Fallure 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 Salety Act Licence Number 76647095 Chuck applicable type of propane operations. ✓ Cylinder Molor 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 Ontarlo's Technical Standards and Safety Act, Propane Storage and Handling Regulation. Company Name Ontario Corporation No., it applicable Costco Wholesale (Canada) Ltd. Operator Name (if different from above) Frank Chislette (Agent/Warehouse Manager) Tolephone No. Fax No. 以-mall 1-800-463-3783 N/A service@costco.ca B Street Name / 911 Number / Address, if applicable StreetNo. 415 West Hunt Club Road Town / City or Township / County Postal Code Province Ottawa K2E 1C5 Ontario Mailing address if different from above. Street Name / 911 Number / Address, if applicable Street No. C same Town / City or Township / County Postal Code Province Information on Container Refill Centre or Filling Plant Location of facility. Street No. Street Name / 911 Number / Address, if applicable Nearest Major Intersection D 35 John Birchall Road John Birchall Road & Elgin Mills Road Town / City or Township / County Postal Code Province Richmond Hill L4S 0B2 Ontario Name of Licence Holder Frank Chislette (Agent/Warehouse Manager) on behalf of Costco Wholesale Ltd. Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type Robert Moyer 100-08-77281 Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Town of Richmond Hill Hours of operation.

Process Safety, Superior Propone 20/02/2012



| Technical | MthFloor - Contre Tower | 3300 Bloor Street West | Teronto Ontario MBX 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 fess; 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.

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| The same of the sa | Undersigne pane Storag Company Name Costoo Whole Oreigtor Name Frank Chistett telephone No 1-800-463-376 Street No 415 Town / City or To Ottown / City or To Costoo of fac Street No 35 Town / City or To Richmond Hill Name of Usernoa 1 Frank Chistette Name of a Senior Robert Moyer Muricipally (or effown of Richmond From of Richmond Fown of Richmo | Undersigned applies to pane Storage and Har Company Name. Costco Wholesale (Canada Obertor Name in different force Frank Chistotte (Agent/Waret Lefeptore No Fail 1-800-463-3783 N// 1-800-463-3783 N// 1-800-463-3783 N// 1-800-463-3783 N// Street No Street Town / City or Townstrip / Court Others of Court Others of Canada Obertor Others of Canada | Undersigned applies to TSSA for pane Storage and Handling Regulation Name (Canada) Ltd Oberton Name (Fafferent from above) Frank Chislette (Agent/Warehouse Manage Facet Name (Fafferent from above) Street No. Street No. Street No. Street No. Street No. Other of Townstep / County Othawa Mailing address if different from above. Street No. Street Name (Pth Number of Street Name of Street Nam | Addression of the sempleted accident a Facility Site Plan and a Map of the Surrounding SECTION A: GENERAL SECTION SECTI | SECTION A: GENERAL INFORMATION  SECTION A: GENERAL INFORMATION  Undersigned applies to TSSA for a review for an RSMP under Ontario's Technics pane Storage and Handling Regulation.  Company Name Costoo Wholesale (Canada) Ltd  Oberton Name (I different from above) Frank Chistote (Agent/Warehouse Manager)  Folightens No Fax No Esmal  1.800 463-3783 N/A Esmal  Street No Street No Street Nord Chistote Road  Town / City or Township / County Ontario  Mailing address if different from above.  Street No Street Nord Chistote (Agent/Warehouse Nord Nord / Address, if applicable same town of City or Township / County Ontario  Mailing address if different from above.  Street Nord City or Township / County Province  Town / City or Township / County Province  To |

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.

| Printnamo                                                                                                    | Signature | Date (dd-mm-yyyy) |
|--------------------------------------------------------------------------------------------------------------|-----------|-------------------|
| Name of Licence Holder Frank Chislotte (Agent/Wattehouse Manager) on behalf of Costco                        |           |                   |
| Name of Serror Management person as defined in the<br>Regulation holding the Record of Training Robert Moyer | A. Silyn  | 11-/2/4           |



