

Fire & Emergency Services Committee Meeting AGENDA

Tuesday February 3rd, 2026 – 7:00 p.m.

- 1. Call to Order**
- 2. Approval of Agenda (as circulated)**
- 3. Approval of Notes**
- 4. Business Arising from Minutes**
 - 4.1 Policy MODL036 amendments - Code of Conduct to follow**
- 5. L.R.F.E.S. Report**
- 6. New Business**
 - 6.1 Annual Registration Package (update) 2-22**
 - 6.2 Fire Services Modernization – Provincial Legislation 23**
- 7. Added Items**
- 8. In Camera**
- 9. Adjournment**

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**MUNICIPALITY OF THE DISTRICT OF LUNENBURG
ANNUAL FIRE AND EMERGENCY SERVICES
PROVIDER UPDATE**



Fire Department Official Name:	
Act of Incorporation:	
If the information noted above is incorrect, please provide correct information:	
Name of Individual Completing the form:	
Contact number of the above:	
Contact email of the above:	
Authorization given by (if necessary):	
Date Completed:	
Signature:	

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1. CALL STATISTICS FOR PREVIOUS YEAR

Please attach the Annual Report form from your dispatch service for call number and response type.

2. SERVICE PROVISION FOR UPCOMING YEAR

Please mark the services you will be providing for the upcoming year, and the number of firefighters trained for the services checked:

2a) Fire and Fire Related Emergencies:

N/A

Structural (activities of rescue, fire suppression and property conservation in buildings, enclosed structures, vehicles or vessels). #

Defensive (actions intended to control a fire by limiting its spread to a defined area, exterior or exposures). #

2b) Medical Emergencies:

N/A

Medical First Response (registered through EHS program). #

Medical Assistance (responders who have standard or emergency first aid training). #

2c) Other Services:

Please indicate the competency levels of members for the following services you will be providing for the upcoming year, and provide the total number of firefighters for the service:

Competency Levels

- **Awareness Level** – First responders who in the course of their duties, could be first on scene of an emergency. First responders at the **Awareness** level are expected to recognize the situation, call for trained personnel, secure the area and provide minimum intervention.
- **Operations Level** – First responders at the **Operations** level, respond to the initial incident for the purpose of protective nearby persons, the environment, or property from the effects of the incident. They respond in a defensive fashion on control. Prevent a worsening of the incident and provide services within their capabilities.
- **Technician Level** – Fire responders at the **Technician** level respond to the initial call or mutual aid response to contain and control the incident. This level of service will provide a high degree of intervention.

Service	N/A	Awareness	Operational	Technician	Quantity
Vehicle Extractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#
Water Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#
Ice Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#
Structural/Excavation Collapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#
High Angle Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#
Low Angle Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#
MVC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#
Rapid Intervention Team (RIT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#
Hazardous Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#
Rehab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#
LifeFlight Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#

3. SERVICE LIMITATIONS

3a) Are there limits on the level of service that will be provided in respect to any of the services checked in Section 2? If so, please provide more details:

3b) Does the Department have the necessary equipment to perform the services checked in Section 2? If not, please provide more details:

3c) Does the Department have the training or experience necessary to perform the services checked in Section 2? If not, please provide more details:

4. MUTUAL AID AGREEMENT

Does the Department have mutual aid agreements in place, if so what type?

- None
- Automatic Mutual Aid ¹/Specified Equipment
- Mutual Aid

Please provide details ¹

5. DEPARTMENT PERSONNEL

5a) Level 1 Firefighters

Please report the type and number of Level 1 trained/certified firefighter in the Department:

Level 1 Firefighter Trained	<input type="checkbox"/> Yes	<input type="checkbox"/> No	#
Level 1 Firefighter Pro Board Certified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	#

5b) Department Personnel Breakdown

Please provide the total number of department personnel within the following categories:

• Active Firefighters	#
• Auxiliary Members	#
• Junior Firefighters	#
• Honorary Members	#

5c) Officer Information			
Please provide the total number of filled officer's positions in your Department:			#
How many of the officers have completed Officer Training ?			#
Does your department have the following positions filled?			
Trained Scene Safety Officer:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational Health & Safety Officer:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5d) Fire Department Membership Information			
<p>Please provide updates of all active members of your department, including the date which the member became active. An excel spreadsheet or IAR document will suffice.</p> <p>The Municipality provides recognition for active fire service representatives who have reached significant milestones in volunteer service within the Municipality and will be maintaining a membership record database for recognition purposes.</p>			
Name of Member	Date of Membership	Authorized Driver?	License Classification
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Chief:	Phone:
	Email:
Name of Deputy Chief: <input type="text"/>	Phone:
	Email:
Name of Deputy Chief: <input type="text"/>	Phone:
	Email:
Name of Treasurer:	Phone:
	Email:
Name of Secretary:	Phone:
	Email:
Name of Fire Commission Chair, if applicable: <input type="text"/>	Phone:
	Email:

6. APPARATUS & EQUIPMENT

6a) Department Apparatus

Please provide details of the Department's Apparatus.

