

et de la Montérégie, Ministère du Développement durable, de l'Environnement et de la Lutte contre les changements climatiques, 201, place Charles-Le Moyne, 2^e étage, Longueuil (Québec) J4K 2T5; telephone: 450 928-7607, extension 284; fax: 450 928-7625; email: mathieu.marchand@mddelcc.gouv.qc.ca

Any person wishing to comment on the matter is requested to submit written comments within the 60-day period to Mathieu Marchand, at the above-mentioned contact information.

LISE THÉRIAULT,
*Acting Minister of Sustainable Development,
the Environment and the
Fight Against Climate Change*

Regulation to amend the Regulation respecting the application of the Environment Quality Act

Environment Quality Act
(chapter Q-2, s. 31, 1st par., subpar. f)

1. The Regulation respecting the application of the Environment Quality Act (chapter Q-2, r. 3) is amended by adding the following before section 3:

“**2.2.** The following recreational activities and the work, construction or projects associated to those activities are also exempt from the application of the first paragraph of section 22 of the Environment Quality Act:

- (1) shows or events requiring the use of a device or apparatus intended to reproduce or amplify sound;
- (2) fireworks shows;
- (3) motor vehicle races, tests or shows;
- (4) shooting practices.

The work, construction or projects associated to the practice of those activities on a bank or shore or in a floodplain within the meaning of the Protection Policy for Lakeshores, Riverbanks, Littoral Zones and Floodplains (chapter Q-2, r. 35) are not subject to the exemption.”

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

102995

Draft Regulation

Police Act
(chapter P-13.1)

École nationale de police du Québec Training Plan — Amendment

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (CQLR, c. R-18.1), that the Regulation to amend the Training Plan Regulation of the École nationale de police du Québec, the text of which appears below, may be made by the École nationale de police du Québec, upon the expiry of 30 days from this publication.

This draft regulation aims at adding an admission requirement for the basic training program in police patrolling, and making some modifications to the forms attached to the current regulation concerning the medical examination report, the standardized physical abilities test required from the applicants, and the medical questionnaire which must be filled out by the applicants with the help of the physician, respectively.

In accordance with section 12 of the Regulations Act, this regulation may be made within a shorter period than the 45-day period provided for in section 11 of this Act.

The École nationale de police du Québec is of the opinion that this shorter publication period is justified by the urgency due to the obligation for the applicants to meet the new admission requirements 6 weeks prior to the beginning of the first cohort scheduled 30 October, 2017, for the 2017-2018 academic year. The enactment of this regulation will allow applicants to benefit from new admission requirements for the basic training program in police patrolling.

To date, study of the draft regulation has not revealed any impact on businesses.

For additional information, please contact Mr. Pierre St-Antoine, Director of Institutional Affairs and Communications, 350, rue Marguerite-D'Youville, Nicolet, Québec, J3T 1X4; telephone: 819 293-8631 extension 6247; email: psta@enpq.qc.ca

Any interested person having comments to make may send them in writing, before the expiry of the 30-day period, to the Director of Institutional Affairs and Communications of the École nationale de police du Québec, Mr. Pierre St-Antoine, 350, rue Marguerite-D'Youville, Nicolet, Québec, J3T 1X4.

PIERRE ST-ANTOINE,
*Director of Institutional Affairs
and Communications*

Regulation to amend the Training Plan Regulation of the École nationale de police du Québec

Police Act
(chapter P-13.1, s. 16)

1. Section 4 of the Training plan regulation of the École nationale de police du Québec (c. P-13.1, r. 4) is amended:

1° by replacing “physical achievement” in subparagraph 10° of the first paragraph by “standardized physical abilities”;

2° by adding, after subparagraph 14° of the first paragraph, the following subparagraph:

“15° have obtained a firearms certification determined by the School.”

3° by replacing the third paragraph by the following paragraph:

“This medical examination is performed by a physician appointed by the School and includes, among other things, a medical questionnaire described in Schedule “D” to 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 physiological systems and medical conditions as described in Schedule “D”.”

2. Schedules A, B and D are replaced by the schedules attached to this Regulation.

3. This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*. However, subparagraph 15° of the first paragraph of section 4, added by subparagraph 2° of section 1, as well as schedules A, B and D, replaced by section 2 do not apply to the assessment of the applicant’s admissibility until the 2017-2018 academic year.

SCHEDULE "A"

MEDICAL EXAMINATION REPORT

Last Name: _____	First Name: _____
File Number: _____	
Address: _____	
Postal Code: _____	Telephone: _____

The above-mentioned applicant underwent a medical examination on ____/____/____.

- Montreal
- Quebec
- Other Specify the city: _____

It is my opinion that this applicant:

- Passed the medical examination prescribed in subparagraph 7° of section 4 of the Training Plan Regulation of the École nationale de police du Québec.
- Did not pass the medical examination prescribed in subparagraph 7° of section 4 of the Training Plan Regulation of the École nationale de police du Québec by reason of:
- Permanent disability
- Temporary disability

I cannot reach a decision at this point because I am expecting:

- Additional information
- The medical problem to be remedied
- Specialized advice
- Additional medical testing
- Other (specify): _____
- _____

Additional comments:

Last Name	First Name	Licence Number

Signature of assessing physician

Date

SCHEDULE “B”
STANDARDIZED PHYSICAL ABILITIES TEST (2017 POLICE SPAT-ENPQ) REPORT

Last Name	First Name
Permanent Code	Sex
College Institution	Assessment Date
Address	A.E.C. <input type="checkbox"/> yes
Postal Code	Telephone
E-mail Address	

