

**“CHAPTER 7.1
PENAL**

528.1. Every person who contravenes any provision of sections 5.1, 130, 167, 260.1, 260.2 and 348 is guilty of an offence and is liable to the penalty prescribed under paragraph 1 of section 106 of the Act if a natural person or under paragraph 2 of the same section if a legal person.”.

49. Paragraph 3.1 of Schedule 1 is amended

(1) by replacing “CAN/CGSB-3.25-M89” in subparagraph 1 by “CAN/CGSB-3.25-94”;

(2) by replacing “CAN/CGSB-3.22-93” in subparagraph 2 by “CAN/CGSB-3.22-97”;

(3) by replacing “CAN/CGSB-3.23-93” in subparagraph 3 by “CAN/CGSB-3.23-97”;

(4) by replacing “CGSB-3-GP-24Ma” in subparagraph 4 by “3-GP-24c”.

50. Schedule 1 is amended by replacing “638” in the requirement for heating oil number 6 relating to the ASTM D 445 method listed in Table 4 by “650”.

51. Schedule 7 is amended by replacing paragraphs 1 to 4 of section 3 by the following:

“1. may be protected against corrosion according to the Petroleum Association for Conservation of the Canadian Environment Report PACE 87-1: Guideline Specification for the Impressed Current Method of Cathodic Protection of Underground Petroleum Storage Tanks;

2. replace before reaching 25 years after its installation;

3. replace before reaching 25 years after its installation and subject to a leak detection test in accordance with section 269 within 12 months of the year of assessment of its condition and every 5 years afterward;

4. replace before obtaining a T/S of 180 or before the tank reaches 25 years after its installation and subject to a leak detection test in accordance with section 269 every year;”.

52. Schedule 8 is amended

(1) by striking out “****” before ratings D, 1.5 and 0.5 in the table;

(2) by striking out “**** Where section 412 applies, the distance must be 0.15 metres for steel vats.” in the legend after the table.

53. This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

5990

M.O., 2003

Order of the Minister of Public Security concerning the Règlement modifiant le Règlement sur le régime des études de l'École nationale de police du Québec dated 22 October 2003

Police Act
(R.S.Q., c. P-13.1)

WHEREAS l'École nationale de police du Québec shall establish, by by-law, in accordance with section 16 of the Police Act (R.S.Q., c. P-13.1), standards for its professional training activities, the approval of training activities developed outside the school, admission requirements, teaching requirements, examinations and certificates of studies and diplomas, as well as standards of equivalence. The by-law must be submitted to the Minister of Public Security. The admission requirements for training in police patrolling shall establish, in particular, the medical requirements and the requirements relating to physical condition that must be met by students;

WHEREAS on October 22, 2003, the governing board of l'École nationale de police du Québec has adopted the Règlement modifiant le Règlement sur le régime des études de l'École nationale de police du Québec;

WHEREAS section 12 of Regulations Act (R.S.Q., c. R-18.1) which prescribes that a proposed regulation may be approved without having been published, prescribed by section 8 of this Act, if the authority approving it is of the opinion that the urgency of the situation requires it;

WHEREAS section 18 of this Act which prescribes that a regulation may come into force on the date of its publication in the *Gazette officielle du Québec* when the authority that has approved it is of the opinion that the urgency of the situation requires it;

WHEREAS sections 13 and 18 of this Act which prescribe that the reason justifying the absence of the preliminary publication and such coming into force shall be published with the regulation;

WHEREAS the Minister of Public Security is of the opinion that the urgency due to the following circumstance justifies the absence of the preliminary publication and such coming into force of the Règlement modifiant le Règlement sur le régime des études de l'École nationale de police du Québec hereby enclosed:

— Every year the School receives 10 cohorts representing 640 applicants and their admission must be planned adequately, especially by ensuring the coordination of the physical and medical requirements with the affected general and vocational colleges;

— The colleges as well as the applicants registered on the 2003-2004 prioritization list for the School's basic training program in police patrolling were notified as early as spring 2003 that there would be new physical and medical admission requirements applicable to the School beginning 1 November 2003, to allow them to prepare adequately;

— The applicants who will be admitted to the School on 1 November 2003 are currently preparing on the basis of the new admission requirements and would suffer serious prejudice if the effective date was postponed.

WHEREAS it has grounds to approve this regulation;

CONSEQUENTLY, the Minister of Public Security approves the Règlement modifiant le Règlement sur le régime des études de l'École nationale de police du Québec enclosed.

