



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X 2X4  
Fax: 416.231.4903  
Customer Service: 1.877.682.8772

**Level 1 Risk and Safety Management Plan (RSMP)**  
*Technical Standards and Safety Act*  
Propane Storage and Handling Regulation

This Level 1 RSMP applies to:   
 • a facility with a total propane storage capacity of 5,000 USWG or less; or   
 • a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

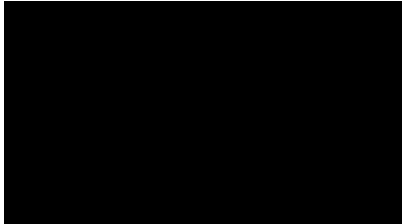
Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 0076553056-C

Check applicable type of propane operations.

Cylinder     Motor Fill     Filling Plant     Card/Keylock

Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.



**SECTION A: GENERAL INFORMATION**

The Undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act*, Propane Storage and Handling Regulation.

Company Name S&W Service Centre Limited Ontario Corporation No., if applicable \_\_\_\_\_

Operator Name (if different from above) \_\_\_\_\_

Telephone No. (905) 935-9971 Fax No. (905) 935-2442 E-mail swservicecentre@hotmail.com

Street No. 121 Street Name / 911 Number / Address, if applicable Lakeport Road

Town / City or Township / County St. Catharines Province Ontario Postal Code L2N 4R2

Mailing address if different from above.

Street No. \_\_\_\_\_ Street Name / 911 Number / Address, if applicable Same as above

Town / City or Township / County \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Information on Container Refill Centre or Filling Plant**

Location of facility.

Street No. 121 Street Name / 911 Number / Address, if applicable Lakeport Road Nearest Major Intersection Lakeport Road/Ontario Street

Town / City or Township / County St. Catharines Province Ontario Postal Code L2N 4R2

Name of Licence Holder Wayne Conn

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Wayne Conn ROT type 100-01

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) St. Catharines

Hours of operation.

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Name of Licence Holder <u>Wayne Conn</u>	Signature <u>Wayne Conn</u>	Date (dd-mm-yyyy) <u>15-11-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Wayne Conn</u>	Signature <u>Wayne Conn</u>	Date (dd-mm-yyyy) <u>15-11-2011</u>



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**Technical Standards and Safety Act**  
Propane Storage and Handling Regulation

