



Technical Standards and Safety Authority  
www.tssa.on

14th Floor - Centre Tower  
3300 Uloor Street West  
Toronto Ontario M8X 2X4  
Fax: 416.231.4903  
Customer Service: 1.877.602.8772

### 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>000180725</u></p> <p>Check applicable type of propane operations:</p> <p><input checked="" type="checkbox"/> Cylinder    <input type="checkbox"/> Motor Fill    <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 style="text-align: center;"><b>For Office Use Only</b></p> <div style="background-color: black; width: 100%; height: 100%;"></div>
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### SECTION A: GENERAL INFORMATION

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

Company Name	Ontario Corporation No., if applicable	
<b>A</b> Vesuvius Canada	4134117	
Operator Name (if different from above)		
Telephone No.	Fax No.	E-mail
905-732-4441	905-732-0960	of.bering@ca.vesuvius.com

Street No.	Street Name / 911 Number / Address, if applicable	Province	Postal Code
333	Prince Charles Dr.	ON	L3B-5P4
Town / City or Township / County			
Welland			

Mailing address if different from above.			
Street No.	Street Name / 911 Number / Address, if applicable	Province	Postal Code
333	Prince Charles Dr. P.O. Box 220	ON	L3B-5P4
Town / City or Township / County			
Welland			

<b>Information on Container Refill Control or Filling Plant</b>			
Location of facility.			
Street No.	Street Name / 911 Number / Address, if applicable	Nearest Major Intersection	Postal Code
333	Prince Charles Dr.	Lincoln St.	L3B-5P4
Town / City or Township / County			
Welland			

Name of License Holder	ROT type
Vesuvius Canada	400-04
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).	
Jeff Kelly	
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)	
Niagara	

Hours of operation.

This document is valid until the next license 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 License Holder: <u>Vesuvius Canada Inc.</u>		09-01-2012
Name of Senior Management person as defined in the Regulation holding the Record of Training: <u>Jeff Kelly</u>		<u>2/4/12</u>

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SECTION A: GENERAL INFORMATION (cont'd)

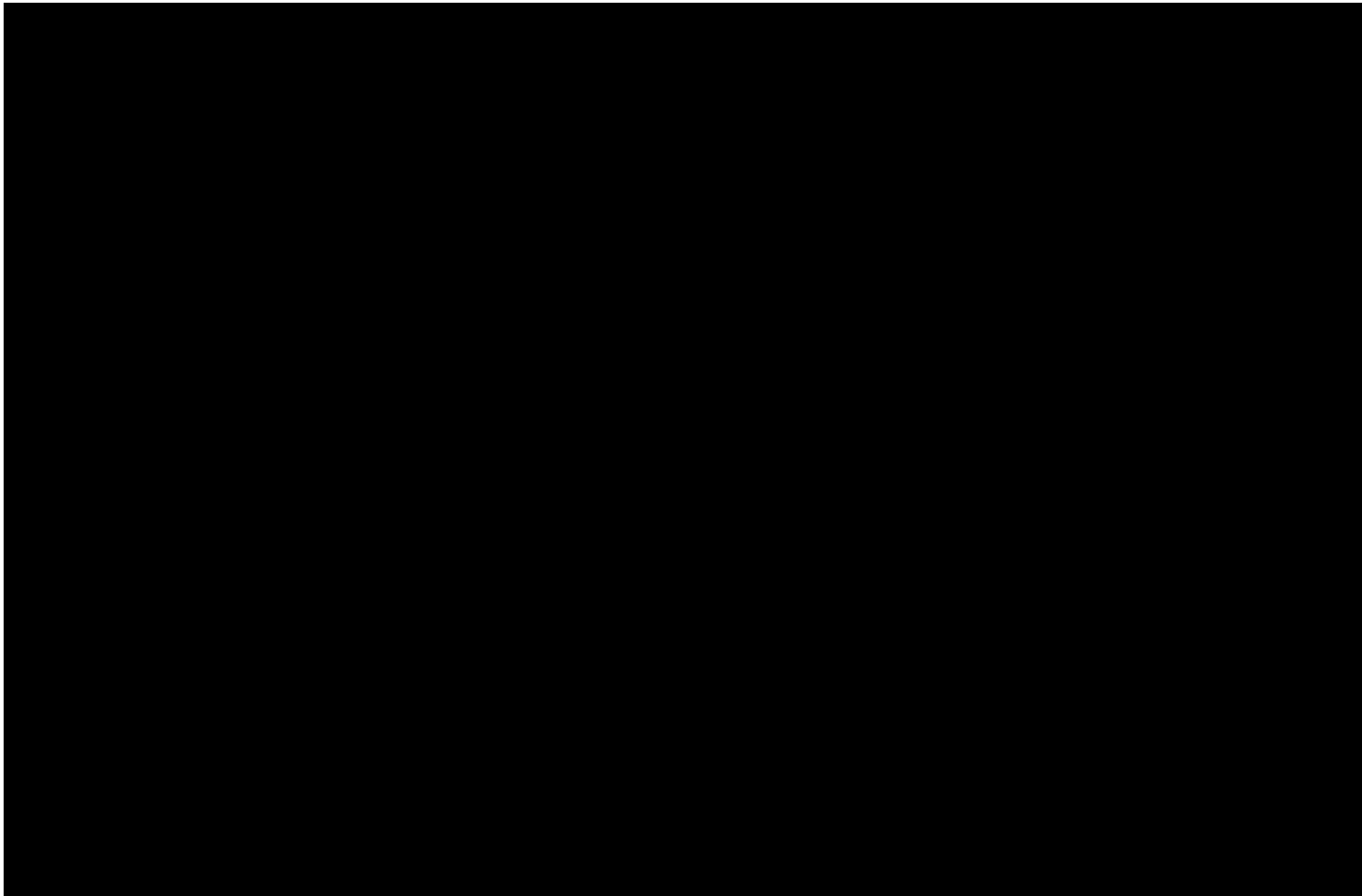
Indicate the year the facility was established. 1999 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank 1:	250	5478676
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 Portable: \_\_\_\_\_ Mobile: \_\_\_\_\_