JACQUES CHAGNON,
Minister of Public Security,

Règlement modifiant le Règlement sur le régime des études de l'École nationale de police du Québec

Police Act
(R.S.Q., c. P-13.1, s. 16)

1. Section 4 of the Règlement sur le régime des études de l'École nationale de police du Québec¹ is amended:

1° by inserting, in the first line and after the word “must”, the words “, at the time of their application for registration and until they have completed their training,”.

2° by removing the word “permanent” in paragraph 3.

3° by replacing paragraph 5 by the following:

“5° have passed a medical examination within 180 days preceding the start of his training at the School.

The purpose of this medical examination is to ensure that the applicant has the necessary physical and mental abilities to attend the basic training program in police patrolling.

The medical examination is performed by a physician appointed by the School and includes, among other things, a medical questionnaire described in Schedule “A” of this regulation, the taking of vital signs, an eyesight test, a puretone audiogram, a blood sample providing a complete blood count (CBC) and the biochemical profile of the applicant, a urinalysis as well as a complete physical examination with respect to the following physiological systems and medical conditions:

- musculoskeletal system;
- eyes and visual acuity;
- ears, nose and throat;
- auditory acuity;
- cardiovascular system;
- pulmonary system;
- neurological system;
- endocrine system;
- gastrointestinal system;
- genitointestinal system;
- dermatological system;
- haematological system;
- infectious diseases;
- oncology.

The applicant must provide the physician with the necessary information and submit to any additional examination or analysis the latter deems appropriate.

If the applicant fails the medical examination, the physician must specify in the form described in Schedule “B” of this regulation if the disability is temporary or permanent.”.

4° by adding the following paragraphs and subsection at the end:

“8° have passed the physical achievement tests described in Schedule “C” of this regulation within 90 days preceding the start of his training at the School;

¹ (2002, 134, G.O. 2, 3812)

9° hold a valid Certificate of Accreditation for the “Basic Rescuer Cardiopulmonary Resuscitation” course, issued by one of the following organizations:

- St. John Ambulance;
- Canadian Red Cross;
- Quebec Heart Foundation.

10° provide his fingerprints to an authorized representative of the School;

11° be of good moral standing.”.

2. Paragraphs 2, 3 and 4 of section 5 of this regulation are replaced by the following:

“2° a certified copy of one of the documents referred to in section 4, subsection 2, or a document issued by an authorized officer of a collegial establishment attesting that the applicant meets all the requirements to obtain one of these documents;

3° a copy of the driver’s license;

4° a copy of the “Basic Rescuer Cardiopulmonary Resuscitation” Certificate of Accreditation.”.

3. Section 15 of this regulation is amended by replacing, in the second line and after the word “transcript”, the words “of the student’s academic record,” by the words “of the student’s grades”.

4. This regulation is amended by adding Schedules “A” to “C”, herein enclosed.

5. This regulation comes into force on the date of its publication in the *Gazette officielle du Québec*.

SCHEDULE “A” MEDICAL QUESTIONNAIRE

Last Name _____ First Name _____

File Number _____

Address _____

Postal Code _____ Telephone _____

I Personal Medical History

Have you ever suffered or do you currently suffer from the following problems or symptoms ? (check off the appropriate boxes)

	Previously	Currently	Comments
Head, Nose, Mouth and Throat			
Frequent nose bleed			
Frequent nasal congestion			
Hoarseness without a cold			
Difficulty swallowing			
Loss of taste or smell			

	Previously	Currently	Comments
Ears and Auditory Acuity			
Hearing loss			
Use of hearing aids			
Vertigo – dizziness			
Ringing in the ears			
Eyes and Vision			
Glaucoma			
Cataracts			
Eye injury			
Eye irritation (itching)			
Eye surgery			
Wearing corrective glasses			
Wearing contact lenses			
Gastrointestinal System			
Persistent abdominal pain			
Vomiting blood			
Ulcer			
Hepatitis			
Jaundice			
Darkish stools and/or blood on stools			
Persistent constipation			
Persistent diarrhea			
Hemorrhoids			
Urinary System			
Kidney stones			
Kidney disease			
Blood in urine			
Frequent urination			

	Previously	Currently	Comments
Cardiovascular System			
Chest pains or constriction			
Palpitations or heart rhythm disorder			
High blood pressure			
Swollen legs (oedema)			
Heart murmur			
Vascular disease			
Heart disease (angina and/or heart attack)			
Pulmonary System			
Shortness of breath			
Persistent night sweats			
Coughing up blood in the morning			
Coughing up blood			
Pneumonia			
Asthma			
Tuberculosis			
Emphysema			
Psychological/Mood Disorder			
Drug or alcohol problem			
Suicide attempt			
Depression			
Anxiety			
Attention disorder			
Panic attack			
Claustrophobia			
Fear of heights			