TIMED CIRCUIT Maximum duration of 322 seconds (5 min 22 s)	
LAP 1 <ul style="list-style-type: none"> ▪ Illuminated targets ▪ Jump ▪ Movement in the crowd ▪ Lateral movement ▪ Stairs ▪ Chain link wall ▪ Stairs ▪ Push ▪ Low walls ▪ T-test 	<p style="text-align: center;"><i>Compilation of data for statistical purposes</i></p> <p>ILLUMINATED TARGETS Number of attempts <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or + Total number _____</p> <p>JUMP Number of attempts <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or + Total number _____</p>
LAP 2 <ul style="list-style-type: none"> ▪ Illuminated targets ▪ Jump ▪ Movement in the crowd ▪ Lateral movement ▪ Stairs ▪ Chain link wall ▪ Stairs ▪ Pull ▪ Low walls 	<p style="text-align: center;"><i>Compilation of data for statistical purposes</i></p> <p>ILLUMINATED TARGETS Number of attempts <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or + Total number _____</p> <p>JUMP Number of attempts <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or + Total number _____</p>
LAP 3 <ul style="list-style-type: none"> ▪ Jump ▪ Movement in the crowd ▪ Lateral movement ▪ Stairs ▪ Chain link wall ▪ Stairs ▪ Low walls ▪ Victim body drag ▪ Illuminated targets 	<p style="text-align: center;"><i>Compilation of data for statistical purposes</i></p> <p>JUMP Number of attempts <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or + Total number _____</p> <p>ILLUMINATED TARGETS Number of attempts <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or + Total number _____</p>
TOTAL COMPLETION TIME	_____ MIN _____ S <input type="checkbox"/> WITHDRAWAL (NOTE THE TIME)
FINAL RESULT	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL (DOCUMENT FAILURE)

NOTES (e.g., reason for failure, health condition, injury, reason for absence, difficulty observed during the test)

NAME OF THE PERSON IN CHARGE OF ASSESSMENT _____

SIGNATURE OF THE PERSON IN CHARGE OF ASSESSMENT _____

SCHEDULE "D"

Medical Questionnaire

To the applicant: PLEASE GIVE DETAILS on positive answers in the questionnaire.
 Incomplete information may cause a delay in the processing of your file.
To the medical examiner: check and comment the positive answers in a clear and relevant manner.

IMPORTANT – PLEASE READ BEFORE COMPLETING THIS QUESTIONNAIRE: The purpose of this medical examination is to determine if the applicant has a condition that could affect his ability to perform the tasks of the basic training program in police patrolling safely and efficiently, including firearms handling.

N.B. The masculine form used in this questionnaire includes the feminine.

1	Identification
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File Number:

Last Name: _____

First Name: _____

Address: _____
(street) (apt.)

(city) (province) (postal code)

Telephone: _____
(home)

(work or cell)

Email: _____

Date of Birth: _____
(year) (month) (day)

Age: _____ Sex: M F

Have you ever completed a medical questionnaire or undergone a medical examination for the École nationale de police du Québec?

Yes No

Applicant's Initials:

To the applicant: PLEASE GIVE DETAILS on positive answers in the questionnaire.
Incomplete information may cause a delay in the processing of your file.
To the medical examiner: check and comment the positive answers in a clear and relevant manner.

	Yes	No	No.	Comments
13 - Kidney or bladder disorders: e.g. kidney failure, blood, proteins or sugar in urine?	<input type="checkbox"/>	<input type="checkbox"/>	13 -	
14 - Nervous system disorders: e.g. convulsions, vertigo, epilepsy, paralysis, severe headaches, tremor, loss of consciousness, concussion, dyslexia or other cognitive disorders? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	14 -	
15 - Mental health disorders: e.g. insomnia, anxiety, depression, memory loss, phobia, panic disorder, psychosis, attention-deficit disorder? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	15 -	Month/Year: Time off from work/studies? If yes, duration: Hospitalization? Medication:
16 - Musculo-skeletal disorders: a) joint pain, arthritis, muscle atrophy, amputation, stiffness or loss of strength in the shoulders, elbows, wrists, hands hips, knees, ankles, feet? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	16a -	
b) Difficulty walking on uneven surface, climbing stairs, standing in stairs, kneeling, making movements with wrists, arms? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	16b -	
17 - Back and spine disorders: e.g., back pain, herniated disk, difficulty bending, carrying heavy objects, turning or bending your neck forward or keeping your head in the same position for a long time? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	17 -	Month/year: Description of the problem: Time off from work/studies? If yes, duration: Treatment:
18 - Skin/immune system disorders: e.g., psoriasis, eczema, hives? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	18 -	Treatment: Time off from work/studies? If yes, duration:
19 - Circulatory system disorder: e.g., anemia, coagulation disorder, leukemia, etc.? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	19 -	
20 - Endocrine system disorders: e.g., thyroid, adrenal gland disorders? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	20 -	
21 - Have you ever received treatment or do you receive treatment for: If yes, please give details. - Cancer? - Hypertension? - Allergies: medication, latex, food, others? - Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	21 -	
22 - Have you ever refused to undergo treatment or surgery that was recommended by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	22 -	Month/year: Nature of treatment or surgery:

Applicant's Initials:

Comments:

