



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3500 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.

|   |   |
|---|---|
| <p>Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i></p> <p>License Number: <u>000076647706</u></p> <p>Check applicable type of propane operations.</p> <p><input checked="" type="checkbox"/> Cylinder    <input type="checkbox"/> Motor Fuel    <input type="checkbox"/> Filling Plant    <input type="checkbox"/> Card/Keylock</p> <p>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p> | <p><b>For Office Use Only</b></p> <div style="background-color: black; width: 100px; height: 100px; margin: 0 auto;"></div> |
|---|---|

**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.

|  |   |   |
|--|---|---|
| <b>A</b>   | Company Name<br><u>Advantage Warehouse Inc.</u>   | Ontario Corporation No., if applicable  |
|  | Corporate Name (if different from above)  |   |
|  | Telephone No. <u>519.676.6922</u>   | Fax No. <u>519.676.9116</u>   |
|  | E-mail <u>sm@advantagewarehouse.com</u>   |   |
| <b>B</b>   | Street No. <u>201</u>   | Street Name / 811 Number / Address, if applicable<br><u>Marlborough Street N.</u> |
|  | Town / City or Township / County<br><u>Blenheim</u>   | Province / Postal Code<br><u>Ontario / N0P1A0</u>                                 |
|  | Mailing address if different from above.  |   |
| <b>C</b>   | Street No. <u>1</u>   | Street Name / 811 Number / Address, if applicable<br><u>P.O. Box 873</u>          |
|  | Town / City or Township / County<br><u>Blenheim</u>   | Province / Postal Code<br><u>Ontario / N0P1A0</u>                                 |
| <b>Information on Container Refill Centre or Filling Plant</b> |   |   |
| <b>D</b>   | Street No. <u>201</u>   | Street Name / 811 Number / Address, if applicable<br><u>Marlborough St. N.</u>    |
|  | Town / City or Township / County<br><u>Blenheim</u>   | Province / Postal Code<br><u>Ontario / N0P1A0</u>                                 |
|  | Nearest Major Intersection<br><u>Talbot Trail</u>   |   |
|  | Name of License Holder<br><u>Advantage Warehouse Inc.</u>   |   |
|  | Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT)<br><u>Scott Michalco</u> | ROT type<br><u>PPO-3</u>  |
|  | Municipality (or municipalities if the facility or its hazard distance touches multiple borders)<br><u>Chatham Kent</u>       |   |
|  | Hours of operation.<br><div style="background-color: black; width: 100%; height: 40px;"></div>                                |   |

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 License Holder<br><u>Advantage Warehouse</u>  | Signature<br><u>Scott Michalco</u> | Date (dd-mm-yyyy)<br><u>9/23/11</u> |
| Name of Senior Management person as defined in the Regulation holding the Record of Training<br><u>Scott Michalco</u> |                                    |                                     |



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**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.

\*

2006 we purchased from previous owners of building who installed the original propane tank. No modifications from time of Advantage Warehouse purchase. thought to be in the 1980's.

|         | PSIG    | Serial Number |
|---------|---------|---------------|
| Tank 1: | 250 PSI | W28500962     |
| Tank 2: | N/A     | N/A           |
| Tank 3: | N/A     | N/A           |

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: 3785 Litres Portable: - Mobile: -  
1000 per Shelley

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|  |  |
|--|--|
| Name of person completing this form (please print)<br><b>Shelley Mihalco</b> | Official Title<br><b>officemanager</b> |
| Signature<br><b>Shelley</b>  | Telephone No.<br><b>519-676-6922</b>   |
|  | Date (dd-mm-yyyy)<br><b>15 08 2011</b> |



