



Corporation of the Municipality of Temagami

Memo No.
2016-M-082

Memorandum to Council

Staff
 Committee

Subject:	Completion of EMO Requirements for 2016.
Agenda Date:	December 15, 2016
Attachments:	2016 Checklist and Annual Statement of Completion 2016

RECOMMENDATION

This memorandum is to recommend that Council consider the following motion:

BE IT RESOLVED THAT Council acknowledge receipt of Memo 2016-M-082 regarding Completion of EMO requirements for 2016; AND FURTHER THAT the Mayor sign the Emergency Management Program Annual Statement of Completion 2016.

INFORMATION

Municipalities are required under the Emergency Management and Civil Protection Act, R.S.O. 1990, and the associated regulations, to have in place a Emergency Management Plan and Program for their municipality. This plan must be reviewed and an exercise conducted annually. Additionally, staff must be trained as required. Each year, municipalities must complete and submit to the Ontario Office of the Fire Marshal and Emergency Management a compliance checklist (see attached). If the Municipality is compliant, the Head of Council must sign and complete the Emergency Management Program Annual Statement of Completion.

The Municipality of Temagami held its annual Tabletop Exercise and mandated training for staff on December 1, 2016. The Municipality will have met all of the other requirements once the Community Emergency Management Coordinator has completed the IMS 200 course, which is taking place on December 13 and 14th. Therefore, at the December 15th regular council meeting, it is recommended that Council acknowledge completion of the requirements for 2016 and that the Mayor sign the Annual Statement of Completion 2016.

Prepared by:

Elaine Gunnell, Municipal Clerk

Reviewed by:

Patrick Cormier, CAO

ANNUAL MUNICIPAL MAINTENANCE CHECKLIST 2016

NAME OF COMMUNITY:

Date submitted:

Please submit all requested documentation below to Monique Laplante at monique.laplante@ontario.ca, or via mail at the following address:

Monique Laplante
3767 Highway 69 South Floor 6
Sudbury, ON
P3G 1E7

The following information must be provided to the Monitor, Audit, and Review Unit to document compliance. ALL requirements must be completed to be compliant.

<p>CEMC DESIGNATION AND TRAINING Please provide:</p> <ol style="list-style-type: none"> 1. Names of the primary and alternate CEMCs, and their email and 24/7 phone number 2. Date that they have completed the required training (optional for alternates, Primary CEMCs have one year from date of appointment to complete training), including: <ol style="list-style-type: none"> a. EM 200 (Basic Emergency Management) b. EM 300 (CEMC Course) c. EM 240 (Note Taking Course) d. IMS 100 (Introduction to IMS) e. IMS 200 (Basic IMS) <p>See O. Reg. 380/04 Part II Section 10 paras 1 – 4 and Fire Marshal & Chief, Emergency Management Guidance: 2015-01-08 (O. Reg 380/04 Training Requirements) and CEMC Handbook</p>	Primary CEMC	name email phone
	Date appointed by Council Bylaw/resolution number	
	Trained? Yes/date or no EM 200 (Basic Emergency Management) EM 300 (CEMC Course) EM 240 (Note Taking Course) IMS 100 (Introduction to IMS) IMS 200	
	1 st Alternate	name email phone
	Trained? Yes/date or no EM 200 (Basic Emergency Management) EM 300 (CEMC Course) EM 240 (Note Taking Course) IMS 100 (Introduction to IMS) IMS 200	
	2 nd Alternate	name email phone

<p align="center">The following information must be provided to the Monitor, Audit, and Review Unit to document compliance. ALL requirements must be completed to be compliant.</p>		
	Trained? Yes/date or no EM 200 (Basic Emergency Management) EM 300 (CEMC Course) EM 240 (Note Taking Course) IMS 100 (Introduction to IMS) IMS 200	
<p>EMERGENCY MANAGEMENT PROGRAM COMMITTEE</p> <p>Please provide:</p> <ol style="list-style-type: none"> List or attach a list of committee members names and positions, Has Chair been appointed by Council? Does Committee membership meet the requirements of Sentences 11.(2) and (3)? and The dates on which the committee met. <p>See O. Reg. 380/04 Part II Section 11</p>	Names and positions of committee members	
	Has Chair been appointed by Council? Number and date of Bylaw/Resolution.	
	Membership requirements met? Yes/no	
	Dates of Meetings	
<p>PROGRAM BY-LAW</p> <p>Please provide:</p> <ol style="list-style-type: none"> Date the current By-Law was passed and By-Law number If the by-law has been amended or replaced, provide a copy of the new version to the Monitor, Audit, and Review Unit <p>See EMCPA 2.1 (1)</p>	Date and Number	
	If by-law has been amended or replaced; has a copy been provided to OFMEM? Yes/no	
<p>HAZARD IDENTIFICATION AND RISK ASSESSMENT (HIRA)</p> <p>Please confirm:</p> <ol style="list-style-type: none"> The date on which the HIRA was reviewed by the Program Committee If the HIRA has been updated or amended, provide a copy to the Monitor, Audit, and Review Unit <p>See EMCPA 2.1 (3 – 8 inclusive)</p>	On what date was the HIRA reviewed by Program Committee?	
	If HIRA was amended or updated, has a copy been provided to OFMEM? Yes/no	