**SECTION A: GENERAL INFORMATION (cont'd)**

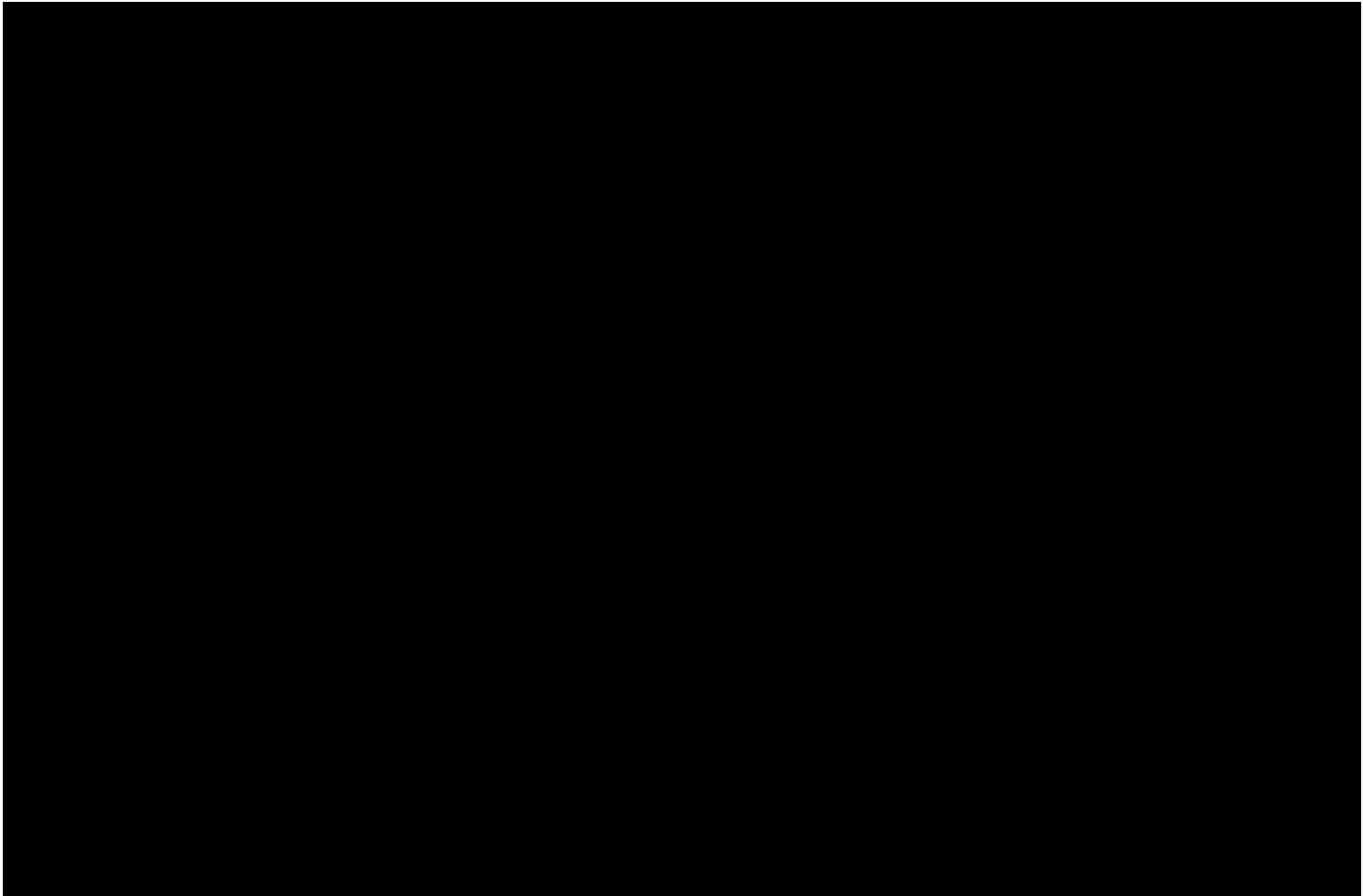
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.  
1998 no major changes to the site

Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank1:	250 psig	250-99
Tank2:	_____	_____
Tank3:	_____	_____

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 2000 USWG      Portable: 145 USWG      Mobile: 0 USWG



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Name of person completing this form (please print) Wayne Conn		Official Title Owner
Signature 	Telephone No. 905-935-9971	Date (dd-mm-yyyy) 15-11-2011



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**SECTION A: GENERAL INFORMATION (cont'd)**

Activity Information

<b>Name of Propane Supplier(s)</b>		[Redacted]	
Primemax Energy Inc.			
Street No.	Street Name / 911 Number / Address, if applicable		
2558	Cedar Creek Road RR#1		
Town / City or Township / Country		Province	Postal Code
Ayr		Ontario	N0B 1E0
Telephone No.	Fax No.	Contact Name	
1-519-740-8209	1-519-740-1015	Jim Taylor	
E-mail			
primemax@primemaxenergy.com			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input checked="" type="checkbox"/>		[Redacted]	
Street No. Street Name / 911 Number / Address, if applicable			
Town / City or Township / Country Province Postal Code			
Telephone No. Fax No. Contact Name			
E-mail			

<b>Off-site Cylinder and/or Mobile Storage</b>	Capacity stored off-site, in USWG	For Office Use - Party No.
Street No. Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province Postal Code
Telephone No. Fax No. Contact Name		

Note: Customer storage is not considered off-site storage.

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Name of person completing this form (please print)	Official Title	
Wayne Conn	Owner	
Signature	Telephone No.	Date (dd-mm-yyyy)
	905-935-9971	15-11-2011



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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN**

The licence holder will complete Section B in consultation with the local Fire Services.

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

The site has 1x2,000 USWG vertical propane tank, 1x20lb cylinder for purging and 1 cylinder cage holding up to 24x20lb cylinders. Facility also has underground gasoline tanks 2x22,700 litre for Regular, 1x45,000 litre for Diesel .All underground tanks are fiberglass double walled protected. There are small amounts of lubricant products used in the garage, but amounts are minimal. There are no hazardous materials on site.

