

CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

Adopted: October 18, 2004

Council Resolution No. ic04-0220

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7. RISK MANAGEMENT POLICY

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7.1 RISK MANAGEMENT GOALS

- i. Council recognizes the importance of a City of Campbell River Risk Management Program in developing and implementing policies and procedures aimed at reducing the financial exposure of the City, as it relates to controllable incidents of property damage and personal injury.
- ii. The City's Risk Management Program will include the ongoing review of the existing program, as well as identify and address future concerns.
- iii. The Risk Management Program will be an integral part of the financial plan and capital planning process.
- iv. The Risk Management Program will recognize the importance and necessity of involving all staff levels and positions, toward achieving a successful risk management program.

7.2 TERMS OF REFERENCE FOR THE RISK MANAGER

- i. To assess the current City Risk Management Program
- ii. To develop a City Risk Management Strategy aimed at the control and reduction of risks
- iii. To adapt to changes and implement these changes in the City Risk Management Program
- iv. To provide Risk Management strategic planning aimed at the control and reduction on City risk
- v. To provide for departmental cost accountability related to Risk Management

7.3 RISK MANAGEMENT PROGRAM GUIDELINES

- i. The authority of the Risk Manager will include, but not be limited to, requiring the implementation of and adherence to the procedures prescribed by this policy.
- ii. The Risk Manager will determine the current status of Risk Management in each department or operational area, through departmental review of the risk management policies and procedures initiated by each area.
- iii. Managers will identify past risks in their departments or operational area, including self-insured losses, and provide this information to the Risk Manager. (see Schedule A)
- iv. Managers will identify current potential risk exposures in their departments and provide this information to the Risk Manager.
- v. The Risk Manager will develop a rating system for prioritizing the identified risks.
- vi. The Risk Manager and other managers will cooperate to identify and implement possible risk control measures, appropriate to the level of risk rating.
- vii. Departments will develop Risk Management policies and procedures applicable to the risk control measures identified. Risk Management procedures will be forwarded to the City Manager through the Risk Manager and will become part of the Council Policy Manual.
- viii. As required, Departments will implement routine risk management inspections and reports related to the risk exposures identified. Copies of the reports will be forwarded to the Risk Manager.

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- ix. Departments will develop annual strategic planning objectives to implement risk control measures. These objectives will be developed in accordance with the rating system priorities and will be presented to Council during the financial plan process. Collectively, these will also form part of the organization's Risk Management strategic planning objectives.
- x. The Risk Manager will identify possible methods of risk transfer. The Risk Manager will identify and monitor financial liabilities incurred including:
 - Insurance premiums
 - Insured losses
 - Self-insured losses
 - Budgeted funds for Risk Management and control
 - Insurance required by third parties using City property or entering into agreements with the City
- xi. All departments will forward information to the Risk Manager related to all losses incurred, including all in-house, self-insured losses. (see Schedule B)
- xii. The Risk Manager will implement a departmental reporting system to analyze damage claim incidents. Reports (Schedule B) will be forwarded to the Risk Manager immediately after an incident, and will include:
 - Cause of incident
 - Real or potential loss involved
 - Any applicable existing policy or procedure
 - Possible measures to prevent reoccurrence of the incident
- xiii. Managers will develop greater awareness of Risk Management at all levels in the organization through:
 - Provision of written information on an as required basis
 - Identifying departmental Risk Management strategic objectives/issues
 - Occasional education presentations
 - Including staff in the drafting and/or review of policies and procedure drafts, to ensure both familiarity and commitment
- xiv. The Risk Manager will release annual statistical information to Council and all departments related to all Risk Management losses, including self-insured losses. This report will identify problems, progress and accomplishments under the program as well as losses and program expenditures.

7.4 INSURANCE REQUIREMENTS and LIABILITY WAIVERS

7.4.1 LIABILITY INSURANCE

- i. The City requires proof of current liability insurance from any applicant proposing to use City property or streets for a special event, or who enters into an agreement with the City. An agreement shall include leases, rental or licence of occupation, but shall not be limited to

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these. Special events shall include all activities at which alcohol is to be served and any major festival or activity open to the public at large. The applicants' liability insurance will include:

- \$2,000,000 minimum third party liability insurance. If alcohol is to be served at the event a minimum of \$3,000,000 will be required. The Risk Manager may request a higher amount if the event includes a high risk activity
 - \$1,000,000 "Broad Form" property damage on an occurrence basis, including loss of use of property
 - Cross liability clause
 - Host liquor liability (if applicable)
 - Non-Owned Auto (if applicable)
 - Contingent employers liability (if applicable)
 - Owners protective liability (if applicable)
 - Contractual liability assumed under an agreement (if applicable)
 - The City to be named as an additional insured
- ii. All community organizations requesting to reserve City parks or school fields for the purpose of an activity must provide the City with a copy of their insurance policy complete with liability insurance as per City policy. Both the City and School City No. 72 shall be named as an additional insured where a school field is reserved. This insurance policy must be presented to the Parks and Recreation Manager prior to any confirmation of a use being approved. User groups providing proper liability insurance with a current schedule will not be required to sign a liability waiver clause.
- iii. In the case of individual users or one-time use of a playing field or park, a facility permit with a liability waiver, must be completed and signed by the permit holder prior to confirmation of use being approved.
- iv. The Manager responsible for the program or facility must receive confirmation that the necessary liability insurance has been obtained at least one week prior to the event taking place.
- v. In any program where there may be an inherent risk in the program (i.e. rock climbing, scuba diving, skiing, etc.) the participant must complete an informed consent (see Schedule C) and waiver form (see Schedule D). The purpose of an informed consent form is to make the parents or participants aware of the inherent risk of the program.
- vi. Where the program participant is a minor, the minor as well as their parent/guardian is required to sign the informed consent and waiver form as an acknowledgement that they accept that the program, because of the nature of the activity, includes inherent risk, which they accept on the basis of informed consent. (see Schedule E, Schedule F, Schedule G)
- vii. All participants in unsupervised activities (ie. pick-up hockey, weight room use, drop in basketball, etc.) must be logged in the Sign In and Release Form. (see Schedule H, Schedule I, Schedule J, Schedule K)

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7.4.2 VEHICLE INSURANCE REQUIREMENTS

- i. All City vehicles are to be properly insured according to the type of vehicle and the use of the vehicle.
- ii. A minimum of \$ 5 million third party liability is to be carried on all City vehicles.
- iii. For Fire Department vehicles, Parks and Recreation vans or vehicles with a gross vehicle weight greater than 4,000 kg a minimum of \$ 10 million third party liability is to be carried.
- iv. These insurance amounts are to be reviewed annually by the Risk Manager to determine if proper coverage is in place.
- v. Council and employees required to use their vehicle for City business should carry a minimum of \$2 million third party liability coverage. The City will reimburse (annually) the difference between the third party liability insurance premium for to and from work and business use.

7.5 PUBLIC WORKS DEPARTMENT INSPECTION POLICY AND PROCEDURES

- i. The City of Campbell River, Public Works Department, is determined to promote public safety in and around all City areas.
- ii. Management is responsible for establishing and maintaining inspection records and procedures. Levels of service and inspection schedule for Public Works are established in Schedule L to this policy.
- iii. It shall be the obligation of every manager and employee to follow proper inspection procedures during their tour of duty. (see Schedule M and Section 7.8) Managers and employees have the responsibility to be constantly observant of public safety hazards and report such to their supervisor immediately. (see Schedule A) While the City will strive for a safe environment, repairs to any hazard will be done in a reasonable time, dependent on the nature of the defect, demands on available manpower, materials, equipment and financial resources.
- iv. The co-operation of all employees is required in order to attain the objective of a hazard-free environment where users can enjoy participating in their activities.
- v. When an employee is involved in an incident that involves the public and there is the potential of a civil law suit the employee must obtain the required information as per the approved forms (see Schedule B) and advise their supervisor immediately. The employee shall provide a written report of the actions that led up to the incident and the actions taken. Guidance on claims procedures is contained in Section 7.7 of this Policy.
- vi. **DO NOT ADMIT LIABILITY ON YOUR OR THE CITY'S BEHALF.**

7.5.1 FIRE HYDRANT MAINTENANCE

7.5.1.1 PURPOSE

- i. To ensure that all fire hydrants in the City are in operational condition and are free of defects.

7.5.1.2 POLICY

- i. The Public Works Department will inspect all City fire hydrants after use by the Fire Department or any other organization given permission to draw water from hydrants.

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- ii. If in the course of other duties Public Works Department personnel observe fire hydrants defects, they will report them to the Public Works Dispatcher, who will arrange for the inspection and repair of the defect.
- iii. Where the public reports a potential fire hydrant defect it will be referred to the Public Works Department, an inspection will be arranged.
- iv. After inspecting a fire hydrant defect, the Public Works Manager or designate shall prescribe an appropriate remedy in a reasonable period of time, given the nature of the defect, demands on available manpower, materials, equipment and financial resources.
- v. The Public Works Department shall notify the Fire Department, anytime a fire hydrant is taken out of service and when hydrant service has been re-instated.

7.5.2 HAZARDOUS TREE ASSESSMENTS

7.5.2.1 PURPOSE

- i. To ensure all trees on City property are safe and do not pose a threat to the public.

