

APPENDIX D - II - 4: OFSA FUNERAL SERVICES DISASTER PLAN SURVEY

**Ontario
Funeral
Service
Association**



OFSA FUNERAL SERVICE DISASTER PLAN SURVEY

INSTRUCTIONS: Please complete the survey using accurate, current information and numbers pertaining to your company. Funeral Homes/ Cemeteries and Crematoriums with more than one location should fill out one survey per site, indicating the total resources at a particular location. Regarding equipment; values should represent the minimum inventory available at all times. Please complete all survey sections where applicable.

NAME OF FUNERAL HOME(S) / TRANSFER SERVICE / CEMETERY / CREMATORIUM :

MAIN ADDRESS: (INCLUDING TOWN, POSTAL CODE AND REGION)

CONTACT PERSON:

TELEPHONE:

FAX:

E-MAIL:

SURVEY SECTION FOR CEMETERY AND CREMATORIUM USE ONLY:

TOTAL CREMATORIUM OPERATORS: _____ TOTAL CEMETERY GROUNDS PERSONS AVAILABLE: _____
MAXIMUM CREMATIONS PER 8 HOUR PERIOD: _____ MAXIMUM BURIALS PER 8 HOUR PERIOD: _____
ESTIMATE OF NUMBER OF PLOTS AVAILABLE FOR BURIAL: _____ WINTER BURIAL AVAILABLE: YES _____ NO: _____
WINTER VAULT STORAGE FACILITY AVAILABLE: YES _____ NO _____ IF YES, PLEASE SPECIFY TOTAL SPACE AVAILABLE FOR CASKETS: _____
REFRIDGERATED STORAGE AVAILABLE: YES _____ NO _____ IF YES, PLEASE SPECIFY TOTAL SPACE AVAILABLE FOR CASKETS: _____

SURVEY SECTION FOR FUNERAL HOME / TRANSFER SERVICE USE ONLY:

TOTAL FUNERAL DIRECTORS / EMBALMERS: _____ MAXIMUM NUMBER OF EMBALMING PERFORMED PER 8 HOUR PERIOD: _____
TOTAL OF NON-LICENSED AUXILIARY PERSONNEL (PREPARATION ROOM ASSISTANTS / REMOVAL & TRANSFER STAFF): _____
TOTAL OF REMOVAL VEHICLES (EXCLUDE FUNERAL COACHES): _____ AVERAGE CAPACITY OF REMAINS PER VEHICLE: _____
TOTAL FUNERAL COACHES: _____
TOTAL 1-MAN STRETCHERS: _____ TOTAL 2-MAN STRETCHERS: _____
REFRIDGERATED STORAGE AVAILABLE: YES _____ NO _____ IF YES, PLEASE SPECIFY TOTAL SPACE AVAILABLE FOR CASKETS: _____
MINIMUM BODY BAGS AVAILABLE AT ALL TIMES (REGULAR VINYL TYPE): _____ (HEAVY DUTY DISASTER TYPE): _____
HERMETICALLY SEALED METAL TRANSFER CASES AVAILABLE: _____ FUNCTIONAL EMBALMING TABLES: _____ OTHER TABLES (DRESSING / BACKBOARDS): _____
FUNCTIONAL EMBALMING MACHINES: _____ FUNCTIONAL ASPIRATORS: ELECTRO-ASPIRATORS: _____ HYDRO-ASPIRATORS: _____
PROTECTIVE GEAR AND EMBALMING FLUIDS:
BOXES OF LATEX GLOVES: S _____ M _____ L _____ DISPOSABLE COVERALLS: _____ FACE MASKS: _____ FACE SHIELD / VISORS
DISPOSABLE APRONS: _____ DISPOSABLE HEAD COVERS: _____ DISPOSABLE SHOE/BOOT COVERS (PAIRS): _____
CASES OF ARTERIAL EMBALMING FLUIDS: _____ CASES OF CAVITY FLUIDS: _____ CASES OF ACCESSORY FLUIDS/POWDERS: _____

Do you anticipate any bottlenecks in your area during a mass fatality event (i.e. death certificates, burial etc)? ANSWER ON BACK of PAGE

Do you, in your community or region, have any mutual aid agreements? ANSWER ON BACK of PAGE

Once completed, please promptly fax to OFSA at (416) 695-3583 by April 15, 2006.

It is important that this survey be filled with most accuracy, so that we may establish local/provincial needs or deficiencies, plan all options and resources available and locate emergency supplies, suppliers, support personnel and equipment.

Once again, thank you for your cooperation.

Tom Flood

President

OFSA thanks the Ottawa and District Funeral Directors for their help.