



St. John Ambulance

Council for Ontario Emergency Response Services EMERGENCY MANAGEMENT INFORMATION FORM

SEE INSTRUCTIONS FOR COMPLETION

GENERAL INFORMATION

BRANCH AND UNIT NAME AND TYPE

UNIT NUMBER (if applicable)

PHONE:

ADDRESS:

CONTACT NAME PHONE:

BRANCH EMAIL:

BRANCH WEB PAGE:

UNIT E-MAIL

UNIT WEB PAGE

ADDITIONAL INFORMATION:

SUPERINTENDENT / COORDINATOR INFORMATION

NAME:

ADDRESS:

PHONE NUMBERS AND OTHER INFORMATION

HOME: WORK: EXTENSION:

CELL: PAGER: FAX:

EMAIL:

OTHER INFORMATION:

RETURN THE COMPLETED FORM TO THE EMERGENCY RESPONSE SERVICES OFFICE, AND RETAIN A COPY FOR YOUR RECORDS

CONFIDENTIAL WHEN COMPLETED

EMERGENCY MANAGEMENT INFORMATION FORM (CONTINUED)

VEHICLE INFORMATION

TYPE OR DESCRIPTION:

PROVINCIAL ASSIGNED NUMBER:

VEHICLE EQUIPPED WITH:

TYPE OR DESCRIPTION:

PROVINCIAL ASSIGNED NUMBER:

VEHICLE EQUIPPED WITH:

TYPE OR DESCRIPTION:

PROVINCIAL ASSIGNED NUMBER:

VEHICLE EQUIPPED WITH:

GENERAL SUPPLIES INFORMATION

LIST ANY SUPPLIES IN STOCK, OTHER THAN THOSE LISTED ABOVE:

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St. John Ambulance

Council for Ontario

Emergency Response Services

EMERGENCY MANAGEMENT INFORMATION FORM

INSTRUCTIONS FOR COMPLETION

This form has been designed to collect information for several purposes. It contains space for the gathering of general information for auditing St. John Ambulance preparedness, as it relates to Emergency Planning and the management of resources. It also may be included as an annex to an Emergency Plan at the Divisional, Regional, Branch, and Administrative Centre levels, as may apply. Although the Basic design is for Branch or Divisional use, you are encouraged to make use of this form in all organizational entities. As a result, some information may not apply to you.

This form, and its relation to Emergency Planning, is not limited to any specific Community Services or Branch function of St. John Ambulance. It should be applied to all services, including but not limited to, Members of: Patient Care Divisions, Youth Services Divisions, Therapy Dog Divisions, Campus Response Teams, Instructors, Branch Staff, various Boards, and applicable Auxiliary Membership.

Complete the form by inserting the information requested (names, numbers, descriptions, etc.) as completely as reasonably available to you. This form may be completed electronically, printed, and/or returned by email. If you need to add additional information, for which insufficient space has been provided, or for information believed relevant to the form, add an additional page or pages, as required. Mark non-applicable sections as "N/A", as required. List only documented St. John Ambulance Members. Limit your resources listing to property documented as that of St. John Ambulance. You may make note, in an Annex of your Emergency Plan, equipment that is not documented St. John Ambulance property, but may be available if called upon.

Include a copy of your Emergency Plan, if available, with the completed form, and return the original to the Local Emergency Management Coordinator. If not included, ensure a copy of your Emergency Plan follows as soon as reasonably possible. Retain a copy of this form for your use and/or records. Provide updates to all information, as may be required, in your Emergency Plan and its distribution network, and to the Local Emergency Management Coordinator.

By its design, this form, once completed, may contain information that is private and/or confidential in nature. As such, this document shall remain confidential when completed. A Member wishing to limit information noted on this form, or in an Emergency Plan, about or identifying them, is free to do so, but is encouraged to have sufficient information included, as required for maintaining the reasonable integrity of an applicable Emergency Plan(s). Portions of such plans that may contain such information should be listed in an annex, and are not a public portion of the plan(s) document.