Description of fire and emergency equipment indicated on facility site map.

The facility is equipped with fire extinguishers. There is one located at the propane tank, one located in the gasoline kiosk, one in the office and four in the service bays. There is a remote Emergency Shut down (ESD) located on one of the posts near the tank. The ESD kills power to the propane and stops the motor and closes the fuel supply solenoid valve to prevent product flow.

List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

The propane tank is equipped with a fusible link connected to a chain that will melt at 212 degrees F which will break the chain and the spring loaded ISC valve will close automatically shutting off the propane suction to the pump. There is an Emergency Shut Down (ESD) located on one of the posts near the tank. The ESD kills power to the propane and stops the motor and closes the fuel supply solenoid valve to prevent product flow. The site has 8 security cameras located at various locations ,which are monitored (recorded)24/7.

Maintenance and testing schedule for fire protection controls and devices.

The fire extinguishers are checked monthly and retested annually for proper operation. The propane equipment and ESD is inspected annually by a TSSA registered contractor. Copies of Inspection reports are keep on site.

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name Wayne Conn	For Office Use - Party No.	Name Wayne Conn	For Office Use - Party No.
Official Title Owner		Official Title Owner	
Telephone No. 1-905-935-9971	Fax No. 1-905-935-2442	Cell No. 1-905-651-0641	Fax No. 1-905-935-2442
E-mail swservicecentre@hotmail.com		E-mail swservicecentre@hotmail.com	
Role and responsibilities in emergency Ensures that all employees are trained to work with propane and enforces the site safety plan in response to emergencies. Will make 911 call.		Role and responsibilities in emergency Same as item 1	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Olive Conn	For Office Use - Party No.	Name Wayne Conn	For Office Use - Party No.
Official Title Owner		Official Title Owner	
Telephone No. 1-905-935-9971	Fax No. 1-905-935-2442	Telephone No. 1-905-935-9971	Fax No. 1-905-935-2442
E-mail swservicecentre@hotmail.com		E-mail swservicecentre@hotmail.com	
Role and responsibilities in emergency Will assist the key contact in emergencies and will assume responsibility for site liaison if key contact is away from site. Will make 911 call.		Role and responsibilities in emergency Same as item 1	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Mark Mehlenbacher	For Office Use - Party No.	Name Mike Taylor	For Office Use - Party No.
Official Title Fire Chief	E-mail mmehlenbacher@stcatharins.ca	Official Title General Manager	E-mail mtaylor@primemaxenergy.com
Telephone No. 1-905-688-5601	Fax No. 1-905-685-4690	Telephone No. 1-519-740-8209	Fax No. 1-519-740-1015
Role and responsibilities in emergency Reviews RSMP's and insures adequate resources are available to allow inspectors to review sites for Fire Code compliance		Role and responsibilities in emergency Coordinates truck deliveries and would initiate the CPA Emergency Response Plan as required.	
Fire Services Address		Propane Supplier Address Primemax Energy Inc. 2558 Cedar Creek Rd., RR#1, Ayr, ON, N0B 1E0	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Nancy Macdonald-Duncan	For Office Use - Party No.	Name Judy Piharch	
Official Title Chief Fire Prevention Division	E-mail nduncan@stcatharines.ca	Official Title Manager Planning Services	
Telephone No. 1-905-688-5601	Fax No. 1-905-685-4690	Telephone No. 1-905-688-5601 Ext: 1725	Fax No. 1-905-688-5873
Role and responsibilities in emergency Does inspections of facilities to insure compliance with the Fire Code and other regulations are in compliance		E-mail jpihach@stcatharines.ca	
Fire Services Address St. Catharines Fire Services, 64 Geneva St., St. Catharines, ON. L2R 4M7		Municipality Name and Address City of St. Catharines 50 Church Street, P.O. Box 3012, St. Catharines, ON. L2R 7C2	

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Name of person completing this form (please print) Wayne Conn	Official Title Owner
Signature 	Telephone No. 905-935-9971
	Date (dd-mm-yyyy) 01-11-2011



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2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

Emergency Response Assistance Plan-available by contacting supplier.