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<p>EMERGENCY RESPONSE PLAN Please provide:</p> <ol style="list-style-type: none"> 1. The number and date of the Bylaw approving/passing the Emergency Response Plan, 2. The date that the plan was reviewed by Program Committee, and 3. If amended, a copy of the revised plan, and a copy of the current by-law <p>See EMCPA Section 3 all and EMCPA Section 14 all Also O. Reg. 380/04 Part II Section 15</p>	<p>What is the number and date of approval/passing of revised Plan Bylaw?</p>	
	<p>Date that plan was reviewed.</p>	
	<p>If plan was amended, has a copy of the new approved plan and by-law been forwarded to OFMEM Yes/no</p>	
<p>EMERGENCY OPERATION CENTRE (EOC) Please provide:</p> <ol style="list-style-type: none"> 1. The location/address and phone number (if available) of the designated EOC, and alternate locations 2. Confirmation that the EOC has appropriate communications equipment <p>See O. Reg. 380/04 Part II Section 13.(1) and (2)</p>	<p>Location/address of EOC and alternate locations(s)</p>	
	<p>Does the EOC have appropriate communications equipment?</p>	
<p>CRITICAL INFRASTRUCTURE(CI) LIST Please provide:</p> <ol style="list-style-type: none"> 1. The date on which the CI list was reviewed by the Program Committee, 2. If the CI list has been amended, a copy of the revised CI list. <p>See EMCPA Section 2.1 (3)</p>	<p>Date that CI list was reviewed.</p>	
	<p>If CI list has been amended, has copy been provided to OFMEM and on what date?</p>	

The following information must be provided to the Monitor, Audit, and Review Unit to document compliance. ALL requirements must be completed to be compliant.

<p>ANNUAL TRAINING Please provide:</p> <ol style="list-style-type: none"> 1. Date of training, 2. Type of training conducted, and 3. List of attendees <p>See EMCPA Section 2.1 (2) (b) Also EMCPA Section 3.5 Also O. Reg. 380/04 Part II Section 12 (3) Also Fire Marshal & Chief, Emergency Management Guidance: 2015-01-08 (O. Reg 380/04 Training Requirements). If note taking and continuity of operations training was not done in 2015 it must be done in 2016.</p>	Date(s) of Training	
	Type of training (including note taking, continuity of operations, and hazard-specific training) lasting at least 4 hours	
	List of attendees, names and positions	
<p>ANNUAL EXERCISE Please provide:</p> <ol style="list-style-type: none"> 1. Date of the exercise, 2. Type of exercise conducted, 3. Aim of the exercise, 4. List of participants, 5. Findings of evaluators, and 6. Corrective Actions proposed based on findings of the evaluators. <p>See EMCPA Section 3(5) Also O. Reg. 380/04 Part II Section 12(6)</p>	Date of Exercise	
	Aim of exercise	
	List of participants	
	Findings	
	Corrective Actions proposed	
<p>EMERGENCY INFORMATION OFFICER (EIO) Please provide:</p> <ol style="list-style-type: none"> 1. The name of the designated Emergency Information Officer. <p>See O. Reg. Part II Section 14 all</p>	Name of EIO	
	Date appointed by Council bylaw/resolution number	
<p>PUBLIC EDUCATION Please provide:</p> <ol style="list-style-type: none"> 1. A description of the Public Education activities conducted by the municipality. 2. Copies of any Public Information materials distributed or utilized. <p>See EMCPA 2.1(2) (c)</p>	Brief description of Public Education Program	
<p>ANNUAL REVIEW Please provide:</p> <ol style="list-style-type: none"> 1. A signed original copy of the 	Date of Annual Program review by Program Committee	

The following information must be provided to the Monitor, Audit, and Review Unit to document compliance. ALL requirements must be completed to be compliant.

<p>“Emergency Management Program Statement of Completion” form and “Annual Municipal Maintenance Checklist”.</p> <p>See O. Reg. 380/04 Part II Section 11(6)</p>	<p>Date Annual Forms submitted to OFMEM</p>	
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Emergency Management Program Annual Statement of Completion 2016



Municipality: _____

Verification:

- Please attach your completed "Municipal Annual Maintenance Checklist" and have officials sign below as indicated.

We, the undersigned, declare that _____
(municipality) has completed all of the necessary requirements of the Emergency Management and Civil Protection Act RSO 1990 and Ontario Regulation 380/04.

Community Emergency
Management Coordinator

Date

Head of Council

Date

OFMEM Use Only:

Data verified by: _____

Date: _____

Head Office receipt: _____

Date: _____

Form C-2-16