Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416, 734,3300 Fax: 416,231,4078 Customer Service: 1,877,682,8772 propanelicensing@tssa.org

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 or portable propane storage capacity on site.

	Feilu Makin	g a false statemen	te this form may result in rejection, it may result in a fine or prosecution ical Standards and Safety Act		For Office Use Only	
lcence	e Number		*			
heck ap	pplicable type of pri	opane operations				
	✓ Cylinder	Motor Fill	Filling Plant			
Submit a	Treasured.		acility Site Plan and a Map of the Surroundii	Card/Keylock ng Area.		
			SECTION A: GENERA	AL INFORMATION		
The U	Indersigned a	pplies to TSS	A for a review for an RSMP	under Ontario's Technical	Standards and Safety Act,	
	ne Storage a ompany Name	ind Handling	Hegulation.			
	579011 Ontario I	nc			Corporation No.	
1	perator Name (il diff				2579011 Ontario inc	
	henn George					
Te	lephone No.	Fax No.	E-mail			
4	16 886 5408		gsherinkg@holmail.com			
B SI	reat No.	Streat Name / 91	1 Number / Address, If applicable			
26	59	Ene street				
To	own / City or Towns	hip / County		Province	Postal Code	
S	tratford			Ontario	N5A2N1	
C Str	eet No. wn / City or Townsh		11 Number / Address, il applicable	Province	Postal Code	
Lo	cation of facility.	itainer Hefill Cei	ntre or Filling Plant			
	real No	Street Name / 91	l Number / Address, if applicable	Nearest Major Intersac	lion	
D 26	69 Erie street	Erie street		Erie street/Cambria s		
Tov	vn / City or Townsh	np / County		Province	Postal Code	
Sh	rafford			Ontario	N5A2N1	
					1707.02111	
Nar	ma of Licence Holde	r				
She	erin George					
Nar	Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).					
1						
Mu	Municipality (or municipalities if the facility or its hazard distance feuches multiple borders)					
1000	of Stratford					
	- Sildilord					
Hou	irs 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.

The state of the s	mere is true and complet	10.
Print name	Signature	Date (dd-mmm-yyyy)
Name of Licence Holder Sherin George	CN.	14-June-2018
Name of Senior Management person as defined in the Regulation holding the Record of Training Sherin George.	DES	
Tragellater Total of Training		



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Level 1 Risk and Safety Management Plan (RSMP)

Technical Standards and Safety Act

Propane Storage and Handling Regulation

SECTION A: GENERAL INFORMATION (cont'd)

ntify the psi-	ig rating and	serial number f	or each fixed propane storage tank on site.	
		PSIG	Serial Number	
Tank 1;	250	8	996-18	
Tank 2:				

Name of person completing this form (please print)	Official Title	Official Title	
SHERIN GEORGE	OWNER	OWNER	
Signature	Telephone No.	Date (dd-mmm-yyyy)	
•	416-886-5408	14-June-2018	



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Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

Propane Storage and Handling Regulation

SECTION A: GENERAL INFORMATION (cont'd)

Activity Information For Office Use - Party No. Name of Propane Supplier(s) Dodsley Propane Street No. Street Name / 911 Number / Address, if applicable Spruce Street Town / City or Township / Country Province Postal Code Ontario Tillsonburg N4G 5C4 Telephone No. Fax No. Contact Name 519-842-9700 519-842-8102 Derek Dodsley / Jim Smith E-mail info@dodsleypropane.com For Office Use - Party No. Name of Propane Transporter. If same as above, please check box. Street Name / 911 Number / Address, if applicable Street No. Town / City or Township / Country Province Postal Code Telephone No. Fax No. Contact Name E-mail For Office Use - Party No. Off-site Cylinder and/or Mobile Storage Capacity stored off-site, in USWG Street Name / 911 Number / Address, if applicable Street No. Town / City or Township / Country Province Postal Code Telephone No. Fax No. Contact Name

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

Name of person completing this form (please print)	Official Title		
Sherin George	Owner		
Signature	Telephone No.	Date (dd-mmm-yyyy)	
	416-886-5408	14-June-2018	



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Level 1 Risk and Safety Management Plan (RSMP)

Technical Standards and Safety Act

Propane Storage and Handling Regulation

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, UNDERGROUND TANK: 40,000 LITRES REGULAR, 15,000 LITRES SUPER OVER 25FT AWAY

UNDERGROUND TANK: 40,000 LITRES REGULAR, 15,000 DIESEL OVER 25 FT AWAY

TOTAL STORAGE 110,000 LITRES

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

THERE IS A FIRE EXTINGUISHER IN THE PROPANE CABINET FOR QUICK AND EASY ACCESS, AN EMERGENCY SHUT OFF IS LOCATED ON THE

STEEL RAIL OF THE PROPANE FILLING STATION FOR QUICK AND EASY ACCESS, AS WELL AS AN EMERGENCY SHUT OFF AT THE ELECTRICAL

PANEL FOR QUICK SHUTDOWN INSIDE THE STORE

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 STORE IS EQUIPPED WITH A SECURITY AND CAMERA SYSTEM. THE SECURITY SYSTEM IS PROFESSIONALLY MONITORED.

THE PROPANE FILLING STATION IS EQUIPPED WITH AN ISC VALVE THAT IS ELECTRONICALLY CONTROLLED, IT IS BACKED UP BY AN ESV

VALVE, A FUSIBLE LINK IS LOCATED BETWEEN ESV VALVE TO SHUT DOWN THE ESV IN THE EVENT OF A FIRE, THE ELECTRONICALLY

CONTROLLED ISC VALVE CLOSES AFTER EACH FILL AND REMAINS IN THE CLOSED POSITION. CABINET LOCKED WHEN UNNATENDED.

Maintenance and testing schedule for fire protection controls and devices.

A DAILY INSPECTION FORM IS COMPLETED EACH AND EVERYDAY. THE SHUT DOWN SYSTEM WILL BE CHECKED ONCE PER WEEK.

FIRE EXTINGUISHERS ARE CHECKED MONTHLY AND INSPECTED ANNUALLY

DODSLEY PROPANE TO PERFORM PERIODIC MAINTENCE AND ANNUAL INSPECTION

Name of person completing this form (please print) SHERIN GEORGE	Official Title OWNER		
Signature Signature	Telephone No. 416-886-5408	Date (dd-mmm-yyyy) 14-June-2018	



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Level 1 Risk and Safety Management Plan (RSMP)