7.5.2.2 POLICY

- i. The City of Campbell River will strive to eliminate, in a timely fashion, any tree deemed hazardous. When available fiscal and human resources limit the ability of the City to remove high-risk trees, priority shall be placed on trees deemed to carry the highest risk. The standard for rating the hazardousness of a tree will be the International Society of Arboriculture 12 point hazard evaluation system. The Public Works Manager will administer this program and have final judgment on all matters concerning any measures taken for any tree deemed hazardous.

7.5.3 SIDEWALKS – WINTER MAINTENANCE

7.5.3.1 PURPOSE

- i. To ensure that the sidewalks, throughout the City are safe for public use, when winter conditions exist.

7.5.3.2 POLICY

- i. If, in the course of other duties, Public Works Personnel observe winter sidewalk hazards, they will report them to the Public Works Dispatcher, who will arrange for the inspection of the hazard.
- ii. Where the public reports a potential winter sidewalk hazard to the Public Works Department, an inspection will be arranged.
- iii. After inspecting a winter sidewalk hazard, the Public Works Manager or designate shall prescribe an appropriate remedy in a reasonable period of time, given the nature of the conditions, demands on available manpower, materials, equipment and financial resources.

7.5.4 SIDEWALKS AND SEAWALK – GENERAL MAINTENANCE

7.5.4.1 PURPOSE

- i. To provide the Department of Public Works with an assessment of the condition of the sidewalks within the City in order to identify and repair any defects or hazards on the sidewalk and to establish priorities for repair of sidewalks in the City according to the resources available.

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7.5.4.2 INSPECTION

- i. All sidewalks with the City are designated as Zone A or B, based on the number and type of pedestrian traffic using the particular sidewalk. (see Schedule N)

Zone A – Commercial, School and Hospital; and

For example a high pedestrian traffic volume can be found in commercial shopping areas and tourist attractions. Include in this section areas such as plaza's where the City is not the owner, but is responsible for maintenance.

Zone B – Residential, (Light) Commercial and Industrial

For example this section would include all residential sidewalks based on the criteria noted in subsections (a) to (e). Light commercial and industrial areas with low pedestrian traffic volumes could also be included in this section.

- ii. All sidewalks designated as Zone A shall be inspected every year, in the spring, to assess their condition and identify any defects of hazards to pedestrians. *Frequency of inspection shall be based on the City's available resources.*
- iii. All sidewalks designated as Zone B shall be inspected every 3 years on a rotating annual basis, either in the spring or in the fall. *Frequency of inspection shall be based on the mCity's available resources.*
- iv. The results of the sidewalk inspections shall be recorded on the "Sidewalk Field Survey Form". (see Schedule O).

All defects or hazards identified shall be classified on a 3 point rating scale:

1. Minor defect - no effect on service
2. Moderate defect – serviceable
3. Major defect - requiring immediate repair/not serviceable

- v. The inspection shall include checking for the specific defects as set out in Section 2 of this policy.

7.5.4.3 SIDEWALK DEFECTS

- i) Cracks/separations:

- (a) Cracks are defects that do not result in displacement. The level of defect would be determined by how the crack affects the immediate area, such as surface flaking off or missing pieces.
- (b) Separations are cracks that have resulted in displacement either vertical or Horizontal.
- (c) Separations are rated by height or depth:

| <u>Rating Scale</u> | <u>Definition</u> |
|---------------------|--------------------------------|
| Level 1: | less than 1.25 cm height/depth |
| Level 2: | 1.25 cm to 2.5 cm height/depth |
| Level 3: | more than 2.5 cm height/depth |

- ii) Heave or Settlement:

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Heaving or settling does not have separation; the surface is still continuous. Heave and settlement are rated by change in the grade of the sidewalk.

| <u>Rating Scale</u> | <u>Definition</u> |
|---------------------|--------------------------------------|
| Level 1: | 2.5 to 5 cm change over one panel |
| Level 3: | more than 5 cm change over one panel |

iii) Fillets

Fillets are repair patches resulting from previous maintenance. Fillets are rated according to their condition.

| <u>Rating Scale</u> | <u>Definition</u> |
|---------------------|-------------------------|
| Level 1: | 0 cm to 5 cm missing |
| Level 2: | 5 cm to 10 cm missing |
| Level 3: | more than 10 cm missing |

All fillets must have a minimum rating of Level 1.

iv) Scaling:

Scaling is spalling or flaking of the surface of concrete, brick or paved sidewalks. Scaling is rated according to depth.

| <u>Rating Scale</u> | <u>Definition</u> |
|---------------------|-------------------------|
| Level 1: | less than 1.25 cm depth |
| Level 2: | 1.25 cm to 2.5 cm depth |
| Level 3: | more than 2.5 cm depth |

v) Obstacles

a) Obstacles and broken sidewalk pieces including items set in the sidewalk such as water meter boxes, curb stops, tree grates, junction boxes, manhole lids, sign post sleeves, etc. which are affecting the serviceability of the sidewalk.

b) Obstacles are rated according to vertical displacement.

| <u>Rating Scale</u> | <u>Definition</u> |
|---------------------|---|
| Level 1: | less than 1.25 cm projection/depression |
| Level 2: | 1.25 cm to 2.5 cm projection/depression |
| Level 3: | more than 2.5 cm projection/depression |

vi) Repair

a) All defects classified as level 3 shall be scheduled for repair as quickly as possible and, if necessary, marked for public notice immediately.

b) All defects and hazards classified as Level 2 shall be documented and reviewed on the next scheduled inspection.

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- c) If any defects or hazards on sidewalks are reported outside of the regularly scheduled inspections, either by a member of the public or an employee of the City, the reported defect or hazard shall be inspected by a member of the Public Works Department as soon as possible (see Schedule O) and repaired in accordance with the classification as described above.

7.5.4.4 SIDEWALK WHEEL CHAIR ACCESS RAMPS

Access ramps should be examined on the same basis as sidewalks.

Other obstacles to note include:

- water pooling
- steep ramp radius
- catch basin location
- entry into unmarked high traffic area crosswalks

7.6 PARKS AND RECREATION DEPARTMENT INSPECTION POLICY AND PROCEDURES

- i) The Parks and Recreation Department of the City of Campbell River is determined to promote public safety in and around all parks and recreation facilities.
- ii) Management is responsible for establishing and maintaining inspection procedures and records.
- iii) It shall be the duty of every manager and employee to follow and document proper inspection procedures. (see Schedule M and Section 7.8) During their tour of duty, managers and employees have the responsibility to be constantly vigilant of public safety hazards, and to take reasonable action where necessary to protect the public from an identified hazard. All identified hazards and actions taken are to be reported by the employee to their supervisor immediately. (see Schedule A)
- iv) The City will respond and investigate complaints and/or concerns from the general public. All complaints and concerns will be documented and reported to the Parks and Recreation Manager and the Risk Manager. (see Schedule A)
- v) The co-operation of all employees is required in order to attain the objective of a hazard-free environment where users can enjoy participating in their leisure activities safely.
- vi) Parks and Recreation will use the appropriate waiver forms for all activities. (see Schedules C, D, E, F, G, H, I, J, and K,)
- vii) **DO NOT ADMIT LIABILITY ON YOUR OR THE CITY'S BEHALF.**

7.6.1 SPECIAL OCCASION LICENCES

7.6.1.1 C.A.P.E. ESTABLISHED

- i) A Committee to Approve Public Events (C.A.P.E.) is established to make recommendations to Council on the issuance of Special Occasion Licences.

7.6.1.2 GENERAL RULES

- i) The applicant must be a bona fide community organization.

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- ii) Applications must be submitted to C.A.P.E. by March 1 of the year. If, after the March 1st deadline, there are any permits left, late applications will be considered on an individual basis.
- iii) Application forms are available from the Parks and Recreation Department during regular office hours Monday to Friday.

7.6.1.3 CONDITIONS TO BE ATTACHED TO THE LICENCE

- i) the event must be recognized as a public or community celebration;
- ii) the event must be approved by the City and the RCMP;
- iii) no “hard” liquor may be sold at a public event;
- iv) the prices of beer and wine to be sold at the event must fall within the established rates as set by the Liquor Control and Licensing Branch;
- v) adequate food service must be available either inside or adjacent to the “Beer Gardens”;
- vi) allotted hours dictating the opening and closing times of the “Beer Gardens” must be strictly adhered to;
- vii) beer or wine may only be served inside the designated area and only consumed by patrons 19 years of age or older;
- viii) the public must drink from paper or plastic cups only and not from the bottle or can;
- ix) the area to be used as the “Beer Garden” must be fenced with only one entrance and exit;
- x) the event must be supervised at all times in accordance with the following:
 - (a) two responsible adults must be on duty at the “Beer Gardens” at all times with one of the adults being the “Manager” responsible for the beverage service and has successfully completed the “Serving It Right” program;
 - (b) security staff must ensure that rowdy or intoxicated persons are removed from the site and in extreme cases call the RCMP. Alcohol may not be served to anyone suspected of being impaired; and
 - (c) the licence holder must be on-site at the event at all times, with the exception that in an emergency an alternate person may be put in charge, provided that the alternate has successfully completed the “Serving It Right” program.
- xi) the number of licences issued for each event will be decided by the C.A.P.E. Committee;
- xii) extra policing costs relating to an approved event will be paid by the licence holder;
- xiii) adequate washroom facilities must be provided at the event site by the licence holder;
- xiv) alcohol may not be used in any form as prizes at events and drinking contests are prohibited;

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- xv) the licence holder must submit to the Parks and Recreation Department within 60 days of the event a financial statement disclosing the revenues and expenses relating to the liquor service along with evidence that the proceeds have been given to a designated charity, which evidence must be in the form of a letter from an officer of the charity acknowledging receipt of the funds.;
- xvi) a \$500.00 security deposit is required from the licence holder prior to an event taking place; and,
- xvii) insurance coverage from the Licence holder is required in accordance with the following:
 - (a) comprehensive general liability policy in an amount not less than \$3,000,000;
 - (b) the City is named as an additional named insured;
 - (c) cross liability clause; and,
- xviii) receipt of evidence of insurance coverage must be submitted to the Parks and Recreation Manager or designate a minimum of four weeks prior to the event taking place.