Last year's pump test results are mandatory.

	Type	Year	Details		
Pump Test Date			Pump Size		
Tank Capacity (gal.)		Foam & Type		Porta-tank size	
	Type	Year	Details		
Pump Test Date			Pump Size		
Tank Capacity (gal.)		Foam & Type		Porta-tank size	
	Type	Year	Details		
Pump Test Date			Pump Size		
Tank Capacity (gal.)		Foam & Type		Porta-tank size	
	Type	Year	Details		
Pump Test Date			Pump Size		
Tank Capacity (gal.)		Foam & Type		Porta-tank size	
	Type	Year	Details		
Pump Test Date			Pump Size		

Tank Capacity (gal.)		Foam & Type		Porta-tank size	
	Type	Year	Details		
Pump Test Date			Pump Size		
Tank Capacity (gal.)		Foam & Type		Porta-tank size	
	Type	Year	Details		
Pump Test Date			Pump Size		
Tank Capacity (gal.)		Foam & Type		Porta-tank size	

Please list any other special fire fighting equipment i.e. ladders of 24ft, air bags size & capacity in the space below. If you require more room, please attach a separate sheet.

6b) Equipment

Please provide details of your department's equipment:

Generator(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Thermal Imagers:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Watts	#	Type(s)	#
Watts	#	Type(s)	#
Watts	#	Type(s)	#
Watts	#	Type(s)	#
Watts	#	Type(s)	#

Portable Pump(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No		Other:			
GPM	#	Wildland Equipment		<input type="checkbox"/> Yes <input type="checkbox"/> No		
GPM	#					
GPM	#	Nomex Coveralls		<input type="checkbox"/> Yes <input type="checkbox"/> No		
GPM	#					
Additional Forestry Equipment *Back Tanks etc. Details:						
SCBA	*Attach a copy of the last year's SCBA flow test results. Mandatory effective June 2025					
Manufacturer	Quantity	Size	Dates of Manufacture		Dates of Flow Test*	
<input type="checkbox"/> Scott <input type="checkbox"/> MSA <input type="checkbox"/> Other (specify) _____	#	<input type="checkbox"/> 2216 psi <input type="checkbox"/> 4500 psi				
<input type="checkbox"/> Scott <input type="checkbox"/> MSA <input type="checkbox"/> Other (specify) _____	#	<input type="checkbox"/> 2216 psi <input type="checkbox"/> 4500 psi				
<input type="checkbox"/> Scott <input type="checkbox"/> MSA <input type="checkbox"/> Other (specify) _____	#	<input type="checkbox"/> 2216 psi <input type="checkbox"/> 4500 psi				
<input type="checkbox"/> Scott <input type="checkbox"/> MSA <input type="checkbox"/> Other (specify) _____	#	<input type="checkbox"/> 2216 psi <input type="checkbox"/> 4500 psi				
Hose	Feet of 1 ½"	Feet of 1¾"	Feet of 2½"	Feet of 3"	Feet of 4"	Feet of 5"
On Truck	#	#	#	#	#	#
Spare	#	#	#	#	#	#

6c) Communication						
Dispatch Provider	Details:					
Radio Equipment	TMR2 Portables	TMR2 Mobiles	VHF Portables	VHF Mobiles	Other (specify)	Pagers
Quantity	#	#	#	#	#	#
Quantity	#	#	#	#	#	#
6d) Dry Hydrants (if more than 4, attach additional list)						
Location:						
Location:						
Location:						
Location:						
6e) Station Information (location where equipment is stored)						
Community Name			Non-Emergency Number			
Civic Number			Road Name			
Number of Bays						
Other Information						

7. LIABILITY INSURANCE

Based on the *Municipal Government Act*, the Municipality of the District of Lunenburg must ensure that every Fire Department carries Liability Insurance.

Group Personnel and Liability Insurance is in place for all MODL Fire Departments. The Town of Lunenburg and Town of Mahone Bay are required to provide proof of these with liability at \$10,000,000.00.

Registration with the Municipality of the District of Lunenburg, when approved by the Municipality of the District of Lunenburg, continues in force until withdrawn by the Municipality of the District of Lunenburg for cause or the emergency services provider requests that the registration be revoked.

This registration does not make an emergency services provider an agent of the Municipality of the District of Lunenburg. A registered emergency services provider is not a municipal enterprise pursuant to the *Municipal Finance Corporation Act*.

Certification of

Fire Department Official Name:

I/we hereby certify that the above-mentioned organization will provide the fire and/or emergency service indicated above, and this service is being provided to the Municipality of the District of Lunenburg on a not-for-profit basis. It is also understood that the Municipality or any other organization will not provide the same service for the same area.