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Name of person completing this form (please print) Roy Kitchen	Official Title Compliance Manager
Signature 	Telephone No. 905-892-3377
	Date (dd-mm-yyyy) 09-01-2012



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

Activity Information

Name of Propane Supplier(s) Free Gas Co. Ltd.		For Office Use - Party No. [REDACTED]	
Street No. 2511	Street Name / 911 Number / Address, if applicable Reg. Rd. 20		
Town / City or Township / Country Fonthill		Province ON	Postal Code L0S-1E0
Telephone No. 905-892-3377	Fax No. 905-892-4808	Contact Name Roy Kitchen	
E-mail rkitchen@bellnet.ca			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No. [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	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) Roy Kitchen	Official Title COMPLIANCE MANAGER	
Signature [Signature]	Telephone No. 905-892-3377	Date (dd-mm-yyyy) 09-01-2012





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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.

10,000 gailon coal tar tank, 4500 Sodium Silicate tank, 3100 gallon 80% Phosphoric Acid tank, 450 gallon Hydraulic Oil tank, 3

Compressed Gas storage cages.

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

2- fire hydrants, 1 stand pipe connection point, 10 fire hose stations, 85 fire extinguishers, 1-fire water pump.

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

The propane tank is equipped with an Internal Shutoff Control(ISC). This valve will close if there is a breakage in any downstream piping or hoses. This valve is kept closed when the facility is not in operation. There are excess flow valves installed in the piping that are designed to close if there is a breakage in any piping or hose. A fusible link is connected to the ISC Valve. The link is designed to melt if exposed to fire closing the ISC Valve. The cylinder filling hose is equipped with a breakaway that will stop the flow of propane if the towmotor pulls away while connected. Facility has a emergency alarm system.

Maintenance and testing schedule for fire protection controls and devices.

