

CTS Compliance and Enforcement Protocol, 2019 Reporting Template

Facility Number: 20-104689-168		Report Number: 01
Public Health Unit: Thunder Bay District Health Unit		
Legal Name (Facility): Path 252		
Operating Name (Facility): Path 525		
Facility Address:		
Unit Number:		
Street Number: 525		Street Name: Simpson Street
Street Type:		
Street Direction: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> N/East <input type="checkbox"/> S/East <input type="checkbox"/> N/West <input type="checkbox"/> S/West		
City/Town: Thunder Bay		Municipality:
Postal Code: P7C 3J6		Phone Number: (807) 622-8235
		Fax Number: () - -
Contact Information:		
Operator: (RPIC) ¹	First Name <input type="text" value="Jennifer"/>	Last Name <input type="text" value="Lawrence"/>

Note: Please do not include any personal information (PI) as defined in the *Municipal Freedom of Information and Protection of Privacy Act*, or personal health information (PHI) as defined in the *Personal Health Information Protection Act, 2004*, in this Reporting Template.

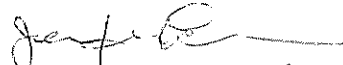
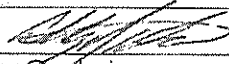
Consumption and Treatment Services Inspection Report

¹ RPIC = Responsible Person in Charge

Primary Contact (if different than RPIC):	First Name	Last Name
	<input type="text"/>	<input type="text"/>
Contact Address:		<input type="checkbox"/> Same <input type="checkbox"/> Different than above
<i>Below details of address only display if "Contact Address"="Different than above"</i>		
Unit Number:		
Street Number:		Street Name:
Street Type:		
Street Direction: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> N/East <input type="checkbox"/> S/East <input type="checkbox"/> N/West <input type="checkbox"/> S/West		
City/Town:		Municipality:
Postal Code: <input type="text"/>		Phone Number: (<input type="text"/>) <input type="text"/> - <input type="text"/> Ext. <input type="text"/>
		Fax Number: (<input type="text"/>) <input type="text"/> - <input type="text"/>
		Email Address:

Findings:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1. Disposal of Needles and other harm reduction materials is done safely and effectively as per the CTS' documented procedure.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Removal/pick-ups of discarded needles and other harm reduction supplies are effectively completed within a 15m perimeter of the CTS.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. The record/log of calls to police services is up to date.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. The record/log of CTS incidents is up to date.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. If applicable, other potential health hazards relating to CTS operations are noted.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Complaints-Based Inspection:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Action Taken	1. Education Provided	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	2. Warning Issued to the CTS	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	3. Advised CTS that a non-compliance notice would be issued to the ministry	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Comments: (Note: Do not include any private information about individuals using the services of the CTS)			
Facility and grounds well maintained with records being documented in accordance with protocol.			
Recipient: Jennifer Lawrence		Position: Director of Health Services	Signature: 
Inspector's Name: Abby Mackie		Inspector's Signature: 	Date: APR 5/23
Please return completed form to addictionandsubstances@ontario.ca			