#### Technical Standards and www.tssa.org

14th Floor - Centre Tower 3300 Bloor Street West Safety Authority
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

| CECTION | Aa  | GENERAL    | INICODMA | TION | (contid)  |
|---------|-----|------------|----------|------|-----------|
| SECTION | /-N | CICINCINAL |          |      | (COIII O) |

| Indicate the year the facility was established. 2007 | Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.  None |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Identify the psig rating and serial number for ear   | ch fixed propane storage tank on site.                                                                          |
| PSIG                                                 | Serial Number                                                                                                   |
| Tank1: 250                                           | 5.592879                                                                                                        |
| Tank2:                                               |                                                                                                                 |
| Tank3:                                               |                                                                                                                 |
| Enter capacity of propane in USWG, fixed, port       | able, and mobile, and provide detailed inventory that includes the number of tank/vessel for                    |
|                                                      | capacity of each tank/vessel, on a separate document.                                                           |
| Fixed: 2000 USWG                                     | Portable: 346 USWG Mobile: 0                                                                                    |
|                                                      |                                                                                                                 |
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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.

| Official Title                 |                                                 |
|--------------------------------|-------------------------------------------------|
| Process Safety Coordinator, St | perior Propane                                  |
| Telephone No.                  | Date (dd-mm-yyyy)                               |
| 905-285-2480 x 5549            | 202-2012                                        |
|                                | Process Safety Coordinator, Su<br>Telephone No. |

FS 09195 (11/10) Page 2 of 15



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 A: GENERAL: INFORMATION (contid) Activity Information

Name of Propane Supplier(s) Superior Propane - Ontario Regional Operations Centre Street No. Street Name / 911 Number / Address, if applicable 251 Woodlawn Road West, Unit 217 Town / City or Township / Country Province Postal Code Guelph Ontario N1H 8J1 Telephone No. Fax No. Contact Name 1-877-873-7467 519-836-7766 Mike Mullins E-mail mullinsm@superiorpropane.com Name of Propane Transporter. If same as above, please check box. Superior Propane - Whitby Street No. Street Name / 911 Number / Address, if applicable 505 Victoria St. East Town / City or Township / Country Province Postal Code Whitby L1N 5S4 Telephone No. Fax No. Contact Name 289-356-5985 N/A Pierre Mousseau plerre\_rnousseau@superiorpropane.com Off-site Cylinder and/or Mobile Storage Capacity stored off-site, in USWG None 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.

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) Frank Chislette | Official Title<br>Warehouse Manager |                   |
|--------------------------------------------------------------------|-------------------------------------|-------------------|
| Signature                                                          | Telephone No.<br>905-780-2100       | Date (dd-mm-yyyy) |

FS 09195 (11/10) Page 3 of 15



Technical 14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231,4903
Customer Service: 1,677.682.8772

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

### SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE BLAN

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.  Gasoline a maximum 20 litres stored in fire proof storage chest in the Tire Shop                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7707                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                            |
| Description of fire and emergency equipment indicated on facility site map.                                                                                                                                                |
| Fire Extinguishers - Type: ABC - located at:                                                                                                                                                                               |
| 1. Tire shop entrance                                                                                                                                                                                                      |
| 2. Propane filling station                                                                                                                                                                                                 |
| 3. Bay 4 in garage by fire exit                                                                                                                                                                                            |
| 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.                                                                                                                                                                            |
| Fusible link on ISC valve - Isolation valve between the tank and the downstream propane dispensing equipment.                                                                                                              |
| 2. Emergency stop lever - mounted inside the dispenser cabinet. This shuts down the pump.                                                                                                                                  |
| 3. Emergency stop push button - by Bay 4 of the Tire Shop. This shuts down the pump.                                                                                                                                       |
| 4. Fuse/power supply breaker - inside the building. This cuts all power to the propare system - shuts down pump; closes soleriold valve.                                                                                   |
| Maintenance and testing schedule for fire protection controls and devices.  Maintenance and testing is undertaken by Superior Propane according to Superior Propane's Maintenance Standard. Schedule for key equipment is: |
| 1. Pumps (Pumps every 3 months; Pump motor; check belts monthly; grease motor every 6 months) 2. ISC Valves (test for closure every 6 months)                                                                              |
| 3. Storage tank Relief Valves - inspect every 2 years; replacement schedule as per provincial regulations. 4. Fusible links - inspected every 6 months                                                                     |
| 5. Fire extinguishers maintained by Costco as per Ontario fire regulations. Maintenance records kept for 5 years.                                                                                                          |