monthly and annually. SEE ATTACHMENT # 1

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

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name <b>Al Bering</b>	For Office Use - Party No.	Name <b>Wally Pieterse</b>	For Office Use - Party No.
Official Title <b>Maintenance Manager</b>		Official Title <b>Plant Operations Manager</b>	
Telephone No. <b>905-732-4441</b>	Fax No. <b>905-732-8160</b>	Cell No. <b>905-788-6113</b>	Fax No. <b>905-732-8160</b>
E-mail <b>al.bering@ca.vesuvius.com</b>		E-mail	
Role and responsibilities in emergency <b>Plant Safety Coordinator</b>		Role and responsibilities in emergency <b>First Company Responder</b>	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name <b>Tom Serravalle</b>	For Office Use - Party No.	Name <b>Jeff Kelly</b>	For Office Use - Party No.
Official Title <b>Operations Manager</b>		Official Title <b>Country Manager</b>	
Telephone No. <b>905-732-4441</b>	Fax No. <b>905-732-8160</b>	Telephone No. <b>905-732-4441</b>	Fax No. <b>905-732-3828</b>
E-mail <b>tom.serravalle@ca.vesuvius.com</b>		E-mail <b>jeff.kelly@ca.vesuvius.ca</b>	
Role and responsibilities in emergency <b>Technical Advisor</b>		Role and responsibilities in emergency <b>Company Spokesperson / Media</b>	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name <b>Denys Prevost</b>	For Office Use - Party No.	Name <b>Roy Kitchen</b>	For Office Use - Party No.
Official Title <b>Fire Chief</b>		Official Title <b>Compliance Manager</b>	
Telephone No. <b>905-735-9922</b>	Fax No. <b>905-732-2818</b>	Telephone No. <b>905-892-3377</b>	Fax No. <b>905-892-3377</b>
E-mail <b>denys.prevostWelland.ca</b>		E-mail <b>rkitchen@bellnet.ca</b>	
Role and responsibilities in emergency		Role and responsibilities in emergency	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name <b>Mike Agnew</b>	For Office Use - Party No.	Name <b>Christine Mintoff</b>	For Office Use - Party No.
Official Title <b>Director of Fire Prevention</b>		Official Title <b>Clerk</b>	
Telephone No. <b>905-735-9922</b>	Fax No.	Telephone No. <b>905-735-1700 ex.2280</b>	Fax No.
E-mail <b>michael.agnew@welland.ca</b>		E-mail	
Role and responsibilities in emergency		Municipality <b>Niagara</b>	

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Name of person completing this form (please print) <b>Roy Kitchen</b>	Official Title <b>Compliance Manager</b>
Signature 	Telephone No. <b>905-892-3377</b>
	Date (dd-mm-yyyy) <b>09-01-2012</b>





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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.

SEE ATTACHMENT # 2 Emergency Action Plan Manual

[Large empty area with horizontal dashed lines for text entry]

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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) 10-01-2012	Print Name of Training Provider: Vesuvius Canada Welland Plant
	Print Name of Instructor: Al Bering
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) 10-01-2012	Print Name of Training Provider: Vesuvius Canada Welland Plant
	Print Name of Instructor: Al Bering
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:

ite specific training provided to certificate holders / persons with Records of Training.

Training Date (dd-mm-yyyy) Multiple Dates	Print Name of Training Provider: Propane Training Institute
	Print Name of Instructor: Michael Farah
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) 10-01-2013	Print Name of Training Provider: Vesuvius Canada Welland Plant
	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) 10-01-2013	Print Name of Training Provider: Vesuvius Canada Welland Plant
	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:

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

Target Date (dd-mm-yyyy) 10-01-2012	Print Name of Training Provider: Vesuvius Canada Welland Plant
	Print Name of Instructor: Roy Kitchen
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) Roy Kitchen	Official Title Compliance Manager
Signature 	Telephone No. 905-892-3377
	Date (dd-mm-yyyy) 09-01-2012





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

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

5. Emergency Response Communications Plan

**Warnings and Actions**

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).

The first observer will alert Supervisor/ Manager, if they are not readily available a call to 911 will be made. If the situation warrants evacuation the internal alarm system will be activated. Notification of visitors and contractors is the responsibility of the person that scheduled the visit or work.

Further info is in the ATTACHMENT #2 EMERGENCY ACTION PLAN (EAP) Manual page 4 item #1,2,3. Also page 3 items E, F.

SEE ATTACHMENT #2 EMERGENCY ACTION PLAN (EAP) Manual page 3 items E, F. Page 4 item #1,2,3.

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 facility has a plant wide emergency evacuation alarm and is activated by dialing 4008 from any plant phone.

SEE ATACHMENT # 2 EMERGENCY ACTION PLAN (EAP) MANUAL PAGE #4,5,6 for further details.

**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).

done thru training in the EAP .Employees are instructed if an emergency situation occurs to use the phone system and call 911. Managers/Supervisors upon being notified of the emergency will ensure 911 has been called and if not call.

ALSO SEE ATTACHMENT #2 for EMERGENCY ACTION PLAN (EAP) MANUAL:

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

There is no provisions in place. Fire service will cut lock

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

Information will be updated to authorities by the Plant Safety Coordinator by being present at the Incident Command Site for the duration of the emergency and/ or by using a cellular phone. For more information see attachment #2 EAP page # 4 item 3.

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

approx. 30 minutes

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Signature 	Telephone No. 905-8992-3377
	Date (dd-mm-yyyy) 09-01-2012



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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 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 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)           |                                     | 63m                      |
| 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) |                                     | 63m                      |

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Name of person completing this form (please print) Roy Kilchen		Official Title Compliance Manager	
Signature 		Telephone No. 905-892-3377	Date (dd-mm-yyyy) 09-01-2012





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

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

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

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

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

Yes  No

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

Fire services comments, if any:

**To be completed by the Licence Holder**

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

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

**LOCAL FIRE SERVICES**

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

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name <i>Mike Agnew</i>	<i>Mike Agnew</i>	<i>17/01/2012</i>

**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) <i>Mike Agnew</i>	Official Title <i>Director of Fire Prevention</i>
Signature <i>Mike Agnew</i>	Telephone No. <i>905 735-9922</i> Date (dd-mm-yyyy) <i>17/01/2012</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) 09-01-2012	Capacity of single largest propane storagevessel (USWG) 1000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: <u>80m</u>	Right side property line: <u>68m</u>
Rear: <u>83m</u>	Left side property line: <u>327m</u>
GPS coordinates of single largest vessel: <u>42,980518 x 79,259912</u>	

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Signature 	Telephone No. 905-892-3377	Date (dd-mm-yyyy) 09-01-2012



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Propane Storage and Handling Regulation

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

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

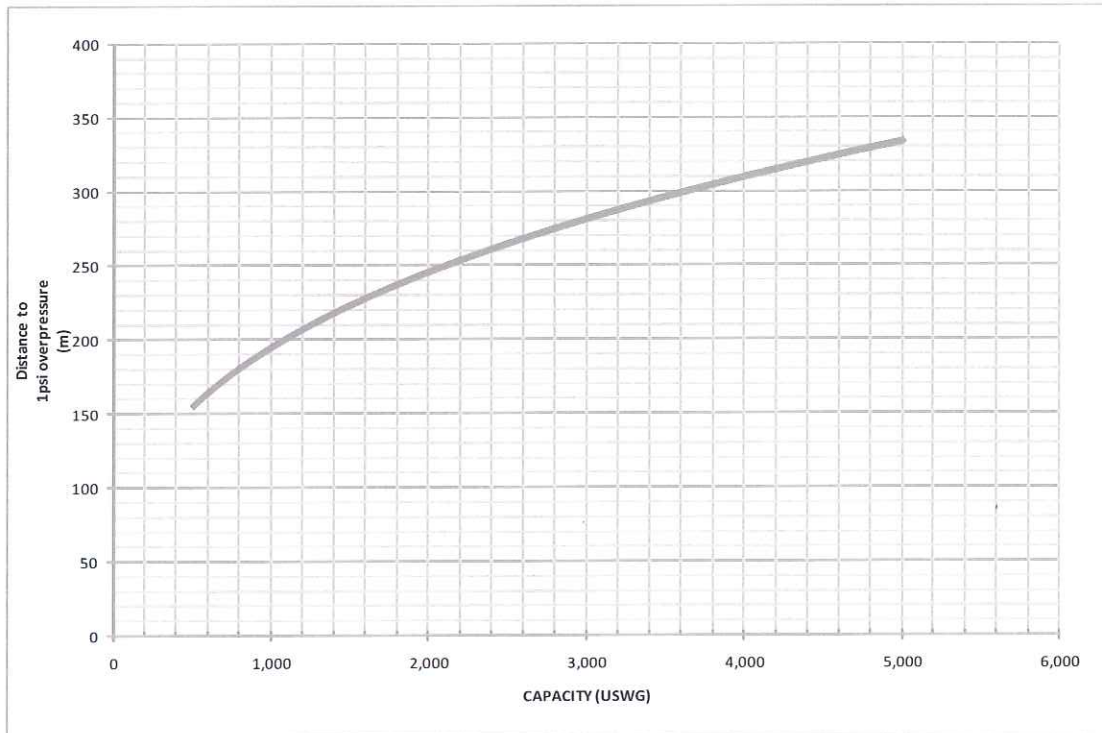
Table 1: Distance Table

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
6,620	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)



