Facilities Assessment:

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|  | We are conducting a review of all fire stations to examine whether there are opportunities for them to be made more accommodating for women and transgender firefighters. This is part of an ongoing effort to promote inclusion and a positive workplace culture for all staff. This assessment form is to be used to complete the station reviews. Please only submit one form per reviewer for a station. If you have any additional materials (drawings, photos etc.) to help explain your assessment there will be the ability to attach at the end of every section as well as at the very end of the document. |  |
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|  | Please provide the following information as documentation for the review, and for follow-up/clarification communications as required. |  |
|  |  |  |
| \* | 1. Name of Reviewer: |  |
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|  | 2. Email Address (for follw up questions): |  |
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| \* | 3. Date of Assessment: |  |
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| \* | 4. Station being assessed |  |
|  | Drop Down menu of the individual stations to select from. |  |
| \* | 5. Command |  |
|  | * West
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|  | * East
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|  | * South
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|  | * North
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|  | 6. How many Men's Washrooms? (not stalls) |  |
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|  | 7. How many Women's Washroom's? (not stalls) |  |
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|  | 8. How Many Unisex Washrooms? (not stalls) |  |
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|  | 9. What is included in the washroom? |  |
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|  | Men | Women | Unisex | Comments |
| Toilets/sink | ❑ | ❑ | ❑ |

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| Showers | ❑ | ❑ | ❑ |

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| Lockers | ❑ | ❑ | ❑ |

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 |
| Other, please specify............................................................ | ❑ | ❑ | ❑ |

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|  | 10. Are the washrooms properly signed? |  |
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| --- | --- | --- |
|  | Yes | No |
| Men's | ❑ | ❑ |
| Women/s | ❑ | ❑ |
| Unisex | ❑ | ❑ |

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|  | 11. If there is only one, is there gender neutral signage? |  |
|  | * Yes
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|  | * No
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|  | 12. Comments |  |
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|  | 13. How many stalls are in the washrooms? (If there are two washrooms, how many stalls in each?) |  |
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| Men's: |
| Women's:Unisex:  |

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|  | 14. Is there: |  |
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|  | Yes | No | Comments (if no was selected indicate how many are missing the feature) |
| A working lock on each stall? | ❑ | ❑ |

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| A working lock on the washroom's main door | ❑ | ❑ |

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| A garbage receptacle in each stall? | ❑ | ❑ |

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| A garbage bin in the main washroom? | ❑ | ❑ |

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|  | 15. Are there separate shower areas? |  |
|  | * Yes
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|  | * No
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|  | * Other, please specify............................................................
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|  | 16. If yes,  how many shower areas in each? |  |
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| Men'sWomen'sUnisex |

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|  | 17. If there are two seperate shower areas, how are they labelled? (M/W, all gender, same as washroom they are in etc.) |  |
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|  | 18. Where are the shower areas located in relation to the other common areas of the station? |  |
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|  | 19. How is the shower area set up? |  |
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|  | 20. What is used to divide the stalls and provide privacy? Indicate which shower space you are referring to (women's 1, Men's 1&2). |  |
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| Men's:Women's:Unisex: |

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|  | 21. If they have been divided into individual spaces, are they lockable? |  |
|  | * Yes
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|  | * No
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|  | 22. Is there a space within the enclosed shower area to leave clothes/towel to shower and change? (Shelf or series of Hooks etc.) |  |
|  | * Yes
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|  | * No
* Only in some shower areas Please specify which ones \_\_\_\_\_\_\_\_\_\_
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|  | 23. What is present? |  |
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|  | 24. If no, where is the closest place for staff to leave their towels/change of clothes? |  |
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|  | 25. What is the sleeping arrangement? |  |
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|  | 26. How large is the dormitory space (i.e. does everyone have their own space, or are the beds close together?) |  |
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|  | 27. Are there: |  |
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|  | Yes | No | Comments: |
| any permanent divides in the space for privacy? | ❑ | ❑ |

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| Partitions available? (curtains/ movable screens) | ❑ | ❑ |

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|  | 28. Where is the locker area in the building? What is around it? |  |
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|  | 29. Are there: |  |
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|  | Yes | No | Comments |
| a separated section of lockers that could be used for more privacy? (e.g. some halls have lockers within the women's washroom for more privacy) | ❑ | ❑ |

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| Is this the expected changing space? | ❑ | ❑ |

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|  | 30. If the locker area is not the expected changing area where are individuals expected to change? |  |
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|  | 31. Is there a change room? If Yes, How is it laid out? |  |
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|  | 32. Is there adequate privacy in the change rooms? (separated areas, curtains etc.) |  |
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|  | 33. Is there a private space for women who are nursing to go? Note: washrooms are not an acceptable private space. |  |
|  | * Yes
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|  | * No
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|  | 34. Comments |  |
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|  | 35. Is there anything that makes you feel that people may be uncomfortable or excluded because of the station layout? |  |
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|  | 36. Where possible, see if you can speak to a female firefighter on shift and ask if they choose their work location based on the facilities. |  |
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|  | 37. Where do staff go if they want privacy? Does the crew believe there is sufficient privacy? |  |
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|  | 38. Do you have any recommendations for how this space could be made more accommodating/ inclusive for Women, or Transgender Firefighters? |  |
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|  | 39. Please attach any additional photos or drawings that you wish to submit with your assessment. If you have additional attachments, please email them  |  |
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|  | Your responses have been registered! Thank you for participating in the Facilities Assessment |  |