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) Frank Chislette | Official Title<br>Warehouse Manager |            |
|--------------------------------------------------------------------|-------------------------------------|------------|
| Signature                                                          | Telephone No.<br>905-780-2100       | 17/02/2012 |

FS 09195 (11/10) Page 4 of 16



14th Floor - Centre Tower 3300 Bloor Street West Toronto Ontario MBX 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 B: EMERGENCY AND PREPAREDNESS RESPONSE RLAN (GOILL)

Contacts for Emergency Response

| 1: Facility Contact Personnel - Key                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Contact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5. Facility: 24-Hour Contact Perso                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
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| Official Title<br>Tire Centre Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Telephone No.<br>905-780-2100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Fax No.<br>905-780-2104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Cell No.<br>705-434-8263                                                                                                                                                                                                                         | Fax No.<br>705-780-2104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| E-mail<br>w592tsm@costco.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                                                              | E-mail<br>w\$92mgr@costco.com                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Role and responsibilities in emergence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| ETERRITY (Some 1: Terromon 1: #4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ernate (Contact )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6. Name of Facility Managar.                                                                                                                                                                                                                     | Late and the control of the control |  |
| Name<br>Frank Chislette                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Figs Office Use - 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| Official Title<br>Warehouse Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Telephone No.<br>905-780-2100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Fax No.<br>90-780-2104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Telephone No.<br>905-780-2117                                                                                                                                                                                                                    | Fax No.<br>905-780-2104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| E-mail<br>w592mgr@costco.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Marie Control of the  | E-mail<br>w592tsm@costco.com                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
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| Name<br>Steve Kraft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | For Office Use - 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| Name of person completing this form (please print) Frank Chislette | Official Title<br>Warehouse Manager |                   |
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| Signature A A A                                                    | Telephone No.<br>905-780-2100       | Date (dd-mm-yyyy) |



14th Floor - Centre Tower 3300 Bloor Street West Toronto Ontario M8X 2X4 Customer Service: 1.877.682.8772 Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act Propane Storage and Handling Regulation

#### **EMERGENCY AND PREPAREDNESS RESPONSE PLAN**

2. Additional Safety Measures

| The Management of the Manageme |           |
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| Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |
| Emergency Shut Off push button to shut down pump and close solenoid valve upstream of dispensing hoses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |
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| Name of person completing this form (please print) Frank Chislette | Official Title<br>Warehouse Manager |                   |  |  |
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| Signature A A A A A A A A A A A A A A A A A A A                    | Telephone No.<br>905-780-2100       | Date (dd-mm-yyyy) |  |  |



 Technical
 14th Floor - Centre Tower

 Standards and
 3300 Bloor Street West

 Toronto Ontario M8X 2X4

 Fax: 416.231.4903

 www.tssa.org
 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 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 conta  | icts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
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| Training Date (dd-mm-yyyy)                                  | Print Name of Training Provider: Costco - Standard Costco  | o Safety Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 2010                                                        | Print Name of Instructor:                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
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|                                                             | Print Name of Instructor;                                  | 44.40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
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| Training on the facility/s Em                               | ergency:Management Procedures provided to staff.           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Training Date (dd-mm-yyyy)                                  | Print Name of Training Provider: Costco - Standard Costco  | o Safety Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 2010                                                        | Print Name of Instructor;                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Training Date (dd-mm-yyyy)                                  | Print Name of Training Provider:                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|                                                             | Print Name of Instructor:                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Training Date (dd-rnm-yyyy)                                 | Print Name of Training Provider:                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|                                                             | Print Name of Instructor:                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| On-site specific training pro                               | vided to certificate holders/persons with Records of Train | iliog (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Training Date (dd-mm-yyyy)                                  | Print Name of Training Provider: FSN Training or Other     | Please note - ROT Training and certification is valid for 3 yrs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| to be arranged as required                                  | Print Name of Instructor: to be arranged as required       | - involved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Training Date (dd-mm-yyyy)                                  | Print Name of Training Provider:                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|                                                             | Print Name of Instructor:                                  | Arrange - Control of the Control of |  |
| Training Date (dd-mm-yyyy)                                  | Print Name of Training Provider:                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|                                                             | Print Name of Instructor:                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |

| Name of person completing this form (please print) | Official Title    |                   |
|----------------------------------------------------|-------------------|-------------------|
| Frank Chislette                                    | Warehouse Manager |                   |
| Signature D A M                                    | Telephone No.     | Date (dd-mm-yyyy) |
| - Folder                                           | 905-780-2100      | 17/02/2012        |



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

### EMERGENCY AND PREPAREDNESS RESPONSE PLAN (contid)

4. Emergency Training Plan for Coming Year

| Training on Emergency Ro      | esponse Plan and Procedures provided to facility key contacts:                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|-------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Target Date (dd-mm-yyyy)      | Print Name of Training Provider: Costco - Standard Costco Safety                                        | Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 2011                          |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Target Date (dd-nim-yyyy)     | Print Name of Training Provider: Superior Propane or Other Please Note: the course content is currently |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 1Q 2012                       | Print Name of Instructor: to be arranged                                                                | being developed by the industry and should be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Target Date (dd-mm-yyyy)      | Print Name of Training Provider:                                                                        | available for teaching in the fourth quarter of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                               | Print Name of Instructor:                                                                               | · this year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Training on the facility's Er | nergency Management Procedures provided to staff                                                        | , 4 10 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Target Date (dd-mm-yyyy)      | Print Name of Training Provider: Key site contact to train staff                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 1Q 2012                       | 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:                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Cn-site specific relining in  | ovided to certificate holders/persons with Records of Training                                          | The second secon |  |
| Target Date (dd-mm-yyyy)      | Print Name of Training Provider: Propane Training Institute                                             | P or AAA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 14-04-2011                    | Print Name of Instructor: N/A                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Target Date (dd-mm-yyyy)      | Print Name of Training Provider: FSN Training or Other Please                                           | note - ROT Training and certification is valid for 3 yrs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| ТВА                           | Print Name of Instructor: to be arranged as required                                                    | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Target Date (dd-mm-yyyy)      | Print Name of Training Provider:                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                               | Print Name of Instructor:                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

| Name of person completing this form (please print) | Official Title             | n-m-              |
|----------------------------------------------------|----------------------------|-------------------|
| Frank Chislette                                    | Warehouse Manager          |                   |
| Signature                                          | Telephone No. 905-780-2100 | Date (dd-mm-yyyy) |
| SE OUT HAVE BEEN SALES                             |                            | 17/02/2012        |