The facility is built to the propane code requirements and does not have any extra features that are over and above the code. The tank is protected with concrete filled posts on all sides and has an Emergency shutdown button that will kill power to the pump and solenoid valve when pushed. Tank is in constant site of employees on the premises. Fire Equipment access is easy off of Lakeport Road with a large area to manoeuvre trucks around. The site is monitored 24/7 by 8 security cameras.

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Name of person completing this form (please print) Wayne Conn	Official Title Owner	
Signature <i>Wayne Conn</i>	Telephone No. 905-935-9971	Date (dd-mm-yyyy) 15-11-2011



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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

3. Record of Emergency Training Provided - For most recent 12-month period.

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Training Date (dd-mm-yyyy) TBD	Print Name of Training Provider: <a href="#">Promar Petroleum Inc.</a>
	Print Name of Instructor: <a href="#">Mike Martin</a>
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to staff.

Training Date (dd-mm-yyyy) TBD	Print Name of Training Provider: <a href="#">Promar Petroleum Inc.</a>
	Print Name of Instructor: <a href="#">Mike Martin</a>
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Training Date (dd-mm-yyyy) 07-09-2011	Print Name of Training Provider: <a href="#">Promar Petroleum Inc.</a>
	Print Name of Instructor: <a href="#">Mike Martin</a>
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) <a href="#">Wayne Conn</a>	Official Title <a href="#">Owner</a>
Signature 	Telephone No. 905-935-9971
	Date (dd-mm-yyyy) 15-11-2011



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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

4. Emergency Training Plan for Coming Year

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Target Date (dd-mm-yyyy) TBD	Print Name of Training Provider: Promar Petroleum Inc.
	Print Name of Instructor: Mike Martin
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to staff.

Target Date (dd-mm-yyyy) TBD	Print Name of Training Provider: Promar Petroleum Inc.
	Print Name of Instructor: Mike Martin
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Target Date (dd-mm-yyyy) 15-08-2014	Print Name of Training Provider: Promar Petroleum Inc.
	Print Name of Instructor: Mike Martin
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

The licence holder will complete Section B in consultation with the local Fire Services.

5. Emergency Response Communications Plan

**Warnings and Actions**

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).  
The attendant on site will notify the patrons at the propane facility that a problem has occurred after pressing the ESD switch and closing the ISC valve. The patrons will be asked to leave the site and the attendant will proceed to call 911 and ask for Fire Services and Police response. After the call is made, the attendant will proceed to notify any staff or patrons in the garage and office and proceed to the "Muster Point" on site.

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).  
After a warning is issued the attendant will block off the entrance/exits to the site. Once the area is free of customers, the staff will meet at the "Muster Point" (See Drawing P-101) and await the arrival of Emergency Responders.

**Communication with Emergency Response Authorities**

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).  
Once an emergency situation is confirmed at the propane facility, the attendant will call 911 to ask for Fire and Police response. The attendant always carries a cell phone and also has access to a phone inside the office. A call will be made by any of the two means. After the call is made the attendant will await the arrival of the Emergency Responders.

Describe provisions for fire department entry when there are no operations or staffing at the propane site.  
The site is not fenced so access to the site is always available to Emergency Responders from Lakeport Road. The tank is located at the side of the property and a fire hydrant is right out front of the property, so access is close to the tank. There are no barriers to the tank.

Describe how the licence holder will ensure continual flow of updated information to authorities.  
The attendant will always be on site during normal operating hours. When Emergency Responders come to the site the attendant will identify themselves as the person who is responsible for the propane and will communicate directly with the Emergency Responders.

How long will it take the facility liaison person to respond to the site.  
5 Minutes for the owner if not already on site.

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

The licence holder will complete Section B in consultation with the local Fire Services.

6. Building and Site Security and Procedures

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Water Supply

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	<u>32 m</u>	
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? ( distance in metres only)	<u>n/a</u>	

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

The licence holder will complete Section B in consultation with the local Fire Services.

**8. Licence holder and local Fire Services Review**

**To be completed by the Local Fire Services**

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes

No

If not, please explain (e.g., no fire services).

