



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.

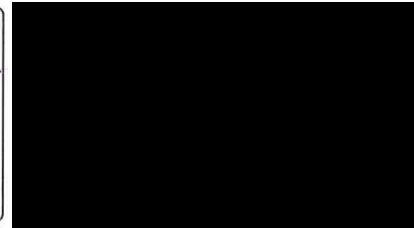
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number

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.

A Company Name Ontario Corporation No., if applicable
 Aqua Bay Ltd.

Operator Name (if different from above)
 Michael O'Shaughnessy

Telephone No. Fax No. E-mail
 613-962-2415 613-962-2156 mike@aquabay.com

B Street No. Street Name / 911 Number / Address, if applicable
 223 Cannifton Road North

Town / City or Township / County Province Postal Code
 Belleville Ontario K0K1K0

Mailing address if different from above.

C Street No. Street Name / 911 Number / Address, if applicable
 Town / City or Township / County Province Postal Code

Information on Container Refill Centre or Filling Plant

D Location of facility.

Street No. Street Name / 911 Number / Address, if applicable Nearest Major Intersection
 223 Cannifton Road North Hwy 62

Town / City or Township / County Province Postal Code
 Belleville Ontario K0K1K0

Name of Licence Holder
 Aqua Bay Ltd.

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type
 Michael O'Shaughnessy PT1 100-01

Municipality (or municipalities if the facility or its hazard distance touches multiple borders)
 Belleville

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.

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>Aqua Bay Ltd.</u>		27-03-2015
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Michael O'Shaughnessy</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

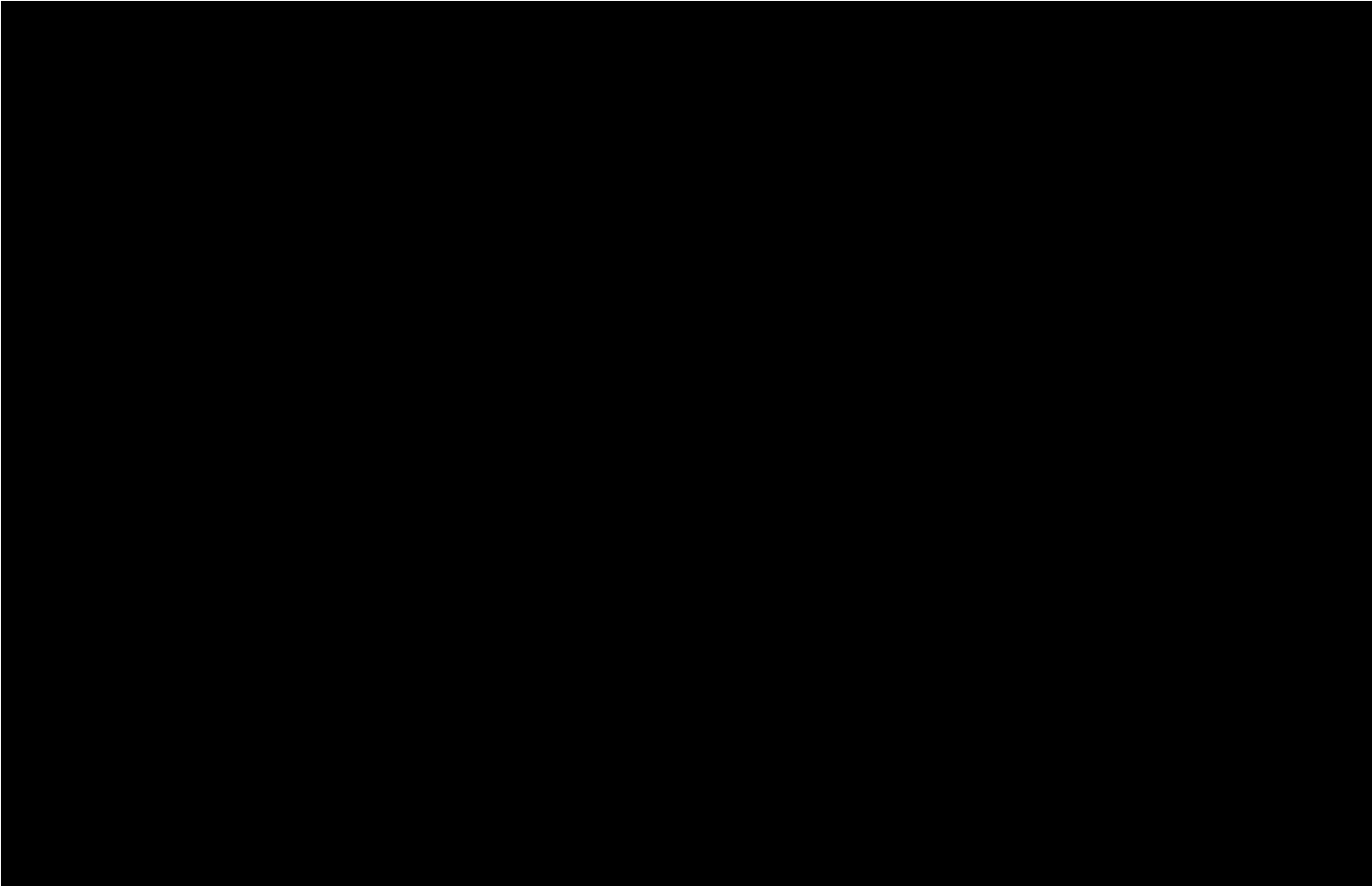
Indicate the year the facility was established. _____ Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
2014 _____

