







## BCCS DOCUMENT CONTROL SHEET

CASE# \_\_\_\_\_ NAME \_\_\_\_\_

### Section I: Long Term Documents (*Permanently Retained*)

- RELEASE OF INFORMATION SHEET (Yellow Sheet)
- FINAL JUDICIAL DOCUMENT:
  - Coroners report (Section 16)
  - Verdict at Coroner's Inquest
- FINAL PATHOLOGY EXAMINATION (AUTOPSY REPORT)
- TOXICOLOGY EXAMINATION (TOXICOLOGY REPORT)
- REGISTRATION OF DEATH
- MEDICAL CERTIFICATE OF DEATH
- DENTAL IDENTIFICATION FORM / DNA REPORT(S)
- PHOTOGRAPHS (Labelled with name/case #)
- CORONER'S INVESTIGATION NOTES
- EMAILS (Related to and supporting a case investigation)
- SUICIDE NOTE (Copy)
- INVESTIGATION REPORTS:
  - Police Report(s) / Collision Analyst Report(s) / Vehicle Inspection Form
  - MCFD Report(s)
  - WorkSafe BC Report(s)
  - Fire Commissioner Report(s)
  - Transport Safety Board Report(s)
  - Other Reports
- BCCS PROTOCOL (Suicide, Child Death, etc)
- INQUEST EXHIBIT LIST/EXHIBITS
- TRANSCRIPT
- OTHER

**Regional Sign Off**      **Date:** \_\_\_\_\_      **Signature:** \_\_\_\_\_

## BCCS DOCUMENT CONTROL SHEET

CASE# \_\_\_\_\_

### Section II: Short Term Documents (*Destroyed according to Document Disposal Act*)

- INVESTIGATION WORKSHEET
- FORM 'B' (Authorization for Post-mortem Examination)
- FORM "C" (Interim Medical Report)
- MORGUE DOCUMENT (Personal Effects Disposition Form / Morgue Sheet / Body Release Form)
- CONFIRMATION OF DEATH LETTER
- CERTIFICATE OF SHIPMENT
- ORDER TO SEIZE
- HOSPITAL MEDICAL RECORDS  
*(Return Original Medical Records to Hospital & keep copy of only what is relevant)*
- SECTION LETTER
- INQUEST DOCUMENTS:
  - Application to Inquest form
  - Inquest Advisory
  - Jury / Witness Subpoenas
  - Coroner's Precept
  - Notice of Holding an Inquest
  - Return of Sherriff
- MISCELLANEOUS/OTHER:
  - EHS Document - Crew Report / Advanced Life Support
- GENERAL AND ROUTINE CORRESPONDENCE  
ie: letters to/from Next-of-Kin; insurance forms, requests for information

***HQ Sign Off for Document  
Destruction***

***Date:*** \_\_\_\_\_ ***Signature:*** \_\_\_\_\_



## BC CORONERS SERVICE INVESTIGATION CONTACTS

Decedent's Name: \_\_\_\_\_ BCCS Case #: \_\_\_\_\_

Name: _____	Relationship/Role: _____
Address: _____	
Home Phone #: _____	Alternate Phone #: _____

Name: _____	Relationship/Role: _____
Address: _____	
Home Phone #: _____	Alternate Phone #: _____

Name: _____	Relationship/Role: _____
Address: _____	
Home Phone #: _____	Alternate Phone #: _____

Name: _____	Relationship/Role: _____
Address: _____	
Home Phone #: _____	Alternate Phone #: _____

Name: _____	Relationship/Role: _____
Address: _____	
Home Phone #: _____	Alternate Phone #: _____

APPENDIX 25



# REFERRAL FORM

Name: (include alias) \_\_\_\_\_

Address: \_\_\_\_\_ Owned / Re

Location of Keys: \_\_\_\_\_ Apt. Manager - Name/No. \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Sex: M / F Age: \_\_\_\_\_ Marital Status: S / M / D / W Citizenship: \_\_\_\_\_

Occupation at Death: \_\_\_\_\_ Employer: \_\_\_\_\_ War Veteran? \_\_\_\_\_

Will: Yes / No Location: \_\_\_\_\_ Executor: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ Old Age Security Number: \_\_\_\_\_  
Personal Health Number: \_\_\_\_\_ Religion: \_\_\_\_\_

Location of Assets:  
Police Dept. \_\_\_\_\_ R.C.M.P. \_\_\_\_\_  
Residence: \_\_\_\_\_ Funeral Home: \_\_\_\_\_  
Hospital: \_\_\_\_\_ Other: \_\_\_\_\_

Location of Remains: \_\_\_\_\_

Family/friends/other (please specify): \_\_\_\_\_

Information/Assets: \_\_\_\_\_

Please attach other information on record or in your files that would assist in administering this estate.

Information received from (name, phone): \_\_\_\_\_

Fax Number to confirm: \_\_\_\_\_

(Public Trustee use) File # _____	Receipt Confirmed <input type="checkbox"/>
Date: _____	Info Rec'd By: _____ Region: _____ Authorized By: _____ Officer: _____
Investigation Required: Yes / No Special Request to Investigators: _____	
ch/newref.fr2 revised 10/07/98	

#700 - 808 West Hastings Street. Vancouver, BC V6C 3L3 Telephone (604) 660-4444 Fax: (604) 660-0964

01 MAY 1999

APPENDIX 24

To Police, Hospitals and Care Facilities

## Referral of a Deceased Estate to the Public Trustee of BC

The Public Trustee of BC, as Official Administrator for the province, only administers deceased estates if no family member or other eligible person is willing and able to do so.

Asking the Public Trustee to administer an estate should be a 'last resort'.

If you think it may be necessary for the Public Trustee to administer an estate:

1. **Ensure that you have made every possible effort to find and contact family members.** Encourage them to make funeral arrangements and wind up the deceased's affairs. Because of their personal knowledge about the deceased, they can usually administer an estate quickly, inexpensively, and with minimal formality. They may be compensated for their work, or they may do it as a courtesy to the beneficiaries. The Public Trustee is required to carry out what may be a lengthy and formal process, and charges fees and commissions as set out in legislation.
2. **Gather together whatever information you have about the deceased, and any papers, money and other belongings.** Make sure they are labeled and secure.
3. **Complete the Public Trustee Estate Administration Referral Form with as much information as you have, and fax it to (604) 660-0964.**

Do not hesitate to contact the Public Trustee Estate Referral Duty Officer with any questions. Thank you for your help in the respectful closing of our clients' affairs.

Estate Administration Division  
Public Trustee of BC

98/6/9dm2

51 (1) The right of a person to control the disposition of the human remains of a deceased vests in and devolves on that person in the following order of priority:

- (a) the personal representative named in the will of the deceased;
  - (b) the spouse of the deceased if living with the deceased at the time of death or a person who was living with the deceased as husband or wife for a continuous period of at least 2 years;
  - (c) an adult child of the deceased;
  - (d) a parent of the deceased;
  - (e) an adult brother or sister of the deceased;
  - (f) an adult nephew or niece of the deceased;
  - (g) an adult next of kin of the deceased determined on the basis provided by sections 89 and 90 of the *Estate Administration Act*;
  - (h) the minister under the *BC Benefits (Income Assistance) Act* or the official administrator under the *Estate Administration Act*;
  - (i) an adult person having some relationship with the deceased not based on blood ties or affinity.
- (2) If, under subsection (1) (c) to (g), the right to control the disposition of human remains passes to persons of equal rank, in the absence of agreement between or among them, the order of priority begins with the eldest person in that rank and descends in order of age.
- (3) If the person who, under this section, has the right to control the disposition of human remains is not available or is unwilling to give instructions, that right passes to the next available qualified person.

#### **Written authorization**

52 (1) A funeral provider must not provide funeral services and an operator must not inter or cremate human remains unless the funeral provider or operator has received written authorization from the person who, under section 51, has the right to control the disposition of the human remains.

(2) The person who provides an authorization under subsection (1) is deemed to warrant

- (a) the truth of each fact stated in the document of authorization,
- (b) the identity of the human remains that are to be interred or cremated, and
- (c) the right to make the authorization.

(3) A funeral provider is not liable in respect of providing funeral services and an operator is not liable in respect of an interment or cremation made on the basis of the warranty under subsection (2) unless the funeral provider or operator knew or ought to have known that the warranty was not true.

(4) If the government or an agency of the government provides funds for the disposition of human remains and elects to provide funds for cremation only, an operator is not liable for having cremated the human remains.

(5) Despite subsection (1), a funeral provider may accept an authorization by telephone to begin funeral services, but must not dispose of the human remains until the funeral provider receives the written authorization required under that subsection.

(6) If cremation is to take place,

- (6) If cremation is to take place,
  - (a) a funeral provider, or
  - (b) an operator, if human remains are brought directly to the crematorium,  
may require visual identification of the human remains
  - (c) by the person providing the written authorization for the disposition, or
  - (d) by some other person who is qualified to establish the identity of the human remains.

**REGIONAL CHILD PROTECTION MANAGERS  
MINISTRY FOR CHILDREN AND FAMILIES**

Reg No	FEBRUARY 1/1999 RegionName	RCPMName	OVID and Resp Code	WorkPhone	WorkFax	Address	CELLULAR if applicable
	East and West Kootenay	Ed Berry (East)		(250) 426-1547	(250) 426-1576	100 - 117 10 <sup>th</sup> Ave South Cranbrook BC V1C 2N1	
	North and South Okanagan	Garry Peters (West) Dana Campbell (North)		(250) 354-6465 (250) 549-5530	(250) 354-6530 (250) 549-5429	308 - 310 Ward St Nelson BC 209 - 3205 32 <sup>nd</sup> St Vernon BC V1T 5M7	
	Thompson and Cariboo	Glenn Moffat (South) Steve Knudson (Thompson) Anne Kishiyama (Cariboo)		(250) 470-0888 (250) 371-3994	(250) 470-0890 (250) 828-4756	400 - 1726 Dolphin Ave Kelowna BC V1Y 9R9 70 2 <sup>nd</sup> Ave Kamloops BC V2C 6W2	
	Northern Interior/North West and Peace Liard	Richard King (Northern Interior) James Bentley (North West) Robert Watts (Peace Liard)	s. 15(1)(i)	(250) 398-4909 (250) 565-4367	(250) 398-4831 (250) 565-4427	280C North MacKenzie Ave Williams Lake BC V2G 1N6 Rm 462 - 1011 4 <sup>th</sup> Ave Prince George BC V2L 3H9	s. 15(1)(i), s. 17(1), s. 22
	Upper Fraser	Bruce McNeill		(250) 638-2330	(250) 638-2341	400 - 4545 Lazelle Ave Terrace BC V8G 4B1	
	South Fraser	Ruth Johansen		(250) 784-2342	(250) 784-2303	205 - 1508 102 <sup>nd</sup> Ave Dawson Creek BC V1G 2E2	
	Simon Fraser and Burnaby	Allana Robson (Simon Fraser) Barbara Walsh (Burnaby) Sharon Swanson (Richmond)		(604) 858-5744	(604) 858-0527	PO Box 2160 Sardis St Main 102 - 7388 Vedder Rd Chilliwack BC V2R 1A6 201 - 10090 152 <sup>nd</sup> St Surrey BC V3R 8X8 400 - 906 Roderick Ave Coquitlam BC V3K 1R1	
	Richmond and Vancouver			(604) 586-4112	(604) 586-4153		
				(604) 527-1270	(604) 527-1278		
				(604) 660-5362	(604) 660-5395	101 - 3705 Willingdon Ave Burnaby BC V5G 3H3	
				(604) 660-1044	(604) 278-4972	200 - 8171 Alexandra Rd Richmond BC V6X 1C3	