**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)		Official Title	
Signature		Telephone No.	Date (dd-mm-yyyy)



Technical Standards and Safety Authority  
www.tssa.org

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

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

**SECTION C: SUBMISSIONS (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	140 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>Best Western</u> Address: <u>300 Prince Charles Drive</u> City: <u>Welland</u> Province <u>ON</u> Postal Code <u>L3C 7B3</u>		x			145 m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m

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

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

Name of person completing this form (please print) <u>Roy Kitchen</u>	Official Title <u>Compliance Manager</u>	
Signature 	Telephone No. <u>905-788-4672</u>	Date (dd-mm-yyyy) <u>09-01-2012</u>





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

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

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

**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	25	240
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			25

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

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

<b>Total Cylinder Capacity</b>	25
<b>Total Tank Capacity</b>	
<b>Total Portable Capacity</b>	

**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.**

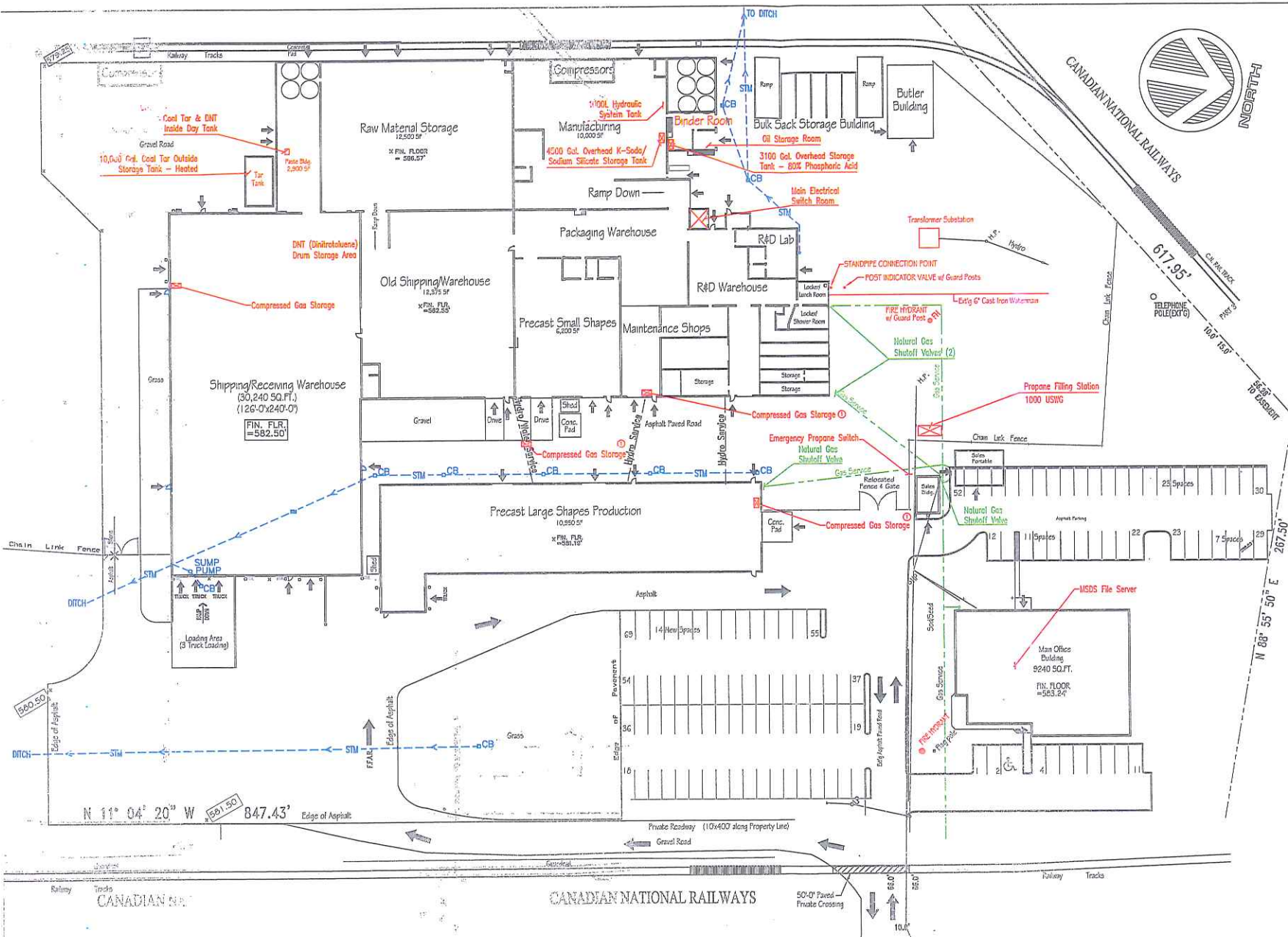
Name of person completing this form (please print) Roy Kitchen	Official Title Compliance Manager	
Signature 	Telephone No. 905-892-3377	Date (dd-mm-yyyy) 09-01-2012



