



Facility Description

Please give a detailed description of your facility

(Make photocopies if you are requesting accreditation at two or three facilities)

Describe the different modes of intervention and services offered to your clientele in the following areas:

1. The personnel who work directly with your clientele.
 - a. Indicate the education/training of personnel who work with your clients other than CSEP-HFP members.
 - b. Indicate the education/training of:
 - i. The individuals who evaluate physical fitness
 - ii. The individuals who prescribes exercise or training
2. Evaluation of physical fitness.
 - a. Indicate the type of questionnaire used to stratify all risk of a client.
 - b. Indicate whether the Canadian Physical Activity, Fitness and Lifestyle Approach is used in you evaluations. (Circle one please)
Yes or No
If no, specify which tests you use.
 - c. Indicate the types of evaluation/tests used for evaluating the different components of physical fitness.
 - i. Body composition
 - ii. Aerobic
 - iii. Muscular strength and endurance
 - iv. Flexibility
 - d. Indicate the norms utilized to compare results of tests.
 - e. Provide a copy of the consent forms used at the time of physical fitness testing and measurement evaluations.
 - f. Indicate the type of equipment used when evaluating:
 - i. Aerobic capacity
 - ii. Muscular strength and endurance
 - iii. Flexibility
 - iv. Body composition
 - g. Indicate whether your exercise programs are prescribed.
 - i. After a complete evaluation of determinants of physical fitness.
(Circle one please)
Yes or No
 - ii. Without a complete evaluation of determinants of physical fitness.
Please specify why or why not.

3. Training environment and equipment

- a. Indicate the type of equipment available for training

	Apparatus	Make	Year
Cardiovascular			
Muscular conditioning			
Flexibility			
Other			

- b. Indicate whether there is a space dedicated for flexibility exercises.

4. Space for fitness evaluations

- a. Indicate whether there is a space dedicated for evaluating physical fitness and provide a description of the fitness appraisal area and whether it is back from areas, well-ventilated, and sheltered from view.
- b. If you respond no, describe the space where you carry out the evaluations

5. Safety

- a. At the time of floor supervision

- i. Indicate the procedures that are put in place for supervision of clients.
(Program, correction of execution of exercises)

- b. At the time of physical fitness evaluations

- i. Indicated the procedures put in place for stratifying cardiovascular risk and describe the area of assessment.

- ii. Indicate whether the criteria for personnel stopping tests are in adequate view for clients.

(Circle one please)

Yes or No

- iii. Indicate whether an ECG is used to evaluate clients of moderate risk or who have disease. (Circle one please)

Yes or No

- iv. Indicate the procedures in place in case of emergency and put this plan in an appendix.

- c. Indicate whether all personnel who work with clients have their CPR.

(Circle one please)

Yes or No

- d. Indicate whether all personnel who work with clients have First Aid training.

(Circle one please)

Yes or No

- e. Indicate whether your facility has an automated defibrillator.

(Circle one please)

Yes or No

If no, why not?

Do you anticipate having one in the near future?

6. Services of personnel

- a. Indicate the times when CSEP CEP services are available.
- b. Itemized the CSEP CEP services that you make available to your target clientele.
- c. Indicate how you follow clients and communicate with their medical doctor.