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

### SECTION BESIMERGENCY AND PREPAREDNESS RESPONSE PHAIN (CONT.C)

The licence holder will complete Section B in consultation with the localiting 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 operator or alternate will contact emergency services by calling 911 and will provide warnings outlined in the attached "Propane Emergency Response                                                                                              |
| Procedures" card (to be posted on site and part of the employee training). If it is safe to do so this could involve verbally advising neighbors to evacuate.                                                                                        |
| The owner/operator may also contact Superior Propane via the emergency number identified in the ERP.                                                                                                                                                 |
|                                                                                                                                                                                                                                                      |
| 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 owner/operator or alternate should first follow the actions in the ERP provided herein. Staged evacuation, if the release of propane cannot be stopped by                                        |
| cutting electrical power may be required. The initial muster location will be on the sidewalk, at the entrance to the facility, off of John Birchall Road.                                                                                           |
| Subsequent evacuation instructions potentially up to the Hazard Distance to be provided by municipal emergency responders.                                                                                                                           |
| Residences and businesses beyond the site boundary to be notified by municipal emergency responders.                                                                                                                                                 |
| Communication with Emergency hesponse 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). When the system is operational, a ROT person will be on duty and be in the propane tank area. They key contact or alternate will be implementing ER actions                                                                          |
| including notifying emergency responders. Calling 911 will occur immediately after any attempts to shut down the system.                                                                                                                             |
| When the system is not in operation, the SC valve (main isolation valve) is closed and the propane system is unattended but shutdown. Any incidents                                                                                                  |
| involving the propane tank during such times will require the intervention of random, nearby individuals or store staff.                                                                                                                             |
| Describe provisions for fire department entry when there are no operations or staffing at the propane site.  The propane tank system is located in a wide open area that is easily accessible from John Birchall Road.                               |
|                                                                                                                                                                                                                                                      |
| Describe how the licence holder will ensure continual flow of updated information to authorities.  The critical information required from the license holder is information on how to shut down the system and the fill level in the tank (if known) |
| Fill level is relevant from a time to BLEVE perspective (a nearby empty tank will BLEVE sooner than a full tank if there is fire impingement on the tank).                                                                                           |
| This information will be provided to the authorities by Frank Chislette either verbally if on site or by phone if after hours.                                                                                                                       |
|                                                                                                                                                                                                                                                      |
| How long will it take the facility liaison person to respond to the site. It would take Frank Chislette approximately 1 hour to arrive on site after receiving the emergency call.                                                                   |
|                                                                                                                                                                                                                                                      |

| Name of person completing this form (please print) | Official Title                |                               |
|----------------------------------------------------|-------------------------------|-------------------------------|
| Frank Chişlette                                    | Warehouse Manager             |                               |
| Signature All A                                    | Telephone No.<br>905-780-2100 | Date (dd-mn1-yyyy) 17/02/20/2 |



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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 REAN (CONID)

The licence holder will complete Section B in consultation with the local hire 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? 2. 3. 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? 6. 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? 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 7. Is a pressurized water system available at the propane facility site? 2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location? 3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only) -10 metres What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only) n/a

| Name of person completing this form (please print) Frank Chislette | Official Title<br>Warehouse Manager |                              |
|--------------------------------------------------------------------|-------------------------------------|------------------------------|
| Signature L. Lividi.                                               | Telephone No.<br>905-780-2100       | Date (dd-mm-yyyy) 17/02/2012 |



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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 RUAN

The licence holder will complete Section B in consultation with the local Fire Services 8: Licence holder and local Fire Services Review

| Control of the Contro |                                 | e-chienta-re-assanas-mana-cereminos-constens-as-s |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------|--|
| To be completed by the Local Fire Services Has the local fire service had an opportunity to review the Emergency If not, please explain (e.g., no fire services).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Response and Preparedness Plan? | /es No                                            |  |
| 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-y                     | yyy)                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                   |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                   |  |

| Name of person completing this form (please print)<br>Frank Chislette | Official Title<br>Warehouse Manager |                                |
|-----------------------------------------------------------------------|-------------------------------------|--------------------------------|
| Signature Liber .                                                     | Telephone No.<br>905-780-2100       | Date (dd-mm-yyyy)  17/03-120/2 |



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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 Bin 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? |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| If not, please explain (e.g., no fire services).                                                                                                  |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                   |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Fire services comments, if any:                                                                                                                   | - I           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| THE RSMP HAS BEEN REVIEWED                                                                                                                        | BY R.H. FEES. | THE PLAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
|                                                                                                                                                   |               | B' FOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| EMERCUNITY & PREPARED NESS.                                                                                                                       | a             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| To be completed by the Licence Holder                                                                                                             |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| In response to the above comments, the following action(s) is required:                                                                           |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                   |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
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| The licence holder will respond to the Local Fire Services comments by:                                                                           |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| (uc-mic-yyyy)                                                                                                                                     |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
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| LOCAL FIRE SERVICES                                                                                                                               |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.                                                      |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Print name Sig                                                                                                                                    | gnature       | Date (dd-mm-yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| Local Fire Services Name RANDY PULLE                                                                                                              |               | JAN. 26, 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |

| Name of person completing this form (please print) Frank Chislette | Official Title<br>Warehouse Manager |                   |
|--------------------------------------------------------------------|-------------------------------------|-------------------|
| Signature                                                          | Telephone No.<br>905-780-2100       | Date (dd-mm-yyyy) |