7.6.2 HAZARD ACTION PLAN

- i) Once a hazard is identified, corrective action will take place immediately.
- ii) If the hazard cannot be corrected immediately, the hazard must be clearly identified to prevent public access and the employee must forward a written report to their supervisor who will advise the Community Services Director with copy to the Risk Manager. (see Schedule A)
- iii) The Community Services Director will forward a report to the Risk Manager identifying the hazard, its location, action taken and a deadline for completion. (see Schedule A)
- iv) The Risk Manager may do a follow-up to confirm completion.

7.6.3 INSPECTION PROCEDURES – RECREATION FACILITIES

7.6.3.1 PURPOSE

- i) To ensure the Community Centre, Sportsplex and Centennial Pool are hazard free.

7.6.3.2 POLICY

- i) The Manager or designate will inspect the Community Centre and the Sportsplex a minimum of once a month. These inspections will be documented on a Facility Inspection Sheet. (see Schedule Q)
- ii) Whenever Management or staff enters any portion of any Parks and Recreation facility, they will continuously inspect these areas for hazards and take reasonable actions to warn/remove any identified hazard and report any hazards and action taken to their supervisor.
- iii) When Parks and Recreation facilities are rented for special events, staff will inspect these areas prior to being used by the public, and report hazards to the Parks and Recreation Manager or designate. (see Schedule A)

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- iv) If the City does identify a hazard, the Parks and Recreation Manager or designate, will advise the renter and make arrangements to have the hazard corrected immediately.

7.6.4 SIDEWALKS, STEPS AND WALKWAYS AT RECREATION FACILITIES

7.6.4.1 PURPOSE

- i) To ensure that the sidewalks, steps and walkways around the Community Centre, Sportsplex and Centennial Pool are safe for public use.

7.6.4.2 POLICY

- i) The Manager or designate will inspect the sidewalks, steps and walkways a minimum of once a month. Results will be documented on a Facility Inspection Checklist. (see Schedule P)
- ii) During winter months, November to March, custodial staff will do daily inspections of the sidewalks, steps and walkways around the Community Centre and Sportsplex and remove snow and apply ice melt as conditions warrant. If the snow fall is excessive then Public Works will be responsible for the snow removal.
- iii) A record must be kept on the custodial daily work sheet and forwarded to the Parks and Recreation Manager or designate.

7.6.5 ATHLETIC FIELDS

7.6.5.1 PURPOSE

- i) To ensure all Athletic Fields are hazard free.

7.6.5.2 POLICY

- i) The Parks and Recreation Manager or designate and the President of each league who use the City fields, will inspect all fields, fences, dugouts and surrounding areas three times each year:

1. Prior to the start of season:
2. Mid season: and
3. After the season is over.

Each inspection will be documented on a Facility Inspection Checklist (see Schedule Q).

- ii) Prior to each season, the President of each league will be advised of their responsibility and the responsibility of the umpires/referees and coaches to ensure that the fields and equipment including but not limited to fencing, players benches, bases, home plate, pitcher plate, goals, etc., are hazard-free prior to each game.
- iii) In addition, the Parks and Recreation Manager or designate will inspect not only the fields, but will also inspect bleachers and fences and any other areas with the City may have concerns, i.e. parking lots, picnic areas, etc., once per month and forward a written report to the President of the leagues or other users of the area, identifying the hazards which are their responsibility to correct. (see Schedule Q)

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- iv) These inspections will be done over and above the routine inspections that Public Works do when working on the fields.

7.6.6 TRAILS, PARKS AND PLAYGROUNDS PLAYGROUND EQUIPMENT, AND TENNIS COURTS

7.6.6.1 PURPOSE

- i) To ensure all Parks and Recreation Department trails, parks, playgrounds, playground equipment, ball hockey and tennis courts are hazard free.

7.6.6.2 POLICY

- i) The Manager or designate shall inspect parks, trails, playgrounds, playground equipment and tennis courts a minimum of once a month, inspection results will be documented on the appropriate checklist. (see Schedules Q and R)
- ii) Park trails, playgrounds, playground equipment and tennis courts will be inspected for hazards by custodial staff three times per week, and the results recorded on the custodial daily sheet. Any hazards and action taken will be reported immediately to the Parks and Recreation Manager or designate.

7.7 CLAIM PROCEDURES

- i) All complainants are to be directed to the Bylaw Enforcement/Property Services Department for the filing of a prescribed form. (see Schedule S)
- ii) Elected and appointed officials and employees are not to admit to City liability, do anything or say anything which may result in or support a claim for damages against the City by a third party.
- iii) The Department Manager or employee, involved in the incident, will arrange for photos and recording of witnesses. This information along with a Report of New Incident/Claim Form (see Schedule B) must be forwarded to the Risk Manager no later than five (5) working days after the incident.
- iv) The appropriate reporting guideline is to be used in conjunction with the Report of New Incident/Claim Form. (see Schedule B) Employees when questioned by a third party should state that they are preparing a preliminary report for submission to their insurer and that a representative of the insurer will contact them as soon as possible.

7.7.1 CLAIM REPORTING GUIDELINES

7.7.1.1 PURPOSE

- i) To ensure that the City obtain the proper information for our defense where there is the potential for litigation against the City.

7.7.1.2 INJURIES

- i) All staff who are advised of a potential injury in incident must use the appropriate forms to record the information of the parties involved and notify their manager as soon as possible. (see Schedule B) The manager will forward this information onto the Risk Manager, who will determine the appropriate course of action. Staff must attempt to answer the questions outlined in the approved incident guidelines and include this information with the incident form.

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7.7.1.3 CITY TREE DAMAGES TO PRIVATE PROPERTY

- i) Determine the exact location where the tree was standing. Include whether the tree was located adjacent to a sidewalk, boulevard, park or green space.
- ii) Record the names of property owners affected by the fallen tree including what damage was caused by the fallen tree together with maps or diagrams of the area. Photographs should be taken of the site and the damage.
- iii) When did the incident occur? Include day, date and time.
- iv) What was the cause of the incident? Include information on the weather conditions which may have affected or contributed to the incident. If weather was a factor obtain information from local sources for documentation and to support your position. If applicable, obtain copy of police report.
- v) How did the City become aware of the incident? Include who, how and at what time the City was advised of the incident.
- vi) What action was taken by the City upon notification of the incident and arrival at the scene of the incident? Include names of employees who responded.
- vii) What action was taken by the claimants to mitigate damages?
- viii) Was the City aware of any previous problems in this area or complaints received from local residents? If yes, what action did the City take in response to the previous problems and/or concerns of the residents? Is this information documented? If yes, provide a copy with the incident report.

7.7.1.4 TRIP AND FALL CLAIM INCIDENTS – EXCLUDING SNOW AND ICE

- i) Determine the exact location where the trip and fall occurred. Include a detailed drawing or photographs of the location which clearly define the location and condition of the sidewalk.
- ii) Who was the injured person? Include names of any witnesses or individuals who came to the aid of the injured person.
- iii) When did the incident occur? Include day, date and time. If the incident occurred at night, indicate level of lighting and where the nearest light standard is located and was it functioning?
- iv) What was the direct cause of the incident? If weather was a factor obtain information from local sources to support your position. If the sidewalk is uneven, include measurements of the sidewalk lip, or difference between the sidewalk and utility cover or sidewalk and roadway, etc.? If the incident occurred as a result of a protruding object, what was the object and the height of the difference between the object and the sidewalk?
- v) How did the City become aware of the incident? Include who, how and at what time the City was advised of the incident.
- vi) What action was taken by the City upon notification of the incident and arrival at the scene of the incident? Include names of employees who responded.
- vii) (a) If this incident occurred as a result of construction in the area, what steps had been taken by the City to warn individuals of the pending hazard. If the

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construction project was under the control of a contractor, what actions were taken by the contractor to prevent the potential for injury?

(b) If the contractor is deemed to be responsible for the incident, they should be put on Notice and required to advise their insurer of the incident.

- viii) In your opinion did the injured person contribute to their misfortune? If yes, provide an explanation.
- ix) Was the City aware of any previous problems in this area or complaints received from local residents or businesses? If yes, what action did the City take in response to the previous problems and / or concerns of the residents? Is this information documented? If yes, provide a copy with the incident report.

7.7.1.5 TRIP AND FALL INCIDENTS – SNOW AND ICE

- i) Determine the exact location where the trip and fall occurred. Include a detailed drawing or photographs of the location, which clearly define the location and condition of the sidewalk prior to any corrective work being done.
- ii) Who was the injured person? Include names of any witnesses or individuals who came to the aid of the injured person.
- iii) When did the incident occur? Include day, date and time. If the incident occurred at night, indicate level of lighting and where the nearest light standard is located and was it functioning?
- iv) What was the direct cause of the incident? If the incident occurred as the result of snow and ice buildup, refer to the City's bylaw with regard to the clearing of snow and ice from City sidewalks
- v) If the incident occurred on City property, when was the area last cleaned? Is there a record on file as to when it was cleaned and by whom?
- vi) How did the City become aware of the incident? Include who, how and at what time the City was advised of the incident.
- vii) What action was taken by the City upon notification of the incident and arrival at the scene of the incident? Include names of employees who responded.
- viii) Was the City aware of any previous problems in this area or complaints received? If yes, what action did the City take in response to the previous problems and / or concerns? Is this information documented? If yes, provide a copy with the incident report.