PRIVACY STATEMENT St. John Ambulance is committed to our Member's privacy. The personal information provided in this form is used for internal contact information only. The information will be protected and retained by the respective SJA local office and/or Provincial Office in your jurisdiction, and maintained within the national SJA database. The personal information provided will be retained for the time that it remains current. Should a member wish to access their personal information at any time please contact your respective SJA local office and/or Provincial Office. For further information about St. John Ambulance's Privacy Policy, please contact your St. John Ambulance Council's Privacy Officer as listed at www.sja.ca.

Questions and comments regarding this form, or any related subject matter, should be directed to the Local Emergency Management Coordinator, or otherwise as required or appropriate.

Administrative Centre:

Your Local Emergency Management Coordinator is:

RETURN THE COMPLETED FORM TO THE EMERGENCY RESPONSE SERVICES OFFICE, AND RETAIN A COPY FOR YOUR RECORDS

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Emergency Preparedness Kit Inventory Form
SEE INSTRUCTIONS FOR COMPLETION

Location: Date:
 Checked by:

Tote Locker (31.5" x 17.25" x 13")(80cm x 44cm x 33cm)

Description: Rubbermaid, blue, chest style, 70 litre

<u>Item #</u>	<u>Required</u>	<u>Count</u>	<u>Item Description</u>
T 1	1	<input style="width: 50px; height: 20px;" type="text"/>	Combination Lock, Combination:
T 2	5	<input style="width: 50px; height: 20px;" type="text"/>	camp blankets
T 3	1	<input style="width: 50px; height: 20px;" type="text"/>	50 sheet pad of flip chart paper (36" x 24") (91cm x 61cm)

Storage Shed (28" x 19.5" x 36.25") (71cm x 50cm x 92cm)

Description: Rubbermaid, green and beige, mini-shed

S 1	1	<input style="width: 50px; height: 20px;" type="text"/>	Combination Lock, Combination:
S 2	1	<input style="width: 50px; height: 20px;" type="text"/>	Garity combination 3 flashlight kit with batteries, not expired
S 3	1	<input style="width: 50px; height: 20px;" type="text"/>	goose neck desk lamp, black, no bulb
S 4	1	<input style="width: 50px; height: 20px;" type="text"/>	Noma extension cord, 10 meter, grounded, 3 plug, orange, 14 gauge
S 5	1	<input style="width: 50px; height: 20px;" type="text"/>	Noma extension cord, 30 meter, grounded, 3 plug, orange, 14 gauge
S 6	1	<input style="width: 50px; height: 20px;" type="text"/>	AM/FM Cassette radio, AC or battery (4 size "D" batteries required)
S 7	1 box	<input style="width: 50px; height: 20px;" type="text"/>	garbage bags, large, green, 30 per box
S 8	1 box	<input style="width: 50px; height: 20px;" type="text"/>	All Works Easy up Wipes, 200 per box
S 9	2 box	<input style="width: 50px; height: 20px;" type="text"/>	facial tissues, 2 ply, small box, 85 per box

Box "A"

Miscellaneous Items

A 1	3 packs	<input style="width: 50px; height: 20px;" type="text"/>	emergency candles, 6 hours burning time, 2 per pack
A 2	1 pack	<input style="width: 50px; height: 20px;" type="text"/>	waterproof matches, 4 boxes per pack, 45 matches per box
A 3	1 pack	<input style="width: 50px; height: 20px;" type="text"/>	60 watt light bulbs, 2 per pack
A 4	1 pack	<input style="width: 50px; height: 20px;" type="text"/>	alkaline batteries, 4 per pack, size "C", for AM/FM cassette radio, not expired
A 5	1	<input style="width: 50px; height: 20px;" type="text"/>	GE telephone
A 6	1	<input style="width: 50px; height: 20px;" type="text"/>	telephone cord, 25' / 7.62 m, male to male
A 7	1	<input style="width: 50px; height: 20px;" type="text"/>	telephone double plug adapter
A 8	1	<input style="width: 50px; height: 20px;" type="text"/>	clock, wind-up, with alarm
A 9	1	<input style="width: 50px; height: 20px;" type="text"/>	barrier tape, "ATTENTION", 300' / 91.44 m, yellow