**ELECTRICAL SAFETY BRANCH INSPECTION OFFICES**

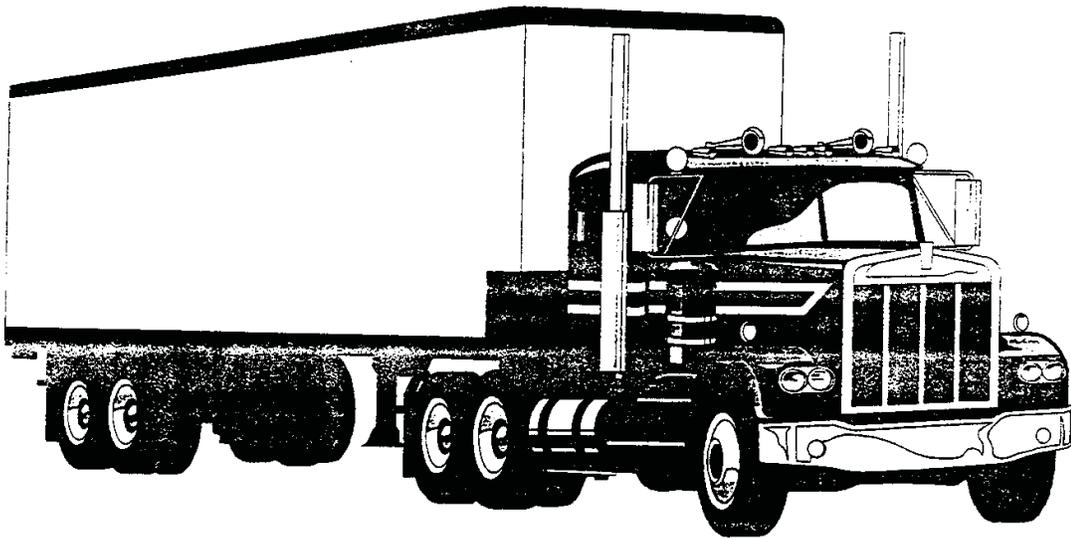
as of January 12, 1999

VANCOUVER ISLAND (600)	LOWER MAINLAND (700)	INTERIOR (800)	NORTHERN (900)
<p>NANAIMO 741-5963/5914 155 Skinner Street V9R 5E8 Fax: 741-5929 Chuck Webber, Supervisor of Field Operations 741-5919 Tim Humphreys 741-5916 Bernhard Greick 741-5917 John Cowie 741-5915 Bob Hunter (m.th.f) 741-5926 Ivan Pye 741-5924 Shelley Hardisty 741-5914 Ashley Hughes 741-5920</p>	<p>ABBOTSFORD 852-5270 #1B - 53820 S. Fraser Way V2S 5G7 Fax: 852-5469 Roger Tuttle, Supervisor of Field Operations 852-5277 Ulrich Januch 852-5272 Alan Espenhan 852-5271 Jean Shaak 852-5270 Doris Bell 852-5275 Marilyn McComb 852-5273</p>	<p>KELOWNA 861-7313 1913 Keni Rd V1Y 7S6 Fax: 861-7349 Richard Coombs, Supervisor of Field Operations 861-7316 Ron Reid 861-7322 Ted Gilbert 861-7320 Sal Pilato 861-7319 Bonnie Hogeslag 861-7370 Dolly Zawaduk 861-7313 Willi Soon 861-7313</p>	<p>PRINCE GEORGE 565-6105 3740 Opie Crescent V2N 4P7 Fax 565-7281 John MacMillan, Supervisor of Field Operations 565-6053 Jim Fullerton 565-6057 Bob Cochrane (SI) 565-6047 Ernie Myers 565-6046 Sue Lorne 565-6105 Brenda MacKenzie 565-6175</p>
<p>CAMPBELL RIVER 286-7653 #115 - 1180 Ironwood St. V9W 5P7 Fax: GA 286-7573 Gerry Childers 286-7652 Brad Sullivan (SI) 286-7626 Vera Peacey 286-7653</p> <p>COURTENAY 897-7530 3500 Cliff Ave. V9N 5M6 Fax: 334-1209 Wayne Terrans 897-7533 Harry Cunningham 897-7532 Shirley Dickie 397-2530</p>	<p>BURNABY 660-6222 PERMIT ISSUANCE ONLY #245 - 4299 Canada Way V5G 1H9 Fax: 660-5997 Gloria Rusnak 660-6222</p> <p>CHILLIWACK 795-8402 45850 D Yale Rd. V2P 2N9 Fax: 795-8408 Dave Slavtzer 795-8403 George Razzo 795-8470 Lois Cummings 795-8402</p>	<p>CRANBROOK 426-1277 #1 - 100 Cranbrook St. North V1C 3P9 Fax: 426-1253 Victor Lightfoot 426-1279 Don Ballard 426-1276 Marjorie Angrignon 426-1277</p> <p>MERRITT 378-9376 2176 Quichena Ave. Mail Bag 4000 V0K 2B0 Fax: GA 378-9346 Darl Pleasants (SI) 378-9376</p>	<p>100 MILE HOUSE 395-5523 772 - 5th St. Fax: 7000 VOK 2E0 Fax: GA 395-5596 Office closed contact Williams Lake</p> <p>DAWSON CREEK 784-2380 Prov. Bldg. 101 - 1201 103rd Ave V1G 4J2 Fax: 784-2213 Harvey Pratt (SI) 784-2381 Heiken Hampel 784-2380</p>
<p>DUNCAN 746-1324 5785 Duncan Street V9L 5G2 Fax: 746-1401 John McDonnell 746-1270 Don Hunter 746-1232 Gillian Poets 746-1324</p> <p>POWELL RIVER (604)485-3622 6953 Albem St. V8A 2B8 Fax: GA 485-3627 Bob Hunter (tues. wed) 741-5926</p>	<p>COQUITLAM 927-2041 #24 - 2773 Barnet Hwy V3B 1C2 Fax: 927-2047 Marie Conzalez 927-2077 Richard Bilecki 927-2078 W/HF Glew 927-2079 Dawn Seip 927-2041 Sharon Blamer 927-2043/2044</p> <p>LANGLEY 532-3645 20635 Fraser Hwy V3A 4C4 Fax: 532-3142 Jim Sparks 532-3654 Robert Reimer 532-3648 Richard Berton (SI) 532-3647 Diane Stone 532-3645 Frances Hamilton 532-3642</p>	<p>NELSON 354-6544 310 Ward St. Prov. Bldg. V1L 5S4 Fax: 354-6102 Jim Dow 354-6543 Craig Pickrell (SI) 354-6542 Jean Mowbray 354-6544</p> <p>PENTICTON 490-8294 #103 - 3547 Skaha Lake Road V2A 7K2 Fax: 490-8299 Pete Jensen 490-8297 Erwin Schwartz 490-8295 Dianne Kincaid 490-8294</p>	<p>FORT ST. JOHN 787-3230 10600 - 100th St. V1J 4L6 Fax: 787-3210 Mike Dwojak 787-3242 Jacqui Swanson 787-3230</p> <p>KAMLOOPS 828-4530 #440 - 546 St. Paul St. V2C 5T1 Fax: 828-4769 Eric Broz 828-4538 Frank Eason 828-4537 Red Reid 828-4532 Shirley Lacusta 828-4531 Gail Kilburn - 828-4530</p>
<p>SECHelt (604)885-5616 Box 950, 102 Torpedo Square V0N 3A0 Fax: 885-3710 Paul Lincoln 885-5616</p> <p>VICTORIA 952-4444 4248 Glasford Ave 1st Floor Mailing address: PO Box 9498, Sm. Prov. Govt. Victoria, V8W 9N8 Fax: 952-4458 Norm Hastings 952-4448 John Wainwright 952-4454 Richard Berry 952-4447 Barb Rosence 952-4441 Carol Kuisack 952-4445 Inderjit Basi 952-4625 Michelle Flint 952-4622</p>	<p>RICHMOND 660-9433 #148 - 10451 Shellbridge Way V6X 2W8 Fax: 660-0187 Mike McCreedy 660-9436 Dwayne Askin 660-0885 Michael Kryger (SI) (aux) 660-9435 Rick May 660-9437 vacant 660-2577 Rose Mahadeo 660-9433</p> <p>SQUAMISH 892-3221 Box 1008 1360 Pemberton Ave. V0N 3G0 Fax: GA 892-2342 Ken Johnson 892-3221</p>	<p>SALMON ARM 832-1688 681 Marine Park Dr. N.E. Bag 100 V1E 4S4 Fax: 832-1607 Lee Bunchart 832-1687 Trevor Norworthy 832-1689 Cathy McNier 832-1688</p> <p>VERNON 549-5596/7 3201 - 30th Street V1T 9G3 Fax: 549-5508 Bruce Holiday 549-5527 Richard Rogers 549-5526 Pat Edborn 549-5596</p>	<p>PRINCE RUPERT 624-7417 201 3rd Ave. West V8J 1L2 GA 624-7411 Fax: 624-7421 Randolph Cormier 624-7417</p> <p>QUESNEL 992-4240 #102 - 350 Barlow Ave. V2J 2C1 Fax: 992-4314 Harry Glew 992-4240</p>
			<p>SMITHERS 847-7202 1020 Murray St. Bag 5000 V0J 2N0 Fax: 847-7232 Jacob Klick 847-7202</p> <p>TERRACE 638-6564 #109 - 3220 Eby St. V8G 5K8 Fax: 638-6519 Ian Howells (SI) 638-6562 Maryann Burden 638-6564</p> <p>VANDERHOOF 567-6307 189 Stewart St. E. Prov. Bldg. Box 1459 V0J 3A0 Fax: 567-6303 Ken Bergstrom 567-6307</p> <p>WILLIAMS LAKE 398-4481 #112 - 540 Bowland St. V2G 1R8 Fax: 398-4208 Bob Kreiger 398-4481 Robert Bryant 398-4877</p>
<p>ESB HEAD OFFICE: 750 PACIFIC BLVD 3RD FL., VANCOUVER BC V6B 5E7</p> <p>660-6261 - * BILL BURR, Director 660-6257 - * DAVID COLEMAN, Codes &amp; Standards Engineer 660-6260 - * LYNDA CONCEICAO, Office Manager 660-6261 - * RICK PORCINA, Field Operations Manager 775-0953 - STEPHEN QUINN, Annual Permits Clerk 660-6262 - DAVID TAMKIN, Codes &amp; Standards Clerk</p> <p>CERTIFICATION, EDUCATION &amp; QUALITY MANAGEMENT</p> <p>660-6259 - * DULCE DOLOR, Education and Information Administrator 660-6256 - * BRIAN MCHUGH, Education and Examinations Administrator 660-6264 - * KAREN PATTERSON, Exam Clerk</p>			<p>*Message box available</p>

## MUNICIPAL ELECTRICAL DEPARTMENTS

<b>Corporation of Burnaby</b>	F. Ghafan, Chief 4949 Canada Way V5G 1M2 Phone: 294-7130 Fax: 294-7986
<b>Corporation of Maple Ridge</b>	John Chace, Chief 11995 Haney Place V2X 6A9 Phone: 467-7313 Fax: 467-7331
<b>City of North Vancouver</b>	J. Ball / Graham O'Neill 141 West 14th Street V7M 1H9 Phone: 983-7355 Fax: 985-0576
<b>District of North Vancouver</b>	M. Usselman, Chief 355 Queens Rd West V7L 2K6 Phone: 990-2480 Fax: 984-9683
<b>Municipality of Surrey</b>	Jim Barker, Chief 14245 56th Avenue V3X 3A2 Phone: 591-4240 Fax: 591-4440
<b>City of Vancouver</b>	Ark Tsisserov, Chief 453 West 12th Avenue V5Y 1V4 Phone: 873-7603 Fax: 873-7100
<b>City of Victoria</b>	Duncan Stevenson, Chief 1 Centennial Square V8W 1P6 Phone: 361-0343 Fax: 385-1128
<b>Municipality of West Vancouver</b>	Len Rhodes, Chief 750 17th Street V7V 3T3 Phone: 925-7000 Fax: 925-7006

# NATIONAL SAFETY CODE



**AS IMPLEMENTED IN BRITISH COLUMBIA**

01 May 1999

APPENDIX 20

## DIVISION 37 - Safety Code

### PART 1 - Interpretation

#### Interpretation

**37.01** In this Division:

**"adverse driving conditions"** means

- (a) snow, sleet, fog or other adverse weather conditions.
- (b) a highway covered with snow or ice, or
- (c) unusual adverse road and driving conditions,

which were not known to the driver or the person dispatching the driver before the driver began the driving time;

**"applicant"** means a person who applies for a safety certificate;

**"carrier"** means

- (a) the owner of a commercial motor vehicle including a person in possession of the commercial motor vehicle under a contract by which the person may become its owner on full compliance with the contract, and
- (b) any other person having management of the commercial motor vehicle or determination of the uses to which it is put,

but a person is not a carrier by reason only of the fact that he is the driver of the vehicle;

**"commercial motor vehicle"** means a motor vehicle, used in the course of business for the transportation of persons or freight, that is

- (a) a truck or truck tractor with a licensed gross vehicle weight exceeding 5 000 kg and includes an attached trailer,
- (b) a bus, or
- (c) a motor vehicle where the person who operates it is required to hold a licence under the *Motor Carrier Act*;

**"daily log"** means a record maintained for consecutive days pursuant to section 37.16;

**"driver"** means a person who drives a commercial motor vehicle;

**"driving time"** means the period of time that a driver is at the controls of a commercial motor vehicle when the engine of the motor vehicle is in operation;

**"duty status"** means, in respect of a driver,

- (a) off duty time other than off duty time under paragraph (b),
- (b) off duty time spent in a sleeper berth,
- (c) driving time, or
- (d) on duty time other than driving time;

**"home terminal"** means, in relation to a driver, the place of business of a carrier where the driver normally reports for work;

**"off duty time"** means any period other than on duty time;

**"on duty"** with respect to a driver and **"on duty time"** means the period from the time a driver begins to work or is required by the carrier to be in readiness to work until the time he stops work or is relieved of his job responsibilities by the carrier, and includes driving time and the time spent by the driver

- (a) inspecting, servicing, repairing, conditioning or starting a commercial motor vehicle,
- (b) travelling as one of 2 drivers where the driver is not resting in the sleeper berth,
- (c) participating in the loading or unloading of a commercial motor vehicle.
- (d) inspecting or checking the load of a commercial motor vehicle.

- (e) waiting for his commercial motor vehicle or load to be checked at a customs office, at a weighing check point or by a peace officer,
- (f) if the driver has not had 8 consecutive hours of off duty time immediately before beginning driving time, travelling as a passenger at the request of the carrier by whom the driver is employed or otherwise engaged to a destination where the driver will commence driving time,
- (g) waiting along the route because of an accident or other unanticipated event,
- (h) performing any other work in the capacity or employ of a carrier, and
- (i) waiting, at the request of the carrier by whom the driver is employed or otherwise engaged, for the commercial motor vehicle to be serviced, loaded or unloaded;

**"safety certificate"** means a certificate issued under section 37.04 or a certificate issued under the law of any jurisdiction, in or outside of Canada, where the law relating to the requirements is substantially the same as in this regulation;

**"sleeper berth"** means sleeping accommodation provided in a commercial vehicle and designed, constructed and maintained in such a manner that the accommodation is in accordance with good industrial practice;

**"supporting documents"** includes bills of lading, shipping documents and fuel and accommodation receipts for expenses incurred along the route;

**"trip inspection report"** means a record kept pursuant to section 37.23.

## **PART 2 - Safety Certificate**

### **Certificate required**

**37.02** (1) Subject to subsection (2), no carrier shall permit a driver to drive for the carrier, and no driver shall drive a commercial motor vehicle, unless the carrier holds a valid safety certificate issued by the Insurance Corporation of British Columbia under this Division.

(2) No safety certificate is required under subsection (1) to drive

(a) a vehicle not required to display a number plate issued under the *Motor Vehicle Act* or the *Commercial Transport Act*, or

(b) a road building machine as defined in the *Commercial Transport Act*, a farm tractor or implement of husbandry.

(3) The Insurance Corporation of British Columbia may exempt persons or commercial motor vehicles from subsection (1) unconditionally or on conditions the corporation considers desirable and may substitute other requirements if the corporation considers it desirable for the purpose of more effectively promoting and securing road safety.

(4) A person shall not represent, in any way, that a commercial motor vehicle is operated pursuant to a safety certificate other than the one issued to the carrier.

(5) A carrier shall maintain evidence of a valid safety certificate in all commercial motor vehicles for which the carrier is required to hold a safety certificate and shall make the evidence available for inspection on demand by a peace officer.

(6) Where a commercial motor vehicle is not required to display a number plate issued under the *Motor Vehicle Act* or the *Commercial Transport Act*, the carrier does not require a safety certificate to operate that vehicle unless the Insurance Corporation of British Columbia, for the purpose of promoting and securing road safety, restricts the use of the motor vehicle to use in conjunction with a safety certificate held by the carrier.

### **Application for safety certificate**

- 37.03** (1) An applicant shall deliver the application for a safety certificate to the Insurance Corporation of British Columbia in a form established by the corporation.
- (2) The Insurance Corporation of British Columbia may refuse to issue a safety certificate
- (a) to a corporation where a director or officer of the corporation has held a safety certificate that was suspended or cancelled for cause, or
  - (b) to an individual where the individual has been an officer or director of a corporation and the corporation held a safety certificate that was suspended or cancelled for cause.
- (3) A person shall hold no more than one valid and subsisting safety certificate.

### **Issuance of safety certificate**

- 37.04** (1) The Insurance Corporation of British Columbia shall issue a safety certificate to an applicant if, in the corporation's opinion,
- (a) the applicant or, where the applicant is a corporation, a director or officer of the corporation,
    - (i) has knowledge of motor vehicle safety rules and regulations as they apply in British Columbia, including this regulation, and
    - (ii) where the applicant is or intends to be transporting dangerous goods, has knowledge of the *Transport of Dangerous Goods Act* and the *Transportation of Dangerous Goods Act* (Canada) and the regulations made under both those Acts,
  - (b) the applicant has a satisfactory history of commercial motor vehicle safety,
  - (c) the applicant has provided satisfactory evidence that his commercial motor vehicles are in safe mechanical condition, and
  - (d) the applicant has met the requirements of this regulation.
- (2) If the Insurance Corporation of British Columbia refuses to issue a safety certificate, the corporation must deliver written reasons to the applicant.

### **Condition**

- 37.05** (1) The Insurance Corporation of British Columbia is authorized and empowered to issue safety certificates with or without conditions.
- (2) The holder of a safety certificate which is subject to a condition under subsection (1) shall comply with the condition.

### **Changes**

- 37.06** A holder of a safety certificate shall notify the Insurance Corporation of British Columbia of any change in the holder's name or address within 10 days after the change.

### **Profiles**

- 37.07** (1) The Insurance Corporation of British Columbia may monitor the safety records of carriers and of drivers, including the following:
- (a) warnings and notices given to carriers by the corporation, police officers and other officials who have duties respecting road safety, and
  - (b) warnings and notices given to drivers by the corporation, the superintendent, police officers and other officials who have duties respecting road safety.

- (2) The Insurance Corporation of British Columbia may compile information and profiles of carriers with respect to their compliance with the requirements of
- (a) the Act and this regulation, and
  - (b) other enactments of British Columbia or any other jurisdiction respecting commercial motor vehicles and road safety.

**Cancellation of a safety certificate**

**37.08** The Insurance Corporation of British Columbia may cancel the safety certificate of a carrier and any or all commercial vehicle licenses of vehicles operated by the carrier where, on the basis of information or profiles of the carrier or the carrier's drivers or motor vehicles, the corporation considers it desirable in the interests of road safety.

**Restriction or prohibition**

**37.09** (1) The Insurance Corporation of British Columbia may, on the basis of information or profiles referred to in section 212 (4) of the Act, restrict or prohibit the use of commercial motor vehicles by a carrier whenever the corporation considers it desirable in the interests of road safety.

(2) A person who is the subject of a restriction or prohibition referred to in subsection (1) shall comply with the restriction or prohibition.

**Reasons**

**37.10** If the Insurance Corporation of British Columbia cancels a safety certificate or restricts or prohibits the use of a commercial motor vehicle, the corporation must deliver written reasons to the carrier.

**PART 3 - Hours of Service**

**Application of this Part**

- 37.11** This Part does not apply to a driver who is driving
- (a) a 2 or 3 axle commercial motor vehicle that is being used for the transportation of primary products of a farm, forest, sea, or lake where the driver or his employer is the producer of the products,
  - (b) a commercial motor vehicle where the Insurance Corporation of British Columbia has exempted, unconditionally or on conditions the corporation considers desirable, the driver of that vehicle or class of vehicle from compliance with this Part on the grounds that compliance is impracticable,
  - (c) an emergency vehicle,
  - (d) a commercial motor vehicle transporting passengers or goods for the purpose of providing relief in the case of an earthquake, flood, fire, famine, drought, epidemic, pestilence or other disaster,
  - (e) a road building machine as defined in the *Commercial Transport Act*, a farm tractor or an implement of husbandry, or
  - (f) a commercial motor vehicle that is equipped with a mounted mobile service rig, or equipment that is directly used in the operation or the transportation of a mounted mobile service rig.

**Time required to be off duty**

- 37.12** (1) Subject to subsections (2) and (3), a carrier shall not permit a driver to drive, and no driver shall drive, unless
- (a) the driver has had at least 8 consecutive hours off duty immediately before the initial on duty time in the day, or
  - (b) where the Insurance Corporation of British Columbia has made an order under subsection (4), the carrier and the driver are in compliance with the order.
- (2) Where a driver is driving a vehicle that is equipped with a sleeper berth, the driver may take the time off duty referred to in subsection (1) in 2 separate periods provided that
- (a) neither of the periods is less than 2 hours
  - (b) the aggregate of the hours of driving time immediately preceding and immediately following those rest periods does not exceed 13 hours, and
  - (c) the driver is in the sleeper berth during the off duty time.
- (3) Subject to subsection (4), the number of hours of off duty time that a driver is required to have immediately before beginning work may be reduced to not less than 4 consecutive hours once in any period of 7 consecutive days if
- (a) the total number of hours off duty before the driver next begins work is at least 8 hours plus the hours by which the driver's hours of off duty time were reduced, and
  - (b) the driver's immediately preceding on duty time did not exceed 15 hours.
- (4) If the Insurance Corporation of British Columbia, as a result of information required to be kept under this regulation, is of the opinion that a reduction in the number of hours off duty permitted by subsection (3) is jeopardizing or is likely to jeopardize road safety, the corporation may restrict or prohibit the use of a commercial motor vehicle by the driver unless
- (a) subsection (1) is complied with, or
  - (b) the driver has, immediately before beginning driving time, the number of hours of off duty time that the corporation specifies.
- (5) A driver who is restricted or prohibited under subsection (4) shall comply with the restriction or prohibition.