Fire services comments, if any:

**To be completed by the Licence Holder**

In response to the above comments, the following action(s) is required:

The licence holder will respond to the Local Fire Services comments by: \_\_\_\_\_  
(dd-mm-yyyy)

**LOCAL FIRE SERVICES**

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name <i>Fire Chief M. Mehlbacher</i>	<i>[Signature]</i>	22-11-2011

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Name of person completing this form (please print) Wayne Conn	Official Title Owner	
Signature <i>Wayne Conn</i>	Telephone No. 905-935-9971	Date (dd-mm-yyyy) 15-11-2011



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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

The licence holder will complete Section B in consultation with the local Fire Services.

8. Licence holder and local Fire Services Review

<b>To be completed by the Local Fire Services</b>	<b>Yes</b>	<b>No</b>
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If not, please explain (e.g., no fire services).		
<hr/> <hr/>		
Fire services comments, if any:		
<hr/> <hr/>		
<b>To be completed by the Licence Holder</b>		
In response to the above comments, the following action(s) is required:		
<hr/> <hr/>		
The licence holder will respond to the Local Fire Services comments by: _____		
(dd-mm-yyyy)		

**LOCAL FIRE SERVICES**

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name <b>Chris Leonard, Fire Prevention Officer</b>		<b>22-11-2011</b>

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Name of person completing this form (please print) <b>Wayne Conn</b>	Official Title <b>Owner</b>	
Signature 	Telephone No. <b>905-935-9971</b>	Date (dd-mm-yyyy) <b>15-11-2011</b>



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**SECTION C: SUBMISSIONS**

Applicant must include a Facility Site Plan and Map of Surrounding Area

**Facility Site Plan.**

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

**Map of Surrounding Area.**

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below .

**Required Mapping Information from Updated Site Plan**

Date Map Prepared (dd-mm-yyyy) 30-11-2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 26.8 m	Right side property line: 73.8 m
Rear: 3.1 m	Left side property line: 52 m
GPS coordinates of single largest vessel: Lat:43 11'44.77"N Long:79 15'31.22"W	

**Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.**

Name of person completing this form (please print) J.Ross Keys	Official Title Consultant
Signature 	Telephone No. 416-526-1405
	Date (dd-mm-yyyy) 21-01-2012



**Technical Standards and Safety Authority**  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X 2X4  
Fax: 416.231.4903  
Customer Service: 1.877.682.8772

**Level 1 Risk and Safety Management Plan (RSMP)**  
*Technical Standards and Safety Act*  
Propane Storage and Handling Regulation

**SECTION C: SUBMISSIONS**

Applicant must include a Facility Site Plan and Map of Surrounding Area

**Facility Site Plan.**

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

**Map of Surrounding Area.**

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below .

**Required Mapping Information from Updated Site Plan**

Date Map Prepared (dd-mm-yyyy)	Capacity of single largest propane storage vessel (USWG)		
30-11-2011	2000 USWG		
Tank setback coordinates. Indicate placement on the map.			
Front:	26.8 m	Right side property line:	73.8 m
Rear:	3.1 m	Left side property line:	52 m
GPS coordinates of single largest vessel: Lat:43 11'44.77"N Long:79 15'31.22"W			

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Name of person completing this form (please print)	Official Title	
J.Ross Keys	Consultant	
Signature	Telephone No.	Date (dd-mm-yyyy)
	416-526-1405	30-11-2011



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**SECTION C: SUBMISSIONS (cont'd)**

