|  |  |
| --- | --- |
| HRPS Flash 40kb | **Halton Regional Police Service****Critical Infrastructure Police Emergency Response (CIPER)** **Data Sheet – Critical Infrastructure** |

**Section 1 | Basic Location Information**

|  |  |
| --- | --- |
| **Business Name** |       |
| **Building Name |** if different |       |

 **Location**

|  |  |  |  |
| --- | --- | --- | --- |
| **Street #** | **Street Name** | **Street Direction** | **Unit #** |
|       |       |  |       |
| **City/Town** | **Municipality** | **Postal Code** |
|       |  |       |
| **General Phone Number** | **General Email Address** |
|       |       |

**Are you the legal owner or tenant of the location?**

**Section 2 | Legal Property Owner Information**

|  |
| --- |
| **Legal Owner’s Name:**  |
| **Street #** | **Street Name** | **Street Direction** | **Unit #** |
|       |       |  |       |
| **City/Town** | **Municipality** | **Postal Code** |
|       |  |       |
| **General Phone Number** | **General Email Address** |
|       |       |

**Section 3 | Emergency Contacts**

| **1. Title/Position:**  |
| --- |
| **Last Name** | **First Name** | **Email Address** |
|       |       |       |
| Phone 1 |       | [ ]  Cell | [ ]  Business | [ ]  Residence |
| Phone 2 |       | [ ]  Cell | [ ]  Business | [ ]  Residence |
| Phone 3 |       | [ ]  Cell | [ ]  Business | [ ]  Residence |

| **2. Title/Position:**  |
| --- |
| **Last Name** | **First Name** | **Email Address** |
|       |       |       |
| Phone 1 |       | [ ]  Cell | [ ]  Business | [ ]  Residence |
| Phone 2 |       | [ ]  Cell | [ ]  Business | [ ]  Residence |
| Phone 3 |       | [ ]  Cell | [ ]  Business | [ ]  Residence |

| **3. Title/Position:**  |
| --- |
| **Last Name** | **First Name** | **Email Address** |
|       |       |       |
| Phone 1 |       | [ ]  Cell | [ ]  Business | [ ]  Residence |
| Phone 2 |       | [ ]  Cell | [ ]  Business | [ ]  Residence |
| Phone 3 |       | [ ]  Cell | [ ]  Business | [ ]  Residence |

| **4. Title/Position:**  |
| --- |
| **Last Name** | **First Name** | **Email Address** |
|       |       |       |
| Phone 1 |       | [ ]  Cell | [ ]  Business | [ ]  Residence |
| Phone 2 |       | [ ]  Cell | [ ]  Business | [ ]  Residence |
| Phone 3 |       | [ ]  Cell | [ ]  Business | [ ]  Residence |

**Section 4 | Location Information**

|  |  |  |
| --- | --- | --- |
| **Number of floors above ground** | **Number of floors below ground** | **Number of Elevators** |
|       |       |       |
| **Public address system** | **On-site child care facility** | **Underground or covered parking** |
|  |  |  |

**Lock Down Procedures**

|  |  |  |  |
| --- | --- | --- | --- |
| Physical copy available? |  | Location of copy |       |

**Floor Plans**

|  |  |  |  |
| --- | --- | --- | --- |
| Physical copy available? |  | Location of copy |       |

**Site Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| Physical copy available? |  | Location of copy |       |

|  |
| --- |
| **List designated evacuation points**      |

**CCTV**

|  |  |
| --- | --- |
| CCTV cameras on site |  |
| Remote CCTV camera monitoring available |  |

**Security**

|  |  |
| --- | --- |
| Security staff on site |  |
| Security company name | if applicable |       |
| Security office location |       |
| Security office contact telephone number |       |
| Security staff working hours |       |

**Alarm**

|  |  |
| --- | --- |
| Remote alarm monitoring |  |
| Alarm company name | if applicable |       |
| Alarm company contact telephone number |       |

**Hazardous Materials**

|  |  |
| --- | --- |
| Hazardous substances in excess of 500kg normally stored on site |  |
| Propane storage with a capacity of 5000 USWG or greater on site |  |
| If yes, do you have a Risk and Safety Management Plan (RSMP) in place as approved by the Technical Standards and Safety Authority (TSSA)? |  |
| Toxic substances as listed in Schedule 1 of the Environmental Emergency Regulations under the *Canadian Environmental Protection Act* normally stored on site? |  |
| If yes, do you have an Environmental Emergency Plan (E2 Plan) in place? |  |
| Is your facility required to have a Spill Prevention and Contingency Plan made under the *Ontario Environmental Protection Act*? |  |

|  |  |
| --- | --- |
| Emergency HAZMAT contractor |       |
| HAZMAT Contractor name |       |
| Company emergency number |       |

|  |
| --- |
| **Please provide specifics of hazardous materials on site**      |

|  |
| --- |
| **Provide any additional important details regarding the location**      |

|  |  |  |  |
| --- | --- | --- | --- |
| **Submitted by** | **Email address** | **Telephone number** | **Date submitted** |
|  |  |  |  |