**Limitation of on duty time**

- 37.13** (1) Subject to subsections (3) to (5) and section 37.14, a carrier shall not permit a driver to drive, and a driver shall not drive, after the first to occur of
- (a) 13 hours of driving; or
  - (b) 15 hours of on duty time,
- unless the driver takes at least 8 consecutive hours of off duty time before driving again.
- (2) Subject to subsections (3) to (5) and section 37.14, a carrier shall not permit a driver to drive, and a driver shall not drive, except in compliance with one of the schedules in the following paragraphs:
- (a) the driver completes a schedule of no more than 60 hours of on duty time during any 7 consecutive days;
  - (b) the driver completes a schedule of no more than 70 hours of on duty time during any 8 consecutive days;
  - (c) the driver completes a schedule of no more than 120 hours of on duty time during any 14 consecutive days where the driver has at least 24 consecutive hours of off duty time before completing 75 hours of on duty time.

(3) A driver may exceed the on duty period under subsection (1) by not more than 2 hours in the case of adverse driving conditions provided that the trip could be completed in compliance with subsection (1) in normal driving conditions.

(4) A driver may, in an emergency, exceed the time limits under subsection (1) in order to complete a trip or to reach a destination that provides safety for the commercial vehicle occupants or for other users of the road or security for the commercial motor vehicle and its load.

(5) Where a driver is using a commercial motor vehicle for the transportation of logs or poles, or a commercial motor vehicle use exclusively in the transportation of specialized equipment or materials, other than natural gas or oil, directly to or from the site of a natural gas well or oil well,

(a) the driver shall not drive after 15 hours of driving time unless the driver first has at least 8 consecutive hours of off duty time, and

(b) the carrier and the driver are exempt from subsection (2) if

(i) the driver drives the commercial motor vehicle within a radius of 400 kilometres of the home terminal,

(ii) the driver's on duty time is not more than 15 hours, and

(iii) the driver returns to the home terminal to begin off duty time.

#### **Extension of hours**

**37.14** (1) On receipt of an application requesting that any of the provisions for driving time or hours on duty specified in section 37.13 be increased, the Insurance Corporation of British Columbia may

(a) issue a permit exempting from section 37.13, for a period of not more than one year, unconditionally or on conditions the corporation considers desirable, persons, vehicles and equipment that the corporation specifies, and

(b) if the corporation considers it desirable for the purpose of more effectively promoting and securing road safety, substitute other requirements for the requirements of section 37.13.

(2) A personal shall not contravene a condition or a requirement referred to in subsection (1).

#### **Out of service**

**37.15** (1) A peace officer who believes, on reasonable and probable grounds, that a driver is in contravention of section 37.13 may order a driver to immediately cease driving for whatever period is necessary for the driver to comply with section 37.13.

(2) No carrier shall permit a driver who has been ordered to comply with section 37.13 under subsection (1) to drive a commercial motor vehicle until the requirements of section 37.13 are met.

(3) No driver who has been ordered to comply with section 37.13 by a peace officer shall drive a commercial motor vehicle until section 37.13 is complied with.

#### **Daily logs**

**37.16** (1) Subject to section 37.17, a carrier shall require that, for each day during which a commercial motor vehicle is driven, a daily log is maintained in accordance with this section by every driver employed or otherwise engaged by the carrier to drive the vehicle.

(2) Subject to section 37.17, every driver shall, for each day during which a commercial motor vehicle is driven, maintain a daily log in accordance with this section.

(3) The period covered by a daily log shall be a 24 hour period beginning at a time designated by the carrier using the time standard that is in effect at the driver's home terminal, but if the carrier does not designate a time, it shall begin at the start of the calendar day during which the commercial motor vehicle is driven.

- (4) The driver shall legibly enter the following information in the daily log:
- (a) the date on which the day referred to in subsection (1) begins;
  - (b) the printed name of the driver of the commercial motor vehicle;
  - (c) the odometer reading of the commercial motor vehicle driven by the driver at the beginning of the day;
  - (d) the total distance driven by the driver during the day;
  - (e) the commercial motor vehicle licence-plate or unit number;
  - (f) the name of every carrier with whom the driver worked or with whom the driver was otherwise engaged during the day;
  - (g) the printed name of the co-driver;
  - (h) the start of the period covered by the log, where it is other than the beginning of the day;
  - (i) the home terminal address or principal place of business of each carrier for whom the driver worked or was otherwise engaged during the day;
  - (j) the total hours spent in each period of duty status.

- (5) A driver who maintains a daily log shall
- (a) enter the information required by subsection (4), other than that required by paragraphs (d) and (j), in the daily log when the driver begins on duty time,
  - (b) certify the accuracy of the information entered in the daily log under subsection (2) by signing the daily log, and
  - (c) complete the graph grid, set out in Schedule 1 to this section, that forms part of the daily log, in accordance with the following procedures:
    - (i) draw a continuous line between the appropriate time markers on the graph grid to record each period of the driver's duty status;
    - (ii) record the name of the municipality or location on a highway and the name of the province or state where a change in duty status occurs, and record the aggregate of all on duty time in that municipality or location, other than driving time, as a continuous line;
    - (iii) enter the total hours of each period of the driver's duty status to the right of the graph grid, ensuring that the total equals 24 hours.

(6) Every driver who has been issued supporting documents, en route, shall retain the supporting documents to substantiate the information set out in the daily log.

- (7) A driver may use an automatic recording device for recording all periods of a driver's duty status where
- (a) the driver can provide, on the request of a peace officer under section 37.18(2), the information required by subsection (3) by producing that information on a digital display screen of the automatic recording device or in handwritten or machine printed daily logs, or a combination of them, for the day of the request and the previous 7, 8 or 14 consecutive days, as the case may be, depending on whether the driver is on a 7, 8 or 14 day schedule under section 37.13(2),

- (b) the device is capable of displaying
  - (i) the driving time and on duty time for each day during which the device is used,
  - (ii) the total on duty time remaining in the 7, 8 or 14 consecutive day period, as the case may be, or the total on duty time accumulated for the 7, 8 or 14 consecutive day period, and
  - (iii) the sequential changes in duty status and the time when the change occurred for each day during which the device is used,
- (c) the driver is capable of preparing a handwritten daily log from the information stored in the device for each day during which the device is used,
- (d) the device automatically records when, and indicates that, the device has been disconnected,
- (e) the device automatically records the times when the vehicle is moving.
- (f) all hard copies of daily logs that are generated from the information that is stored in the automatic recording device are signed by the driver certifying the daily logs are accurate, and
- (g) the carrier provides daily log forms in the commercial vehicle for the driver's use.

**SCHEDULE 1**  
(excluded from publication)

DUTY STATUS	GRID																								Total Hours
	Use local time standard at home terminal																								
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
1. Off-duty time other than time in a sleeper berth	[Vertical bars representing data]																								
2. Off-duty time in a sleeper berth	[Vertical bars representing data]																								
3. Driving time	[Vertical bars representing data]																								
4. On-duty time other than driving time	[Vertical bars representing data]																								

**REMARKS**



### **Exemption from log**

- 37.17** (1) Section 37.16 does not apply to a driver
- (a) where the driver drives a two axle commercial motor vehicle with a licensed gross vehicle weight not exceeding 14 600 kg, excluding a bus, school bus, special activity bus or special vehicle, or
  - (b) where
    - (i) the driver does not drive a commercial motor vehicle in the day beyond the radius of 160 kilometres of the driver's home terminal,
    - (ii) within 15 hours from the time the driver reported to work, the driver returns to the home terminal and then goes off duty, and
    - (iii) the carrier that employs or otherwise engages the driver maintains and retains, for a period of 6 months, accurate time records showing the driver's on duty times.
- (2) The Insurance Corporation of British Columbia may exempt, unconditionally or on conditions the corporation considers desirable, the driver of a vehicle or class of vehicle from section 37.16 if the corporation is of the opinion that compliance is impracticable.

### **Documents to be in driver's possession**

- 37.18** (1) Where a driver is required to maintain a daily log, no carrier shall permit a driver to drive, and no driver shall drive, a commercial motor vehicle unless the driver has in his possession
- (a) the driver's current daily log, completed to the time at which the last change in duty status occurred, and
  - (b) where the driving time of a driver is based on a 7, 8 or 14 day period, copies of the driver's daily log for the previous 7, 8 or 14 day period, as the case may be.
- (2) Every driver shall, on the request of a peace officer, produce to the peace officer for inspection the daily log and supporting documents and, where the vehicle has an automatic recording device, the information stored by the device for the day of the request and the previous 7, 8 or 14 consecutive day period, as the case may be, where the driving time of a driver is based on either a 7, 8 or 14 day period.

### **No extra logs**

- 37.19** A driver shall maintain only one daily log for each day.

### **Distribution of daily logs**

- 37.20** (1) A driver shall, within 20 days after completing a daily log, forward the original daily log and supporting documents to the home terminal of the carrier by whom the driver was employed or otherwise engaged.
- (2) Where a driver is employed or otherwise engaged by more than one carrier in a day, the driver shall, within 20 days after completing a daily log, forward the original daily log and supporting documents to the home terminal of the first carrier by whom the driver was employed or otherwise engaged and a duplicate copy of the daily log and supporting documents to the home terminal of each other carrier by whom the driver was employed or otherwise engaged.

**Retention of records by carrier**

**37.21** (1) A carrier shall keep all daily logs and supporting documents referred to in section 37.16 for at least 6 months from the date the document was prepared and shall, during that period, make them available for inspection at the request of a peace officer.

(2) A carrier shall, within 30 days after receiving the daily logs and supporting documents referred to in section 37.16, place the daily logs at the location where the carrier retains its records relating to its drivers or at another location approved in writing by the Insurance Corporation of British Columbia.

**Pre-trip and post-trip inspections**

**37.22** (1) No carrier shall permit a driver to drive, and no driver shall drive, a commercial motor vehicle unless the requirements of this section are met.

(2) The driver or a person specified by the carrier shall satisfy himself or herself that the commercial motor vehicle is in a safe operating condition including, but not limited to, the operating condition of the following items:

- (a) service brakes, including trailer brake connections and brake adjustments;
- (b) parking brake;
- (c) steering mechanism;
- (d) lighting devices and reflectors;
- (e) tires;
- (f) horn;
- (g) windshield wipers;
- (h) rear vision mirrors;
- (i) coupling devices;
- (j) wheels and rims;
- (k) emergency equipment;
- (l) load securement devices.

(3) The inspection referred to in subsection (2) shall be performed daily before the first trip of the day.

(4) If a trip lasts more than one day, the inspection required by subsection (2) shall be carried out on the second and every subsequent day of the trip no later than the first rest stop of the day.

(5) If a commercial motor vehicle's first trip of the day is to provide relief from an earthquake, flood, fire, famine, drought, epidemic, pestilence or other disaster by transporting passengers or goods, the inspection required by subsection (2) shall be carried out before the commercial motor vehicle's first trip that is not for that purpose.

(6) The driver or the person specified under subsection (2) shall,

- (a) at the end of the final trip of the day, or
- (b) where a trip lasts more than one day, on every subsequent day of the trip at the final rest stop of the day, inspect the commercial motor vehicle and record in the trip inspection report defects observed as a result of this inspection or while in charge of the commercial motor vehicle.

### **Trip inspection report**

- 37.23** (1) This section applies to a commercial motor vehicle to which Part 1 of Division 25 of this regulation applies under section 25.01(2), but does not apply to
- (a) commercial motor vehicles rented for a single trip,
  - (b) an emergency vehicle,
  - (c) a 2 axle vehicle with a licensed gross vehicle weight not exceeding 14 600 kg, excluding a bus, school bus, special activity bus or special vehicle, or
  - (d) a taxi where the carrier requires the driver of the taxi to immediately notify the carrier of defects found in the inspections under section 37.22 and defects that come to the driver's attention while operating the taxi.
- (2) A carrier shall require every driver employed or otherwise engaged by the carrier or a person specified by the carrier to prepare the trip inspection report in accordance with this section.
- (3) The driver or the person specified by the carrier under subsection (2) shall prepare, for each commercial motor vehicle driven, the trip inspection report in accordance with this section in legible writing before driving the commercial motor vehicle for the first time in a day.
- (4) The trip inspection report shall
- (a) state the licence plate or unit numbers for the commercial motor vehicle,
  - (b) specify any defect in the operation of each item listed in section 37.22(2),
  - (b.1) specify any defect in the operation of the commercial motor vehicle if that defect, not otherwise described under paragraph (b), may affect the safe operation of the commercial motor vehicle,
  - (c) state that no defect was discovered or came to the attention of the driver, should that be the case,
  - (d) state the date the report is made, and
  - (e) contain the signature of the driver or other person making the report.
- (5) No carrier shall permit a driver to drive, and no driver shall drive, a commercial motor vehicle unless the driver has the current trip inspection report in his possession.
- (6) A driver shall, on the request of a peace officer, produce to the peace officer for inspection the current trip inspection report.
- (7) The Insurance Corporation of British Columbia may exempt a class of persons or vehicles from this section unconditionally or on conditions the corporation considers desirable and may substitute other requirements if the corporation considers it desirable for the purpose of more effectively promoting and securing road safety.

### **Multiple drivers**

**37.24** Where 2 or more drivers are employed or otherwise engaged to drive a commercial motor vehicle, only one driver is required, under section 37.23(4)(e), to sign the trip inspection report, provided all drivers agree as to the defects to be reported, but where there is a disagreement over the defects to be reported, all drivers shall sign and indicate the nature of the disagreement.

### **Delivery of report**

**37.25** A driver who prepares a trip inspection report shall deliver the original report to the carrier responsible for the commercial motor vehicle referred to in the trip inspection report, or to its agent, within 20 days after completing the trip inspection report.

#### **Corrective action**

- 37.26** A carrier shall not permit a driver to drive, and a driver shall not drive, a commercial motor vehicle unless, before doing so, the carrier or the carrier's agent has
- (a) repaired or corrected items listed on the trip inspection report which may affect the safe operation of the commercial motor vehicle and certified on the trip inspection report that the defect has been corrected, or
  - (b) certified on the trip inspection report that correction is unnecessary.

#### **Retention of records**

- 37.27** (1) A carrier shall keep the original of each trip inspection report for at least 3 months from the date the document was prepared and shall, during that period, make the document available for inspection by a peace officer.
- (2) A carrier shall, within 30 days after receiving the trip inspection report, place them at the location where the carrier retains its records relating to its drivers or at another location approved in writing by the Insurance Corporation of British Columbia.

### **PART 5 - Facility Audits**

#### **Application of this Part**

- 37.28** This Part does not apply to a driver of, or the operation of, a farm tractor, an implement of husbandry or a road building machine as defined in the *Commercial Transport Act*.

#### **Maintenance of records**

- 37.29** (1) Subject to subsection (2), the carrier shall maintain at its principal place of business in the Province or at another place approved by the Insurance Corporation of British Columbia
- (a) a transcript of the driving record of each driver employed or otherwise engaged by that carrier within the Province, issued by the responsible agency in the jurisdiction in which the driver received his driver's licence, and dated not later than the driver's date of employment or one year from the date of the previous transcript,
  - (b) copies of records that are required of the carrier by the laws of any jurisdiction respecting the use of commercial motor vehicles by each driver employed or otherwise engaged by that carrier, including but not limited to
    - (i) records required under Parts 3 and 4 of this Division, and
    - (ii) records of the notification of the carrier of accidents, violations and convictions relative to each driver while in the employ of or engaged by that carrier, and
  - (c) for each of the carrier's commercial motor vehicles for which the carrier is required to hold a safety certificate,
    - (i) records of vehicle inspection and maintenance required under Division 25,
    - (ii) records of all notices of defects received from vehicle manufacturers and evidence satisfactory to the Insurance Corporation of British Columbia that those defects have been corrected, and
    - (iii) records of all accidents involving the death of a human being or total damage to all property, including cargo, of \$4 500 or more, based on actual costs or a reliable estimate.

(2) The driver shall deliver the records referred to in subsection (1)(b)(ii) to the carrier by whom the driver was employed or otherwise engaged within 15 days of the accident, violation or conviction referred to in that subsection.

(3) The Insurance Corporation of British Columbia may exempt a carrier from subsection (1) unconditionally or on conditions the corporation considers desirable and may substitute other requirements if the corporation considers it desirable for the purpose of more effectively securing and promoting road safety.

#### **Retention of records**

**37.30** With the exception of records kept under Parts 3 and 4 of this Division and Division 25, a carrier shall maintain the records required to be maintained under section 37.29 and shall keep the records readily accessible for inspection and audit purposes for the calendar year in which they were made and the following 4 calendar years.

#### **Inspectors**

**37.31** The Insurance Corporation of British Columbia may appoint an inspector for the purpose of inspecting and auditing records referred to in section 212(4)(f) of the Act.

#### **Compliance review**

**37.32** (1) An inspector may, during business hours, enter the place where records are kept under section 37.29 and conduct a compliance review for the purpose of determining whether a carrier meets the requirements of sections 37.29 and 37.30.

(2) No person shall obstruct an inspector conducting a compliance review under this section.

#### **Verification audits**

**37.33** (1) An inspector may, during normal business hours, enter the place where records are kept under section 37.29 and conduct a verification audit for the purpose of determining whether a carrier meets the requirements of this Division.

(2) No person shall obstruct an inspector conducting a verification audit under this section.