Technical Standards and Safety Act

Propane Storage and Handling Regulation

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 Per	rson		
Name Sherin George		For Office Use - Party No.	Name Sherin George	For Office Use - Party No	
Official Title Owner			Official Title Owner		
Telephone No. Fax No. 416 886 5408		Cell No. 416 886 5408			
E-mail gsherinkg@hotmail.com		E-mail			
Role and responsibilities in emergency			gsherinkg@hotmail.com Role and responsibilities in emergency		
	3		Trails and responsionates in among	oney	
2. Facility Contact Person	nel - Alternate Co	ontact	6. Name of Facility Manager		
Name		For Office Use - Party No.	Name	For Office Use - Party No	
Official Title			Official Title		
Telephone No.	Fax No.		Telephone No.	Fax No.	
E-mail			E-mail		
Role and responsibilities in e	emergency		Role and responsibilities in emerg	ency	
3. Local Fire Services - Ke	ey Contact		7. Propane Supplier Key Contact	t Person	
Name	ey Contact	For Office Use - Party No.	7. Propane Supplier Key Contact Name JIM SMITH		
Name John Paradis Official Title	E-mail		Name JIM SMITH Official Title	For Office Use - Party No	
Name John Paradis Official Title Fire Chief Telephone No.	E-mail	For Office Use - Party No.	Name JIM SMITH	For Office Use - Party No	
Name John Paradis Official Title Fire Chief Telephone No. 519-271-3212	E-mail jparadis@ Fax No. 519-271-9	estratford.ca	Name JIM SMITH Official Title COMPLIANCE COORDINATOR Telephone No. 519-842-9700	For Office Use - Party No E-mail jimsmith2dodsleypropane.com Fax No. 519-842-8102	
Name John Paradis Official Title Fire Chief Telephone No.	E-mail jparadis@ Fax No. 519-271-9	estratford.ca	Name JIM SMITH Official Title COMPLIANCE COORDINATOR Telephone No.	For Office Use - Party No E-mail jimsmith2dodsleypropane.com Fax No. 519-842-8102	
Name John Paradis Official Title Fire Chief Telephone No. 519-271-3212 Role and responsibilities in e	E-mail jparadis@ Fax No. 519-271-9 emergency	estratford.ca	Name JIM SMITH Official Title COMPLIANCE COORDINATOR Telephone No. 519-842-9700 Role and responsibilities in emerge	E-mail jimsmith2dodsleypropane.com Fax No. 519-842-8102 ency	
Name John Paradis Official Title Fire Chief Telephone No. 519-271-3212 Role and responsibilities in e	E-mail jparadis@ Fax No. 519-271-9 emergency	estratford.ca	Name JIM SMITH Official Title COMPLIANCE COORDINATOR Telephone No. 519-842-9700 Role and responsibilities in emerge TECHNICAL SUPPORT Propane Supplier Address	E-mail jimsmith2dodsleypropane.com Fax No. 519-842-8102	
Name John Paradis Official Title Fire Chief Telephone No. 519-271-3212 Role and responsibilities in e Fire Services Address 388 Erie St Stratford Ont N5A-2 4. Local Fire Services - Alt Name	E-mail jparadis@ Fax No. 519-271-9 emergency	estratford.ca	Name JIM SMITH Official Title COMPLIANCE COORDINATOR Telephone No. 519-842-9700 Role and responsibilities in emergence of the complete of the	For Office Use - Party No E-mail jimsmith2dodsleypropane.com Fax No. 1519-842-8102 ency RG ON N4G 5C4	
Name John Paradis Official Title Fire Chief Telephone No. 519-271-3212 Role and responsibilities in e Fire Services Address 388 Erie St Stratford Ont N5A-2 4. Local Fire Services - Alt Name Roddy MacDonald Official Title	E-mail jparadis@ Fax No. 519-271-9 emergency	estratford.ca	Name JIM SMITH Official Title COMPLIANCE COORDINATOR Telephone No. 519-842-9700 Role and responsibilities in emerge TECHNICAL SUPPORT Propane Supplier Address 45 SPRUCE STREET, TILLSONBU 8. Municipal Contact Name	E-mail jimsmith2dodsleypropane.com Fax No. 519-842-8102	
Name John Paradis Official Title Fire Chief Telephone No. 519-271-3212 Role and responsibilities in e Fire Services Address 388 Erie St Stratford Ont N5A-2 4. Local Fire Services - Alt Name Roddy MacDonald Official Title Fire Inspector Telephone No.	E-mail jparadis@ Fax No. 519-271-9 emergency	estratford.ca 1511 For Office Use - Party No.	Name JIM SMITH Official Title COMPLIANCE COORDINATOR Telephone No. 519-842-9700 Role and responsibilities in emerge TECHNICAL SUPPORT Propane Supplier Address 45 SPRUCE STREET, TILLSONBU 8. Municipal Contact Name Bernie Weber Official Title	For Office Use - Party No E-mail jimsmith2dodsleypropane.com Fax No. 1519-842-8102 ency RG ON N4G 5C4	
Name John Paradis Official Title Fire Chief Telephone No. 519-271-3212 Role and responsibilities in e Fire Services Address 388 Erie St Stratford Ont N5A-2	E-mail jparadis@ Fax No. 519-271-9 mergency N4 E-mail macdona Fax No. 519-271-9	estratford.ca 1511 For Office Use - Party No.	Name JIM SMITH Official Title COMPLIANCE COORDINATOR Telephone No. 519-842-9700 Role and responsibilities in emerge TECHNICAL SUPPORT Propane Supplier Address 45 SPRUCE STREET, TILLSONBU 8. Municipal Contact Name Bernie Weber Official Title Municipal Building Official II Telephone No.	For Office Use - Party No. E-mail jimsmith2dodsleypropane.com Fax No. 519-842-8102 ency RG ON N4G 5C4 For Office Use - Party No.	
Name John Paradis Official Title Fire Chief Telephone No. 519-271-3212 Role and responsibilities in e Fire Services Address 388 Erie St Stratford Ont N5A-2 4. Local Fire Services - Alt Name Roddy MacDonald Official Title Fire Inspector Telephone No. 519-271-3212	E-mail jparadis@ Fax No. 519-271-9 mergency N4 E-mail macdona Fax No. 519-271-9	estratford.ca 1511 For Office Use - Party No.	Name JIM SMITH Official Title COMPLIANCE COORDINATOR Telephone No. 519-842-9700 Role and responsibilities in emerge TECHNICAL SUPPORT Propane Supplier Address 45 SPRUCE STREET, TILLSONBU 8. Municipal Contact Name Bernie Weber Official Title Municipal Building Official II Telephone No. 519-271-0250 x216 E-mail	For Office Use - Party No. E-mail jimsmith2dodsleypropane.com Fax No. 519-842-8102 ency RG ON N4G 5C4 For Office Use - Party No.	

Name of person completing this form (please print)	Official Title	
SHERIN GEORGE	OWNER	
Signature	Telephone No	Date (dd-mmm-yyyy)
	416-886-5408	



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Propane Storage and Handling Regulation

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.

Name of person completing this form (please print)	Official Title		
SHERIN GEOREGE	OWNER	OWNER	
Signature 2	Telephone No.	Date (dd-mmm-yyyy)	
	416-886-5408	14-June-2018	



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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 Res	sponse Plan and Procedures provided to facility key contacts.				
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: *Propane Filling Station is not installed yet*				
30-Jun-2018	Print Name of Instructor:				
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:				
	Print Name of Instructor:				
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:				
	Print Name of Instructor:				
Training on the facility's Eme	ergency Management Procedures provided to staff,				
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:				
30-Jun-2018	Print Name of Instructor:				
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:				
	Print Name of Instructor:				
Training Date (dd-mmm-yyyy)	Print Name of Training Provider				
	Print Name of Instructor:				
On-site specific training pro-	vided to certificate holders / persons with Records of Training.				
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:				
30-Jun-2018	Print Name of Instructor:				
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:				
	Print Name of Instructor:				
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:				
	Print Name of Instructor:				

Name of person completing this form (please print)	Official Title		
SHERIN GEORGE	OWNER	OWNER	
Signature 2	Telephone No.	Date (dd-mmm-yyyy)	
	416-886-5408	14-June-2018	



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

4. Emergency Training Plan for Coming Year

Training on Emergency Re	sponse Plan and Procedures provided to facility key contacts.
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
30-Jun-2018	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training on the facility's Em	ergency Management Procedures provided to staff,
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
30-Jun-2018	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
On-site specific training pro	vided to certificate holders / persons with Records of Training.
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
30-Jun-2018	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
·	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Name of person completing this form (please print)	Official Title	Official Title	
SHERIN GEORGE	OWNER		
Signature &	Telephone No.	Date (dd-mmm-yyyy)	
9	416-886-5408	14-June-2018	



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Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

Propane Storage and Handling Regulation

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). IN CASE OF A FIRE, LEAKAGE, OR ANY OTHER INCIDENT, THE STAFF ON DUTY WILL CALL THE OWNER OPERATOR ON HIS CELL PHONE OR
HOME PHONE IF NECESSARY. IF THERE IS NO ANSWER, A CALL TO 911 WILL BE PLACED IF NECESSARY
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). THE STAFF ON DUTY WILL IMMEDIATELY CLOSE THE TANK VALVE AND SHUT OFF THE POWER TO THE PROPANE DISPENCER. THEY WILL
ALSO CLEAR PEOPLE FROM THE AREA AND MOVE EVERYONE TO A SAFE, DESIGNATED AREA. ADDITIONALLY, THEY WILL ATTEMPT TO
EXTINGUISH ANY FIRE, IF NECESSARY, AS LONG AS IT IS SAFE TO DO SO.
Communication with Emparage Authorities
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).
THE STAFF ON DUTY WILL CALL 911 THROUGH THE BUSINESS PHONE LINE, HOME PHONE OR CELL, THEY WILL ALSO PHONE THE
OWNER OPERATOR OR ALTERNATE CONTACT ON THEIR CELL OR HOME NUMBER IMMEDIATLEY. THE OWNER OPERATOR OR ALTERNATE
CONTACT WILL INSURE THE 911 CALL IS MADE
Describe provisions for fire department entry when there are no operations or staffing at the propane site. THE PROPANE REFILL CENTRE WILL BE LOCATED ON THE NORTH E. SIDE OF THE PROPERTY. FULL ACCESS CAN BE MADE BY EMERGENCY
SERVICE VEHICLES FROM ERIE STREET AND CAMBRIA STREET, THE FIRE DEPARTMENT CAN CONTACT THE OWNER OPERATOR BY CELL
OR HOME NUMBER.
Describe how the licence holder will ensure continual flow of updated information to authorities. AUTHORITIES WILL BE KEPT INFORMED USING CELL OR LAND LINE PHONES
How long will it take the facility liaison person to respond to the site. LESS THAN 1 HOUR

Name of person completing this form (please print) SHERIN GEORGE	Official Title OWNER	
Signature 2	Telephone No.	Date (dd-mmm-yyyy)
	416-886-5408	14-June-2018



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Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

Propane Storage and Handling Regulation

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 Does the propane location have controlled access to limit unnecessary risk and entry 1 (lock out procedures)? Is there adequate night lighting at the site? Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials? 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? Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? Are weighing systems validated for accuracy? 7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)? Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves) Is the schedule of maintenance and testing activities retained on site? 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. Is a pressurized water system available at the propane facility site? Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location? What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only) What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only)

Name of person completing this form (please print) SHERIN GEORGE	Official Title OWNER	
Signature	Telephone No: 415-886-5408	Date (dd-mmm-yyyy) 14-June-2018



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Fire Services page.