7.7.1.6 FLOODING INCIDENTS

- i) Determine the exact location where the incident occurred. Include whether the incident occurred on City or private property.
- ii) Record the names of property owners affected by the incident, including the extent of damage was caused by the flooding together with maps or diagrams of the area and photographs.
- iii) When did the incident occur? Include day, date and time.
- iv) What was the direct cause of the incident? If weather was a factor, obtain information from local sources to support your position.

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- v) How did the City become aware of the incident? Include who, how and at what time the City was advised of the incident.
- vi) What action was taken by the City upon notification of the incident and arrival at the scene of the incident? Please include time of arrival and departure.
- vii) What actions were taken by the claimants to mitigate their damages? For example, did they move items out of harms way and / or did they attempt to divert water from entering their building?
- viii) (a) If this incident occurred as the result of construction in the area, and a contractor is deemed to be responsible for the incident, the contractor should be placed on Notice by the City and require the contractor to advise their insurer of the incident.

(b) Was the contractor directly supervised by City employees or provided with inaccurate information or drawings?
- ix) Was the City aware of any previous problems in this area or complaints? If yes, what action did the City take in response to the previous problems and/or concerns? Is this information documented? If yes, provide a copy with the incident report.

7.7.1.7 ROAD DESIGN, CONSTRUCTION AND TRAFFIC CONTROLS

- i) What is the exact location where the incident occurred? Include whether the incident occurred on City or private property.
- ii) Record the names of individuals affected by the incident including the extent of damage and / or injury caused by the incident together with maps or diagrams of the area and photographs.
- iii) When did the incident occur? Include day, date and time.
- iv) What was the direct cause of the incident? If weather was a factor, obtain information from local sources to support your position. If applicable obtain a copy of the police report relative to this incident.
- v) How did the City become aware of the incident? Include who, how and at what time the City was advised of the incident.
- vi) What action was taken by the City upon notification of the incident and arrival at the scene of the incident? Please include time of arrival and departure.
- vii) (a) If this incident occurred as the result of construction in the area, and a contractor or other service agency is deemed to be responsible for the incident, they should be placed on Notice by the Risk Manager and require the contractor to advise their insurer of the incident. Include a copy of the contract and certificate of insurance with your incident report.

(b) Was the contractor directly supervised by City employees or provided with inaccurate information or drawings?
- viii) Was the City aware of any previous problems in this area or complaints? If yes, what action did the City take in response to the previous problems and / or concerns? Is this information documented? If yes, provide a copy with the incident report.

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7.7.1.8 RECREATION INJURIES – EXCLUDING PLAYGROUND EQUIPMENT

- i) Determine the exact location where the incident occurred? Include whether the incident occurred indoors or outside. If the incident occurred at a location not owned or under the control of the City, include the name of the property owners or business establishment.
- ii) Record the names of persons injured by the incident including the extent of their injury or loss caused by the incident together with maps or diagrams of the area and photographs. If there were witnesses to the incident, record their names, addresses and telephone numbers. If a police report was filed, obtain a copy.
- iii) When did the incident occur? Include day, date and time. If this incident occurred outside at night, what was the level of lighting and was it a factor?
- iv) What activity was the injured person participating in at the time of the incident? Include the name of the program, activity or group.
- v) Who was supervising the activity and what are their qualifications?
- vi) From your observation, what was the direct cause of the incident? If weather was a factor obtain information from local sources to support your position.
- vii) If the incident was caused by a maintenance failure, does the establishment have a policy with regard to the inspection of City properties, equipment, sidewalks and parking lots to name a few? If yes, is there a record of the last inspection on file? (Include details in the investigation.)
- viii) If the incident was caused or contributed by the failure of the injured party to follow instructions or posted regulations, describe the instructions or posted regulations which were not followed.
- ix) If the injury occurred during an activity which required a level of skill, what was the injured person's level of skill and what level of skill would be required to have avoided the injury?
- x) If the incident occurred in an unsupervised area, how did the City become aware of the incident? Include who, how and at what time the City was advised of the incident.
- xi) What action was taken by the City upon notification of the incident and arrival at the scene of the incident?
- xii) Was the City aware of any previous problems in this area or complaints received from other users that may have contributed to the injury? If yes, what action did the City take in response to the previous problems and / or concerns of the residents? Is this information documented? If yes, provide copies with your incident report.
- xiii) If this incident occurred as the result of a User Group and it is deemed to be their responsibility for the incident, they should be placed on Notice by the Risk Manager and required to contact their insurer.

7.7.2 PLAYGROUND EQUIPMENT

- i) Determine the exact location where the incident occurred.

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- ii) When did the incident occur? Include day, date and time.
- iii) What type of the equipment was being used at the time of the incident?
- iv) Who was injured including age, name, address, and telephone number?
- v) Was the injured person's activity being supervised? If yes, by whom?
- vi) What was the direct cause of the incident? If weather was a factor, obtain information from local sources to support your position.
- vii) Include the City's policy with regard to the inspection of playground equipment? Is there a record of the last inspection on file?
- viii) Was the City aware of any previous problems in this area or complaints received? If yes, what action did the City take in response to the previous problems and / or concerns? Is this information documented? If yes, provide copies with your incident report.
- ix) How did the City become aware of the incident? Include who, how and at what time the City was advised of the incident.
- x) What action was taken by the City upon notification of the incident and arrival at the scene of the incident? Include a photograph of the equipment with your incident report prior to any corrective action being taken.
- xi) What is the name of the equipment that caused the injury? What is the history of the playground equipment that allegedly caused the injury?
- xii) Who is the manufacturer, when was it installed, and who installed it. If there is an installation manual or instructions available or any other information related to the equipment, please provide a copy of the relevant material.
- xiii) If the equipment is homemade or has been altered from a manufacturing standard, how was it designed? If there is an installation manual or instructions available or any other information related to the equipment, please provide a copy of the relevant material.

7.7.3 BUILDING INSPECTION CLAIMS

- i) Where is the property located including civic and legal description?
- ii) Who is the registered property owner? Were there any previous registered property owners? If yes please provide the name and current address (if available) of the previous owners?
- iii) When was the building constructed and by whom?
- iv) During the planning and construction phase, was a building permit obtained and the inspections called for in compliance with our then City bylaw? If no, include an explanation as to the approval system for construction as well as the building code or bylaw at the time of construction. If yes, provide a copy of the original building permit and inspection reports.
- v) Was an occupancy permit granted? If yes, when. Provide a copy of the permit.

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- vi) Is the damage claimed as a result of poor workmanship by the builder or contractor? Could the problem have been discovered by the building inspector during the inspection process? If no, explain why.
- vii) When did the damages first occur and become noticeable to the claimant?
- viii) What is the extent of damage and could the damage have been caused by other circumstances?
- ix) What is the history of the land use prior to construction? For example, were creeks diverted, landfill added, previous commercial area etc?
- x) Is an engineering report required to determine the cause of the damage?
- xi) What action was taken by the City upon notification of the problem?
- xii) What is the estimated cost of repair?

7.8 GUIDELINES FOR FACILITY/PROPERTY INSPECTIONS

Inspections play important roles in three steps of the risk management process:

7.8.1 INSPECTIONS AND IDENTIFICATION

- i) Sometimes, you cannot identify loss exposures unless you physically see them. Inspections allow you to see facilities, equipment and employee practices that could create a loss for the City.

7.8.2 TREATMENT

- i) Inspections, by their very nature, necessitate action. Inspections will:
 - a) prevent and reduce accidental losses; and
 - b) preserve assets through extended usage when maintained according to standards.

7.8.3 MONITORING:

- i) Inspections not only identify a risk or potential hazard, they also show how well the City deals with the hazard. By monitoring efforts to make a safer environment, it can be determined if the efforts are successful.
- ii) Inspections are conducted to:
 - (a) Confirm safe conditions for those who enter, use and work at City facilities
 - (b) Identify hazards that cause accidents
 - (c) Review and follow-up on safety measures
 - (d) Document actions taken to correct hazards
- iii) To be effective, inspections must be:
 - (a) Structured, with a written format
 - (b) Ongoing
 - (c) Reviewed periodically
 - (d) Action-oriented

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- (e) Followed through, with feedback from employees to ensure correction of problems or hazards
- iv) Inspections should be conducted of:
 - a) Buildings and office areas
 - b) Machinery
 - c) Work areas
 - d) Streets, sidewalks, owned bridges, signs and traffic signals
 - e) Temporary structures
 - f) Grounds and landscaping
 - g) Parks and Playgrounds
 - h) Recreational facilities, including all recreational equipment
 - i) Vehicles
 - j) Utilities
 - k) Waterfront and dock areas (including boat launches)
 - l) Waste disposal facilities

7.8.4 HOW TO CONDUCT INSPECTIONS

- i) Use the Risk Management General Safety Checklist (see Schedule P) for each department and facility to determine where City procedures or policies might affect losses. Separate self-inspection forms designed for different types of facilities such as a Recreational Facility (see Schedule Q), Parks and Playground (see Schedule R) or the City Hall (see Schedule Q) can assist in the inspections.
- ii) Facility managers, supervisors or employees are to conduct inspections regularly.
- iii) Review the inspections to determine what actions need to be taken to correct hazardous conditions or practices.
- iv) Make sure that all recommended actions are taken. This could be done through a follow-up inspection and/or through memos from the appropriate department head confirming that the appropriate action has been taken to comply with the recommendation(s).