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

	PSIG	Serial Number
Tank 1:	250	19D81-16
Tank 2:	_____	_____
Tank 3:	_____	_____

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: 1000 uswg Portable: 2243.6 uswg Mobile: _____



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Name of person completing this form (please print) Michael O'Shaugnessy	Official Title President	
Signature 	Telephone No. 613-962-2415	Date (dd-mm-yyyy) 27-03-2015



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SECTION A: GENERAL INFORMATION (cont'd)
Activity Information

Name of Propane Supplier(s)			
Rosebush Energies			
Street No.	Street Name / 911 Number / Address, if applicable		
4026	Old Hwy 2		
Town / City or Township / Country		Province	Postal Code
Belleville		Ontario	K8N 4Z4
Telephone No.	Fax No.	Contact Name	
613-966-1372	613-967-9920	Derek Rosebush	
E-mail			
derek@rosebushfuels.com			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			
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	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		Postal Code
Telephone No.		Contact Name

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

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Michael O'Shaugnessy	President	
Signature	Telephone No.	Date (dd-mm-yyyy)
	613-962-2415	27-03-2015



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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.

- | | | | |
|---------------------------------|------------------------------------|----------------------------------|-----------------------------|
| 1. 20,000L Sodium Hypochlorite | 2. 50 Cases Muricatic Acids (800L) | 3. 100lbs Potassium Permanganate | 4. 5000lbs Calcium Chloride |
| 5. 1000lbs Calcium Hypochlorite | 6. 2000L 33% Hydrogen Peroxide | 7. 1000lbs Sodium Dichlor | |

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

There are fire extinguishers at every entrance inside of the building, first aid kits in the office area. The fire hydrant is located on the southern property line.

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 storage tank is equipped with a fusible line on the main valve that allows for an automatic shut off in case of fire. There is also a kill switch located to the immediate left of the propane dispenser. There is also a fire extinguisher located inside the cabinet doors on the dispenser.

Maintenance and testing schedule for fire protection controls and devices.

Fire extinguishers are examined and certified annually. Westside Services inspects the propane dispenser annually.