#### **Carrier administered audit**

**37.34** The Insurance Corporation of British Columbia may authorize a carrier to conduct verification audits of its operation, in whole or in part, upon being satisfied that the carrier has in place the systems and procedures necessary to assess its compliance with some or all aspects of this Division, and upon application being made by the carrier in a form approved by the corporation.

### **PART 6 - Offences**

#### **Unsafe vehicle**

**37.35** A carrier shall not authorize or permit the operation of a commercial motor vehicle on a highway unless the vehicle complies with all the requirements of the Act and this regulation.

**False records**

- 37.36** (1) A person shall not alter, deface or destroy a record required to be maintained under this regulation.
- (2) A person shall not
- (a) make, participate in, assent to or acquiesce in the making of a false or deceptive statement in a record made or required by or under this regulation, or
  - (b) omit, assent to or acquiesce in the omission of an entry in a record made or required by or under this regulation.

**Offences**

- 37.37** (1) A person commits an offence who contravenes sections 37.02(1), (4) or (5), 37.03(3), 37.05(2), 37.06, 37.09(2), 37.12(1) or (5), 37.13(1), (2) or (5), 37.14(2), 37.15(2) or (3), 37.16(1), (2), (3), (4), (5) or (6), 37.18(1) or (2), 37.19, 37.20(1) or (2), 37.21(1) or (2), 37.22(1), (2) or (6), 37.23(2), (3), (5) or (6), 37.24, 37.25, 37.26, 37.27 (1) or (2), 37.29(1) or (2), 37.30, 37.32 (2), 37.33(2), 37.35 or 37.36(1) or (2).
- (2) A person who commits an offence is liable, on conviction, to a fine of not more than \$ 2 000 or to imprisonment for not more than 6 months, or to both.

***This document is for guidance only. If there is any conflict between this document and the Motor Vehicle Act Regulations, Division 37, the latter shall apply.***

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MV0626 (06/1998)

# B.C. CORONERS SERVICE

Provincial Toxicology Centre

## Medico-Legal External Examination Sampling Kit

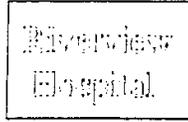
Instructions Inside

### Contents

<u>Quantity</u>	<u>Description</u>	<u>Purpose</u>
4	s. 15(1)(c) Venoject Tube	One each for Blood, Urine & Vitreous Fluid specimens (one extra)
3	s. 15(1)(c) Venoject Tube	One each for Blood & Vitreous Fluid Specimens (one extra)
2	20cc Syringes	} For Blood & Urine Specimens
2	18g x 3.5" Needles	
2	16g x 1.5" Needles	
1	10cc Syringe with needle	For Vitreous Fluid Specimen
10	Seals	Sealing Specimen Tubes and Package
8	Labels	Identifying Tubes (Apply <b>after/over</b> seals)
1	Cold Pack	
1	Packing material	
1	Shipping Envelope "Loomis" + Way Bill	
1	Interim Medical Report (Form "C")	

01 May 1999

APPENDIX 19



# Provincial Toxicology Centre

January 1998

## B.C. CORONERS SERVICE MEDICO-LEGAL SPECIMEN SAMPLING KIT

Dear Doctor:

You have been authorized under a Coroner's Legal Warrant (B.C. Coroners Service Form "B") to obtain samples from a deceased person for toxicology analysis. To ensure specimen identification and continuity of evidence, you should:

1) Confirm labelled identity and/or the Coroner's Case Number on the body.

2)

s. 15(1)(c)

3) Complete, and sign the section "Toxicology Requisition of the B.C. Coroners Service Form "C" , Interim Medical Report.

4) Physically hand the specimens to the Coroner for packaging and transport to the Provincial Toxicology Centre ( as indicated below).

s. 15(1)(c)

### BLOOD

s. 15(1)(c)

- free blood from right pleural, left pleural or peritoneal cavities.

NOTE:

s. 15(1)(c)

..../2

MEDICO-LEGAL SPECIMEN SAMPLING KIT

Page 2

URINE

s. 15(1)(c)

VITREOUS FLUID

s. 15(1)(c)

For undertaking this medico-legal responsibility, you are entitled to bill the B.C. Coroners Service for 1 hour of professional time (according to the fee schedule of the B.C. Coroners Service)

Sincerely,

S.J. Carlyle, M.D.,M.S.H.A.,F.R.C.P.(C)  
Director  
Provincial Toxicology Centre

SJC/en

**Specimen Sealing and Labelling**

s. 15(1)(c)

s. 15(1)(c)

s. 15(1)(c)

**B.C. CORONERS SERVICE**  
**MEDICO-LEGAL SPECIMEN SAMPLING KIT**

**Packaging & Shipping**

**Coroner's Responsibility**

ONLY SPECIMENS SHOULD BE RETURNED to the PROVINCIAL TOXICOLOGY CENTRE.  
(You can use the plastic container around the 20cc syringes as a "sharps" container to hold needles for disposal. )

Check to ensure that you have received all the specimens as listed by the doctor on the Interim Medical Report (Form "C").

Activate the cold pack by squeezing firmly to rupture the inner container.

Wrap specimens and cold pack with the bubble wrap and place in the styrofoam container s. 15(1)(c)

Place container, a copy of Preliminary Investigation Report (Form "B") and Laboratory copy of completed Interim

Medical Report (Form "C") in Loomis envelope. Seal Loomis envelope.

Complete Loomis Way -Bill

"From section", Date, Declared Value is **NIL**, Check **GROUND, & ENV** boxes, sign as shipper.

Call Loomis for Pick-up at 888-956-6647 (as of January 1998)

**CONSULTANT REQUEST FORM**

DATE OF REQUEST \_\_\_\_\_ CONSULTANT \_\_\_\_\_

CASE NAME \_\_\_\_\_ CASE # \_\_\_\_\_

DOD \_\_\_\_\_ TYPE OF DEATH \_\_\_\_\_

CORONER \_\_\_\_\_ LOCATION \_\_\_\_\_

SERVICE REQUEST \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed by: \_\_\_\_\_

**REGIONAL CORONER**

**REGIONAL CORONER'S REMARKS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVAL**

\_\_\_\_\_  
**DATE OF APPROVAL**

\_\_\_\_\_  
**DEPUTY CHIEF CORONER/CHIEF CORONER**

**REMARKS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c: Regional Office, Consultant, Coroner, Case File  
s:\bccs\admin\behrequest

01 May 1999

APPENDIX 18

Case File #:

PLEASE COMPLETE ALL QUESTIONS

**PSYCHOSOCIAL SUMMARY**  
**SUICIDE CASES IN BRITISH COLUMBIA**

DEMOGRAPHY

**PROPERTY OF ATTORNEY GENERAL**  
THIS REPORT IS CONFIDENTIAL AND FOR RESEARCH PURPOSES ONLY. IT IS NOT FOR REDISTRIBUTION IN ANY FORM AND MUST NOT BE DUPLICATED.

1. Age:

2. Sex:

Male   
Female

3. Birth Country:

4. Ethnicity:

5. Marital Status:

Single  Common-Law   
Married  Separated   
Divorced  Widow/er   
Unknown

6. Education:

High School or less  Some Post-Secondary School   
College/Trade School  University Graduate   
Unknown

7. Work Status:

Unemployed  Student  Homemaker   
Part-Time  Full-Time  Retired   
Unknown

Other: \_\_\_\_\_

8. Occupation:

None  Unknown  Specify most recent position held: \_\_\_\_\_

9. Receiving Social Assistance:

No  Yes  Unknown

CIRCUMSTANCES OF SUICIDE

10. Date Of Suicide (DD/MM/YYYY): \_\_\_\_\_

Approximate Time: \_\_\_\_\_ AM / PM

11. Method Of Suicide:

Specify: \_\_\_\_\_

12. Municipality of Deceased:

Unknown

Specify: \_\_\_\_\_

13. Suicide Note Found:

No

Yes

14. Intoxication At Time Of Suicide (Alcohol/Drug): No

Yes, specify: \_\_\_\_\_

Please continue. →

October 31, 1996

01 May 1999

APPENDIX 17

: None  Unknown  Yes (Specify) \_\_\_\_\_

None  Unknown  Yes (Specify) \_\_\_\_\_

None  Unknown  Yes (Specify) \_\_\_\_\_

None  Unknown  Yes

None  Unknown  Yes

None  Unknown  Yes

None  Unknown  Yes

s. 15(1)(c)

No  Unknown  Yes (Specify) \_\_\_\_\_

No  Unknown  Yes (Specify) \_\_\_\_\_

:None  Unknown  Yes (Specify) \_\_\_\_\_

None  Unknown  Yes

s. 15(1)(c)



## **Completing the Psychosocial Summary Form (1996) for all Suicide Deaths in BC: A Guide for Coroners**

The *Psychosocial Summary Form* is to be filled out by the coroner for every death that has been classified as a suicide. Most of the items on the form are straightforward and require no explanation, while other questions contain terms that could be open to several interpretations.

This brief guide has been prepared to serve as a useful and simple reference for coroners to use when completing the *Psychosocial Summary Form* and will hopefully reduce potential confusion and increase consistency in the overall data collection process. Explanations are provided below, only for those items that are not immediately obvious or self-explanatory.

### **DEMOGRAPHY**

#### **4. Ethnicity**

- Please identify the ethnicity of the deceased in the space provided. Be as specific as possible in your description (e.g. Japanese or Filipino instead of “Asian” or “Oriental”).

### **CIRCUMSTANCES OF SUICIDE**

#### **10. Date of suicide and approximate time**

- Please record the date numerically as requested: day/month/year
- Record the time to the best of your ability.

#### **11. Method of suicide**

- Record the method of suicide (gunshot; hanging; overdose; carbon monoxide poisoning; jumping; laceration; other poison; etc.), **not** the cause of death.

#### **12. Municipality of deceased**

- Record the principal residence of the deceased at the time of death (city, town, village, district municipality), including out-of-province locations.

#### **14. Intoxication at time of suicide (alcohol/drug)**

s. 15(1)(c)

Pages 42 through 45 redacted for the following reasons:

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s. 15(1)(c)

**BC CORONERS SERVICE**  
**INFANT DEATH INVESTIGATION PROTOCOL**  
**(12 MONTHS AND YOUNGER)**

Please see "Instructions for Completion of Child Death Protocol" for information on completing this protocol.

**A. GENERAL INFORMATION**

1. Case number -		2. Coroner: Contact: ( ) -		3. Region	
4. Deceased surname			5. Given name		
6. Date of birth (d/m/yyyy) _____		7. Age _____	8. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	9. Ethnicity: If other, describe:	
10. Aboriginal? <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> First Nations/Indian <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Unknown If yes, on reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Country of birth <input type="checkbox"/> Canada <input type="checkbox"/> Other: _____ or <input type="checkbox"/> Non-resident of Canada		12. Family's first language? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____	
14. Police department:		15. PD File number	16. Member 1 _____ Member 2 _____		17. Contact Ph ( ) -
18. Date of death (d/m/yyyy) _____	20. Place of injury/incident		21. Date of injury that led to death _____ <input type="checkbox"/> same as #18		23. Place of death:
19. Time of death: (mil. time) _____			22. Time of injury that led to death _____ <input type="checkbox"/> same as #19		
24. Premise: _____		25. If #24 is private residence or day care (also fill out #159): # of adults present at time of death _____ # of children present at time of death _____			
26. Were there other fatalities in this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> u/k			28. BCCS# of related cases:		
27. # of other fatalities: _____					
29. Infant's Residence address			30. Township _____		
31. Mother's full name: _____ <input type="checkbox"/> biological <input type="checkbox"/> adoptive <input type="checkbox"/> step <input type="checkbox"/> foster			35. Father's full name: _____ <input type="checkbox"/> biological <input type="checkbox"/> adoptive <input type="checkbox"/> step <input type="checkbox"/> foster		
32. DOB (m/d/yyyy) _____	34. Address & phone # ( ) - <input type="checkbox"/> same as #29		36. DOB (m/d/yyyy) _____	38. Address and phone # ( ) - <input type="checkbox"/> same as #29	
33. Age: _____ yrs			37. Age: _____ yrs		
39. Primary care giver (name)		40. Relationship of care giver to infant		41. Contact ph ( ) -	
42. Who was infant living with? <input type="checkbox"/> Mother <input type="checkbox"/> Both parents <input type="checkbox"/> relative: _____ <input type="checkbox"/> Father <input type="checkbox"/> Foster parents <input type="checkbox"/> hospitalized since birth <input type="checkbox"/> grandparent <input type="checkbox"/> other: _____			43. Total number of people living in household: _____ 44. Number of non-relatives (non-immediate) living in household: _____		
45. Person, in attendance, responsible for supervision at time of incident (name and relationship) Name: _____ Age: _____ Contact Ph: ( ) - _____ <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> sibling <input type="checkbox"/> babysitter <input type="checkbox"/> foster parent(s) <input type="checkbox"/> other relative _____ <input type="checkbox"/> other: _____					

Surname		Given Name	
Coroner		Region	

s. 15(1)(c)

**B. RESPONSE TIMES**

62. Discovered	63. BCAS dispatch	64. BCAS to hospital	65. Police called	66. Coroner attended
67. 911 called	68. BCAS attended	69. Arrival at hospital	70. Police attended	71. Body removal

**C. CORONER**

72. Scene attended <input type="checkbox"/> Yes <input type="checkbox"/> No	73. Pictures taken by (scene) <input type="checkbox"/> coroner <input type="checkbox"/> police	74. Body viewed at <input type="checkbox"/> Scene <input type="checkbox"/> Hospital	75. Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> external only <input type="checkbox"/> No	76. Toxicology <input type="checkbox"/> Yes <input type="checkbox"/> No
77. Pictures taken at scene <input type="checkbox"/> Yes <input type="checkbox"/> No	78. Body viewed <input type="checkbox"/> Yes <input type="checkbox"/> No	79. Pictures taken by <input type="checkbox"/> police <input type="checkbox"/> coroner	80. Skeletal X-Ray <input type="checkbox"/> Yes <input type="checkbox"/> No	81. Other: _____

**D. CIRCUMSTANCES OF DEATH**

82.  Vehicular injury     During sleep     Medical     Poisoning/Drug intoxication     Fire or Burn  
 Drowning     Abuse-related     Firearms     Natural/expected     Other injuries: \_\_\_\_\_

83. Cause of death: \_\_\_\_\_  
 Due to: \_\_\_\_\_

84. Other significant medical conditions contributing to death: \_\_\_\_\_  
 Due to: \_\_\_\_\_

85. Classification of death:     Accidental     Homicide     Natural     SUDI/SIDS     Undetermined

s. 15(1)(c)

Pages 48 through 54 redacted for the following reasons:

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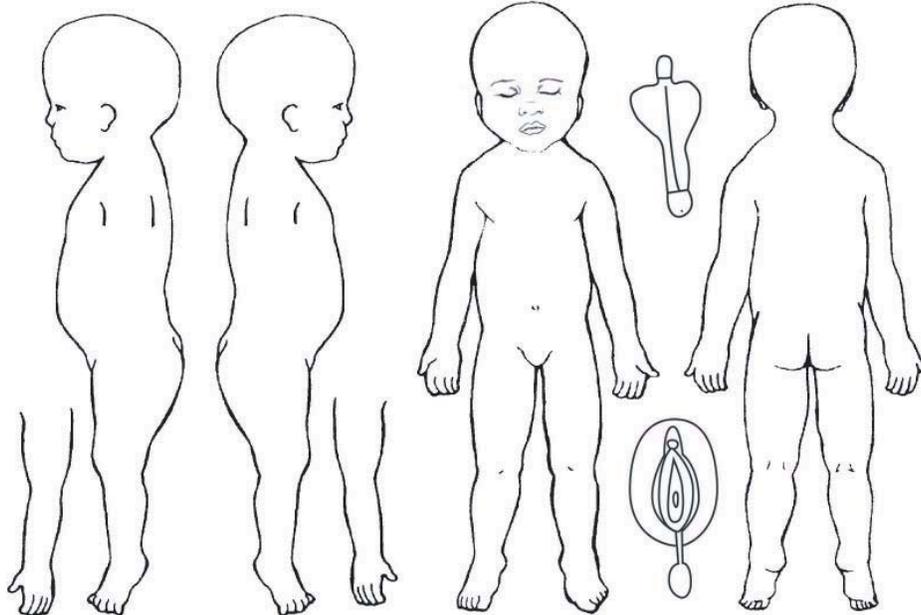
s. 15(1)(c)