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**Technical Standards and Safety Act**  
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**SECTION A: GENERAL INFORMATION (cont'd)**  
Activity Information

|   |  |  |                              |
|---|--|--|------------------------------|
| Name of Propane Supplier(s)<br><i>Dowler Karn</i>   |  | For Office Use - Party No.<br>[Redacted] |                              |
| Street No.<br><i>24151</i>                          | Street Name / 911 Number / Address, if applicable<br><i>St. Clair Road</i> |  |                              |
| Town / City or Township / Country<br><i>Chatham</i> |  | Province<br><i>ON</i>                    | Postal Code<br><i>N0P1A0</i> |
| Telephone No.<br><i>519-352-0110</i>                | Fax No.  | Contact Name                             |                              |
| E-mail  |  |  |                              |

|  |   |  |             |
|--|---|--|-------------|
| Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/> |   | For Office Use - Party No.<br>[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   |   |  |             |

|   |   |                            |             |
|---|---|----------------------------|-------------|
| Off-site Cylinder and/or Mobile Storage<br><i>N/A</i> | 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)<br><i>Shelley Mihalco</i> | Official Title<br><i>office manager</i> |
| Signature<br><i>shelley</i>  | Telephone No.<br><i>519.676.6922</i>    |
|  | Date (dd-mm-yyyy)<br><i>15 08 2011</i>  |



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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.

N/A

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

fire extinguishers located at entrance of caged area.

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.

emergency shut off valve located on box attached to tank.

Maintenance and testing schedule for fire protection controls and devices.

performed by Dowler Karm on a yearly basis or if we notice anything out of the ordinary, we call for Dowler Karm to come out and inspect the tank etc. for issues in question. fire extinguishers are checked on a monthly basis & inspected

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|  |                                  |
|--|----------------------------------|
| Name of person completing this form (please print)<br>Shelley Michalco | Official Title<br>office manager |
| Signature<br><i>Shelley Michalco</i>                                   | Telephone No.<br>519.676.6922    |
|  | Date (dd-mm-yyyy)<br>15082011    |



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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><br>Name: <u>Scott Michalco</u> For Office Use - Party No.<br>Official Title: <u>President</u><br>Telephone No. <u>519.676.6922</u> Fax No. <u>519.676.9116</u><br>E-mail: <u>sm@advantagewarehouse.com</u><br>Role and responsibilities in emergency:                           |  | <b>5. Facility 24-Hour Contact Person</b><br>Name: <u>Scott Michalco</u> For Office Use - Party No.<br>Official Title: <u>President</u><br>Cell No. <u>519.809.0796</u> Fax No. -<br>E-mail: <u>scottmc@advantagewarehouse.com</u><br>Role and responsibilities in emergency:   |  |
| <b>2. Facility Contact Personnel - Alternate Contact</b><br>Name: <u>Jason Wszol</u> For Office Use - Party No.<br>Official Title: <u>warehouse assistant</u><br>Telephone No. <u>519.809.8977</u> Fax No. -<br>E-mail: -<br>Role and responsibilities in emergency:   |  | <b>6. Name of Facility Manager</b><br>Name: <u>Shelley Michalco</u> For Office Use - Party No.<br>Official Title: <u>office manager</u><br>Telephone No. <u>519.676.6922</u> Fax No. <u>519.676.9116</u><br>E-mail: <u>sm@advantagewarehouse.com</u><br>Role and responsibilities in emergency:   |  |
| <b>3. Local Fire Services - Key Contact</b><br>Name: <u>Robert J. Crawford</u> For Office Use - Party No.<br>Official Title: <u>Fire Chief</u><br>Telephone No. <u>519.352.8401x3400</u> Fax No. <u>519.352.8620</u><br>E-mail: <u>bobc@chatham-kent.ca</u><br>Role and responsibilities in emergency: <u>cell 519.350.2954</u>    |  | <b>7. Propane Supplier Key Contact Person</b><br>Name: <u>Doug Cooper</u> For Office Use - Party No.<br>Official Title: <u>manager</u><br>Telephone No. <u>519.352.0110</u> Fax No.<br>E-mail: <u>dcooper@dauferkarn.com</u><br>Role and responsibilities in emergency: <u>cell 519.436.8143</u>  |  |
| <b>4. Local Fire Services - Alternate Contact</b><br>Name: <u>Ray Stone</u> For Office Use - Party No.<br>Official Title: <u>Assistant Chief</u><br>Telephone No. <u>519.352.8401x3416</u> Fax No. <u>519.352.8620</u><br>E-mail: <u>rayse@chatham-kent.ca</u><br>Role and responsibilities in emergency: <u>cell 519.359.4426</u> |  | <b>8. Municipal Contact</b><br>Name: <u>Judy Smith</u> For Office Use - Party No.<br>Official Title: <u>Clerk</u><br>Telephone No. <u>519.352.8401</u> Fax No. <u>519.436.3237</u><br>E-mail: <u>judy.smith@chatham-kent.ca</u><br>Municipality: <u>Municipality of Chatham-Kent</u><br><u>315 King Street W.</u><br><u>Chatham, ON N7M 5K8</u> |  |

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|   |   |
|---|---|
| Name of person completing this form (please print)<br><u>Shelley Michalco</u> | Official Title<br><u>Office manager</u>                               |
| Signature<br><u>[Signature]</u>   | Telephone No. <u>519.676.6922</u> Date (dd-mm-yyyy) <u>15 08 2011</u> |



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

**2. Additional Safety Measures**

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

[Large empty rectangular area for describing additional safety measures]

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|   |                                      |   |
|---|--------------------------------------|---|
| Name of person completing this form (please print)<br><i>Shelley Michalco</i> |                                      | Official Title<br><i>Office manager</i> |
| Signature<br><i>[Signature]</i>   | Telephone No.<br><i>519.676.6922</i> | Date (dd-mm-yyyy)<br><i>15082011</i>    |



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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) | Print Name of Training Provider: |                 |
|                            | Print Name of Instructor:        | None at present |
| 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) | Print Name of Training Provider: | None at present |
|                            | Print Name of Instructor:        |                 |
| 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) | Print Name of Training Provider: | training program done on a   |
|                            | Print Name of Instructor:        | yearly basis by Dawler Kara. |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: | for forklift propane         |
|                            | Print Name of Instructor:        | cylinders filling            |
| 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)<br><i>Shelley Mihalic</i> | Official Title<br><i>office manager</i>                             |
| Signature<br><i>S. Mihalic</i>   | Telephone No. <i>519.676.6922</i> Date (dd-mm-yyyy) <i>15082011</i> |



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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) | Print Name of Training Provider: | <i>Implement plan determined due to the preparing of this RSMP.</i> |
|                          | Print Name of Instructor:        |   |
| 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) | Print Name of Training Provider: |  |
|                          | Print Name of Instructor:        |  |
| 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) | Print Name of Training Provider: |  |
|                          | Print Name of Instructor:        |  |
| 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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| Name of person completing this form (please print)<br><i>Shelley Mihalic</i> | Official Title<br><i>Office manager</i>                             |
| Signature<br><i>[Signature]</i>  | Telephone No. <i>519.676.6922</i> Date (dd-mm-yyyy) <i>15082011</i> |





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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).

Jasen is to give warning to office and then make a call to appropriate authority upon noticing the issue, the emergency shut off valve will be engaged.

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).

Evacuate building and meet at the rack at the front of the building by the wheelchair sign and a head count is performed.

**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).

Any problem that is detected, 911 will be called.

Describe provisions for fire department entry when there are no operations or staffing at the propane site.

Easily accessible, located in a fenced area outside of building. Chain link fence & lock to be cut to gain inside access to tank.

Describe how the licence holder will ensure continual flow of updated information to authorities.

When TSSA does the annual inspections and Dwyer-Karn does their annual inspections.

How long will it take the facility liaison person to respond to the site.

10-15 minutes

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| Signature<br><i>[Signature]</i>   | Telephone No.<br><i>519.676.6922</i>    |
|   | Date (dd-mm-yyyy)<br><i>15 08 2011</i>  |



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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 type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?  | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" 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>213'</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>213'</u>                         |                                     |

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|  |                                      |                                     |
|--|--------------------------------------|-------------------------------------|
| Name of person completing this form (please print)<br><i>Scott Mihalic</i> | Official Title<br><i>President</i>   |                                     |
| Signature<br><i>Scott Mihalic</i>  | Telephone No.<br><i>519-676-6923</i> | Date (dd-mm-yyyy)<br><i>8/10/11</i> |



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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.

**B. 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:

*see attached letter from  
for RSMP  
fire dept.*

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 |           |                   |

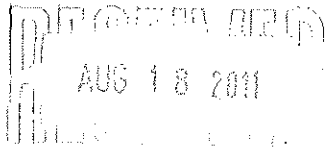
Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

|  |   |
|--|---|
| Name of person completing this form (please print)<br><i>Shelley Michael</i> | Official Title<br><i>office manager</i> |
| Signature<br><i>Shelley Michael</i>  | Telephone No.<br><i>519-676-6922</i>    |
|  | Date (dd-mm-yyyy)<br><i>15 08 2011</i>  |



# MUNICIPALITY OF CHATHAM-KENT

315 KING STREET WEST • P.O. BOX 640 • CHATHAM, ONTARIO • N7M 5K8



## FIRE AND EMERGENCY SERVICES

TELEPHONE: (519) 436-3270 FAX: (519) 352-8620

August 12, 2011

Mr. Scott Mihalco  
Advantage Warehouse Inc.  
201 Marlborough Street  
Blenheim, ON N0P 1A0

Dear Mr. Mihalco:

**Re: LEVEL 1 RSMP**

The Level I RSMP submitted by your company has been reviewed, signed and the following comments have been noted for your action:

1. The municipal contact information has been attached and should be entered in the RSMP.
2. Page 4 of the RSMP identifies fire extinguishers as emergency equipment near the propane site. On the same page the maintenance and testing schedule for emergency equipment is requested. We would like to see the schedule for extinguishers included. An attachment with the Ontario Fire Code schedule is included in this package. Please include this information in the RSMP on page 4.
3. The Facility site plan and the surrounding area map need to be reviewed. They both are missing information that is required on page 12 of the plan.
4. Changes have been made to page 10 of the RSMP and a copy of the changes has been attached.
5. Need to add more information in Section B of plan. The fire department may be able to assist with some by way of a phone call.

If you have any questions, please feel free to contact me.

Sincerely

Ray Stone  
Assistant Chief

### Attachments

C:\Documents and Settings\shleys.CHATHAM-KENT\Local Settings\Temporary Internet Files\Content.Outlook\N9QZT2C\11-08-12 Level 1 RSMP  
Advantage Warehouse.docx



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3300 Bloor Street West  
Toronto Ontario M8X 2X4  
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Customer Service: 1.877.602.8772

**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)<br><i>8/10/11</i>                                       | Capacity of single largest propane storage vessel (USWG)<br><i>1000 USWG</i> |
| Tank setback coordinates. Indicate placement on the map.                               |  |
| Front: <i>3 7/8"</i>   | Right side property line: <i>1 3/8"</i>                                      |
| Rear: <i>4 7/8"</i>  | Left side property line: <i>1 1/2"</i>                                       |
| GPS coordinates of single largest vessel: <i>42°20'00.23"N 82°00'23.42"W 674' elev</i> |  |

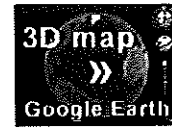
map ref # 1

**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)<br><i>SCOTT McHale</i> | Official Title<br><i>President</i>                                 |
| Signature<br><i>Scott McHale</i>  | Telephone No. <i>519-676-6922</i> Date (dd-mm-yyyy) <i>8/10/11</i> |

# Blenheim Map — Satellite Images of Blenheim

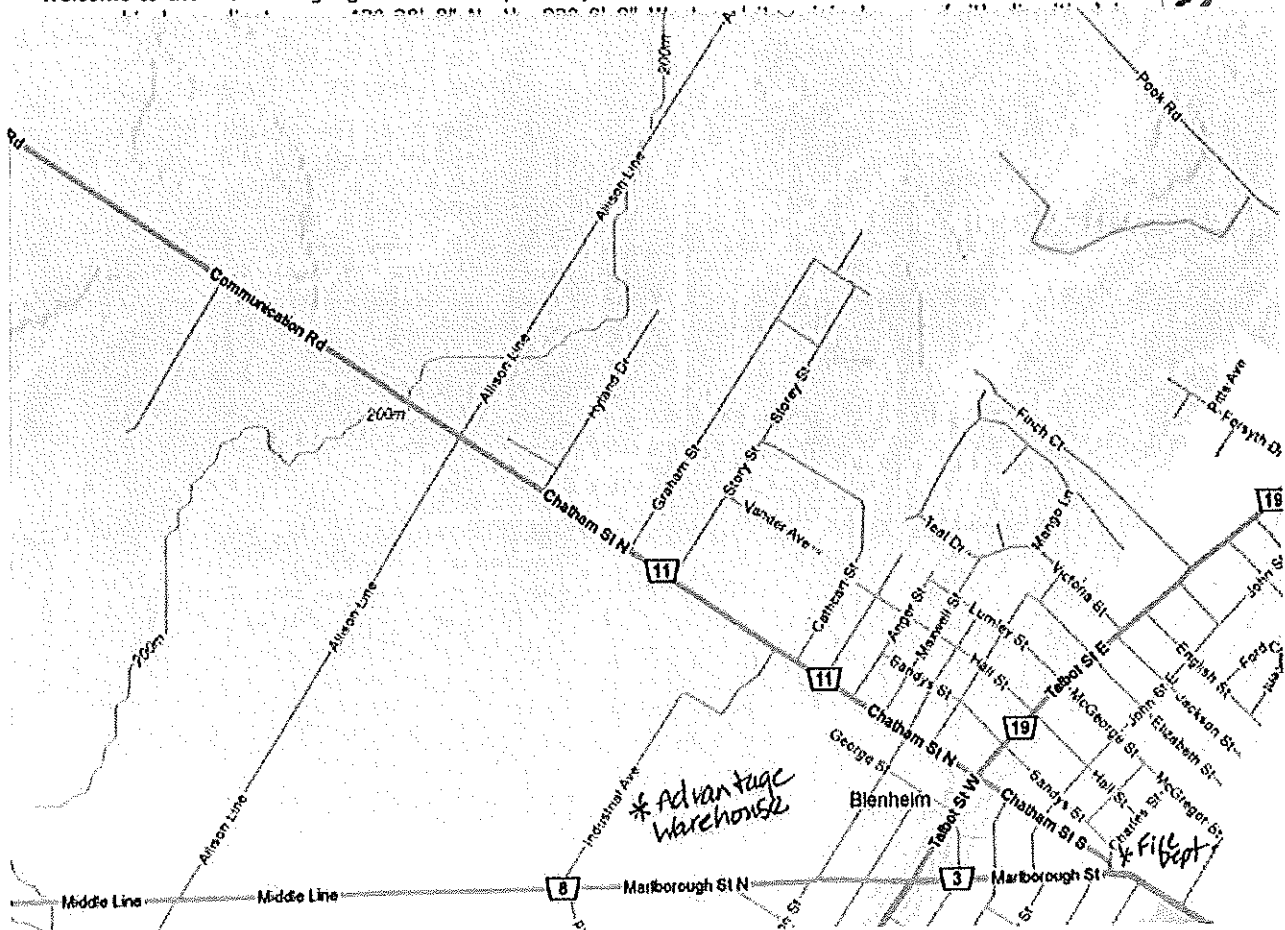
original name: Blenheim  
geographical location: Kent County, Ontario, Canada, North America  
geographical coordinates: 42° 20' 0" North, 82° 0' 0" West