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

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 Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)? Is there adequate night lighting at the site? Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials? Are there procedures that capture and record the daily inspection of hoses and in spection requirements for filling systems and mechanical devices used in the transfer of propane? Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? Are weighing systems validated for accuracy? 7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)? Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves) Is the schedule of maintenance and testing activities retained on site? 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 Is a pressurized water system available at the propane facility site? Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location? What is the unobstructed distance to the closest water supply that could be used for 48 metres firefighting activities? (distance in metres only) What is the unobstructed distance to the closest approved water supply with year N/A round access if there are no hydrants? (distance in metres only)

Name of person completing this form (please print) SHERIN GEORGE	Official Title OWNER	
Signature	Telephone No. 416-886-5408	Date (dd-mmm-yyyy) 14-Jue-2018



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Fire Services ?

Level 1 Risk and Safety Management Plan (RSMP)

Technical Standards and Safety Act

Propane Storage and Handling Regulation

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 F If not, please explain (e.g., no fire services).	Response and Preparedness Plan?	Yes No
Fire services comments, if any: No comments at this time.		
To be completed by the Licence Holder In response to the above comments, the following action(s) is required:		
No.		
The licence holder will respond to the Local Fire Services comments	by:	
	(dd-m	nmm-yyyy)
LOCAL FIR	E SERVICES	
The undersigned has reviewed Section B of the Risk and Safety M	Management Plan Fire Services.	
Print name	Signature	Date (dd-mmm-yyyy)
Local Fire Services Name Roddy MacDonald	Cardy Myor	04/06/2018

Name of person completing this form (please print)	Official Title	
SHERIN GEORGE	OWNER	
Signature (1)	Telephone No.	Date (dd-mmm-yyyy)
	416-886-5408	



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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

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.
- 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.
- 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-mmm-yyyy) 14-June-2018	Capacity of single largest pro	ppane storage vessel (USWG)
Tank setback coordinates. Indicate placeme Front: 10 FT	it on the map. Right side property line:	15 FT
Rear: 115 FT	Left side property line:	75 FT
GPS coordinates of single largest vessel;	43°21'55,46"N 80°59'15,08"W	

Name of person completing this form (please print) SHERIN GEORGE	Official Title OWNER	11
Signature	Telephone No. 416-886-5408	Date (dd-mmm-yyyy) 14-June-2018

Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416.734.3300 Fax: 416,231,4078 Customer Service: 1.877,682,8772 propanelicensing@tssa.org

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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 psl 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:

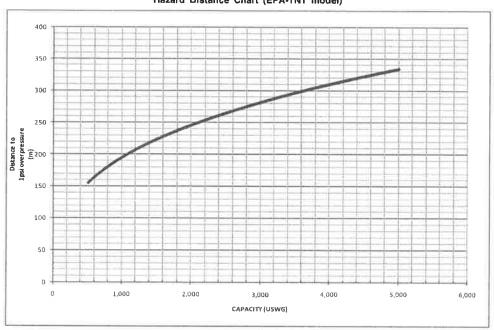
Density of Propane is 0.5033 kg per litre @ 15 C

Assume all vessels are 80% full

1 gallon (US, liquid) = 0.003785411784 cubic meter

1 cubic metre = 264.17 USWG

Hezard Distance Chart (EPA-TNT model)





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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	60	348
# 10	2.9		
# 5	1.5		

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG

Total Cylinder Capacity	348
Total Tank Capacity	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	348

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			Techn	ical Standards	and S	afety 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

	s Present within the Circle on the Map of the Surrounding Area Name and Address of Closest Building or Feature		* Number of Buildings and Features (mark with an "X")			Tank to Closest Building or
Industrial buildings or parks or golf of Shakespea	are street	tario Postal Code N5A3W3	0	X	2-10 11	1200 m
Residential building units specifically Name: Address: 146 Cambri Strat	a street	gs, condominiums, and apartments. ario Postal Code N5A1H4				25 m
Commercial building units specifically Hair Log Address: 281 Erie str. City: Stratfor	oot	theatres, and sporting complexes. O Postal Code N5A2N1		X		23 m
Commercial building units – continuo Name: Address: City:		campgrounds, and resorts. Postal Code				m
institutions, and prisons. Name: Address:		sing and retirement homes, mental health Postal Code				m
Emergency responders specifically fine Name: Address:	re stations, ambulance stations, ar	nd police stations.				m
Address:						-

^{*} For multi-unit buildings, count each unit as "1".

Name of person completing this form (please print) SHERIN GEORGE	Official Title OWNER				
Signature	Telephone No. 416-886-5408	Date (dd-mmm-yyyy) 14-June-2018			