Applicant must include a Facility Site Plan and Map of Surrounding Area

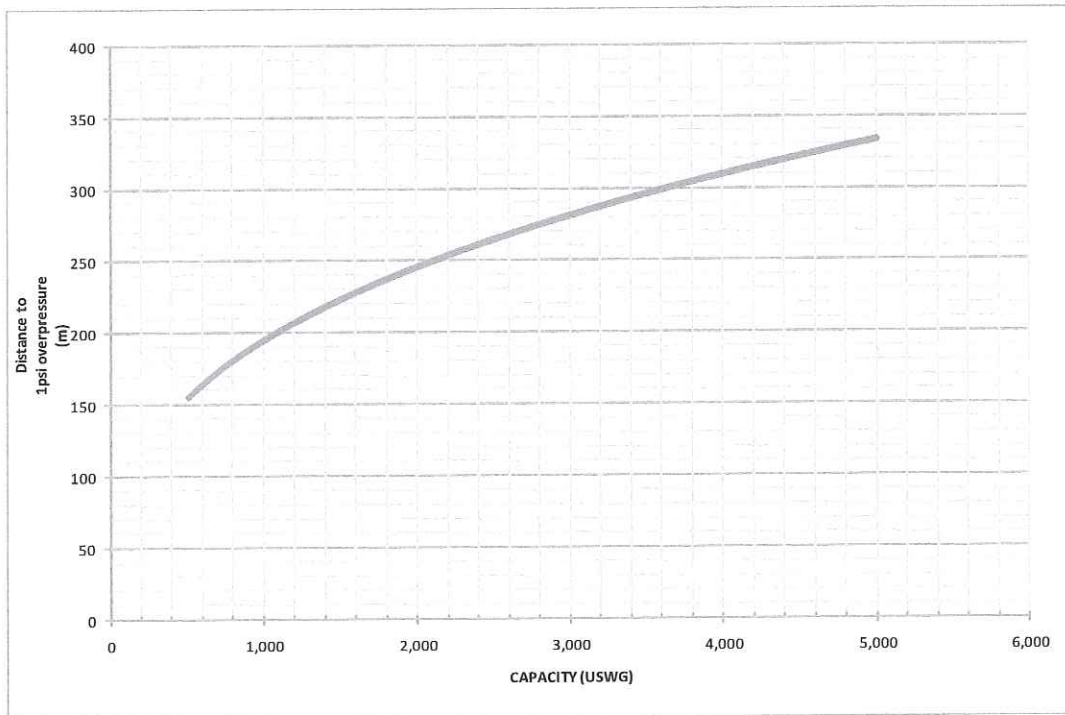
**Table 1: Distance Table**

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

**Formula:**  $D = 16.94 \times (1.524 \times C)^{1/3}$   
 D = Distance to overpressure of 1 psi (meters)  
 C = Tank Total Capacity in USWG

**Parameters:** Density of Propane is 0.5033 kg per litre @ 15 C  
 Assume all vessels are 80% full  
 1 gallon [US, liquid] = 0.003785411784 cubic meter  
 1 cubic metre = 264.17 USWG

**Hazard Distance Chart (EPA-TNT model)**





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**Technical Standards and Safety Act**  
**Propane Storage and Handling Regulation**

**SECTION C: SUBMISSIONS (cont'd)**

Applicant must include a Facility Site Plan and Map of Surrounding Area

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

**Table 2: Buildings and Features**

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]				X	41 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Shoppers Drug Mart (located in port plaza across the street)</u> Address: <u>600 Ontario Street</u> City: <u>St. Catharines</u> Province <u>Ontario</u> Postal Code <u>L2N 7H8</u>				X	83 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

\* For multi-unit buildings, count each unit as "1".

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Name of person completing this form (please print) <u>J. Ross Keys</u>	Official Title <u>Consultant</u>
Signature 	Telephone No. <u>416-525-7000</u>
	Date (dd-mm-yyyy) <u>21-01-2012</u>





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**Level 1 Risk and Safety Management Plan (RSMP)**  
*Technical Standards and Safety Act*  
Propane Storage and Handling Regulation

**SECTION C: SUBMISSIONS (cont'd)**

Applicant must include a Facility Site Plan and Map of Surrounding Area

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

**Table 2: Buildings and Features**

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]				X	41 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Shoppers Drug Mart (located in port plaza across the street)</u> Address: <u>600 Ontario Street</u> City: <u>St. Catharines</u> Province <u>Ontario</u> Postal Code <u>L2N 7H8</u>				X	83 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

\* For multi-unit buildings, count each unit as "1".

**Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.**

Name of person completing this form (please print) <u>J.Ross Keys</u>	Official Title <u>Consultant</u>
Signature	Telephone No. <u>416-525-7000</u> Date (dd-mm-yyyy) <u>16-11-2011</u>



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**Level 1 Risk and Safety Management Plan (RSMP)**  
*Technical Standards and Safety Act*  
Propane Storage and Handling Regulation

**WORKSHEET**

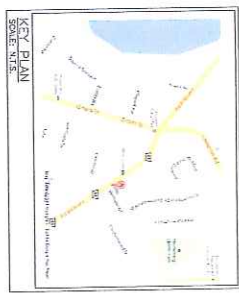
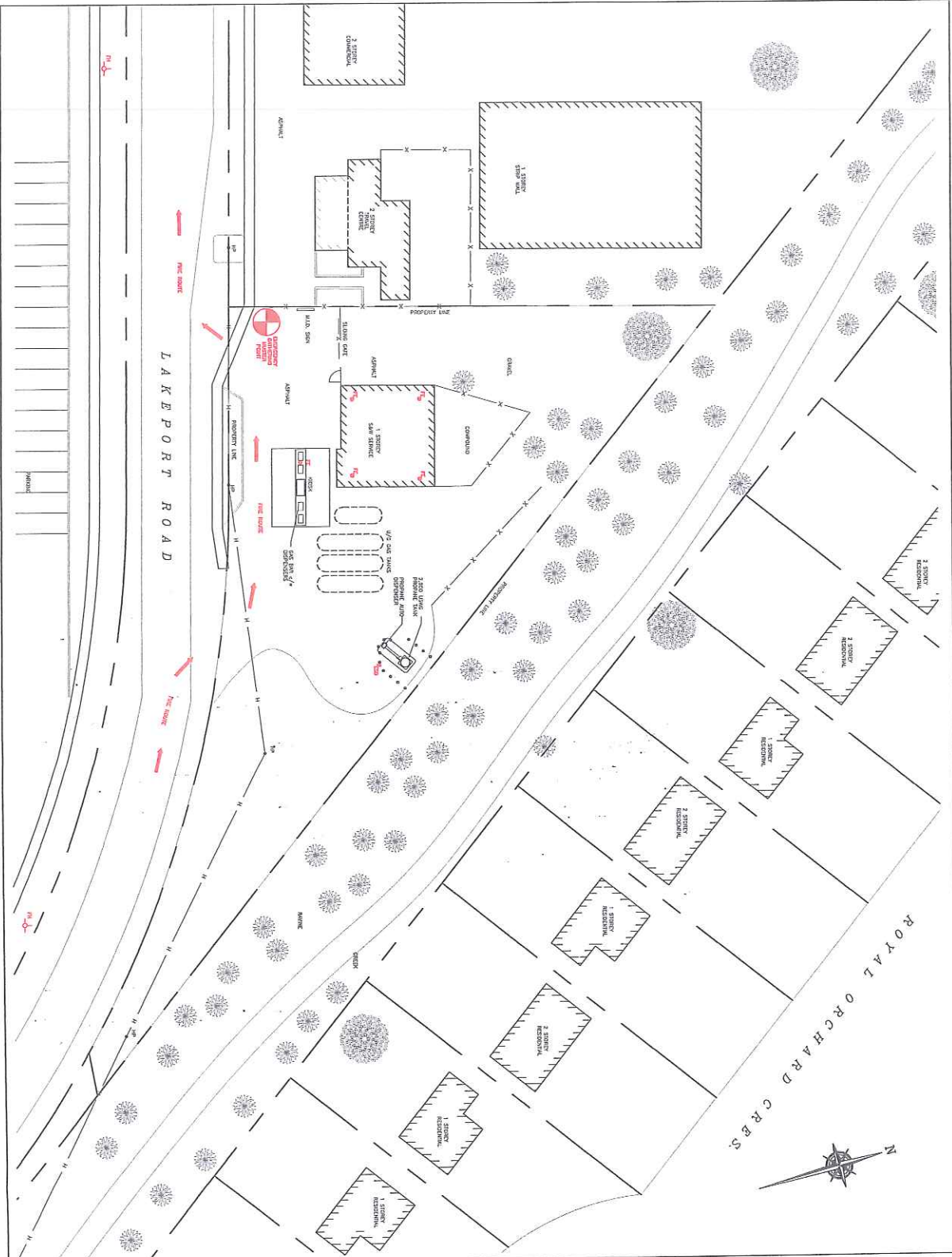
**Portable Storage Additional Information Worksheet**

