing risks and costs and deciding upon courses of action. However, we are always seeking opportunities to improve our processes and efficiencies in making decisions and to become increasingly proactive and effective in meeting our environmental commitments. Toward that end, we have made strides with the establishment of an ambitious 2023 to 2027 Departmental Sustainable Development Strategy and a robust Real Property Portfolio Strategy is in the final stages of refinement. We also believe your recommendations will help in that regard.*