Storage 1000USWG Tank  
Date Prepared Jan. 9, 2012  
333 Prince Charles Dr. Welland  
Tank Setbacks N-68m, S-327m, E-80m, W-83m  
Radius 196m  
GPS Coordinates N42,980518 W79,259912  
Regional Municipality of Niagara  
City Clerk Christine Mintoff 905-735-1700 ex.2280  
Address 60 East Main St. Welland L3B-3X4

Property Line






ISSUANCE			
REV.	DESCRIPTION	DATE	BY
①	Added Compressed Gas Storage	3/24/06	AB
②	Updated for Propane Filling Station RISP	2/10/12	AB

PLANT MAIN PHONE: 905-732-4441

AFTER HOURS EMERGENCY CONTACTS

- 1 - WALLY PIETERSE - PLANT OPERATIONS MANAGER  
HOME: 905-732-1695  
CELL: 905-788-6113
- 2 - TERRY LEVAY - ELECTRICAL/MTCE SUPERVISOR  
HOME: 905-735-7228
- 3 - AL BERING - MTCE MANAGER  
HOME: 905-684-1809

CAUTIONARY NOTE: Multiple propane powered forklifts may be parked in various locations throughout the plant buildings.



**VESUVIUS**  
CANADA  
Welland, Ontario

DRAWING TITLE

## EMERGENCY MAP

333 Prince Charles Dr.

SCALE	PROJECT NO.
NTS	
DRAWN A. Bering	
CHECKED	
DATE April 26, 2005	
DATE PRINT	
REVISION NO. REV 2	



PROJECT NO.	2008
DATE	2008
BY	Engineering Department
FOR	Building and Inspection Division
BY	Planning Division