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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name Michael O'Shaughnessy	For Office Use - Party No.	Name Michael & Wendy O'Shaughnessy	For Office Use - Party No.
Official Title President/Owner/Operator		Official Title Owner/Operator	
Telephone No. 613-962-2415	Fax No. 613-962-2156	Cell No. 613-813-1801	Fax No.
E-mail mike@aquabay.com		E-mail mike@aquabay.com	
Role and responsibilities in emergency Inform staff, customers & public to evacuate to the safe meeting site.		Role and responsibilities in emergency Refer to facility contact personnel.	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name David Kerr	For Office Use - Party No.	Name Michael O'Shaughnessy	For Office Use - Party No.
Official Title Co-owner/Operator		Official Title President/Owner/Operator	
Telephone No. 613-813-1802	Fax No.	Telephone No. 613-962-2415	Fax No. 613-962-2156
E-mail dave@aquaby.com		E-mail mike@aquabay.com	
Role and responsibilities in emergency Inform staff, customers & public to evacuate to the safe meeting site.		Role and responsibilities in emergency Refer to facility contact personnel.	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Mark MacDonald	For Office Use - Party No.	Name Derek Rosebush	For Office Use - Party No.
Official Title Fire Chief	E-mail mmacdonald@city.belleville.on.ca	Official Title Operations Manager	E-mail derek@rosebushfuels.com
Telephone No. 613-962-2010	Fax No. 613-969-7047	Telephone No. 613-966-1372	Fax No. 613-967-9920
Role and responsibilities in emergency Emergency Co-ordinator		Role and responsibilities in emergency Assisting Fire Chief	
Fire Services Address 237 Station Street, Belleville, ON		Propane Supplier Address 4026 Old Hwy 2, Belleville, ON, K8N4Z4	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name John Lake	For Office Use - Party No.	Name Mark MacDonald	
Official Title Senior Fire Prevention Officer	E-mail jlake@city.belleville.on.ca	Official Title Fire Chief	
Telephone No. 613-966-6929 Ext. 3133	Fax No. 613-968-7497	Telephone No. 613-962-2010	Fax No. 613-969-7047
Role and responsibilities in emergency Fire Investigation		E-mail mmacdonald@city.belleville.on.ca	
Fire Services Address 237 Station Street, Belleville, ON		Municipality Name and Address City of Belleville, 169 Front Street Belleville, Ontario, K8N 2Y8	

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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.

Verbal notification to the neighbours, surrounding businesses and employees

Call 911 Immediately

Escape Route & Assembly areas are to be in place and known prior to an incident.

Assembly Area #1 - On the far side of St. Marks Church

Assembly Area #2 - Across from Ro's Variety Store

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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) 27-03-2015	Print Name of Training Provider: Michael O'Shaughnessy
	Print Name of Instructor: Michael O'Shaughnessy
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) 27-03-2015	Print Name of Training Provider: Michael O'Shaughnessy
	Print Name of Instructor: Michael O'Shaughnessy
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) 27-03-2015	Print Name of Training Provider: Michael O'Shaughnessy
	Print Name of Instructor: Michael O'Shaughnessy
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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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) 01-05-2016	Print Name of Training Provider: Michael O'Shaughnessy
	Print Name of Instructor: Michael O'Shaughnessy
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) 01-05-2016	Print Name of Training Provider: Michael O'Shaughnessy
	Print Name of Instructor: Michael O'Shaughnessy
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) 01-05-2016	Print Name of Training Provider: Michael O'Shaughnessy
	Print Name of Instructor: Michael O'Shaughnessy
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).
Key contacts or alternate contacts give warnings to staff and customers over the speaker system. The warning will be given when an on-site emergency occurs that could impact the safety of employees or visitors to the 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).

Escape route and assembly area. Plan a route away from the fire, vapour cloud or explosion. Proceed to the nearest exit.

Assembly Area #1 - On the far side of St. Marks Church

Assembly Area #2 - Across from Ro's Variety Store

Key or alternate contacts coordinate all actions.

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).

An immediate call is placed to 911 emergency services by any Aqua Bay employee. At assembly area a head count is taken and then it is determined if a call has been placed to 911 emergency services.

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

All contact information for key and alternate contacts have been provided to fire services. Fencing lock will need to be cut to gain access to the propane dispenser.

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

All information will be communicated through Belleville Incident Command.

An annual review of the location Emergency Response Plan is to be completed each year. At which time the updated info is to be forwarded to Fire Services.

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

5-10 mins

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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>70m</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	Yes	No
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).		