7.8.5 WHAT TO LOOK FOR DURING INSPECTIONS

- i) Protruding objects and areas where people can slip, trip and fall;
- ii) Undesirable discharges into the environment, or potential discharges;
- iii) Deterioration, deformation and abrasion;
- iv) Inadequate lighting (interior, exterior and parking lots);
- v) Effects of weather conditions (snow, ice, flood, water build-up);
- vi) Wear, leaks, corrosion, scaling, erosion, cracks, rotting;

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- vi) Improper function of alarm systems;
 - vii) Inadequate and/or unserviced fire extinguishers;
 - viii) Obstructed access to entrances, exits, emergency exits and halls;
 - ix) Improperly marked and lighted exits;
 - x) Hazardous conditions in electrical, heating, wiring, ventilation and plumbing systems;
 - xi) Inappropriate or inaccessible first-aid supplies;
 - xii) Improper safeguards for belts, pulleys, gears, flywheels, shafts, couplings and point-of-operation of machines including unlocked doors to restricted areas; Unprotected openings, holes or defects in floors or floor coverings; Improper maintenance-related items such as unmarked wet floors or loose wiring across floors;
 - xiii) Improper storage/handling of hazardous materials (unlocked doors, chemicals not segregated).

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CITY OF CAMPBELL RIVER
301 St. Ann's Road, Campbell River, B.C.
V9W 4C7 Phone: 286-5700 Fax: 286 5761

SCHEDULE A - RISK REPORT

PLEASE!! REPORT ANY POTENTIAL RISK MANAGEMENT ISSUES YOU MAY OBSERVE
- YOU MAY BE THE ONLY PERSON WHO HAS SEEN OR NOTICED THIS SITUATION

DATE: _____ FROM: _____

TO: RISK/CLAIMS MANAGEMENT DEPARTMENT: _____

I wish to report the following information on a situation, which I believe may represent a potential liability to the City of Campbell River.

LOCATION: _____

POTENTIAL LIABILITY: _____

SUGGESTED SOLUTION
(optional): _____

RESPONSE

DATE: _____ FROM: _____

TO: _____ DEPARTMENT: _____

In response to your report, the following action has been taken: _____

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SCHEDULE B - REPORT OF NEW INCIDENT / CLAIM

| | | |
|-----------------------------|---|--|
| ACCIDENT DESCRIPTION | Date: _____, 20____ Time: _____ AM / PM Accident Location: _____ Details of Accident (describe in detail how loss occurred. Draw diagram on back page and preserve all evidence including alleged defective parts.) _____ _____ _____ | Date Reported: _____, 20____ Reported By: _____ Phone No.: _____ |
| PROPERTY DAMAGE | Name: _____ Phone No.: _____ Address: _____ Extent of Damage: _____ _____ _____ | |
| BODILY INJURY | Name: _____ Age: _____ Phone No.: _____ Address: _____ Extent of Injury: _____ Where was Injured Taken: _____ Doctor's Name: _____ Guardian's Name: _____ | |
| WITNESSES | Name: _____ Phone No.: _____ Address: _____ Name: _____ Phone No.: _____ Address: _____ Constable's Name: _____ Police Case No.: _____ | |

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| | |
|----------------------------------|----------|
| Recommended Corrective Measures: | |
| | |
| | |
| Actioned by: | Date: 20 |

| | | |
|-------------------------|-------------|----------|
| Report Completed by: | Department: | Date: 20 |
| Supervisor's Signature: | | Date: 20 |
| Management Review: | | Date: 20 |

DO NOT ASSUME ANY RESPONSIBILITY

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CITY OF CAMPBELL RIVER
301 St. Ann's Road, Campbell River, B.C.
V9W 4C7 Phone: 286-5700 Fax: 286 5761

SCHEDULE C - INFORMED CONSENT

**Program
Name:**

Date:

Thank you for choosing to use the facilities, services or programs of the City of Campbell River Parks and Recreation Department. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following **INFORMED CONSENT**.

I, _____ declare that I intend to use some or all of the activities, facilities, programs and services offered by the City of Campbell River Parks and Recreation Department and I understand that each person, (myself included), has a different capacity of participating in such activities, facilities, programs and services. I am aware that all activities, services and programs offered are either educational, recreational, or self directed in nature. I assume full responsibility during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental or emotional) and the awareness, care and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service and program brings with it the assumption by me of those risks or results stemming from this/these choice(s) and the fitness, health, awareness, care and skill that I possess and use. In addition, I understand that I am free to withdraw from, reduce or modify my involvement in any program activity and I realize that I should do so upon recognition of any signs of transient lightheadness, fainting, chest discomfort, leg cramps, nausea, etc.

I further understand that the activities, programs and services offered by the City of Campbell River Parks and Recreation Department are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services.

In addition, I acknowledge that I have inquired about the nature of any activity, program or services that I am not completely familiar with and I have been informed of any inherent risks.

I declare that I have read, understood and agree to the contents of this **INFORMED CONSENT AGREEMENT** in its entirety.

Participant

Witness

Parent/Guardian

Date

Date

CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

Adopted: October 18, 2004

Council Resolution No. ic04-0220

SCHEDULE D - RELEASE OF LIABILITY
BY SIGNING THIS DOCUMENT YOU ARE WAIVING CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE
PLEASE READ CAREFULLY

To: City of Campbell River and its employees, officers, agents, affiliated community associations and volunteers (collectively, the "City of Campbell River")

Re: _____ (the "Program") Facility: _____
(Name of Program)

Awareness of Risk

I acknowledge that there are risks associated with participation in any physical training, exercise, sports, adventure or activity program. I have informed myself and understand the risks associated with my participation in the Program and (where applicable) my use of the facilities, including the risk of personal injury, and freely accept these risks.

I understand that I am free to withdraw from or reduce my participation in the Program at any time.

I acknowledge that facility staff may limit my access to the Program or facilities in the event of any misuse of the facilities or misconduct on my part.

I have completed a Physical Activity Readiness Questionnaire (PAR-Q) and I confirm that the answers I have given are correct. **Circle: YES NO**

I am not aware of any medical condition that would affect my ability to participate in the Program. If I have any concerns about my medical condition, I will consult with my physician before participating in the Program.

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Release and Waiver

In consideration of the acceptance of my registration for the Program, I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf, **covenant not to sue**, and hereby **waive, release and discharge** the City of Campbell River, and anyone acting for or on the City of Campbell River behalf, from **any and all claims of liability** for personal injury, illness, loss of life or property damage of any kind or nature, arising out of or sustained in the course of my participation in the Program. This Release and Waiver applies to all claims, foreseen or unforeseen, including negligence and breach of statutory or other duty of care (including that owed under the *Occupier's Liability Act*).

I recognize that by signing this document I am waiving certain legal rights, including the right to sue.

Participant Signature

Witness Signature

Participant Name

Witness Name (Please Print)

Date



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CITY OF CAMPBELL RIVER
301 St. Ann's Road, Campbell River, B.C.
V9W 4C7 Phone: 286-5700 Fax: 286 5761

SCHEDULE E - PARENTAL CONSENT FORM

Program: _____ Program Date: _____

Name of Child: _____ Date of Birth: _____

I consent to my child's participation in the Program. I am aware that there are risks associated with participation in the Program, including the risk of injury, and I consent to my child's participation in spite of such risks.

I acknowledge that it is my responsibility to advise the City of Campbell River of any medical or other conditions which may affect my child's participation in the Program and have listed them below:

Medical Conditions (eg.

Asthma) _____

Medications _____

Allergies (food, medications, bees, etc.) _____

Other _____

In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

Photos and video footage that includes my child may be used for publicity purposes.

Yes ___ No ___ Initials _____

I have read this Consent Form and understand and accept its terms

Parent's Signature

Parent's Name (please print)

Alternate/Emergency Contact

Telephone Number

Telephone Number

Cellular Phone Number

Cellular Phone Number

Date



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301 St. Ann's Road, Campbell River, B.C.
V9W 4C7 Phone: 286-5700 Fax: 286 5761

SCHEDULE F - TOT/PRESCHOOL PARENTAL CONSENT FORM

PLEASE PRINT, AND RETURN AT THE FIRST CLASS.

Child's Name _____ Birthdate: _____ Age: _____ Sex: _____

Address: _____

Phone Numbers: _____ Cell: _____ Work: _____ Other: _____
Home: _____

Parents/Guardians Names: _____

PARENTAL CONSENT

I, _____ of _____
(Full Name Parent/Guardian) (Address)

consent to my child's participation in the Program. I am aware that there are risks associated with participation in the Program, including the risk of injury, and I consent to my child's participation in spite of such risks.

I acknowledge that it is my responsibility to advise the city of any medical or other conditions which may affect my child's participation in the Program and have listed them below.