**S. INVESTIGATION DIAGRAMS**

NA

**1**

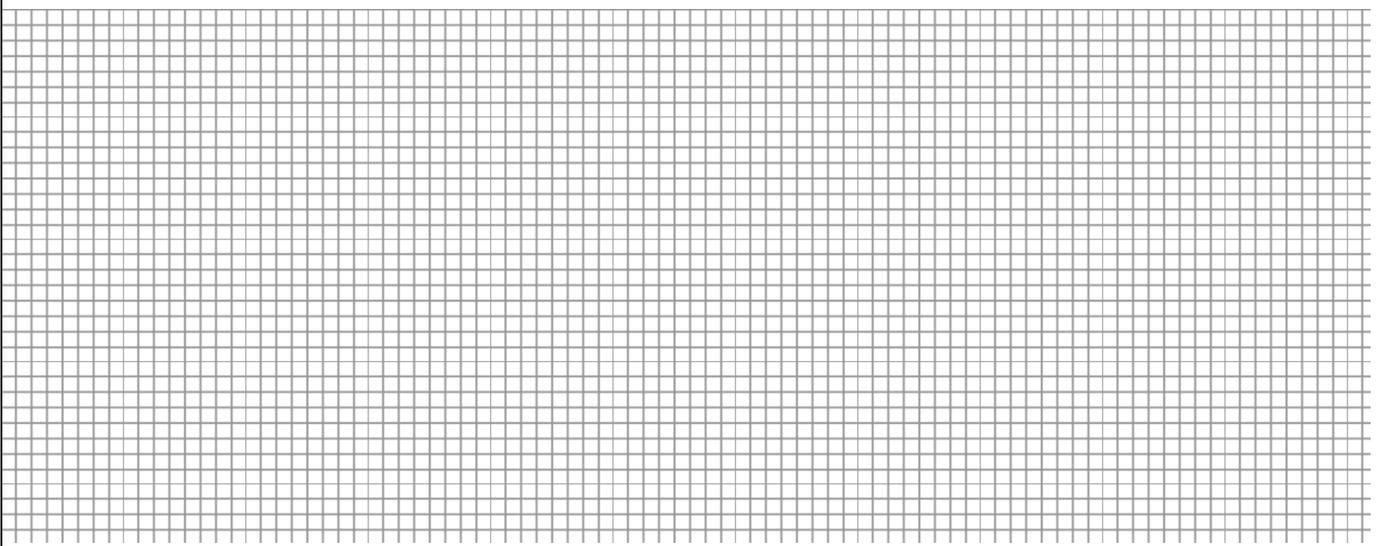
**Body Diagram:**



- 298. Mongolian spot(s)?  No  Yes, describe:
  - 299. Congenital disfigurement(s)? (e.g. cleft palate)  No  Yes, describe:
  - 300. Evidence of medical procedure/intervention?  No  Yes, describe:
  - 301. Resuscitation artifact?  No  Yes, describe:
- Other comments:

**2**

**Scene Diagram:**



Comments:

Surname		Given Name	
Coroner		Region	

**T. SUMMARY FOR PATHOLOGIST**

Coroner		Region	
Deceased surname		Given name	
Date of birth (mm/dd/yr)	Age	Ethnicity	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of death (mm/dd/yr)	Time of death	Place of death	Premise
s. 15(1)(c)			

**ADDITIONAL CORONOR COMMENTS TO PATHOLOGIST**



Surname	Given Name
Coroner	Region

47. Person in attendance and responsible for supervision at time of incident (relationship and name, if not listed or different than above)  
 mother  father  parent's partner  grandparent  sibling  self  family friend  babysitter  foster parent(s)  
 Other: \_\_\_\_\_  
 If not listed above, Name: \_\_\_\_\_ Age: \_\_\_\_\_ Contact Ph: (\_\_\_\_) - \_\_\_\_\_

s. 15(1)(c)

61. Is child attending school? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U/k If yes, grade? _____ Name of school: _____	62. Level of education: <input type="checkbox"/> high school not completed <input type="checkbox"/> high school <input type="checkbox"/> post secondary <input type="checkbox"/> unknown <input type="checkbox"/> other: _____
--	---

63. Was the child employed? <input type="checkbox"/> Y <input type="checkbox"/> N (if no, skip to #69) <input type="checkbox"/> U/k	64. Child's employer: 65. Hours worked per week:	66. Job title: 67. Duties:
--	---	-------------------------------

68. Description of child's clothing at time of incident: 69. Clothing clean? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U/k	70. Contributing factors to death <input type="checkbox"/> alcohol <input type="checkbox"/> drugs <input type="checkbox"/> other:
--	--

71. Did child have any possessions on his/her body?  No  Yes, if yes, describe: \_\_\_\_\_

**B. RESPONSE TIMES**

72. Discovered	73. BCAS dispatch	74. BCAS to hospital	75. Police called	76. Coroner attended
77. 911 called	78. BCAS attended	79. Arrival at hospital	80. Police attended	81. Body removal

**C. CORONER**

82. Scene attended <input type="checkbox"/> Yes <input type="checkbox"/> No	83. Pictures taken by (scene) <input type="checkbox"/> coroner <input type="checkbox"/> police	84. Body viewed at <input type="checkbox"/> Scene <input type="checkbox"/> Hospital	85. Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> external only <input type="checkbox"/> No	86. Toxicology <input type="checkbox"/> Yes <input type="checkbox"/> No
87. Pictures taken at scene <input type="checkbox"/> Yes <input type="checkbox"/> No	88. Body viewed <input type="checkbox"/> Yes <input type="checkbox"/> No	89. Pictures taken by <input type="checkbox"/> police <input type="checkbox"/> coroner	90. Skeletal X-Ray <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____

**D. CIRCUMSTANCES OF DEATH**

91.  Vehicular injury  Hanging  Fire or Burn  Drowning  Poisoning/Drug intoxication  
 Medical  Abuse-related  Firearms  Natural expected  Suicide  
 Other injuries: \_\_\_\_\_

92. Cause of death: \_\_\_\_\_  
 Due to: \_\_\_\_\_

93. Other significant medical conditions contributing to death: \_\_\_\_\_  
 Due to: \_\_\_\_\_

94. Classification of death:  Accidental  Homicide  Natural  Suicide  Undetermined

Pages 59 through 63 redacted for the following reasons:

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s. 15(1)(c)



Surname	Given Name
Coroner	Region

**S. SUMMARY FOR PATHOLOGIST**

Deceased surname		Given name	
Date of birth (dd/mm/yr)	Age (yr) years	Ethnicity	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of death (dd/mm/yr)	Time of death	Place of death	Premise

s. 15(1)(c)

**T. ADDITIONAL CORONOR COMMENTS TO PATHOLOGIST**

TACHOGRAPH CHART RETRIEVAL AND ANALYSIS  
GUIDE

Agency: \_\_\_\_\_ Case No. \_\_\_\_\_

Accident  Other  (Explain) \_\_\_\_\_

Re: \_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS**

This form is designed as a **guide** for an investigator's retrieval of a tachograph chart for purposes of chart analysis. It may also be used as a guide in retrieving and analyzing other types of monitoring devices.

1. Open tachograph by turning key in lock. If this is not possible, disconnect and remove tachograph unit ensuring that no (further) damage occurs.
2. In 12 and 24 hour tachographs, the chart is clamped to the chart carrier which is rotated by an electronic clock or, in older models, a mechanical drive. Before removing the chart, lift the clip on the chart carrier.
3. In seven (7) day tachographs, turn the fastening ring counter clockwise, after which all charts can be removed.
4. The chart (and/or tachograph unit) is an exhibit. Identify it in accordance with departmental policy, but with at least the time, date and investigator's name or initials.
5. Do not write over chart recordings. Use a free space, preferably on the open speed side.
6. Do not fold or staple a chart.
7. Protect the chart by placing it between two firm pieces of cardboard.
8. Do not attempt to clean dirty charts. This will be done by a tachograph analyst.
9. Include previously recorded chart(s) when possible for comparison purposes. Identify them as being previously recorded.
10. The term **accident** as used herein should also be interpreted to mean the circumstances under which a chart is submitted for analysis.
11. In completing this form, attach additional pages if necessary.
12. If possible, when the vehicle can be operated, replace the chart with a new chart and check tachometer or other instrument calibration against a radar unit.

-1-

**ACCIDENT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**TACHOGRAPH**

Model: Electronic  Mechanical  Serial No. \_\_\_\_\_

Range: \_\_\_\_\_

Mounted Location in Vehicle: \_\_\_\_\_

Chart: Inserted At \_\_\_\_\_ am/pm Removed At \_\_\_\_\_ am/pm

Time on Tachograph Face: \_\_\_\_\_ am/pm

Clock still running: Yes  No

Evidence of Tampering and/or Damage: Yes  No  If yes, explain:

\_\_\_\_\_

Tachograph was calibrated: Yes  No

If calibrated, all connections were sealed: Yes  No

Calibration Plate Details (If Applicable):

Agency: \_\_\_\_\_

No. \_\_\_\_\_

Date: \_\_\_\_\_

Adaptor Between Tachograph Head and Transmission: Yes  No

If yes, Ratio: \_\_\_\_\_

**SPEEDOMETER**

Evidence of Broken Speedometer Cable or Intentional Damage or Removal:  
Yes  No  If yes, explain:

\_\_\_\_\_

**ACCIDENT CIRCUMSTANCES** (Briefly describe events immediately before and at time of collision. Attach separate page if necessary)

- a. Direction of travel.
- b. Vehicle movements immediately prior to collision, including turns, out-of-control movements, and stops.
- c. Distance travelled after collision to place of rest or stop.
- d. Description of tire marks leading up to point of collision, e.g., skid-marks, yaw marks, tire prints, etc. Include sketch with measurements.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WEATHER**

Clear  Dry  Rain  Snow  Other (Explain): \_\_\_\_\_

**ROADWAY**

Type of surface: Asphalt  Cement  Gravel  Dirty  Wet  Dry   
Other (Explain) \_\_\_\_\_ Condition: \_\_\_\_\_

Superelevation: \_\_\_\_\_ % Direction: Left  Right

Grade: \_\_\_\_\_ % Direction: Plus  Minus

Curve: Yes  No  Describe: \_\_\_\_\_

**VEHICLE**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Type: \_\_\_\_\_

**Engine**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Type: \_\_\_\_\_ HP Rating: \_\_\_\_\_

Odometer Reading: \_\_\_\_\_ km/miles

Tires On Axle from which Tachograph was Driven:

Size(s): Left: \_\_\_\_\_ Right: \_\_\_\_\_  
Pressures: Left: \_\_\_\_\_ Right: \_\_\_\_\_  
Tread Depths: Left: \_\_\_\_\_ Right: \_\_\_\_\_

**Differential**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Gear Ratio: \_\_\_\_\_ Adaptor(s) Ratio: \_\_\_\_\_

**ATTACHMENTS**

Tachometer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Photographs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adaptor(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sketch of Scene	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Charts			Sketch (with meas- ments) of Tire-		
Investigation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	marks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Supplementary	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Police Report	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Other (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____		
			_____		
			_____		

\_\_\_\_\_  
INVESTIGATOR

\_\_\_\_\_  
DATE 19\_\_\_\_



Province of  
British Columbia  
Ministry of Health and  
Ministry Responsible for Seniors  
Division of Vital Statistics

# APPLICATION FOR SERVICE

SHADED AREA FOR OFFICE USE ONLY

YOUR FILE \_\_\_\_\_

**MAILING ADDRESS:**

PLEASE PRINT YOUR NAME AND ADDRESS  
CLEARLY INCLUDING POSTAL CODE

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY & PROVINCE \_\_\_\_\_

POSTAL CODE  -

IF COMPANY,  
ATTENTION \_\_\_\_\_

REFUND \$ \_\_\_\_\_

HOME No. \_\_\_\_\_

BUSINESS No. \_\_\_\_\_

PLEASE INDICATE TYPE AND NUMBER  
OF CERTIFICATE(S) REQUIRED

<b>IF BIRTH CERTIFICATE(S) REQUIRED COMPLETE THIS SECTION (PLEASE PRINT)</b>						BRITISH COLUMBIA SMALL 9.5 cm x 6.4 cm <input type="checkbox"/> LARGE 21.6 cm x 17.8 cm <input type="checkbox"/> Genealogy <input type="checkbox"/>
SURNAME (IF FOR MARRIED WOMAN GIVEN MAIDEN SURNAME) (GIVEN NAMES) _____					SEX _____	
MONTH _____	DATE OF BIRTH DAY _____	YEAR _____	PLACE OF BIRTH (CITY, TOWN OR VILLAGE) _____			
SURNAME OF FATHER (GIVEN NAMES) _____			BIRTHPLACE OF FATHER _____			
MAIDEN SURNAME OF MOTHER (GIVEN NAMES) _____			BIRTHPLACE OF MOTHER _____			
REGISTRATION NUMBER _____		REGISTRATION DATE _____		AMENDMENT No. _____	S _____ D _____ V _____	
<b>IF MARRIAGE CERTIFICATE(S) REQUIRED COMPLETE THIS SECTION (PLEASE PRINT)</b>						BRITISH COLUMBIA SMALL 9.5 cm x 6.4 cm <input type="checkbox"/> LARGE 21.6 cm x 17.8 cm <input type="checkbox"/> CERTIFIED PHOTOCOPY SEE NOTE 3 <input type="checkbox"/> Genealogy <input type="checkbox"/>
SURNAME OF GROOM (GIVEN NAMES) _____					BIRTHPLACE OF GROOM _____	
SURNAME OF BRIDE PRIOR TO MARRIAGE (GIVEN NAMES) _____					BIRTHPLACE OF BRIDE _____	
MONTH _____	DATE OF MARRIAGE DAY _____	YEAR _____	PLACE OF MARRIAGE (CITY, TOWN OR VILLAGE) _____			
REGISTRATION NUMBER _____		REGISTRATION DATE _____		AMENDMENT No. _____	SEARCHED _____ VERIFIED _____	
<b>IF DEATH CERTIFICATE(S) REQUIRED COMPLETE THIS SECTION (PLEASE PRINT)</b>						BRITISH COLUMBIA LARGE 21.6 cm x 17.8 cm <input type="checkbox"/> Genealogy <input type="checkbox"/>
SURNAME OF DECEASED (GIVEN NAMES) _____					AGE _____ SEX _____	
MONTH _____	DATE OF DEATH DAY _____	YEAR _____	PLACE OF DEATH (CITY, TOWN OR VILLAGE) _____			
PERMANENT RESIDENCE OF DECEASED PRIOR TO DEATH _____				PLACE OF BIRTH _____		
REGISTRATION NUMBER _____		REGISTRATION DATE _____		AMENDMENT No. _____	SEARCHED _____ VERIFIED _____	
STATE YOUR RELATIONSHIP TO THE PERSON NAMED IN APPLICATION _____					FEE ENCLOSED ( See reverse )	
STATE SPECIFIC REASON WHY CERTIFICATION IS REQUIRED _____						
X _____					\$ _____	
(WRITTEN SIGNATURE OF APPLICANT) (DO NOT PRINT)						

HLTH 430 REV. 92/06

MR 2221

01 May 1999

**PLEASE READ NOTES ON REVERSE OF THIS FORM**

APPENDIX 14

## IMPORTANT INFORMATION

### TO AVOID DELAY

- ◆ Complete the appropriate section in full (*All requests with incomplete information must be accompanied by a written explanation for the omission*)
- ◆ Be sure you are authorized to make the request (*see Section 3 below*)
- ◆ Enclose the correct fee by certified cheque or money order (*Canadian funds*)
- ◆ Be sure your address and telephone number are correct and clear

### 1) FEES

- ◆ For each certificate or photocopy (*includes one 3 year search*) .....\$20.00\*
- ◆ Search only - over a 3 year period or less .....\$20.00\*
- ◆ For each Genealogy verification extract (*includes 3 year search*) .....\$25.00\*
- ◆ For each Genealogy verification extract (*with extended search*) .....\$50.00\*
- ◆ Payment to be made in Canadian funds by certified cheque or money order payable to the Minister of Finance.

*\*Fees effective April 1, 1992. All fees subject to change*

***For current fees please contact one of our offices or the Government Agent office in your community***

### 2) INFORMATION PROVIDED

Certificates contain the following information:-

- Birth - Small - Name, date, place, sex, registration date  
Large - Same as small plus parents' names and birthplace
- Marriage - Small - Name of bride, name of groom, date, place, registration date  
Large - Same as small plus place of birth
- Death - Large only - Name, date, age, sex, place of death, birthplace and residence

Genealogy verification extracts:- contain all information available on the original registration except attending physician (*birth & death*) and cause of death.

### 3) WHO QUALIFIES TO APPLY FOR A:

- ◆ Death certificate
  - A. - Anyone who has a valid reason
- ◆ Birth certificate
  - A. - You, if the record pertains to your own birth record
  - B. - Parents of a child
  - C. - An Agent or any other persons on the written authorization of 'A' or 'B' above
- ◆ Marriage certificate or certified copy of Marriage registration:
  - A. - If you are the bride or groom named in the record
  - B. - An Agent or any other persons on the written authorization of 'A' above
- ◆ Genealogy Verification Extract
  - A. - Any family member researching family history via events pertaining to a deceased relative (*or presumed deceased*)
  - B. - Any family member who has the signed authority of a living search subject
  - C. - An Agent or any other persons on the written authorization of 'A' or 'B' above

#### MAILING ADDRESS

Division of Vital Statistics  
818 Fort Street  
Victoria, B.C. V8W 1H8  
Telephone: 387-0041  
Toll Free: 1-800-742-6283

#### OTHER DIVISION OF VITAL STATISTICS OFFICES

Division of Vital Statistics 250 - 605 Robson Street Vancouver, B.C. V6B 5J3 Telephone: 660-2937	Division of Vital Statistics 1340 Ellis Street Kelowna, B.C. V1Y 1Z8 Telephone: 868-7798	Division of Vital Statistics 1600 - 3rd Avenue, Room 407 Prince George, B.C. V2L 3G6 Telephone: 565-7105
--	--	--

*You may also contact the Government Agent Office in your community*



Form with sections: PERSONAL HEALTH NUMBER, BORN IN BRITISH COLUMBIA, SHADED AREA FOR OFFICE USE ONLY, APPLICATION FOR SERVICE NUMBER, SURNAME, GIVEN NAMES, MAILING ADDRESS, CITY, PROV./STATE, COUNTRY, POSTAL CODE, HOME NUMBER, WORK NUMBER, FACSIMILE NUMBER, STATE YOUR RELATIONSHIP TO THE PERSON NAMED IN EVENT, CHANGE TO BIRTH, CHANGE TO MARRIAGE, CHANGE TO DEATH.