Box "B"

Stationery Items

B 1	2	<input style="width: 50px; height: 20px;" type="text"/>	Ontario Mapbooks, current
B 2	5	<input style="width: 50px; height: 20px;" type="text"/>	sticky note pads
B 3	1 box	<input style="width: 50px; height: 20px;" type="text"/>	highlighter markers, large, yellow, 12 per box
B 4	1	<input style="width: 50px; height: 20px;" type="text"/>	marker, permanent, medium point, black ink
B 5	1	<input style="width: 50px; height: 20px;" type="text"/>	marker, permanent, medium point, blue ink
B 6	1	<input style="width: 50px; height: 20px;" type="text"/>	marker, permanent, medium point, red ink
B 7	1 box	<input style="width: 50px; height: 20px;" type="text"/>	pen, ball point, medium, black, 12 per box
B 8	1 box	<input style="width: 50px; height: 20px;" type="text"/>	pen, ball point, medium, red, 12 per box
B 9	1 box	<input style="width: 50px; height: 20px;" type="text"/>	pencil, lead, HB, 12 per box
B 10	1	<input style="width: 50px; height: 20px;" type="text"/>	pencil sharpener

Emergency Preparedness Kit Inventory Form (continued)

Box "B" (continued)

Stationery Items (continued)

<u>Item #</u>	<u>Required</u>	<u>Count</u>	<u>Item Description</u>
B 11	1		eraser
B 12	1		hole punch, single hole
B 13	1		ruler, 12" / 30cm
B 14	1		masking tape, roll
B 15	1		utility knife
B 16	1		scissors, heavy duty
B 17	3		clear office tape
B 18	1		clear office tape dispenser
B 19	1		stapler
B 20	1 box		staples, 1000 per box
B 21	1 box		paper clips, 100 per box
B 22	1 box		paper clips, fold back style, 12 per box
B 23	1 box		push pins, assorted colours, 100 per box

Box "C"

Personal Amenities

C 1	1 bottle		ASA, 325mg, 100 per bottle, not expired
C 2	1 bottle		acetaminophen, 500mg extra strength, 100 per bottle, not expired
C 3	6		toothbrush, assorted type
C 4	6 tubes		toothpaste, 20ml, not expired
C 5	5 bottles		mouth wash, 45ml, not expired
C 6	4 bottles		shampoo, 60ml, not expired (if applicable)
C 7	1 pack		disposable razors, 10 per pack
C 8	5 cans		shaving cream, 50ml, not expired (if applicable)
C 9	9 bars		hand soap, 90g
C 10	1 bottle		sterile saline solution (for contact lenses) 360ml, not expired
C 11	1 box		sanitary product, panty liner, long, 120 per box
C 12	1 container		skin cream
C 13	2 roll		toilet tissue
C 14	1		sewing kit, assorted items
C 15	1		water purification kit, 500-2000 L capacity, not expired (if applicable)
C 16	1 pack		forks / knives / spoons, 12 each
C 17	1 pack		paper plates, 20 per pack

Box "D"