**Blenheim: [map](#) | [3d map](#) » | [hotel](#) » | [car rental](#) »**

## detailed map of Blenheim and near places

Welcome to the Blenheim google satellite map! This place is situated in Kent County, Ontario, Canada, its





- A. Blenheim Fire Dept.
- B. Advantage warehouse Propane Facility (Private Use)



1. X propane facility

#2 N/A

map reference #1

1. X propane facility

13. 201 Marlborough Street N.  
Blenheim, ON

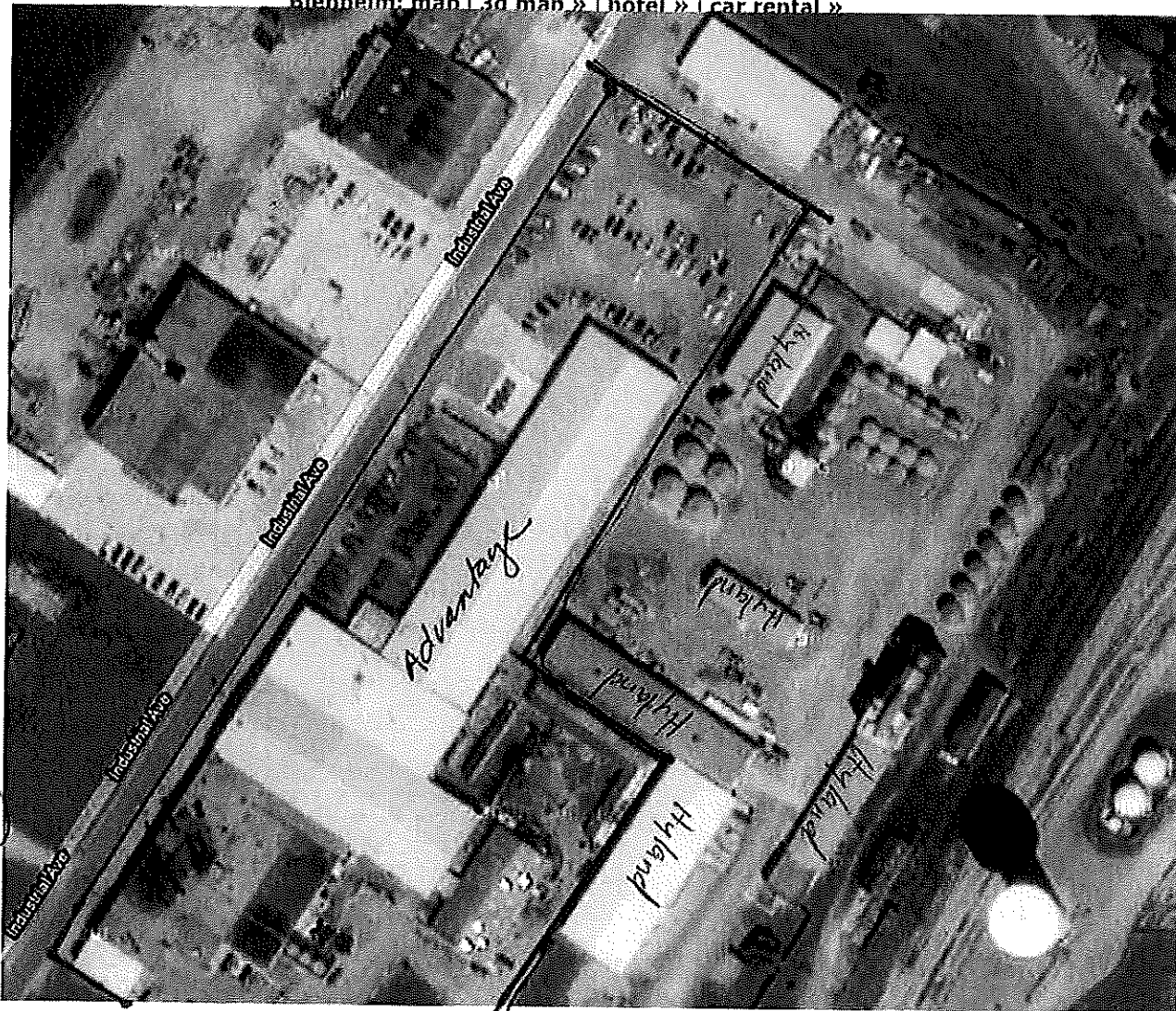
Plan 103 Part lot 7, 8, 9 RP24R3042 Part 1 & 2