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 <i>FIRE CHIEF MARK MACDONALD</i> Local Fire Services Name Belleville Fire Department	Signature 	Date (dd-mm-yyyy) <i>05/05/2015</i>

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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) 12-09-2014	Capacity of single largest propane storage vessel (USWG) 1000 uswg
Tank setback coordinates. Indicate placement on the map.	
Front: 237'	Right side property line: 238'
Rear: 16'	Left side property line: 12'
GPS coordinates of single largest vessel: 44.205974, -77.392570	

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SECTION C: SUBMISSIONS (cont'd)

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

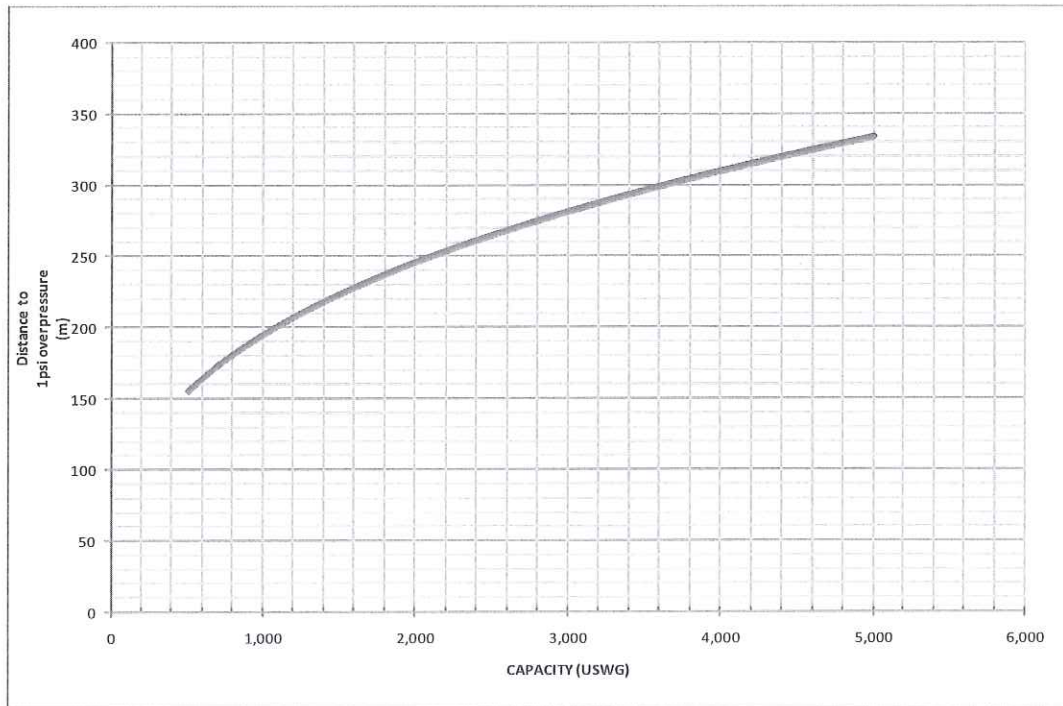
Table 1: Distance Table

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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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. Name: _____ Address: _____ City: _____				X	102 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>St. Mark's United Church</u> Address: <u>237 Cannifton Road North</u> City: <u>Belleville</u> Province <u>ON</u> Postal Code <u>K0K1K0</u>			X		105 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) Michael O'Shaugnessy	Official Title President
Signature 	Telephone No. 613-962-2415
	Date (dd-mm-yyyy) 27-03-2015



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

WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	0
# 100	29.5	4	118
# 40	11.75	0	0
# 33.3	9.62	0	0
# 30	8.8	12	105.6
# 20	5.8	350	2030
# 10	2.9	0	0
# 5	1.5	0	0
Total Cylinder Capacity 2243.6 uswg			

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity		

Total Cylinder Capacity	2243.6 uswg
Total Tank Capacity	1000 uswg
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	3243.6 uswg



Branch Standard 9 - 75 ft Radius



223 Cannifton Rd N
Street View - Search nearby
Total distance: 195.03 m (639.87 ft)

Single
Largest
Fixed
Vessel
1000 uswg

Ipsi overpressure radius - 195m

Date Prepared March 25/2015

Capacity of largest propane storage vessel 1000 uswg

Tank Setback coordinates

Front	237' (72.2m)	Right side property line	238' (72.5m)
Rear	16' (4.9m)	Left side Property line	12' (3.7m)

GPS Coordinates 44.205974, -77.392570

City of Belleville Municipal Clerk

City Clerk
169 Front St., Belleville, ON, K8N 2Y8
613 968-6481

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