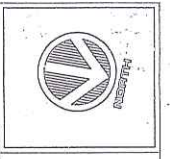
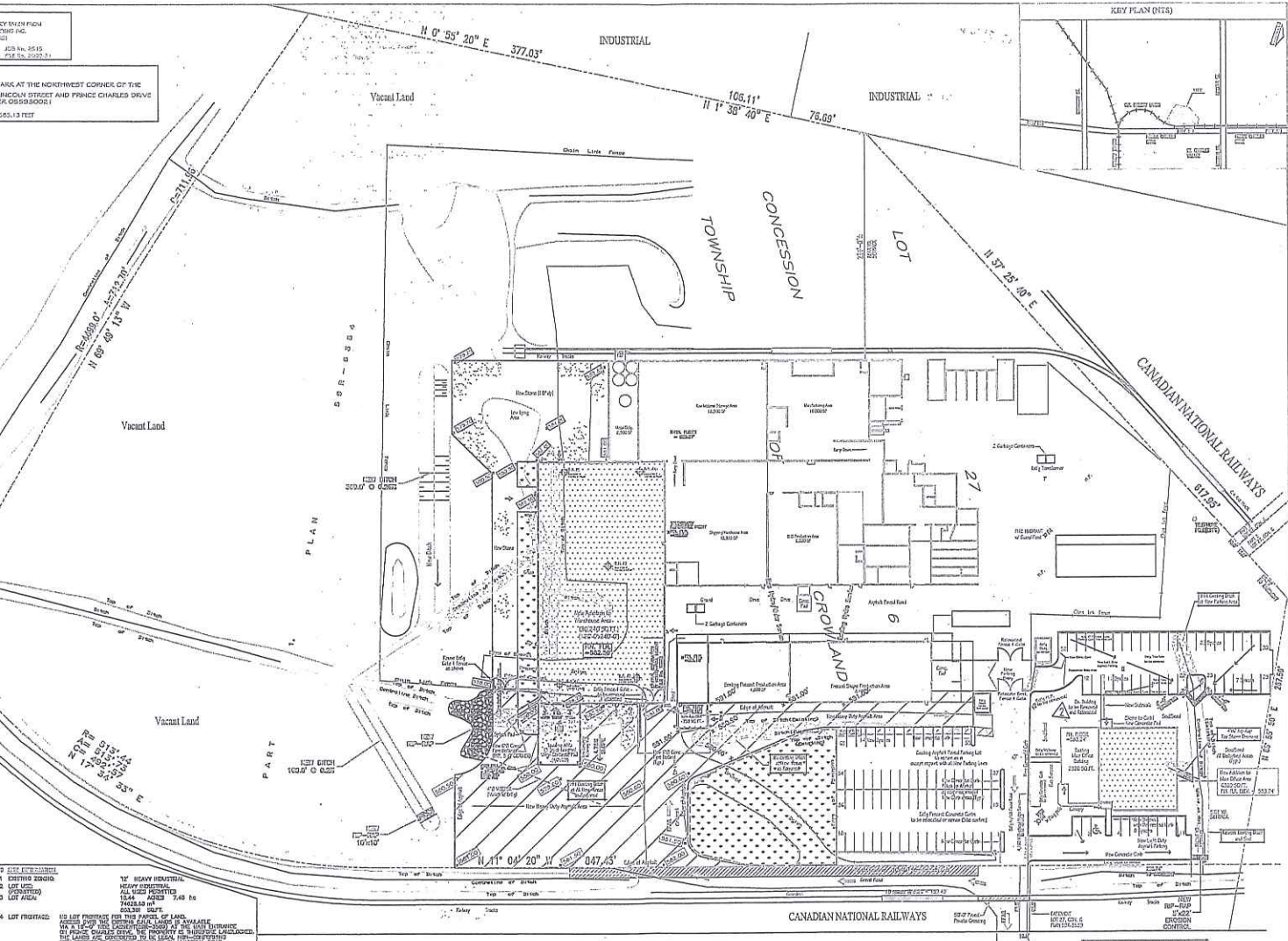
DATE OF PREPARATION & ZEROED IN FROM TOWN & RANGE DATA EXISTING MONUMENT NUMBER 055930021  
 JOB No. 2015  
 PLAN No. 2007-01  
 ELEVATION = 565.13 FEET

PROPERTY LOCATION  
 PART OF LOT 26 CONVEYED BY PLAN 05-0048  
 TOWNSHIP & RANGE  
 COUNTY OF HURON  
 PROVINCE OF ONTARIO  
 MUNICIPAL JURISDICTION

DEVELOPMENT INFORMATION  
 1.3 ZONING  
 1.4 EXISTING BUILDING FOOTPRINT  
 1.5 EXISTING UTILITY AND SERVICES  
 1.6 EXISTING DRIVEWAY  
 1.7 EXISTING DRIVEWAY  
 1.8 EXISTING DRIVEWAY  
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- DRAWING LIST**
- WAREHOUSE ADDITION ARCHITECTURAL**
- A - SITE PLAN
  - A-1 - FLOOR PLAN
  - A-2 - ELEVATIONS
  - A-3 - BUILDING SECTIONS
  - A-4 - WALL SECTIONS
  - A-5 - SECTIONS & DETAILS
  - A-6 - SCHEDULES
  - A-7 - RACKING LAYOUT
- STRUCTURAL**
- S-1 - FOUNDATION PLAN
  - S-2 - FOUNDATION DETAILS
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DESIGNED AND DRAWN BY  
 DATE  
 CHECKED BY  
 DATE

NO.	DESCRIPTION	DATE	BY
1	1/27/08	1/27/08	SP

DESIGNED AND DRAWN BY  
 DATE  
 CHECKED BY  
 DATE

**TIMBRO**  
 Design Build  
 Architecture and Building  
 100 FUTURE, WILLOW  
 P.O. Box 483 248 East Main St.  
 Welland, ON L3B 9E2  
 Tel: (905) 734-4513 Fax: 734-4220  
 e-mail: info@timbrodesignbuild.com

**VESUVIUS**  
 Welland, Ontario

PROJECT TITLE  
**ADDITIONS TO WAREHOUSE AREA AND MAIN OFFICE AREA**  
 333 Prince Charles Drive

**SITE PLAN**

SCALE	1" = 50'-0"
PROJECT NO.	D0504
DATE	MAR. 21, 2008
BY	SP