



**City of Victoria - Privacy Impact Assessment**  
**Solid Waste - Calls for Service**  
 PIA# 2015-004

**Why do I need to do a PIA?**

Section 69(5.3) of the *Freedom of Information and Protection of Privacy Act (FOIPPA)* requires the head of a public body to conduct a privacy impact assessment (PIA) in accordance with the directions of the minister responsible for FOIPPA.

**Part 1 - General**

Name of Department/Branch:	Engineering, Public Works Solid Waste Management		
PIA Drafter:	Rob Gordon		
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Program Manager:	Jon Hicks		
Email:	jhicks@victoria.ca	Phone:	250.361.1417

**1. Description of the Initiative**

The Solid Waste Division of Public Works has three main duties – Garbage collection, Streets & Janitorial and garden waste drop off on Saturdays. Only Garbage collection manages personal information sufficiently to require a Privacy Impact Assessment.

**2. Scope of this PIA**

This PIA only reviews the garbage collection and only with regard to the receiving of calls for service from residents. Personal information is only retained on a paper form and as each page containing calls for service is completed the page is destroyed.

**3. Related Privacy Impact Assessments**

There are no related PIAs.

**4. Elements of Information or Data**

Name, address, contact information (including email address) and purpose of call.

If personal information is involved in your initiative, please continue to the next page to complete your PIA.

If no personal information is involved, please submit Parts 1, 6, and 7 to your privacy office(r). They will guide you through the completion of your PIA.

**Part 2 – Protection of Personal Information**

**5. Storage or Access outside Canada**

Storage and access is hard copy and with the solid waste offices

**6. Data-linking Initiative\***

There is no data-linking

**7. Common or Integrated Program or Activity\***

This is not a common or integrated program or activity

**8. Personal Information Flow Diagram and/or Personal Information Flow Table**

Resident service requests can be submitted by email, calls directly to the office, referrals from the Public Service Counter. The information is added to the Calls for Service form and actioned. Each form holds approximately 15 calls and once the form is full and the calls actioned it is destroyed.

**9. Risk Mitigation Table**

Risk Mitigation Table				
	Risk	Mitigation Strategy	Likelihood	Impact
1.	Clipboard holding CFSs could be casually viewed by employees without a need to know	Keep clipboard in a location that prevents casually viewing	Low	low
2.	Improper destruction of forms	Procedure to shred completed CFS forms	Low	low
3.	Ineffective inventorying of forms	Give forms unique number ID and keep a log of the forms to track their completion and destruction	Low	low

**10. Collection Notice**

There is a Privacy Policy on the City's website for those who use the website email address. The collection of personal information by other means do not have the ability to provide a section 27(2) notification. Also, the use of the personal information is only to respond to resident's issues/concerns.

### **Part 3 – Security of Personal Information**

**11. Please describe the physical security measures related to the initiative (if applicable).**

The offices are accessed by locked doors and staff have lockable filing cabinets.

**12. Please describe the technical security measures related to the initiative (if applicable).**

No technical security measures are required as personal information is not collected, stored etc. by electronic means.

**13. Does your branch/department rely on any security policies?**

No. The clipboard containing calls for service is kept in the same location so that it is not misplaced or subject to casual viewing by staff who do not respond to the CFSs.

**14. Please describe any access controls and/or ways in which you will limit or restrict unauthorized changes (such as additions or deletions) to personal information.**

There is no requirement for access controls.

**15. Please describe how you track who has access to the personal information.**

There currently is none, but a recommendation has been made.

### **Part 4 – Accuracy/Correction/Retention of Personal Information**

**16. How is an individual's information updated or corrected? If information is not updated or corrected (for physical, procedural or other reasons) please explain how it will be annotated? If personal information will be disclosed to others, how will the public body notify them of the update, correction or annotation?**

Not required. Residents provide their personal information which is confirmed to be correct when staff are able to action CFSs. The personal information is then destroyed.

**17. Does your initiative use personal information to make decisions that directly affect an individual(s)? If yes, please explain.**

No

**18. If you answered "yes" to question 17, please explain the efforts that will be made to ensure that the personal information is accurate and complete.**

N/A

19. If you answered “yes” to question 17, do you have a records retention and/or disposition schedule that will ensure that personal information is kept for at least one year after it is used in making a decision directly affecting an individual?

N/A

### **Part 5 – Further Information**

20. Does the initiative involve systematic disclosures of personal information? If yes, please explain.

No

21. Does the program involve access to personally identifiable information for research or statistical purposes? If yes, please explain.

No

Please ensure Parts 6 and 7 are attached to your submitted PIA.

**Part 6 – Information Access and Privacy Analyst’s Recommendations**

1. Keep CFS clipboard in a secure location that cannot be viewed by staff who do not action calls.
2. Destroy completed forms by shredding them or depositing them in a security shredding bin.
3. Number the forms sequentially and track their completion and destruction so that none can go missing.





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**Part 7 - Program Area Signatures**

<i>Rob Gordon</i>	<i>[Signature]</i>	<i>May 12/15</i>
Privacy Officer/Privacy Office Representative	Signature	Date

<i>[Signature]</i>	<i>[Signature]</i>	<i>May 13 2015</i>
Program/Department Manager	Signature	Date

Contact Responsible for Systems Maintenance and/or Security (Signature not required unless they have been involved in this PIA.)	Signature	Date
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<i>[Signature]</i>	<i>Robert Woodland</i>	<i>05/14/2015</i>
Head of Public Body, or designate	Signature	Date

A final copy of this PIA (with all signatures) must be kept on record.