The following items of information are incorrect or missing:

Blank lines for listing incorrect or missing information.

The items listed above, should read as follows:

Blank lines for listing corrected information.

I desire the correction(s) as shown above to be made pursuant to section 23 (4) of the Vital Statistics Act. And I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and enclose herewith proof of the correct information.

Declared before me at \_\_\_\_\_ in the Province of British Columbia, this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_  
(signature of declarant)

\_\_\_\_\_  
Notary Public, District Registrar of Births, Deaths, and Marriages, or Commissioner for Taking Affidavits, etc.



Province of  
**British Columbia**  
Ministry of Health and  
Ministry Responsible for Seniors  
DIVISION OF VITAL STATISTICS

REGISTRATION OF  
**DEATH**

DOCUMENT CONTROL NUMBER  
*(Office Use Only)*

100517671

REGISTRATION NUMBER  
*(Office Use Only)*

OBTAIN DIRECTLY FROM VITAL STATISTICS



**BRITISH COLUMBIA**

Ministry of Health and  
Ministry Responsible for Seniors  
BRITISH COLUMBIA  
VITAL STATISTICS AGENCY

DOCUMENT CONTROL NUMBER  
(Office Use Only)  
**30067002**

REGISTRATION NUMBER  
(Office Use Only)

**CORONER'S  
MEDICAL CERTIFICATION OF DEATH**

This is a permanent legal record – Type or print clearly – Complete all items – Use blue or black ink only – See reverse for instructions

**Important Notice to Coroners**– Issue the Medical Certification of Death promptly to avoid delaying funeral arrangements.

<b>Name of Deceased</b>	Surname (Print or Type)						Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U/K			
	All given names						Personal Health Number			
<b>Actual Date of Death</b>	Month (By Name)	Day	Year	Approximate Time of Death (24 hour clock)	<b>Date of Birth</b>	Month (By Name)	Day	Year	If under 1 day Hours	Minutes
	Name of Hospital or Institution (Otherwise give exact location where death occurred, eg. address)					City, town or other place (By Name)		Postal Code		Type of place (e.g. Hospital, Nursing Home, Home, Street, Workplace etc.)
<b>Place of Death</b>										

**MEDICAL CAUSE OF DEATH**

SHADED AREA - OFFICE USE ONLY

<b>PART I</b>						<b>Approximate Interval Between → Onset and Death</b>					
Immediate cause of death (a) _____ due to, or as a consequence of						I					
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying causes last. (b) _____ due to, or as a consequence of						/					
(c) _____						/					
(d) _____						/					
<b>PART II</b>						II*					
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I. _____						/					
Recent surgery (28 days or less prior to death) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date _____						Coronary bypass <input type="checkbox"/> Yes <input type="checkbox"/> No Heart valve replaced <input type="checkbox"/> Yes <input type="checkbox"/> No Organ transplant recipient <input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No					
<b>Other Medical Particulars</b> Surgery & Findings _____						Environmental/occupational/lifestyle (e.g. pesticides, asbestos, abuse of tobacco, alcohol etc.) <input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown					
<b>Autopsy Particulars</b>						Place of accident or violence: Reject:					
Autopsy being held? <input type="checkbox"/> Yes <input type="checkbox"/> No						Does cause of death stated above take account of autopsy findings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
May further information relating to cause of death be available later? <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>Manner of Death</b>						State if death was <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending investigation					
<b>Accident or Violence</b>						Place of injury (exact location and type of place)					
						Date of injury					
						Month (By Name)					
						Day					
						Year					
						How did injury occur? (describe circumstances)					
<b>Certification by Coroner</b>						I viewed the body after death <input type="checkbox"/> Yes <input type="checkbox"/> No					
						I certify to the best of my knowledge and belief this person died on the date and from the cause(s) stated herein.					
						Signature of Coroner					
						Date signed: _____					
						Month (By Name)					
						Day					
						Year					
						Number					
						Phone No.					
						Address					
						Postal Code					

HLTH 4068 REV 98.07.02

**IMPORTANT:** Any change or correction made in the completion of this form must be initialed by the person certifying the original information.

01 May 1999

APPENDIX 11



## Coroner's Certificate For Shipment

I hereby certify that I have been notified of the death of

\_\_\_\_\_

who died at

\_\_\_\_\_

I certify that there exists no reason for further examination of the body, which may now be shipped from the Province.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
A Coroner, in and for the Province of British Columbia

\_\_\_\_\_  
Printed Coroner Name

**BRITISH  
COLUMBIA**

**Registration of Body Received at Morgue**

Date \_\_\_\_\_ Coroner File # \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please print

Removed From \_\_\_\_\_ Time \_\_\_\_\_

Address \_\_\_\_\_

Taken to \_\_\_\_\_ Time \_\_\_\_\_

Next-of-Kin \_\_\_\_\_ Relationship \_\_\_\_\_

Transported by \_\_\_\_\_

Please print

Description of visible clothing that accompanies body to hospital:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of visible valuables and disposition:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Valuables received by \_\_\_\_\_ Relationship \_\_\_\_\_

Please print

Signature \_\_\_\_\_ Date and Time \_\_\_\_\_

Clothing List Red'd at Hospital:	Valuables List Rec'd at Hospital:
_____	_____
_____	_____
_____	_____
_____	_____

Signature: \_\_\_\_\_ Morgue Attendant \_\_\_\_\_ Date and Time \_\_\_\_\_

Valuables Released to: \_\_\_\_\_ Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Please print

Date & Time: \_\_\_\_\_ Staff Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_

Appendix 9



**Amendments to Schedules****SCHEDULES.**

60 *The Governor in Council may, by order, amend any of Schedules I to VIII by adding to them or deleting from them any item or portion of an item, where the Governor in Council deems the amendment to be necessary in the public interest.*

**SCHEDULE I****(Sections 2 to 7, 29, 55 and 60)**

1. Opium Poppy (*Papaver somniferum*), its preparations, derivatives, alkaloids and salts, including:

- (1) Opium
- (2) Codeine (methylmorphine)
- (3) Morphine (7,8-didehydro-4,5-epoxy-17-methylmorphinan-3,6-diol)
- (4) Thebaine (paramorphine), and the salts, derivatives and salts of derivatives of substances set out in subitems (1) to (4), including:
- (5) Acetorphine (acetyletorphine)
- (6) Acetyl dihydrocodeine (4,5-epoxy-3-methoxy-17-methylmorphinan-6-ol acetate)
- (7) Benzylmorphine (7,8-didehydro-4,5-epoxy-17-methyl-3-(phenylmethoxy)morphinan-6-ol)
- (8) Codoxime (dihydrocodeinone O-(carboxymethyl) oxime)
- (9) Desomorphine (dihydrocodeoxymorphine)
- (10) Diacetylmorphine (heroin)
- (11) Dihydrocodeine (4,5-epoxy-3-methoxy-17-methylmorphinan-6-ol)
- (12) Dihydromorphine (4,5-epoxy-17-methylmorphinan-3,6-diol)
- (13) Ethylmorphine (7,8-didehydro-4,5-epoxy-3-ethoxy-17-methylmorphinan-6-ol)
- (14) Etorphine (tetrahydro-7 $\alpha$ -(1-hydroxy-1-methylbutyl)-6,14-endo-enthenooripavine)
- (15) Hydrocodone (dihydrocodeinone)
- (16) Hydromorphanol (dihydro-14-hydroxymorphine)
- (17) Hydromorphone (dihydromorphinone)
- (18) Methyl-desorphine ( $\Delta^6$ -deoxy-6-methylmorphine)
- (19) Methyldihydromorphine (dihydro-6-methylmorphine)
- (20) Metopon (dihydromethylmorphinone)
- (21) Morphine-N-oxide (morphine oxide)
- (22) Myrophine (benzylmorphine myristate)
- (23) Nalorphine (N-allylmorphine)
- (24) Nicocodine (6-nicotinylcodeine)
- (25) Nicomorphine (dininicotinylmorphine)
- (26) Norcodeine (N-desmethylcodeine)
- (27) Normorphine (N-desmethylmorphine)
- (28) Oxycodone (dihydrohydroxycodoneinone)
- (29) Oxymorphone (dihydrohydroxymorphinone)
- (30) Pholcodine (3-[2-(4-morpholinyl)ethyl]morphine)
- (31) Thebacon (acetyldihydrocodeinone)

but not including

- (32) Apomorphine  
(5,6,6a,7-tetrahydro-6-methyl-4H-dibenzo[de,g]-quinoline-10,11-diol)

**(33) Cyrenorphine**

(N-(cyclopropylmethyl)-6,7,8,14-tetrahydro-7 $\alpha$ -(1-hydroxy-1-methyl-ethyl)-6,14-endo-ethenoripavine)

**(34) Naloxone (4,5 $\alpha$ -epoxy-3,14-dihydroxy-17-(2-propenyl)morphinan-6-one)**

(35) Narcotine  
(6,7-dimethoxy-3-(5,6,7,8-tetrahydro-4-methoxy-6-methyl-1,3-dioxolofos[4,5-g]isoquinolin-5-yl)-1(3H)-isobenzofuranone)

**(36) Papaverine**

(1-[(3,4-dimethoxyphenyl)methyl]-6,7-dimethoxyisoquinoline)

**(37) Poppy seed**

2. Coca (*Erythroxylon*), its preparations, derivatives, alkaloids and salts, including:

**(1) Coca leaves**

(2) Cocaine (benzoylmethylcgonine)

(3) Ecgonine (3-hydroxy-2-tropane carboxylic acid)

3. Phenylpiperidines, their intermediates, salts, derivatives and analogues and salts of intermediates, derivatives and analogues, including:

(1) Allylprodine (3-allyl-1-methyl-4-phenyl-4-piperidinol propionate)

(2) Alphameprodine ( $\alpha$ -3-ethyl-1-methyl-4-phenyl-4-piperidinol propionate)

(3) Alphaprodine ( $\alpha$ -1,3-dimethyl-4-phenyl-4-piperidinol propionate)

(4) Amletridine (ethyl 1-[2-(p-aminophenyl)-4-phenylpiperidine-4-carboxylate])

(5) Betameprodine  $\beta$ -3-ethyl-1-methyl-4-phenyl-4-piperidinol propionate)

(6) Betaprodine ( $\beta$ -1,3-dimethyl-4-phenyl-4-piperidinol propionate)

(7) Benzethidine (ethyl 1-(2-benzoyloxyethyl)-4-phenylpiperidine-4-carboxylate)

(8) Diphenoxylate (ethyl 1-(3-cyano-3,3-diphenylpropyl)-4-phenylpiperidine-4-carboxylate)

**(9) Difenoixin**

(1-(3-cyano-3,3-diphenylpropyl)-4-phenylpiperidine-4-carboxylate)

(10) Etozeridine (ethyl 1-[2-(2-hydroxyethoxy) ethyl]-4-phenylpiperidine-4-carboxylate)

(11) Furethidine (ethyl 1-(2-tetrahydrofurfuryloxyethyl)-4-phenylpiperidine-4-carboxylate)

(12) Hydroxypethidine (ethyl 4-(m-hydroxyphenyl)-1-methylpiperidine-4-carboxylate)

(13) Ketobemidone  
(1-[4-(m-hydroxyphenyl)-1-methyl-4-piperidyl]-1-propanone)

(14) Methylphenylisompecotomirite (4-cyano-1-methyl-4-phenylpiperidine)

(15) Morphertidine (ethyl 1-(2-morpholinoethyl)-4-phenylpiperidine-4-carboxylate)

(16) Norpethidine (ethyl 4-phenylpiperidine-4-carboxylate)

(17) Pethidine (ethyl 1-methyl-4-phenylpiperidine-4-carboxylate)

(18) Phenoperidine (ethyl 1-(3-hydroxy-3-phenylpropyl)-4-phenylpiperidine-4-carboxylate)

(19) Piminodine (ethyl 1-[3-(phenylamino)propyl]-4-phenylpiperidine-4-carboxylate)

(20) Propertidine (isopropyl 1-methyl-4-phenylpiperidine-4-carboxylate)

(21) Trimeperidine (1,2,5-trimethyl-4-phenyl-4-piperidinol propionate)

(22) Pethidine Intermediate C (1-methyl-4-phenylpiperidine-4-carboxylate)

but not including

(23) Carbamethidine (ethyl

1-(2-hydroxy-2-phenyl-ethyl)-4-phenylpiperidine-4-carboxylate)

- (24) Oxpheneridine (ethyl 1-(2-hydroxy-2,2-phenyl ethyl)-4-phenylpiperidine-4-carboxylate)
4. Phenazepines, their salts, derivatives and salts of derivatives including:
- (1) Proheptazine (hexahydro-1,3-dimethyl-4-phenyl-1H-azepin-4-ol propionate) but not including
  - (2) Ethioheptazine (ethyl hexahydro-1-methyl-4-phenyl-azepine-4-carboxylate)
  - (3) Metethioheptazine (ethyl hexahydro-1,3-dimethyl-4-phenylazepine-4-carboxylate)
  - (4) Methheptazine (ethyl hexahydro-1,2-dimethyl-4-phenylazepine-4-carboxylate)
5. Amidones, their intermediates, salts, derivatives and salts of intermediates and derivatives including:
- (1) Dimethylamino-diphenylbutanonitrile (4-cyano-2-dimethylamino-4,4-diphenylbutane)
  - (2) Dipipanone (4,4-diphenyl-6-piperidino-3-heptanone)
  - (3) Isomethadone (6-dimethylamino-5-methyl-4,4-diphenyl-3-hexanone)
  - (4) Methadone (6-dimethylamino-4,4-diphenyl-3-heptanone)
  - (5) Normethadone (6-dimethylamino-4,4-diphenyl-3-hexanone)
  - (6) Norpipanone (4,4-diphenyl-6-piperidino-3-hexanone)
  - (7) Phenadoxone (6-morpholino-4,4-diphenyl-3-heptanone)
6. Methadols, their salts, derivatives and salts of derivatives including:
- (1) Acetylmethadol (6-dimethylamino-4,4-diphenyl-3-heptyl acetate)
  - (2) Alphacetylmethadol ( $\alpha$ -6-dimethylamino-4,4-diphenyl-3-heptanol acetate)
  - (3) Alphamethadol ( $\alpha$ -6-dimethylamino-4,4-diphenyl-3-heptanol)
  - (4) Betacetylmethadol ( $\beta$ -6-dimethylamino-4,4-diphenyl-3-heptanol acetate)
  - (5) Betamethadol ( $\beta$ -6-dimethylamino-4,4-diphenyl-3-heptanol)
  - (6) Dimepheptanol (6-dimethylamino-4,4-diphenyl-3-heptanol)
  - (7) Noracymethadol ( $\alpha$ -6-methylamino-4,4-diphenyl-3-heptanol acetate)
7. Phenalkoxams, their salts, derivatives and salts of derivatives including:
- (1) Dimenoxadol (dimethylaminoethyl 1-ethoxy-1,1-diphenylacetate)
  - (2) Dioxaphetylbutyrate (ethyl 2,2-diphenyl-4-morpholino butyrate)
  - (3) Dextropropoxyphene ((S,R\*,S\*), $\alpha$ -[2-(dimethylamino)-methyl-ethyl]- $\alpha$ -phenylbenzene-ethanol, propanoate ester)
8. Thiambutenes, their salts, derivatives and salts of derivatives including:
- (1) Diethylthiambutene (N,N-diethyl-1-methyl-3,3-di-2-thienylallylamine)
  - (2) Dimethylthiambutene (N,N,1-trimethyl-3,3-di-2-thienylallylamine)
  - (3) Ethylmethylthiambutene (N-ethyl-N,1-dimethyl-3,3-di-2-thienylallylamine)
9. Moramides, their intermediates, salts, derivatives and salts of intermediates and derivatives including:
- (1) Dextromoramide (d-1-(3-methyl-4-morpholino-2,2-diphenylbutyl) pyrrolidine)
  - (2) Diphenylmorpholinoisovaleric acid (2-methyl-3-morpholino-1,1-diphenylpropionic acid)
  - (3) Levomoramide (l-1-(3-methyl-4-morpholino-2,2-diphenylbutyl) pyrrolidine)
  - (4) Racemoramide (d,l-1-(3-methyl-4-morpholino-2,2-diphenylbutyl) pyrrolidine)
10. Morphinans, their salts, derivatives and salts of derivatives including:

- (1) Buprenorphine (17-(cyclopropylmethyl)- $\alpha$ -(1,1-dimethylethyl)-4,5-epoxy-18,19-dihydro-3-hydroxy-6-methoxy-( $\alpha$ -methyl-6,14-ethenomorphinan-7-methanol)
  - (2) Drotebanol (6( $\beta$ ,14-dihydroxy-3,4-dimethoxy-17-methylmorphinan)
  - (3) Levomethorphan (1-3-methoxy-17-methylmorphinan)
  - (4) Levorphanol (1-3-hydroxy-17-methylmorphinan)
  - (5) Levophenacymorphan (1-3-hydroxy-17-phenacyl-morphinan)
  - (6) Norlevorphanol (1-3-hydroxymorphinan)
  - (7) Phenomorphin (3-hydroxy-17-(2-phenylethyl) morphinan)
  - (8) Racemethorphan (d,l-3-methoxy-17-methylmorphinan)
  - (9) Racemorphan (3-hydroxy-N-methylmorphinan) but not including
  - (10) Dextromethorphan (d-1,2,3,9,10,10a-hexahydro-6-methoxy-11-methyl-4H-10,4a-iminoethano-phenanthren-6-ol)
  - (11) Dextrorphan (d-1,2,3,9,10,10a-hexahydro-11-methyl-4H-10,4a-iminoethano-phenanthren-6-ol)
  - (12) Levallorphan (l-11-allyl-1,2,3,9,10,10a-hexahydro-4H-10,4a-iminoethano-phenanthren-6-ol)
  - (13) Levangorphan (l-11-propargyl-1,2,3,9,10,10a-hexahydro-4H-10,4a-iminoethano-phenanthren-6-ol)
  - (14) Butorphanol (17-(cyclobutylmethyl)morphinan-3,14-diol)
  - (15) Nalbuphine (17-(cyclobutylmethyl)-4,5-epoxymorphinan-3,6 $\alpha$ ,14-triol)
11. Benzazocines, their salts, derivatives and salts of derivatives including:
- (1) Phenazocine (1,2,3,4,5,6-hexahydro-6,11-dimethyl-3-phenethyl-2,6-methano-3-benzazocin-8-ol)
  - (2) Metazocine (1,2,3,4,5,6-hexahydro-3,6,11-trimethyl-2,6-methano-3-benzazocin-8-ol)
  - (3) Pentazocine (1,2,3,4,5,6-hexahydro-6,11-dimethyl-3-(3-methyl-2-butenyl)-2,6-methano-3-benzazocin-8-ol) but not including
  - (4) Cyclazocine (1,2,3,4,5,6-hexahydro-6,11-dimethyl-3-(cyclopropylmethyl)-2,6-methano-3-benzazocin-8-ol)
12. Ampromides, their salts, derivatives and salts of derivatives including:
- (1) Diampromide (N-[2-(methylphenethylamino) propyl] propionanilide)
  - (2) Phenapromide (N-(1-methyl-2-piperidino) ethyl) propionanilide)
  - (3) Propiram (N-(1-methyl-2-piperidinoethyl)-N-2-pyridylpropionamide)
13. Benzimidazoles, their salts, derivatives and salts of derivatives including:
- (1) Clonitazene (2-(p-chlorobenzyl)-1-diethylaminoethyl-5-nitrobenzimidazole)
  - (2) Eitonitazene (2-(p-ethoxybenzyl)-1-diethylaminoethyl-5-nitrobenzimidazole)
  - (3) Bezitramide (1-(3-cyano-3,3-diphenylpropyl)-4-(2-oxo-3-propionyl-1-benzimidazolyl)-piperidine)
14. Phencyclidine (1-(1-phenylcyclohexyl)piperidine), its salts, derivatives and analogues and salts of derivatives and analogues
15. Firdintramide (1-(3-cyano-3,3-diphenylpropyl)-4-(1-piperidino)piperidine-4-carboxylic acid amide), its salts, derivatives and salts of derivatives
16. Fentanyl, their salts, derivatives, and analogues and salts of derivatives and analogues, including:
- (1) Acetyl- $\alpha$ -methylfentanyl (N-[1-( $\alpha$ -methylphenethyl)-4-piperidyl] acetanilide)

- (2) Alentamil (N-[1-[2-(4-ethyl-4,5-dihydro-5-oxo-1H-tetrazol-1-yl)ethyl]-4-(methoxymethyl)-4-piperidyl]propionamide)
  - (3) Carfentanil (methyl 4-[(1-oxopropyl)phenylamino]-1-(2-phenethyl)-4-piperidinecarboxylate)
  - (4) p-Fluorofentanyl (4-fluoro-N-(1-phenethyl-4-piperidyl) propionamide)
  - (5) Fentanyl (N-(1-phenethyl)-4-piperidyl) propionamide)
  - (6)  $\beta$ -Hydroxyfentanyl (N-[1-( $\beta$ -hydroxyphenethyl)-4-piperidyl] propionamide)
  - (7)  $\beta$ -Hydroxy-3-methylfentanyl (N-[1-( $\beta$ -hydroxyphenethyl)-3-methyl-4-piperidyl] propionamide)
  - (8)  $\alpha$ -Methylfentanyl (N-[1-( $\alpha$ -methylphenethyl)-4-piperidyl] propionamide)
  - (9)  $\alpha$ -Methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl]-4-piperidyl) propionamide)
  - (10) 3-Methylfentanyl (N-(3-methyl-1-phenethyl-4-piperidyl) propionamide)
  - (11) 3-Methylthiofentanyl (N-[3-methyl-1-[2-(2-thienyl)ethyl]-4-piperidyl]propionamide)
  - (12) Sufentanil (N-[4-(methoxymethyl)-1-[2-(2-thienyl)ethyl]-4-piperidyl] propionamide)
  - (13) Thiofentanyl (N-[1-[2-(2-thienyl)ethyl]-4-piperidyl]propionamide)
17. Tilidine (ethyl-112-(dimethylamino)-1-phenyl-3-cyclohexene-1-carboxylate), its salts, derivatives and salts of derivatives

## SCHEDULE II

## (Sections 2, 3, 4 to 7, 10, 29, 55 and 60)

1. Cannabis, its preparations, derivatives and similar synthetic preparations, including:
  - (1) Cannabis resin
  - (2) Cannabis (marihuana)
  - (3) Cannabidiol (2-[3-methyl-6-(1-methylethenyl)-2-cyclohexen-1-yl]-5-pentyl-1,3-benzenediol)
  - (4) Cannabinol (3-n-amy-6,6,9-trimethyl-6-dibenzopyran-1-ol)
  - (5) Nabilone (( $\pm$ )-trans-3-(1,1-dimethylheptyl)-6,6a,7,8,10,10a-hexahydro-1-hydroxy-6,6-dimethyl-9H-dibenzof[b,d]pyran-9-one)
  - (6) Pyrahexyl (3-n-hexyl-6,6,0-trimethyl-7,8,9,10-tetrahydro-6-dibenzopyran-1-ol)
  - (7) Tetrahydrocannabinol (tetrahydro-6,6,9-trimethyl-3-pentyl-6H-dibenzof[b,d]pyran-1-ol) but not including
  - (8) Non-viable Cannabis seed
  - (9) Mature Cannabis stalks do not include leaves, flowers, seeds or branches; and fibre derived from such stalks

## SCHEDULE III

## (Sections 2 to 7, 29, 55 and 60)

1. Amphetamines, their salts, derivatives, isomers and analogues and salts of derivatives, isomers and analogues including:
  - (1) amphetamine ( $\alpha$ -methylbenzenecethanamine)
  - (2) methamphetamine (N, $\alpha$ -dimethylbenzenecethanamine)

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- (3) N-ethylamphetamine (N-ethyl- $\alpha$ -methylbenzenecethanamine)
  - (4) 4-methyl-2,5-dimethoxyamphetamine (2,5-dimethoxy-4, $\alpha$ -dimethylbenzenecethanamine)
  - (5) 3,4-methylenedioxyamphetamine ( $\alpha$ -methyl-1,3-benzodioxole-5-ethanamine)
  - (6) 2,5-dimethoxyamphetamine (2,5)-dimethoxy- $\alpha$ -methylbenzenecethanamine)
  - (7) 4-methoxyamphetamine (4-methoxy- $\alpha$ -methylbenzenecethanamine)
  - (8) 2,4,5-trimethoxyamphetamine (2,4,5-trimethoxy- $\alpha$ -methylbenzenecethanamine)
  - (9) N-methyl-3,4-methylenedioxyamphetamine (N, $\alpha$ -dimethyl-1,3-benzodioxole-5-ethanamine)
  - (10) 4-ethoxy-2,5-dimethoxyamphetamine (4-ethoxy-2,5-dimethoxy- $\alpha$ -methylbenzenecethanamine)
  - (11) 5-methoxy-3,4-methylenedioxyamphetamine (7-methoxy- $\alpha$ -methyl-1,3-benzodioxole-5-ethanamine)
  - (12) N,N-dimethyl-3,4-methylenedioxyamphetamine (N,N, $\alpha$ -trimethyl-1,3-benzodioxole-5-ethanamine)
  - (13) N-ethyl-3,4-methylenedioxyamphetamine (N-ethyl- $\alpha$ -methyl-1,3-benzodioxole-5-ethanamine)
  - (14) 4-ethyl-2,5-dimethoxyamphetamine (DOET) (4-ethyl-2,5-dimethoxy- $\alpha$ -methylbenzenecethanamine)
  - (15) 4-bromo-2,5-dimethoxyamphetamine (4-bromo-2,5-dimethoxy- $\alpha$ -methylbenzenecethanamine)
  - (16) 4-chloro-2,5-dimethoxyamphetamine (4-chloro-2,5-dimethoxy- $\alpha$ -methylbenzenecethanamine)
  - (17) 4-ethoxyamphetamine (4-ethoxy- $\alpha$ -methylbenzenecethanamine)
  - (18) Benzphetamine (N-benzyl-N, $\alpha$ -dimethylbenzenecethanamine)
  - (19) N-Propyl-3,4-methylenedioxyamphetamine ( $\alpha$ -methyl-N-propyl-1,3-benzodioxole-5-ethanamine)
2. Methamphetamine ( $\alpha$ -phenyl-2-pyrrolidoneacetic acid methyl ester) and any salt thereof
  3. Methaqualone (2-methyl-3-(2-methylphenyl)-4(3H)-quinazolinone) and any salt thereof
  4. Mecloqualone (2-methyl-3-(2-chlorophenyl)-4(3H)-quinazolinone) and any salt thereof
  5. Lysergic acid diethylamide (LSD) (N,N-diethyllysergamide) and any salt thereof
  6. N,N-Diethyltryptamine (DET) (3-[2-diethylamino)ethyl]indole) and any salt thereof
  7. N,N-Dimethyltryptamine (DMT) (3-[2-(2-dimethylamino)ethyl]indole) and any salt thereof
  8. N-Methyl-3-piperidyl benzilate (3-[(hydroxydiphenylacetyl)oxy]-1-methylpiperidine) and any salt thereof
  9. Harmaline (4,9-dihydro-7-methoxy-1-methyl-3H-pyrido(3,4-b)indole) and any salt thereof
  10. Harmalol (4,9-dihydro-1-methyl-3H-pyrido (3,4-b)indol-7-ol) and any salt thereof
  11. Psilocin (3-[2-(dimethylamino)ethyl]-4-hydroxyindole) and any salt thereof
  12. Psilocybin (3-[2-(dimethylamino)ethyl]-4-phosphoryloxyindole) and any salt thereof
  13. N-(1-phenylcyclohexyl)ethylamine (PCE) and any salt thereof
  14. 1-[1-(2-Thienyl) cyclohexyl]piperidine (TCP) and any salt thereof

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15. 1-Phenyl-N-propylcyclohexanamine and any salt thereof
16. 1-(1-Phenylcyclohexyl)pyrrolidine and any salt thereof
17. Mescaline (3,4,5-trimethoxybenzencethanamine) and any salt thereof, but not peyote (lophophora)
18. 4-Methylaminorex (4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine) and any salt thereof
19. Cathinone ((-)- $\alpha$ -aminopropiophenone) and any salt thereof
20. Fenetylline (d,l-3,7-dihydro-1,3-dimethyl-7-(2-(1-methyl-2-phenethyl)aminoethyl)-1H-purine-2,6-dione) and any salt thereof
21. 2-Methylamino-1-phenyl-1-propanone and any salt thereof
22. 1-(1-Phenylmethyl)cyclohexylpiperidine and any salt thereof
23. 1-[1-(4-Methylphenyl)cyclohexyl]piperidine and any salt thereof

## SCHEDULE IV

## (Sections 2 to 4, 5 to 7, 29, 55 and 60)

1. Barbiturates, their salts and derivatives including
    - (1) Allobarbitol (5,5-diallylbarbituric acid)
    - (2) Aphenal (5-allyl-5-phenylbarbituric acid)
    - (3) Amobarbitol (5-ethyl-5-(3-methylbutyl)barbituric acid)
    - (4) Aprobarbitol (5-allyl-5-isopropylbarbituric acid)
    - (5) Barbitol (5,5-diethylbarbituric acid)
    - (6) Barbituric Acid (2,4,6-trihydroxy-2,4,6-triazine-2,4,6-trione)
    - (7) Butabarbitol (5-sec-butyl-5-ethylbarbituric acid)
    - (8) Butalbital (5-allyl-5-isobutylbarbituric acid)
    - (9) Butallylonal (5-(2-bromoallyl)-5-sec-butylbarbituric acid)
    - (10) Burethal (5-butyl-5-ethylbarbituric acid)
    - (11) Cyclobarbitol (5-(1-cyclohexen-1-yl)-5-ethylbarbituric acid)
    - (12) Cyclopal (5-allyl-5-(2-cyclopenten-1-yl)barbituric acid)
    - (13) Heptabarbitol (5-(1-cyclohepten-1-yl)-5-ethylbarbituric acid)
    - (14) Hexethal (5-ethyl-5-hexylbarbituric acid)
    - (15) Hexobarbitol (5-(1-cyclohexen-1-yl)-1,5-dimethylbarbituric acid)
    - (16) Mephobarbitol (5-ethyl-1-methyl-5-phenylbarbituric acid)
    - (17) Methabarbitol (5,5-diethyl-1-methylbarbituric acid)
    - (18) Methylphenobarbitol (5-ethyl-1-methyl-5-phenylbarbituric acid)
    - (19) Propallylonal (5-(2-bromoallyl)-5-isopropylbarbituric acid)
    - (20) Pentobarbitol (5-ethyl-5-(1-methylbutyl)barbituric acid)
    - (21) Phenobarbitol (5-ethyl-5-isopropylbarbituric acid)
    - (22) Probarbitol (5-ethyl-5-isopropylbarbituric acid)
    - (23) Phenylmethylbarbituric Acid (5-methyl-5-phenylbarbituric acid)
    - (24) Secobarbitol (5-allyl-5-(1-methylbutyl)barbituric acid)
    - (25) Sigmodal (5-(2-bromoallyl)-5-(1-methylbutyl)barbituric acid)
    - (26) Talbutal (5-allyl-5-sec-butylbarbituric acid)
    - (27) Vinbarbitol (5-ethyl-5-(1-methyl-1-butenyl)barbituric acid)
    - (28) Vinylital (5-(1-methylbutyl)-5-vinylbarbituric acid)
  2. Thiobarbiturates, their salts and derivatives including:
    - (1) Thiabarbitol (5-allyl-5-(2-cyclohexen-1-yl)-2-thio-barbituric acid)
    - (2) Thiarylal (5-allyl-5-(1-methylbutyl)-2-thio-barbituric acid)
    - (3) Thio-barbituric Acid (2-thio-barbituric acid)
    - (4) Thiopental (5-ethyl-5-(1-methylbutyl)-2-thio-barbituric acid)
  3. Chlorophenylamine (1-(p-chlorophenyl)-2-methyl-2-aminopropane) and any salt thereof
4. Diethylpropion (2-(diethylamino)propiphenone) and any salt thereof
  5. Phendimetrazine (d-3,4-dimethyl-2-phenylmorpholine) and any salt thereof
  6. Phenmetrazine (3-methyl-2-phenylmorpholine) and any salt thereof
  7. Pipradol ( $\alpha,\alpha$ -diphenyl-2-piperidine-methanol) and any salt thereof
  8. Pentermine ( $\alpha,\alpha$ -dimethylbenzenseethanamine) and any salt thereof
  9. Butorphanol (1-N-cyclobutylmethyl-3,14-dihydroxymorphinan) and any salt thereof
  10. Nalbuphine (N-cyclobutylmethyl-4,5-epoxy-morphinan-3,6,14-triol) and any salt thereof
  11. Gluethamide (2-ethyl-2-phenylglutarimide)
  12. Clofazepam (5-( $\alpha$ -chlorophenyl)-7-ethyl-1,3-dihydro-1-methyl-2-H-thieno[2,3-e]-1,4-diazepin-2-one)
  13. Ethchlorvynol (ethyl-2-chlorovinyl ethynyl carbinol)
  14. Ethinamate (1-ethynylcyclohexanol carbamate)
  15. Mazindol (5-(p-chlorophenyl)-2,5-dihydro-3H-imidazo[2,1-a]isoindol-5-ol)
  16. Meprobamate (2-methyl-2-propyl-1,3-propanediol dicarbamate)
  17. Methypyrion (3,3-diethyl-5-methyl-2,4-piperidinedione)
  18. Benzodiazepines, their salts and derivatives, including:
    - (1) Alprazolam (8-chloro-1-methyl-6-phenyl-4H-s-triazolo[4,3-a][1,4] benzodiazepine)
    - (2) Bromazepam (7-bromo-1,3-dihydro-5-(2-pyridyl)-2H-1,4-benzodiazepin-2-one)
    - (3) Camazepam (7-chloro-1,3-dihydro-3-(N,N-dimethylcarbamoyl)-1-methyl-5-phenyl-1,4-benzodiazepin-2-one)
    - (4) Chlordiazepoxide (7-chloro-2-(methylamino)-5-phenyl-3H-1,4-benzodiazepine-4-oxide)
    - (5) Clonazepam (7-chloro-1-methyl-5-phenyl-1H-1,5-benzodiazepine-2,4(3H,5H)-dione)
    - (6) Clonazepam (5-( $\alpha$ -chlorophenyl)-1,3-dihydro-7-nitro-2H-1,4-benzodiazepin-2-one)
    - (7) Clorazepate (7-chloro-2,3-dihydro-2,2-dihydroxy-5-phenyl-1H-1,4-benzodiazepine-3-carboxylic acid)
    - (8) Cloxazolam (10-chloro-11b-( $\alpha$ -chlorophenyl)-2,3,7,11b-tetrahydrooxazolol[3,2-d][1,4] benzodiazepin-6(5H)-one)
    - (9) Delorazepam (7-chloro-5-chlorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one)
    - (10) Diazepam (7-chloro-1,3-dihydro-1-methyl-5-phenyl-2H-1,4-benzodiazepin-2-one)
    - (11) Estazolam (8-chloro-6-phenyl-4H-s-triazolo[4,3-a][1,4]benzodiazepine)
    - (12) Ethyl Loflazepate (ethyl 7-chloro-5-( $\alpha$ -fluorophenyl)-2,3-dihydro-2-oxo-1H-1,4-benzodiazepine-3-carboxylate)
    - (13) Fludiazepam (7-chloro-5-( $\alpha$ -fluorophenyl)-1,3-dihydro-1-methyl-2H-1,4-benzodiazepin-2-one)
    - (14) Flunitrazepam (5-( $\alpha$ -fluorophenyl)-1,3-dihydro-1-methyl-7-nitro-2H-1,4-benzodiazepin-2-one)
    - (15) Flurazepam (7-chloro-1-(2-(diethylamino) ethyl)-5-( $\alpha$ -fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one)
    - (16) Halazepam (7-chloro-1,3-dihydro-5-phenyl-1-(2,2,2-trifluoroethyl)-2H-1,4-benzodiazepin-2-one)
    - (17) Haloxazolam (10-bromo-11b-( $\alpha$ -fluorophenyl)-2,3,7,11b-tetrahydrooxazolol[3,2-d][1,4]benzodiazepin-6(5H)-one)