Administration File Box

D 1	1		Contact List, Provincial, current, date: _____
D 2	1		binder, red, Event Log, 20 pages minimum
D 3	1		binder, blue, Member Sign In/Out, 20 pages minimum
D 4	1		binder, black, Assistance Request and Resource Log
D 4			section 1, DP 1, Assistance Requests, white, 20 pages minimum
D 4			section 2, DP 2, Resources Control, blue, 20 pages minimum
D 4			section 3, DP 3, Resources Allocation, grey, 20 pages minimum
D 4			section 4, _____
D 4			section 5, _____
D 4			section 6, _____
D 4			section 7, Provincial Vehicle Numbering System List, current, date: _____
D 4			section 8, Provincial Disaster Plan, current, date: _____
D 5	20		hanging file folder, 12" / 30cm
D 6	10		envelopes, 9" x 12" / 229mm x 324mm, size C4
D 7	25		envelopes, 6" x 9" / 162mm x 229mm, size C5
D 8	1		paper, lined, 8.5" x 11" / 216mm x 280mm, 100 sheets per pad
D 9	30		SJA Patient Care Record Form, blank, current approved version
D 10	10		Photograph Release Form, current approved version
D 11	2		clip board, letter size



St. John Ambulance
Council for Ontario
Emergency Response Services
Emergency Preparedness Kit Inventory Form
Instructions for Completion

This form has been designed to collect information for auditing purposes. It contains space for the gathering of general information for auditing St. John Ambulance preparedness, as it relates to Emergency Planning and the management of resources available in the Emergency Preparedness Kits. It must be included as an annex to an Emergency Plan at the Administrative Centre level. It is recommended to be included in similar plans at any other level, for reference purposes.

This form, and its relation to Emergency Planning, is not limited to any specific Community Services or Branch function of St. John Ambulance. It may be beneficial to all services, including but not limited to, Members of: Adult Patient Care Divisions, Youth Program Divisions, Therapy Dog Program Divisions, Instructors, Branch Staff, various Boards, and applicable Auxiliary Membership.

Complete the form by inserting the inventory count, in the spaces provided, as completely as reasonably available. This form may be completed electronically, printed, and/or sent by email when completed and saved electronically. If you need to add additional information, for which insufficient space has been provided, or for information believed relevant to this inventory form, add an additional page or pages, as required. Ensure that all all dates of expiry are noted for future reference. Items listed may have an expiry date that is not requested, or noted. Ensure that notes are made to reflect said expiry dates. Expired items should be counted as "E" or "EXP", and replaced as soon as possible with valid inventory. The inventory form should then be updated. Update the form as often as may be required to ensure a full and current inventory.

An current copy of this completed inventory form must remain in each of the two main of the Emergency Preparedness Kit when stored. If the kit is expanded to more than two parts, a copy should be included in each additional part.

Administrative Centre:

Your Local Emergency Management
Coordinator is:



St. John Ambulance

Council for Ontario

Emergency Response Services

SITUATION REPORT FORM

THIS FORM REPRESENTS THE MINIMUM INFORMATION REQUIRED. PLEASE ADD ADDITIONAL INFORMATION AS APPLICABLE
 THIS FORM MUST BE COMPLETED AND SUBMITTED AT LEAST ONCE PER SHIFT DURING AN EMERGENCY OR DISASTER.
 FAX OR EMAIL THE COMPLETED FORM TO YOUR ASSIGNED PROVINCIAL EMERGENCY MANAGEMENT COORDINATOR.

DATE:		TIME:		SIT REP #	
EMERGENCY:		ADMINISTRATIVE CENTRE			
REPORT OF, OR ON BEHALF OF (NAME):		POSITION:			

DETAILS:

DO YOU HAVE SUFFICIENT RESOURCES TO MEET THE NEEDS OF THE COMMUNITY FOR THE NEXT 72 HOURS (THREE DAYS)

YES	NO	
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EXPLAIN:	
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ARE RECORDS OF MEMBERS, HOURS, AND FINANCES BEING MAINTAINED

	YES			NO	
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NUMBER OF PARTICIPATING MEMBERS

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NAME OF MEMBER COMPLETING THIS REPORT

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E-MAIL ADDRESS:

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POSITION:

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A SIGNATURE IS NOT REQUIRED FOR ELECTRONICALLY SUBMITTED FORM

CONFIDENTIAL WHEN COMPLETED