In case of Emergency: (Please provide an emergency contact person other than parents/guardians)

Name _____ Relationship: _____
:

Addresses: _____ Phone Numbers: _____ Work: _____
Home: _____ :

Children will only be released to persons named here. *Who is authorized to pick up your child?*

Name: _____ Relationship to child: _____

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Name: _____ Relationship to child: _____

Child's Energy Level: _____ Siblings Names and Ages: _____

Child's previous experience in a group: _____

Child's play interests when alone: _____

Child's likes and dislikes: _____

What do you hope your child will gain from participating in this recreational program?

Please describe any family situations, health factors or disabilities that may be important for us to be aware of:

Does your child have any allergies?

Family Doctor: _____ Medical Centre: _____ Phone: _____

Care Card No. _____

Photos and video footage that includes my child may be used for publicity purposes. Yes _____
No _____

I HAVE READ THIS CONSENT FORM AND UNDERSTAND AND ACCEPT ITS TERMS.

Parent's Signature: _____ Date: _____

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CITY OF CAMPBELL RIVER
301 St. Ann's Road, Campbell River, B.C.
V9W 4C7 Phone: 286-5700 Fax: 286 5761

SCHEDULE G - KIDS KLUB PARENTAL CONSENT FORM

One form is required for September through June of the following year. All information is confidential.

Children must not attend the program until the information is received.

A. PERSONAL

| | | |
|--|------------------|--------------------|
| Child's Name: _____ | Birthdate: _____ | Age: _____ |
| Address: _____ | | Postal Code: _____ |
| Phone Numbers: _____ | | |
| Parents/Guardian Name: _____ | Home: _____ | Work: _____ |
| Parents/Guardian Name: _____ | Home: _____ | Work: _____ |
| | | Cell: _____ |
| | | Cell: _____ |
| Is your child bringing a support worker? Yes _____ | No _____ | |

If yes, please contact the Kids Klub Supervisor for specific guidelines for support workers.

IN CASE OF EMERGENCY (Please provide at least two contact persons other than parent/guardian.)

| | |
|----------------------------|---------------------|
| Name: _____ | Relationship: _____ |
| Phone Numbers: Home: _____ | Work: _____ |
| | Cell: _____ |
| Name: _____ | Relationship: _____ |

CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

Adopted: October 18, 2004

Council Resolution No. ic04-0220

Phone Numbers: _____ Work: _____ Cell: _____
 Home: _____

Children will only be released to persons named below. Who is authorized to pick up your child?

B. SCHOOL

School Name: _____ Phone Number: _____
 Teacher: _____ Grade/Class: _____

C. OUT OF SCHOOL CARE

How does your child get to Kids Klub?

Walk _____ Van Pick up _____ School Bus _____ City Bus _____ Other _____

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------------------|--------|---------|-----------|----------|--------|
| Estimated Arrival Time | | | | | |
| Estimated Departure Time | | | | | |

CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

Adopted: October 18, 2004

Council Resolution No. ic04-0220

SCHEDULE G Cont'd

D. FAMILY

Child's energy
level: _____

Likes: _____ Dislikes: _____

If there is anything you feel we should know about your child or family situation to better care for your child,

please explain

Siblings: _____ Age: _____ Name: _____ Age: _____
Name: _____

E. MEDICAL

Please describe any health factors or disabilities that may limit participation in scheduled program activities:

Please list any allergies and potential reactions:

Does your child require prescribed medication? YES _____ No _____

If yes, please complete a "Request for Assistance with Medication Form".

Care Card Number _____ Dr: _____

CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

Adopted: October 18, 2004

Council Resolution No. ic04-0220

Medical
Centre

Phone
Number:

PARENTAL CONSENT

I consent to my child's participation in the Kids Klub program. I am aware that there are risks associated with participation in Kids Klub, including the risk of injury, and I consent to my child's participation in spite of such risks.

I acknowledge that it is my responsibility to advise the City of any medical or other conditions that may affect my child's participation in the program and have listed them above.

In the event that my child requires medication attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

Photos and video footage that includes my child may be used for publicity purposes.

I acknowledge that it is my responsibility to advise the City of any medical or other conditions that may affect my child's participation in the program and have listed them above.

In the event that my child requires medication attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

Photos and video footage that includes my child may be used for publicity purposes. Yes _____ No _____

I have read this Consent Form and understand and accept its terms.

Parent/Guardian Signature

Date

CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

Adopted: October 18, 2004

Council Resolution No. ic04-0220

CITY OF CAMPBELL RIVER
301 St. Ann's Road, Campbell River, B.C.
V9W 4C7 Phone: 286-5700 Fax: 286 5761

SCHEDULE H - SIGN-IN AND RELEASE FORM FOR DROP-IN GYM

Date: _____

**BY SIGNING THIS DOCUMENT YOU ARE WAIVING CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE PLEASE READ CAREFULLY**

I wish to participate in this activity/make use of this facility. I acknowledge that the City of Campbell River does not supervise this activity and that there are risks associated with my participation, including the risk of physical injury, illness, loss of life, and property damage. I agree to **release and hold harmless** the City of Campbell River, its employees, officers, agents, affiliated community associations and volunteers, from any claims for injury, loss or damage that I may sustain while participating, including claims of negligence.

Code:01-147311-0000 (120)

| NAME | PAYMENT PER PERSON | SIGNATURE | REC'D. BY: |
|------|-----------------------|-----------|---------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |

**** PLEASE FILE COPY IN PROGRAM BINDER ****



CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

CITY OF CAMPBELL RIVER
301 St. Ann's Road, Campbell River, B.C.
V9W 4C7 Phone: 286-5700 Fax: 286 5761

Council Resolution No. ic04-0220

SCHEDULE I - SIGN-IN AND RELEASE FORM FOR DROP IN BADMINTON

Date: _____

**BY SIGNING THIS DOCUMENT YOU ARE WAIVING CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE
PLEASE READ CAREFULLY**

I wish to participate in this activity/make use of this facility. I acknowledge that there are risks associated with my participation, including the risk of physical injury, illness, loss of life, and property damage. I agree to **release and hold harmless** the City of Campbell River, its employees, officers, agents, affiliated community associations and volunteers, from any claims for injury, loss or damage that I may sustain while participating, including claims of negligence.

Code: 01-147713-0000 (164)

| NAME PLEASE PRINT | PARTICIPANT RATE | SIGNATURE | BY |
|----------------------|------------------|-----------|----|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |

CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

Adopted: October 18, 2004

Council Resolution No. ic04-0220

CITY OF CAMPBELL RIVER
301 St. Ann's Road, Campbell River, B.C.
V9W 4C7 Phone: 286-5700 Fax: 286 5761

SCHEDULE J - SIGN-IN AND RELEASE FORM FOR WEIGHT ROOM

Date: _____

**BY SIGNING THIS DOCUMENT YOU ARE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE
PLEASE READ CAREFULLY**

I wish to participate in this activity/make use of this facility. I acknowledge that the City of Campbell River does not supervise this activity and that there are risks associated with my participation, including the risk of physical injury, illness, loss of life, and property damage. I agree to **release and hold harmless** the City of Campbell River, its employees, officers, agents, affiliated community associations and volunteers, from any claims for injury, loss or damage that I may sustain while participating, including claims of negligence.

Code: 01-147708-0000 (162)

| NAME PLEASE PRINT | ADULT PAYMENT | 60+ / STUDENT YOUTH PAYMENT | SIGNATURE | PASS TYPE USED and EXPIRY DATE <i>OFFICE USE ONLY</i> | REC'D BY |
|----------------------|------------------|--------------------------------------|-----------|--|-------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | | | | | |
| 13. | | | | | |
| 14. | | | | | |

PLEASE RECORD EMPLOYEE WEIGHT ROOM PARTICIPANTS # _____

CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

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Council Resolution No. ic04-0220

CITY OF CAMPBELL RIVER
301 St. Ann's Road, Campbell River, B.C.
V9W 4C7 Phone: 286-5700 Fax: 286 5761

SCHEDULE K - SIGN-IN AND RELEASE FORM FOR CHILDMINDING

Date: _____

***BY SIGNING THIS DOCUMENT YOU ARE WAIVING CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE
PLEASE READ CAREFULLY***

I wish to participate in this activity/make use of this facility. I acknowledge there are risks associated with my participation, including the risk of physical injury, illness, loss of life, and property damage. I agree to **release and hold harmless** the City of Campbell River, its employees, officers, agents, affiliated community associations and volunteers, from any claims for injury, loss or damage that I may sustain while participating, including claims of negligence.