original name: blenheim  
geographical location: Kent County, Ontario, Canada, North America  
geographical coordinates: 42° 20' 0" North, 82° 0' 0" West



Blenheim: map | 3d map » | hotel » | car rental »



Map Site Plan

Facility  
Property  
Line

<http://www.maplandia.com/canada/ontario/kent-county/blenheim/>

7/22/11



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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

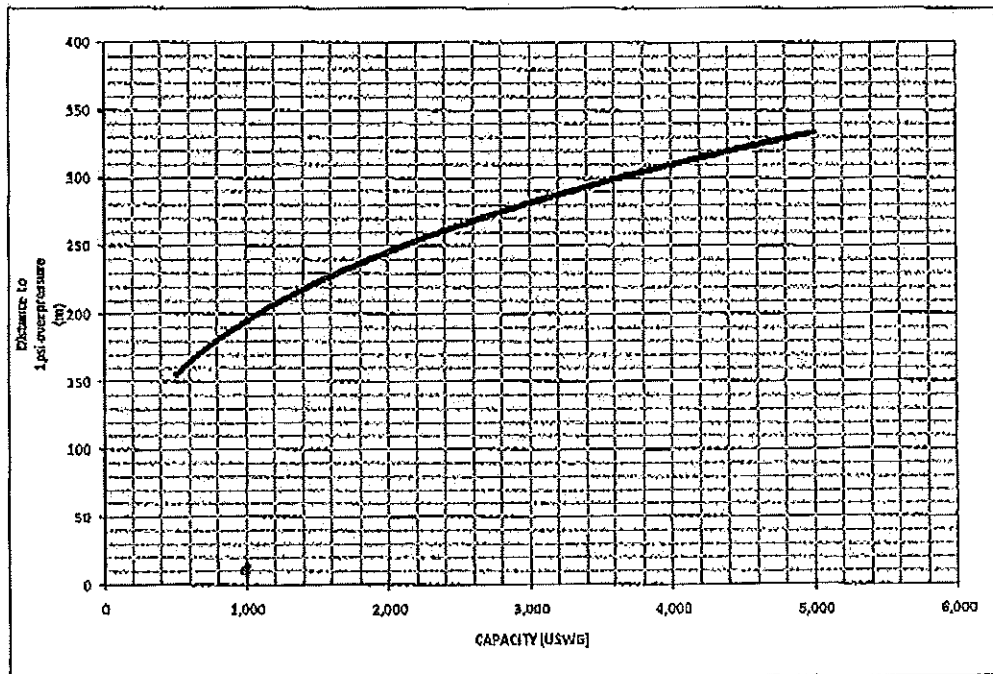
Table 1: Distance Table

| 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                                |
| 6,020                   | 1,750                         | 235                                |
| 7,130                   | 1,885                         | 241                                |
| 7,580                   | 2,000                         | 246                                |
| 10,900                  | 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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|   |                                      |
|---|--------------------------------------|
| Name of person completing this form (please print)<br><i>Scott Michalek</i> | Official Title<br><i>President</i>   |
| Signature<br><i>Scott Michalek</i>  | Telephone No.<br><i>519-676-6922</i> |
|   | Date (dd-mm-yyyy)<br><i>8/10/11</i>  |