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	25	145 USWG
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			145 USWG

**Tanks Stored On-site Not Connected for Use**

Tank Size In USWG	Quantity	Total Volume in USWG
<b>Total Tank Capacity</b>		

<b>Total Cylinder Capacity</b>	145 USWG
<b>Total Tank Capacity</b>	2,000 USWG
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	2,145 USWG



**ZONING INFORMATION:**

LOT AREA: 3753.14sqm  
 BUILDING AREA: 2113sqm  
 LOT COVERAGE OR BUILDING: 5.3%

**PROPERTY LINE DIMENSIONS**

NORTH	3.1m
SOUTH	52.8m
EAST	72.5m
WEST	52.8m

**GPS COORDINATES**

LATITUDE	43°1'44.477"N
LONGITUDE	78°15'31.327"W

- LEGEND:**
- FIRE EXTINGUISHER
  - FIRE HYDRANT (GRY)
  - EMERGENCY SHUT-OFF/IN
  - EMERGENCY PULL STATION
  - MUTUAL POINT (GREEN BEANS OR WIND DIRECTION)

NO.	REV.	DATE	DESCRIPTION	BY	CHK.
0	REV. 02.11	2010.01.04	ISSUE FOR PERM		
1	REV. 02.11	2010.02.01	REVISIONS		

**S & W Service Centre Ltd.**

**ALTENG Inc.**  
 Alternative Energy Consulting

125 Union Crescent, Toronto, Ontario M7J 5J2  
 Telephone: (416) 754-1644 Fax: (416) 754-5988  
 121 Lakeshore Blvd. East, Suite 511, Toronto, Ontario M5E 1B1  
 Contact By: JALC  
 Date: 2010.02.11  
 Drawing Scale: 1:500  
**EMERGENCY SITE PLAN FOR 2000 UNDO PROPHANE TANK**  
 Drawing File: 11500-P-101  
 Drawing Scale: 3/16" = 1'-0"  
 Project Number: 115900  
 Project Name: 1st



**NOTES:**  
 CONSEQUENCE DRAINAGE TO AN OVERPRESSURE LEVEL OF 1 BAR FOR THE PROPOSED TANK. THE TANK WILL BE INSTALLED IN ACCORDANCE WITH THE CANADIAN SAFETY STANDARDS FOR THE INSTALLATION OF THE TANK AND SAFETY STANDARDS FOR THE TANK.

$D = 17 \times \left( \frac{C_1 \times V_1}{C_2 \times V_2} \right)^{1/3}$   
 $D = 24m$

PROPOSED TANK DIMENSIONS FOR PROPOSED TANK	
NORTH	3.1m
SOUTH	26.6m
EAST	21.6m
WEST	22.2m

GIS COORDINATES	
Easting	431710.07m
Northing	7876312.27m

AS PER TSSA GUIDELINES FOR THE IMPLEMENTATION OF THE REGULATORY FRAMEWORK FOR THE INSTALLATION OF THE TANK AND SAFETY STANDARDS FOR THE TANK.

**PLANNING ADVISORY INFORMATION:**  
 AS PER TSSA ADVISORY REGULATIONS, THE FOLLOWING PLANNING INFORMATION IS REQUIRED FOR THE CITY OF ST. CATHARINES:  
 P.O. BOX 3012, 50 CHURCH STREET,  
 ST. CATHARINES, ON L7R 7S2, CANADA  
 PHONE: (905) 427-4229  
 FAX: (905) 427-1272

**S & W Service Centre Ltd.**

156 Hwy 10 East, St. Catharines, ON L7R 7S2  
 Phone: (905) 774-1444 Fax: (905) 774-5586

115600

PROJECT INFORMATION	
Project No.	115600
Project Name	2,000 USWS PROPANE TANK
Client	S & W Service Centre Ltd.
Site Address	156 Hwy 10 East, St. Catharines, ON L7R 7S2
Site Area	115600 sq. ft.
Site Zoning	IND-28, 11
Site Status	Proposed
Site Date	11/20/20
Site Plan No.	115600
Site Plan Date	11/20/20
Site Plan No.	115600
Site Plan Date	11/20/20