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

Propage 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.
- 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.
- 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.
- 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>02-01-2012                               | Сарасі<br>2000 Џ | ity of single largest propane<br>SWG | e storagevessel (USWG) |
|----------------------------------------------------------------------------|------------------|--------------------------------------|------------------------|
| Tank setback coordinates. Indicate placement<br>Front: 128 m<br>Rear: 65 m | it on the map.   | Right side property line:            | 185 m<br>46 гп         |
| GPS coordinates of single largest vessel:                                  | Lat: 43.8713 L   | ong: -79.4372                        |                        |

| Name of person completing this form (please print) Frank Chislette | Official Title<br>Warehouse Manager | 1.00                          |  |  |
|--------------------------------------------------------------------|-------------------------------------|-------------------------------|--|--|
| Signature La Charles                                               | Telephone No.<br>905-780-2100       | Date (dd-mm-yyyy)  17/02/20/2 |  |  |

### SECTION C. SUBMISSIONS (Contid)

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

Table 1: Distance Table

| Water Capacity<br>(Iltres) | Nominal Water Capacity<br>(USWG) | Distance to 1 psi overpressure (m) |
|----------------------------|----------------------------------|------------------------------------|
| 1,890                      | 500                              | 165                                |
| 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:

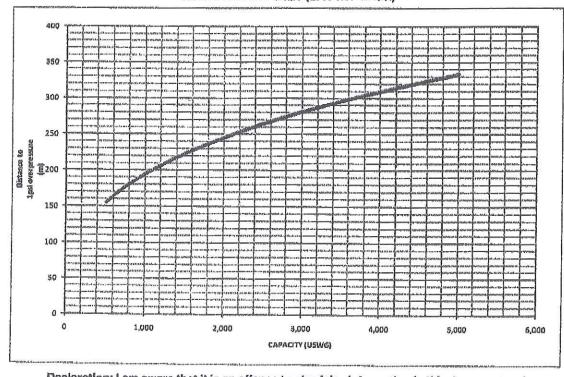
Density of Propane is 0.5033 kg per litre @ 15 C

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)



| Name of person completing this form (please print)  Nothing completed on this page.  FRANK CHISLETTE | Official Title WAREHOUSE MANALER |                              |  |
|------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------|--|
| Signature La Child                                                                                   | Telephone No.<br>(905) 780 -2100 | Date (dd-mm-yyyy) 17/03/2012 |  |



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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 (contid)

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                                                                                                                               | 1 | and F | of Bulld<br>eatures<br>th an "2<br>2-10 | _    | Distance from<br>Tank to Closest<br>Bullding or<br>Feature |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------|-----------------------------------------|------|------------------------------------------------------------|
| Industrial buildings or parks or golf courses  Name: None in Hazard Distance (greenbelts to rear and side of facility)  Address:                                                                                                                                         | х |       |                                         |      | m                                                          |
| Residential building units specifically permanent stode family dwellings, condominiums, and anatometer                                                                                                                                                                   | х |       |                                         |      | 0m                                                         |
| Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes.  Name: Various retail and restaurants (Staples, Michaels Kelsey's, etc.)  Address: John Birchall & Elgin Mills  City: Richmond Hill Province ON Postal Code | 1 |       |                                         | x    | 25-250 m                                                   |
| Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts.  Name; None in Hazard Distance  Address: Province Postal Code                                                                                                            | x |       |                                         |      | m                                                          |
| Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons.  Name: None in Hazard Distance  Address:                                                                                    | × |       |                                         | 77.0 | m                                                          |
| Emergency responders specifically fire stations, ambulance stations, and police stations.  Name: None in Hazard Distance  Address:                                                                                                                                       | × |       |                                         |      | m                                                          |

| Name of person completing this form (please print) Frank Chislette | Official Title<br>Warehouse Manager | VISION 1-0-0-1               |  |  |
|--------------------------------------------------------------------|-------------------------------------|------------------------------|--|--|
| Signature Label .                                                  | Telephone No.<br>905-780-2100       | Date (dd-mm-yyyy) 17/02/20/2 |  |  |

<sup>\*</sup> For multi-unit buildings, count each unit as "1".