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**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<br>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<br>Name: <u>Hyland Seeds</u><br>Address: <u>145 Marlborough St N</u><br>City: <u>Blenheim</u> Province <u>ON</u> Postal Code <u>N0P 1A0</u>  |   |   | X    |     | <u>73</u> m                                       |
| Residential building units specifically non-mixed single family dwellings, condominiums, and apartments<br>Name: [REDACTED]<br>Address: [REDACTED]<br>City: [REDACTED]   |   | X |      |     | <u>82</u> m                                       |
| Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes.<br>Name: <u>Geo McIntyre</u><br>Address: <u>176 Marlborough St N</u><br>City: <u>Blenheim</u> Province <u>ON</u> Postal Code <u>N0P 1A0</u>   |   | X |      |     | <u>84</u> m                                       |
| Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts.<br>Name: <u>Ruth Ramsden</u><br>Address: <u>170 Marlborough St N</u><br>City: <u>Blenheim</u> Province <u>ON</u> Postal Code <u>N0P 1A0</u>  |   | X |      |     | <u>92</u> m                                       |
| Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons.<br>Name: <u>Classic Coachworks + Jos A Uher</u><br>Address: <u>160 Marlborough</u><br>City: <u>Blenheim</u> Province <u>ON</u> Postal Code <u>N0P 1A0</u> |   |   | X    |     | <u>120</u> m                                      |
| Emergency responders specifically fire stations, ambulance stations, and police stations.<br>Name: [REDACTED]<br>Address: <u>106 Marlborough St N</u><br>City: <u>Blenheim</u> Province <u>ON</u> Postal Code <u>N0P 1A0</u>   |   | X |      |     | <u>94</u> m                                       |

Residential Commercial Residential Residential Residential

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

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|   |  |
|---|--|
| Name of person completing this form (please print)<br><u>Scott Michalec</u> | Official Title<br><u>Resident</u>                                  |
| Signature<br><u>Scott Michalec</u>  | Telephone No. <u>519-676-6922</u> Date (dd-mm-yyyy) <u>8/10/11</u> |



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**Level 1 Risk and Safety Management Plan (RSMP)**  
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**SECTION C: SUBMISSIONS (cont'd)**

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

Portable Storage Additional Information Sheet

| Cylinder Size                  | Capacity in USWG | Quantity | Total Volume in USWG |
|--------------------------------|------------------|----------|----------------------|
| # 420                          | 123.9            |          |                      |
| # 100                          | 29.5             |          |                      |
| # 40                           | 11.75            |          |                      |
| # 33.3                         | 9.62             | 13       | 120.38               |
| # 30                           | 8.8              |          |                      |
| # 20                           | 5.8              |          |                      |
| # 10                           | 2.9              |          |                      |
| # 5                            | 1.5              |          |                      |
| <b>Total Cylinder Capacity</b> |                  |          |                      |

Tanks Stored On-site Not Connected for Use

| Tank Size in USWG          | Quantity | Total Volume in USWG |
|----------------------------|----------|----------------------|
| 0                          | 0        | 0                    |
|                            |          |                      |
|                            |          |                      |
|                            |          |                      |
|                            |          |                      |
|                            |          |                      |
|                            |          |                      |
|                            |          |                      |
| <b>Total Tank Capacity</b> |          |                      |

|                         |  |
|-------------------------|--|
| Total Cylinder Capacity |  |
| Total Tank Capacity     |  |
| Total Portable Capacity |  |

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|   |  |                                      |                                     |
|---|--|--------------------------------------|-------------------------------------|
| Name of person completing this form (please print)<br><i>Scott Michalec</i> |  | Official Title<br><i>President</i>   |                                     |
| Signature<br><i>Scott Michalec</i>  |  | Telephone No.<br><i>519-676-6922</i> | Date (dd-mm-yyyy)<br><i>8/10/11</i> |