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- (18) Ketazolam (11-chloro-8,12b-dihydro-2,8-dimethyl-12b-phenyl-4H-[1,3]-oxazino-[3,2-d][1,4]benzodiazepine-4,7(6H)-dione)
- (19) Loprazolam (6-(o-chlorophenyl)-2,4-dihydro-2-[(4-methyl-1-piperazinyl)methylene]-8-nitro-1H-imidazol[1,2-a][1,4]benzodiazepin-1-one)
- (20) Lorazepam (7-chloro-5-(o-chlorophenyl)-1,3-dihydro-3-hydroxy-2H-1,4-benzodiazepin-2-one)
- (21) Lormetazepam (7-chloro-5-(o-chlorophenyl)-1,3-dihydro-3-hydroxy-1-methyl-2H-1,4-benzodiazepin-2-one)
- (22) Medazepam (7-chloro-2,3-dihydro-1-methyl-5-phenyl-1H-1,4-benzodiazepine)
- (23) Nimetazepam (1,3-dihydro-1-methyl-7-nitro-5-phenyl-2H-1,4-benzodiazepin-2-one)
- (24) Nitrazepam (1,3-dihydro-7-nitro-5-phenyl-2H-1,4-benzodiazepin-2-one)
- (25) Nordazepam (7-chloro-1,3-dihydro-5-phenyl-1 (2H)-1,4-benzodiazepin-2-one)
- (26) Oxazepam (7-chloro-1,3-dihydro-3-hydroxy-5-phenyl-2H-1,4-benzodiazepin-2-one)
- (27) Oxazolam (10-chloro-2,3,7,11b-tetrahydro-2-methyl-11b-phenylloxazolol[3,2-d][1,4]benzodiazepin-6(5H)-one)
- (28) Pinazepam (7-chloro-1,3-dihydro-5-phenyl-1-(2-propynyl)-2H-1,4-benzodiazepin-2-one)
- (29) Prazepam (7-chloro-1-(cyclopropylmethyl)-1,3-dihydro-5-phenyl-2H-1,4-benzodiazepin-2-one)
- (30) Temazepam (7-chloro-1,3-dihydro-3-hydroxy-1-methyl-5-phenyl-2H-1,4-benzodiazepin-2-one)
- (31) Tetrazepam (7-chloro-5-(cyclohexen-1-yl)-1-2,3-dihydro-1-methyl-2H-1,4-benzodiazepin-one)
- (32) Triazolam (8-chloro-6-(o-chlorophenyl)-1-methyl-4H-s-triazolo[4,3-a][1,4]benzodiazepine)
19. *Cathia edulis* Forsk., its preparations, derivatives alkaloids and salts, including: (1) Cathine (d-threo-2-amino-1-hydroxy-1-phenylpropane)
20. Fenclonidine (d,1-N-ethyl-3-phenylbicyclo[2,2,1]heptan-2-amine) and any salt thereof
21. Fenproporex (d,1-3-[( $\alpha$ -methylphenethyl)amino]propionitrile) and any salt thereof
22. Mefenorex (d,1-N-(3-chloropropyl)- $\alpha$ -methylbenzeneethanamine) and any salt thereof
23. Anabolic steroids and their derivatives including: (1) Androstanozole (17 $\beta$ -hydroxy-17 $\alpha$ -methylandrostanol[3,2-c]isoxazole)
- (2) Androstanozole (17 $\beta$ -hydroxy-5 $\alpha$ -androstan-3-one)
- (3) Androstenediol (androst-5-ene-3 $\beta$ ,17 $\beta$ -diol)
- (4) Bolandiol (estr-4-ene-3 $\beta$ ,17 $\beta$ -diol)
- (5) Bolasterone (17 $\beta$ -hydroxy-7 $\alpha$ ,17-dimethylandrosta-4-en-3-one)
- (6) Bolazine (17 $\beta$ -hydroxy-2 $\alpha$ -methyl-5 $\beta$ -androstan-3-one azine)
- (7) Boldenone (17 $\beta$ -hydroxyandrosta-1,4-dien-3-one)
- (8) Bolenol (19-nor-17 $\alpha$ -pregn-5-en-17-ol)
- (9) Calusterone (17 $\beta$ -hydroxy-7 $\beta$ ,17-dimethylandrosta-4-en-3-one)
- (10) Clostebol (4-chloro-17 $\beta$ -hydroxyandrosta-4-en-3-one)
- (11) Drostanozole (17 $\beta$ -hydroxy-2 $\alpha$ -methyl-5 $\alpha$ -androstan-3-one)
- (12) Enestebol (4,17 $\beta$ -dihydroxy-17-methylandrosta-1,4-dien-3-one)
- (13) Epitostanol (2 $\alpha$ ,3 $\alpha$ -epithio-5 $\alpha$ -androstan-17 $\beta$ -ol)
- (14) Ethylestrenol (19-nor-17 $\alpha$ -pregn-4-en-17-ol)

- (15) 4-Hydroxy-19-nor testosterone
- (16) Flinoxymesterone (9-fluoro-11 $\beta$ ,17 $\beta$ -dihydroxy-17-methylandrosta-4-en-3-one)
- (17) Formebolone (11 $\alpha$ ,17 $\beta$ -dihydroxy-17-methyl-3-oxoandrosta-1,4-di-2n-2-carboxaldehyde)
- (18) Furazabol (17-methyl-5 $\alpha$ -androstanol[2,3-c]furazan-17 $\beta$ -ol)
- (19) Mebolazine (17 $\beta$ -hydroxy-2 $\alpha$ ,17-dimethyl-5 $\alpha$ -androstan-3-one azine)
- (20) Mesabolone (17 $\beta$ -[(1-methoxycyclohexyloxy)oxy]-5 $\alpha$ -androsta-1-en-3-one)
- (21) Mesterolone (17 $\beta$ -hydroxy-1 $\alpha$ -methyl-5 $\alpha$ -androstan-3-one)
- (22) Metandienone (17 $\beta$ -hydroxy-17-methylandrosta-1,4-dien-3-one)
- (23) Metenolone (17 $\beta$ -hydroxy-1-methyl-5 $\alpha$ -androsta-1-en-3-one)
- (24) Methandriol (17 $\alpha$ -methylandrosta-5-ene-3 $\beta$ ,17 $\beta$ -diol)
- (25) Methyltestosterone (17 $\beta$ -hydroxy-17-methylandrosta-4-en-3-one)
- (26) Metribolone (17 $\beta$ -hydroxy-17-methylestra-4,9,11-trien-3-one)
- (27) Mibolerone (17 $\beta$ -hydroxy-7 $\alpha$ ,17 $\beta$ -dimethylestr-4-en-3-one)
- (28) Nandrolone (17 $\beta$ -hydroxyestr-4-en-3-one)
- (29) Norbolethone (13-ethyl-17 $\beta$ -hydroxy-18,19-dinorpregn-4-en-3-one)
- (30) Norclostebol (4-chloro-17 $\beta$ -hydroxyestr-4-en-3-one)
- (31) Norethandrolone (17 $\alpha$ -ethyl-17 $\beta$ -hydroxyestr-4-en-3-one)
- (32) Oxabolone (4,17 $\beta$ -dihydroxyestr-4-en-3-one)
- (33) Oxandrolone (17 $\beta$ -hydroxy-17-methyl-2-oxa-5 $\alpha$ -androstan-3-one)
- (34) Oxymesterone (4,17 $\beta$ -dihydroxy-17-methylandrosta-4-en-3-one)
- (35) Oxymetholone (17 $\beta$ -hydroxy-2-(hydroxymethyl)ethyl-17-methyl-5 $\alpha$ -androstan-3-one)
- (36) Prasterone (3 $\beta$ -hydroxyandrosta-5-en-17-one)
- (37) Quinbolone (17 $\beta$ -1-(cyclopenten-1-yloxy)androsta-1,4-dien-3-one)
- (38) Stanazolol (17 $\beta$ -hydroxy-17-methyl-5 $\alpha$ -androstanol[3,2-c]pyrazole)
- (39) Stenbolone (17 $\beta$ -hydroxy-2-methyl-5 $\alpha$ -androsta-1-en-3-one)
- (40) Testosterone (17 $\beta$ -hydroxyandrosta-4-en-3-one)
- (41) Tibolone (17-hydroxy-7 $\alpha$ -methyl-19-norpregn-5(10)-en-20-yn-3-one)
- (42) Tiomesterone (1 $\alpha$ ,7 $\alpha$ -bis(acetylthio)-17 $\beta$ -hydroxy-17-methylandrosta-4-en-3-one)
- (43) Trenbolone (17 $\beta$ -hydroxyestr-4,9,11-trien-3-one)
24. Zeranol (3,4,5,6,7,8,9,10,11,12-decahydro-7,14,16-trihydroxy-3-methyl-1H-2-benzoxacyclopentadecin-1-one)

## SCHEDULE V

## (Sections 2, 4, 6, 55 and 60)

1. Phenylpropanolamine (2-amino-1-phenyl-1-propanol) and any salt thereof
2. Propylhexedrine (1-(cyclohexyl-2-methylamino)propane) and any salt thereof
3. Pyrovalerone (1-(1-pyrrolidinyl)butyl p-tolyl ketone) and any salt thereof

## SCHEDULE VI

## (Sections 2, 6, 55 and 60)

1. Benzyl methyl ketone (P2P (1-phenyl-2-propanone))
2. Ephedrine (1-erythro-2-(methylamino)-1-phenylpropan-1-ol)
3. Ergometrine (9,10-didehydro-N-(2-hydroxy-1-methylethyl)-6-methylergoline-8-carboxamide)



# ORDER TO SEIZE

## Coroners Act

In the matter of an investigation being conducted concerning the death of

\_\_\_\_\_ **DECEDENT** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_  
who died on or about \_\_\_\_\_ in \_\_\_\_\_, BC.

ORDER OF THE CORONER PURSUANT TO SECTION 15 (2) (C) OF THE *CORONERS ACT*, CHAPTER 72, 1996.

I order seized \_\_\_\_\_  
relating to the deceased, in possession of \_\_\_\_\_  
and that you deliver to me, or to \_\_\_\_\_  
who is authorized to receive them on my behalf.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in  
\_\_\_\_\_, Province of British Columbia.

Coroner's Signature: \_\_\_\_\_

Coroner's Name: \_\_\_\_\_

BCCS Case Number: \_\_\_\_\_ : \_\_\_\_\_ :



British Columbia Coroners Service

BCCS Case No.: 2000:9999:9999

FORM B
AUTHORIZATION FOR POST MORTEM EXAMINATION

Police File:

Police Department:

SURNAME
Surname

GIVEN NAMES
Given Names

Address: RESIDENCE OF DECEDENT, TOWNSHIP, PROVINCE/STATE, COUNTRY, ETC.

Gender: [ ] MALE [ ] FEMALE Age: 999 years Date of Birth: 21 SEPTEMBER, 1901
Native: [ ] YES [ ] NO Next of Kin: NAME AND RELATIONSHIP (NOK) Phone: 604-555-1234
Scene Visited: [ ] YES [ ] NO Place of Death: PLACE OF DEATH Est. Date of Death: 21 SEPTEMBER, 2000
Body Viewed: [ ] YES [ ] NO Death Premise: PREMISE OF DEATH Est. Time of Death: 00:01 - 23:59
Family Doctor: FAMILY DOCTOR Dr. Location: Dr. Phone: 604-555-1234

CIRCUMSTANCES OF DEATH: Date of Injury: 21 SEPTEMBER, 2000 Time of Injury: DURING AM HOURS

MEDICAL HISTORY:

DRUG MEDICATION (INCLUDE ALL MEDICATIONS/SUSPECTED STREET DRUGS) FOUND AT THE SCENE:

THIS IS MY WARRANT TO TAKE POSSESSION OF THE BODY PURSUANT TO THE Coroners Act

POST MORTEM: [ ] FULL [ ] EXTERNAL [ ] NONE [ ] CHART REVIEW

I, the undersigned coroner, provide this as my warrant of authorization (Coroners Act) to the Director of Pathology at HOSPITAL - POST MORTEM EXAMINATION Hospital and to the Director of the Provincial Toxicology Centre to conduct an Autopsy and/or Toxicology examination on SURNAME, GIVEN NAMES, deceased. I have communicated with the Pathologist and/or the Provincial Toxicology Centre either [ ] verbally or [ ] through this form, the above details of this investigation.

Toxicology Analysis: [ ] Yes [ ] No Specify:
Other Analysis: [ ] Yes [ ] No Specify:

Print Coroner Name: CORONER'S NAME
Coroner's Address: CORONER'S ADDRESS, TOWNSHIP, BC
Coroner's Phone: 604-555-1234

Coroner Signature:
Date Signed: 19 MARCH, 2008

This copy to: [ ] PATHOLOGIST [ ] TOXICOLOGY [ ] REGIONAL CORONER [ ] FILE COPY



**REPORT OF DEATH FORM**  
(SECTION 15)

REGARDING THE DEATH OF

[Empty box for Surname]

Surname

[Empty box for Given Names]

Given Names

Date of Death: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Death Reported by: \_\_\_\_\_

I HAVE BEEN ADVISED OF THE ABOVE NOTED DEATH AND, ON THE BASIS OF MY INVESTIGATION, I HAVE DETERMINED THAT THERE IS NO NEED FOR FURTHER INVESTIGATION FOR THE FOLLOWING REASON (S):

- A. I BELIEVE THAT THIS PERSON DIED OF A NATURAL DEATH. DOCTOR \_\_\_\_\_  
 \_\_\_\_\_ HAS REPORTED THE CAUSE OF DEATH AS:  
 \_\_\_\_\_ AND HAS SIGNED A PHYSICIAN'S MEDICAL  
 CERTIFICATION OF DEATH, AND THEREFORE THE DEATH WAS NOT REPORTABLE UNDER PART 2 OF THE  
 ACT.
- B. THE DEATH OCCURRED OUTSIDE OF BRITISH COLUMBIA AND I HAVE DETERMINED THAT NO FURTHER  
 INVESTIGATION IS NECESSARY PURSUANT TO SECTION 8 OF THE CORONER'S ACT. (DEATH OUTSIDE  
 OF BRITISH COLUMBIA). \* APPROVAL MUST BE OBTAINED FROM CHIEF CORONER.
- C. FOUND REMAINS WERE REPORTED AND AFTER ANALYSIS, REMAINS WERE DETERMINED TO BE NON-  
 HUMAN OR ARCHAEOLOGICAL IN NATURE.
- D. OTHER: SPECIFY: \_\_\_\_\_  
 \_\_\_\_\_

---

Date
Coroner's Printed Name
Coroner Signature

**NOTE: IF THE BODY IS TO BE SHIPPED OUT OF THE PROVINCE, A COPY OF THE DEATH REGISTRATION AND THE SHIPMENT CERTIFICATE MUST BE ATTACHED.**