Code: 01-147504--0000 (113)

| NAME | PAYMENT | SIGNATURE | REC'D BY: |
|------|---------|-----------|-----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |

CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

Adopted: October 18, 2004

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CITY OF CAMPBELL RIVER
301 St. Ann's Road, Campbell River, B.C.
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Amendment Jan 9-17 Res. #ic17-0004

SCHEDULE L - INSPECTION CHART

| <i>AREA</i> | <i>ITEM</i> | <i>DESCRIPTION</i> | <i>LEVEL OF SERVICE</i> | <i>SCHEDULE</i> |
|-------------------------------|-------------|--------------------|-------------------------|-----------------|
| <i>Traffic Lights/Signals</i> | Inspection | | Once per year | Early Fall |
| | Repair | | Demand | |

| | | | | |
|------------------|------------|-----------------------------|---------------|----------|
| <i>Sidewalks</i> | Inspection | Schools/Commercial/Hospital | Annual | |
| | | Residential/Mun. Parks | Every 5 years | Spring |
| | Repair | Based on Damage | As required | All year |

| | | | | |
|--------------|-----------------|----------------------------|---------------|-------------------|
| <i>Roads</i> | Inspection | | Every 5 years | Spring |
| | Pot Holes | | Demand | |
| | Major Patch | | Demand | |
| | Crack Sealing | | Yearly | Spring and Summer |
| | Overlays | | Yearly | Spring and Summer |
| | Shouldering | | Annually | Winter |
| | Grading | Gravel roads and lanes | Demand | |
| | Street Sweeping | Industrial | Quarterly | All year |
| | | Residential | Semi-annually | All year |
| | | Commercial | Weekly | All year |
| | | Others | Demand | All year |
| | | Construction zones | Demand | All year |
| | | Vehicle Bridge Inspections | | Annually |

CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

Adopted: October 18, 2004

Council Resolution No. ic04-0220

| AREA | ITEM | DESCRIPTION | LEVEL OF SERVICE | SCHEDULE |
|-------------|-------------|--------------------|-------------------------|-----------------|
|-------------|-------------|--------------------|-------------------------|-----------------|

| | | | | |
|--------------------------|------------|---|--------------|--|
| <i>Roadside Brushing</i> | Inspection | Inspect all roadsides and determine brush removal program | As required. | |
| | Repairs | | As required | |

| | | | | |
|-----------------|------------------------------|---------------------------|-------------|-------------|
| <i>Drainage</i> | Ditch Cleaning | High volume flows | Once a year | Early Fall |
| | | Medium flows | Demand | |
| | | Minimum flows | Demand | |
| | Culvert Cleaning/Inspection. | | Demand | |
| | Culvert Repair | | Demand | As required |
| | Catch Basin Cleaning | Commercial/Light Industry | Yearly | Late Fall |
| | | Residential | Yearly | Late Fall |
| | Storm Drain Flushing | | Demand | |
| | Storm Drain Repairs | | Demand | |
| | Drainage General | Blockages | Demand | |

| | | | | |
|---|-------------------------------|--------------------------|---------------|--|
| <i>Sanitary Sewer Line and Manholes</i> | Video Inspection | Sanitary Mains | 10 – 20 years | |
| | Sewer Flushing and/or Rodding | Flat and Standard Grades | 5 years | |
| | | Standard Grades | 5 years | |
| | Repair Sanitary Sewer lines | | Demand | |
| | Sewer Flushing and/or Rodding | Hot spots | Semi-Annual | |

| | | | | |
|-----------------------------|-------------------|--|--------------|----------|
| <i>Sewer Pump Stations:</i> | Operational Check | | Weekly check | All year |
|-----------------------------|-------------------|--|--------------|----------|

CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

Adopted: October 18, 2004

Council Resolution No. ic04-0220

| AREA | ITEM | DESCRIPTION | LEVEL OF SERVICE | SCHEDULE |
|-------------|--------------------------|--------------------|-------------------------|-----------------|
| | Cleaning | | Once/per 2 weeks | All year |
| | Scheduled Maintenance | | Annual Contract | Once per year |
| | Alarm check | | Monthly | |
| | Repairs | | Demand | |
| | Odour Control Facilities | | Weekly Check | All year |
| | Stand by power | | Monthly | |

| | | | | |
|------------------------|------------|------|--------|--|
| <i>Street Lighting</i> | Inspection | City | Demand | |
| | Repairs | City | Demand | |

* B.C. Hydro lights on hydro poles are referred to Hydro as reported.

| | | | | |
|--------------|------------------------|---------------------|---------------|---------|
| <i>Water</i> | Hydrants | Inspections/Service | Once/per year | Winter |
| | Valves | Exercising | Once/per year | Fall |
| | Meters | Repairs | Demand | |
| | Water Lines/Mains | Repairs | Demand | |
| | Pump Chlorine Stations | Inspection | Daily | Mon-Fri |
| | | Repairs | | Demand |
| | PRV Chambers | Inspections | Yearly | |
| | | | | |

| | | | | |
|--------------|--|--|----------------|--|
| <i>Parks</i> | | | | |
| | Hazard tree inspection | | Demand | |
| | | | | |
| | Inspection of developed parks, playgrounds and | | Once/per month | |

CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

Adopted: October 18, 2004

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| AREA | ITEM | DESCRIPTION | LEVEL OF SERVICE | SCHEDULE |
|-------------|------------------------|--------------------|-------------------------|-----------------|
| | playground equipment | | | |
| | Hazard tree inspection | | Demand | |

| | | | | |
|-----------------------------|-----------------|--|--------|--------|
| <i>Snow and Ice Control</i> | Sanding/Salting | Based on inspections, weather reports and notification from RCMP | Demand | Winter |
| | Snow Plowing | Based on inspections, weather reports and notification from RCMP | Demand | Winter |

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CITY OF CAMPBELL RIVER
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V9W 4C7 Phone: 286-5700 Fax: 286 5761

SCHEDULE M – INSPECTION CHECKLISTS – SUMMARY OF INSPECTIONS

| Type of Inspection | Location | Frequency | Recorded |
|---|----------|-----------|----------|
| Parks & Playgrounds | _____ | _____ | _____ |
| City Facilities (Animal Shelter) | _____ | _____ | _____ |
| Streets & Sidewalks | _____ | _____ | _____ |
| Watermains/Reservoirs/Chlorination Stn. | _____ | _____ | _____ |
| Sewer Lines/Pump Station | _____ | _____ | _____ |
| Fire Hydrants | _____ | _____ | _____ |
| Cemeteries | _____ | _____ | _____ |
| Bus Shelters | _____ | _____ | _____ |

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SCHEDULE N - INSPECTION AND MAINTENANCE OF SIDEWALKS

Zone A - Commercial, School and Hospital Areas

| Frequency | Area Inspected | Date Inspected |
|-------------------------|----------------|----------------|
| Every Spring | | |
| | | |
| | | |
| | | |

Zone B - Residential Areas and (Light) Commercial and Industrial Areas

| Year (5 Year Rotation) | Area Inspected | Date Inspected |
|------------------------|----------------|----------------|
| Year 1 | | |
| | | |
| | | |
| | | |
| Year 2 | | |
| | | |
| | | |
| | | |
| Year 3 | | |
| | | |
| | | |
| | | |
| Year 4 | | |
| | | |
| | | |
| | | |



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| | | |
|---------------|--|--|
| Year 5 | | |
| | | |
| | | |
| | | |

CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

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SCHEDULE O - INSPECTION AND MAINTENANCE OF SIDEWALKS SIDEWALK FIELD SURVEY FORM

Street or Route: _____ Zone: _____

Date: _____ Inspector: _____ Direction: N S E W

Sidewalk Type:

Exposed Aggregate _____ Width _____
Broom Finish _____ Year of Construction _____
Brick _____ Other _____

Pedestrian Traffic:

Low _____ Moderate _____ High _____

Sidewalk Defect Inventory

| Defect | Level 1 | Level 2 | Level 3 (Note Station) |
|-------------------------|---------|---------|------------------------|
| A(i). Cracks | | | |
| B(ii). Separations | | | |
| C. Heaves/Settlement | | | |
| D. Fillets | | | |
| E. Scaling | | | |
| F. Missing Pieces | | | |
| G. Obstacles | | | |
| Wheel Chair Access Ramp | | | |

Exposures Requiring Repair (Detail comments on reverse)

- _____ Estimated Sidewalk Footage Needing Repair
- _____ Grass/Weeds in Joints or Cracks
- _____ Roots Causing Heaving or Humps
- _____ Overhanging Branches or Limbs _____ less that 8 feet clearance from sidewalk
- _____ Low Signs _____ less than 7 feet to bottom of sign
- _____ Sewer Manholes, Water Valve Boxes or Meters Needing Adjustment
- _____ Guy Wires in Walking Area _____ Width of Sidewalk to 8 feet
- _____ Pole or Wall Mounted Utility Boxes

CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

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SCHEDULE P - GENERAL SAFETY CHECKLIST - CITY FACILITIES (PAGE 1 of 4)

Date of Inspection: _____ Name of Facility: _____

Date of Last Inspection: _____

| Grounds and Building Entrances | OK | Deficiency | Recommendations |
|---|-------|------------|-----------------|
| Grounds are free of unusual hazards such as holes, protrusions and other obstacles. | _____ | _____ | _____ |
| Trees are free of loose or broken branches or protruding roots. | _____ | _____ | _____ |
| Fences are structurally sound and free of holes. | _____ | _____ | _____ |
| Sidewalks, entrances steps and lawns are properly maintained. | _____ | _____ | _____ |
| Walkways and paved areas are free of cracks and loose pavement. | _____ | _____ | _____ |
| All doors and windows are in working condition | _____ | _____ | _____ |
| Outside lighting is sufficient and functioning around pedestrian traffic and parking areas. | _____ | _____ | _____ |

| Buildings and Structures | OK | Deficiency | Recommendations |
|--|-------|------------|-----------------|
| Ceilings are free of cracks. | _____ | _____ | _____ |
| Rest rooms are free of water hazards. | _____ | _____ | _____ |
| Handrails and treads on stairways are in good condition. | _____ | _____ | _____ |
| Stairway risers are of proper height. | _____ | _____ | _____ |

CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

Adopted: October 18, 2004

Council Resolution No. ic04-0220

SCHEDULE P (PAGE 2 OF 4)

| | Ok | Deficiency | Recommendations |
|---|-------|------------|-----------------|
| Lighting in stairways and work areas is adequate. | _____ | _____ | _____ |
| Floors are free of holes, splinters, protruding nails, slippery areas and loose boards. | _____ | _____ | _____ |
| All openings in floors are covered and marked. | _____ | _____ | _____ |
| Aisles and passageways have adequate width and are unobstructed. | _____ | _____ | _____ |
| Work areas are well-ventilated and free of fumes. | _____ | _____ | _____ |

| Fire Safety | Ok | Deficiency | Recommendations |
|---|-------|------------|-----------------|
| All emergency exits are properly marked. | _____ | _____ | _____ |
| Each building and department has an evacuation and emergency preparedness plan posted and employees are familiar with evacuation plans. | _____ | _____ | _____ |
| Evacuation plans are predominantly displayed for the public. | _____ | _____ | _____ |
| Employees are trained in fire fighting. | _____ | _____ | _____ |
| Fire extinguishers and other fire fighting equipment is checked regularly. | _____ | _____ | _____ |

| | Ok | Deficiency | Recommendations |
|---|-------|------------|-----------------|
| Sprinkler system is in good working condition and checked annually. | _____ | _____ | _____ |
| Fire alarms and smoke detectors are checked regularly. | _____ | _____ | _____ |

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SCHEDULE P (PAGE 3 OF 4)

| | Ok | Deficiency | Recommendations |
|---|-----------|-------------------|------------------------|
| Rubbish and used chemicals are disposed of properly. | _____ | _____ | _____ |
| Explosive or flammable materials are properly stored and ventilated. | _____ | _____ | _____ |
| Machinery, Tools and Equipment | Ok | Deficiency | Recommendations |
| All machinery and equipment is maintained properly. | _____ | _____ | _____ |
| All machinery and equipment is maintained properly. | _____ | _____ | _____ |
| Belts, gears, chains, clutches and shafting are properly guarded. | _____ | _____ | _____ |
| Effective point-of-operation guards are in place. | _____ | _____ | _____ |
| Equipment and facilities are free of oil or grease spills | _____ | _____ | _____ |
| Gas cylinders are in working condition. | _____ | _____ | _____ |
| Tampering or unauthorized use of any machinery or equipment is prohibited. | _____ | _____ | _____ |
| Tools and machines are free of split or loose handles. | _____ | _____ | _____ |
| All cutting edges are sharp. | _____ | _____ | _____ |
| All tools are maintained in good state of repair. | _____ | _____ | _____ |
| Ladders, scaffolds and horses are of standard construction and are in good condition. | _____ | _____ | _____ |

CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

Adopted: October 18, 2004

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SCHEDULE P (PAGE 4 OF 4)

| | Ok | Deficiency | Recommendations |
|---|-----------|-------------------|------------------------|
| Ladders or self-locking step stools are of an approved design. | _____ | _____ | _____ |
| Electrical tools, switch boxes and fixtures are properly grounded. | _____ | _____ | _____ |
| Wiring, fixtures, connections, and extension or portable cords are safely insulated and installed properly. | _____ | _____ | _____ |
| Extension cords are free of frays, breaks and potential tripping hazards. | _____ | _____ | _____ |
| All electrical wall outlets and switches are in working order. | _____ | _____ | _____ |
| Housekeeping | Ok | Deficiency | Recommendations |
| Materials are properly stacked and stored according to established guidelines. | _____ | _____ | _____ |
| Overhead clearance is ample. | _____ | _____ | _____ |
| Work areas are neat and clean. | _____ | _____ | _____ |
| Work areas are free of hazardous materials. | _____ | _____ | _____ |
| Desks, cabinets, and file drawers and/or doors are maintained properly. | _____ | _____ | _____ |
| Aisles and walkways are kept clear at all times. | _____ | _____ | _____ |
| Access to all emergency equipment such as fire extinguishers, emergency eye wash and showers are kept clear of obstacles. | _____ | _____ | _____ |

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CITY OF CAMPBELL RIVER
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V9W 4C7 Phone: 286-5700 Fax: 286 5761

SCHEDULE Q - RECREATION FACILITY INSPECTION CHECKLIST

If facility has exterior playground please also complete the Children's Playspaces Checklist.

Location: _____

Inspected by: _____

Date: _____

Time: _____

Satisfactory
 Attention Required

| ITEM | OK | Deficiency Noted (Describe Problem and Location or Action Taken) | Correction Action Required and Date | Follow Up Scheduled |
|----------------------|----|--|---|------------------------|
| Stairs – Interior | | | | |
| Stairs – Exterior | | | | |
| Handrails – Interior | | | | |
| Handrails – Exterior | | | | |
| Sidewalks / Pathways | | | | |
| Elevators | | | | |
| Parking | | | | |
| Signs | | | | |
| Fences | | | | |
| Fountains – Drinking | | | | |
| Seating / Benches | | | | |
| Lighting – General | | | | |
| Lighting – Emergency | | | | |
| Exit Signs | | | | |
| Fire Extinguishers | | | | |
| Kitchen / Concession | | | | |
| Washrooms | | | | |
| Maintenance Area | | | | |

CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

Adopted: October 18, 2004

Council Resolution No. ic04-0220

| | | | | |
|-----------------|--|--|--|--|
| Changing Rooms | | | | |
| Lobby Doors | | | | |
| Emergency Exits | | | | |
| Meeting Rooms | | | | |
| General Offices | | | | |
| Other | | | | |

Note: Pictures or drawings may assist in explaining the problem.

CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

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SCHEDULE R - CHILDREN'S PLAYSPACES AND EQUIPMENT MAINTENANCE CHECKLIST

Recommended by the Canadian Standards Association (CSA) in their publication "A Guideline on Children's Playspaces and Equipment", CSA – Z614-M90.

Location: _____

Inspected by: _____

Date: _____

Time: _____

| | |
|---|--------------------|
| ✓ | Satisfactory |
| X | Attention Required |

| Equipment | Swings | Slides | Rocking Equip | Teeter Totters | Climbers | Merry-go | Structur | Creative Play | Condition | General Site | Action Taken | Date Comp. |
|------------------------|--------|--------|---------------|----------------|----------|----------|----------|---------------|-----------|--------------|--------------|------------|
| Chains | | | | | | | | | | | | |
| S-Hooks | | | | | | | | | | | | |
| Seats | | | | | | | | | | | | |
| Hanger Bearings | | | | | | | | | | | | |
| Grease Fittings | | | | | | | | | | | | |
| Stability in ground | | | | | | | | | | | | |
| Exposed concrete | | | | | | | | | | | | |
| Tilting | | | | | | | | | | | | |
| End/Centre Fittings | | | | | | | | | | | | |
| Chain pipe covers | | | | | | | | | | | | |
| Hand Railings | | | | | | | | | | | | |
| Support bars/legs | | | | | | | | | | | | |
| Fastening points | | | | | | | | | | | | |
| Side walls and bedway | | | | | | | | | | | | |
| Entrapment point areas | | | | | | | | | | | | |
| Sharp edges/points | | | | | | | | | | | | |
| Stairs of slide | | | | | | | | | | | | |
| Tube slides | | | | | | | | | | | | |
| Cracking / damage | | | | | | | | | | | | |
| Spring and bar | | | | | | | | | | | | |

CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

Adopted: October 18, 2004

Council Resolution No. ic04-0220

| | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|
| Handles | | | | | | | | | | |
| Pivot point for wear | | | | | | | | | | |
| Nuts and Bolts | | | | | | | | | | |
| Ground clearance | | | | | | | | | | |
| Locking devices – in/text | | | | | | | | | | |
| Wood checking – max 3/4" | | | | | | | | | | |
| Protrusions | | | | | | | | | | |
| Protection caps/plugs | | | | | | | | | | |
| Surface below equipment | | | | | | | | | | |
| Wooden borders | | | | | | | | | | |
| Benches | | | | | | | | | | |
| Debris/broken glass | | | | | | | | | | |
| Asphalt paths etc | | | | | | | | | | |
| Lighting | | | | | | | | | | |
| Sign(s) | | | | | | | | | | |
| Fencing | | | | | | | | | | |

CITY OF CAMPBELL RIVER COUNCIL RISK MANAGEMENT POLICY

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CITY OF CAMPBELL RIVER
301 St. Ann's Road, Campbell River, B.C.
V9W 4C7 Phone: 286-5700 Fax: 286 5761

SCHEDULE S - STATEMENT OF PROPERTY DAMAGE

Note: for completion by a party claiming the City is responsible for damages to their property.

1. Owner's Name: _____ Phone No. _____

Address: _____

2. Type of Property Damage _____

3. Time, Date and Place of Damage _____ AM/PM, D _____ M _____ Y _____

to property at: _____

4. Indicated Cause of Damage _____

5. Estimate Cost of Repairing/Replacing Property Damaged/Destroyed \$ _____
(Attach repair invoices, estimates and/or original receipts and/or complete on reverse.)

6. To whom were damages first reported? _____

7. When were damages first reported? _____

8. Names, addresses and phone numbers of witnesses and/or City staff involved:

Name _____ Address _____ Phone _____

9. State why you feel the City should be responsible for your damages: _____

10. I solemnly swear that I am the owner of the property damaged, that the foregoing is a correct and accurate statement as to the damages incurred and that I have no Insurance of any type under which such damages may be recovered:

(Owner)

(Witness)

Date: _____ 20_____

Position: _____

IMPORTANT NOTE

This statement is for information purposes only and its receipt in no way infers acceptance of any responsibility for the stated damages.