	Previously	Currently	Comments
Endocrine/ Metabolic System			
Diabetes			
Hypoglycaemia			
Thyroid disease			
Neurological System			
Headaches			
Convulsion, epilepsy			
Loss of consciousness/fainting			
Numbness and/or weakness in the limbs			
Tremors			
Skin			
Eczema			
Skin rash			
Hives			
Infectious Diseases			
Aids or HIV positive			
Rheumatic fever			
Circulatory/Lymphatic System			
Anaemia			
Hemorrhagic disease			
Blood transfusions			
Oncology (Cancer)			
Cancer (specify type)			
Surgery			
Radiotherapy			
Chemotherapy			

	Previously	Currently	Comments
Male Reproductive System			
Testicular protuberance (lump)			
Female Reproductive System			
Protuberance (lump) in breast or armpit			
Severe menstrual pain			
Date of last period:			
Other Conditions Specify:			

II Hospitalizations

Have you ever been hospitalized ? If yes, fill out the appropriate box(es).

	1st time	2nd time	3rd time
Reason (diagnosis)			
Date (month/year)			
Name of HC			

III Indemnization

Did you ever apply for or receive benefits or compensation payments as a result of an injury, an illness, a disability or an automobile accident ? If yes, fill out the appropriate boxes.

Date (Month/Year)	Type of injury (Diagnosis)	Nature of treatment	Type of after-effects
Comments :			

IV Allergies: Are you allergic? No Yes

Specify: _____

V Medication: Are you taking any medication? No Yes

Specify: _____

VI Pathologic family history

Diseases	Father	Mother	Brothers/Sisters
Heart disease			
Hypertension			
Pulmonary disease			
Asthma			
Diabetes			
Migraine			
Rheumatism/arthritis			
Depression/anxiety/suicide			
Alcoholism			
Cancer			
Other diseases (specify)			

VII Personal lifestyle (please check off the appropriate box)

- 1) Smoker: No Yes Number of cigarettes/day: _____
 Former smoker No Yes If yes: number of years: _____
- 2) Alcohol: No Yes Quantity 2 + glasses/day
 1-2 glasses/day
 occasionally
- 3) Tea-coffee: No Yes Number of cups/day: _____
- 4) Drugs: No Yes Specify: _____
- 5) Please scale your degree of stress in general
 none low average high excessive

- 6) Do you practice a physical activity ? No Yes Frequency less than 1 hour/week
 1 hour to 5 hours/week
 5 + hours/week

What type(s) of physical activities do you practice ? _____

I attest that the above information is true to the best of my knowledge. I am aware that any false statement concerning the information provided in the questionnaire could void my candidacy.

Signature of the applicant: _____ Date: _____

SCHEDULE "B"
MEDICAL EXAMINATION REPORT

Last Name _____ First Name(s) _____

File Number _____

Address _____

Postal Code _____ Telephone _____

The above-mentioned person submitted to a medical examination on ____/____/____.

It is my opinion that this person :

- Passed the medical examination of the basic program in police patrolling of the École nationale de police du Québec.
- Did not pass the medical examination of the basic program in police patrolling of the École nationale de police du Québec because this person has a :
 - Permanent disability
 - Temporary disability

I cannot reach a decision because I am expecting :

- additional information.
- a medical problem to be remedied.
- technical advice.
- follow-up medical testing.
- other (specify): _____

Additional comments :

Signature of the physician _____

Date _____

SCHEDULE "C"

FINAL REPORT OF PHYSICAL ACHIEVEMENT TESTS (PAT-ENPQ)

TIMED CIRCUIT, AUTONOMOUS STATION AND AEROBIC ENDURANCE TEST

Last Name _____ First Name _____

File Number _____ Sex M F Date of Assessment _____

CEGEP _____ Weight _____ kg Height _____ Age _____

Accredited Centre _____

Address _____

Postal Code _____ Telephone _____

This report certifies that the above-mentioned person obtained the following results :

Timed Circuit

(Maximum duration of 392 seconds)

_____seconds P F **Autonomous Station**

(Maximum duration of 4 minutes)

Strength apparatus P F Dummy carrying P F CPR P F Period: _____ P F **Aerobic Endurance Test – 20-Metre Scheduled Run**_____levels P F **Overall Result** P F

Note: P = Pass F = Fail

Name of Assessor _____ Signature: _____