Name of person completing the form:

Telephone Number of person above:

Authorization given by:

Telephone number of signee:

Preferred Email Address:

Signed

Dated

8. FIRE TAX RATE/MONEY REQUEST FORM

FOR THE PERIOD APRIL 1 TO MARCH 31 PREVIOUS YEAR

Please return completed form by June 15 Current Year

Fire Department Official Name: _____

Please note that only Section A or B is to be completed, not both

Section A

Rate approved by the Fire Department and/or Rate Payers per \$100.00 of assessment

Section B

Amount of money approved by the Fire Department and/or Rate Payers

As an Officer of the Fire Department, I hereby certify that the above information is correct.

Date: _____

Authorized Signature: _____

Position: _____

Your current assessment is \$ _____ **subject to Section 84 and Appeals**. All categories of assessment are still taxable under the *Municipal Government Act* – there is no change from last year.

An advance of 50% of the previous year for tax revenue will be paid to you in the month following the due date of the interim tax bill, and the balance paid in the month following the final tax bill.

9. MATCHING GRANT FORM

FOR THE PERIOD APRIL 1 TO MARCH 31 PREVIOUS YEAR

Please return completed form along with your financial statement by June 15 Current Year

Fire Department Official Name:

RECEIPTS

Funds Raised from Community*

Card and garden parties	\$
Breakfasts/Suppers	\$
Bingo	\$
Dances	\$
Raffles	\$
Walk-a-thon	\$
Yard Sales	\$
Auxiliary	\$
Jams	\$
Firefighters 50/50	\$
Donations	\$
Other (please specify):	
	\$
	\$
	\$
	\$
	\$

	\$
	\$
TOTAL	\$

*The Matching Grant will be the total of funds raised by the Community to a maximum of

\$ _____

The Matching Grant will be paid to you each year in the month following the due date of the final tax bill.



10. Application for Firefighter Recognition

The Municipality will provide a onetime framed print to all ACTIVE firefighters who have volunteered for 20 years of firefighting service. Please submit names of firefighters who have served 20 years or greater, **who have not yet received the Firefighter Recognition**. By way of this completed application, fire chiefs are providing names of all eligible firefighters.

This form must be completed and returned to the Municipal Office by June 15 current year.

Firefighters names that have been submitted, will receive an invitation to attend the awards presentation.

Fire Chiefs are required to sign this form.

Fire Department Official Name:	
1. Firefighter Name (please print):	
Years of Service:	#
Mailing Address:	
Phone Number:	
2. Firefighter Name (please print):	
Years of Service:	#
Mailing Address:	
Phone Number:	
3. Firefighter Name (please print):	
Years of Service:	#
Mailing Address:	
Phone Number:	

4. Firefighter Name (please print):	
Years of Service:	#
Mailing Address:	
Phone Number:	
5. Firefighter Name (please print):	
Years of Service:	#
Mailing Address:	
Phone Number:	
Fire Chief:	
Date:	
Signature:	



11. Application for Department Recognition

Plaque and Helmets

The Municipality will provide an Inaugural Plaque to any fire department having a special event celebrating their years of dedication and volunteer service to the community. The Inaugural Plaque will be presented to a fire department celebrating a minimum of 15 years of service. The Plaque has been designed to allow placement of helmets in recognition of a fire department celebrating a minimum of five years additional service. The Councillor of the District will present the Inaugural Plaque and helmets.

Plaques shall be requested no less than 6 weeks prior to the celebration by either the Councillor of the District or a member of the fire department.

Fire Department Official Name:	
Date of Anniversary Celebration:	
Established Date:	
Years of Service for Anniversary:	#
Requested by:	
Date:	
Contact Phone Number:	



12. Long Service Award

Please see the link to the CVFSA website for the application for the CVFSA Long Service Award, <https://cvfsa.ca/cvfsa-municipal-long-service-award/>, an electronic version and hard copy will be supplied with your registration package. **Send you completed application directly to the MODL Fire Services Coordinator as these awards are directly supplied by MODL.** If you have any questions please contact your fire Services Coordinator.

Request for Agenda Items

TO: Lead Staff Person
FROM: Brian Keizer
DATE: January 26, 2026

1. Agenda Topic

Fire Services Modernization-Provincial Legislation

2. Do you have written material to circulate with the agenda? Yes No

If you do, please attach it to this form. If you do not, please explain the matter.

I want to give an update to the Committee based on the workshop i attended in Liverpool

3. What is its relevance to the committee?

This is the future of Fire Service delivery in Nova Scotia. Changes are significant and will have a huge impact on the organizations providing that services in MODL

4. What outcome(s) are you seeking?

To have the fire services work with MODL to ensure the full impact is understood.



Committee Member Signature

January 26, 2026

Date

Approval for agenda: Yes No

Reviewer Comments:

Lead Staff Person or Chair of Committee

Date