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Standards and 3300 Bloor Street West
Toronto Ontario MBX 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 (CONTIO)

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             |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| # 30          | 8.8              |          | The state of the s |
| # 20          | 5.8              | 52       | 302                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| # 10          | 2.9              | 10       | 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| #5            | 1.5              | 10       | 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

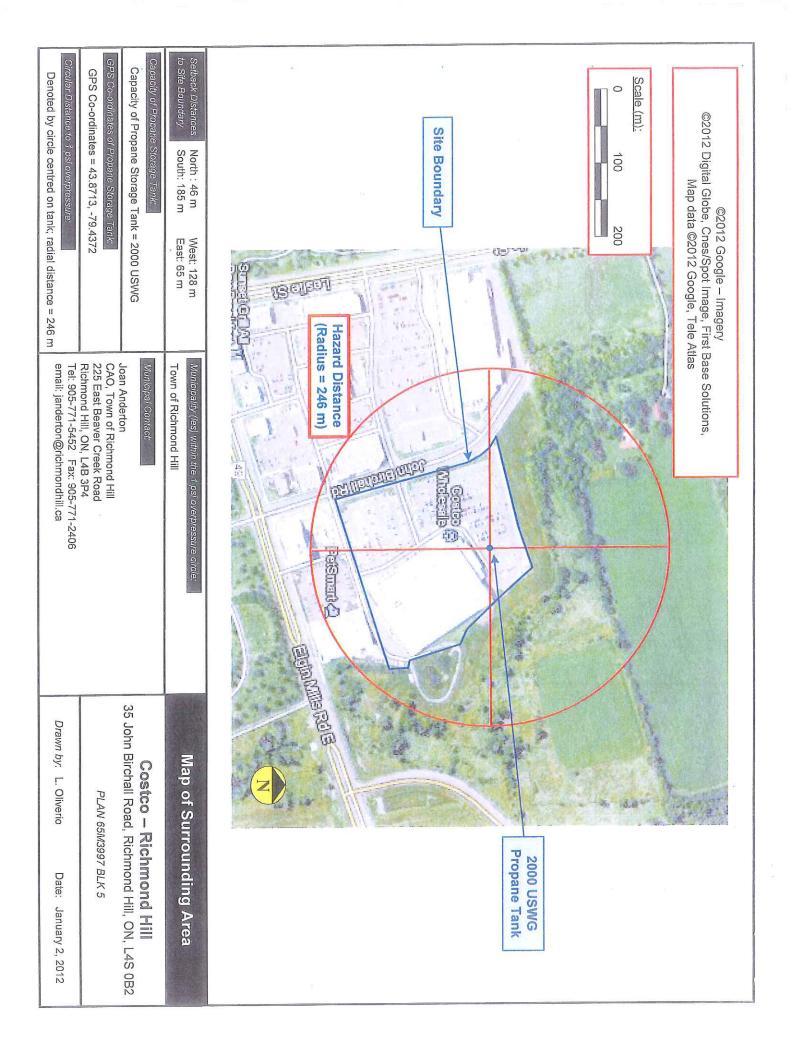
#### Tanks Stored On-site Not Connected for Use

| Tank Size in USWG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Quantity | Total Volume in USWG |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| 2000 USWG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1        | 2000 USWG            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                      |
| All production of the second o |          |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                      |
| Total Tank Capacity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u> </u> |                      |

| Total Cylinder Capacity |           |                                       |
|-------------------------|-----------|---------------------------------------|
| Total Tank Capacity     | 2000 USWG | · · · · · · · · · · · · · · · · · · · |
| Total Portable Capacity | 0         |                                       |

Declaration: I am aware that it is an offence to give false information in this document and

| Name of person completing this form (please print) Frank Chislette | Official Title Warehouse Manager |                              |  |  |
|--------------------------------------------------------------------|----------------------------------|------------------------------|--|--|
| Signature Class                                                    | Telephone No.<br>905-780-2100    | Date (dd-mm-yyyy) 17/02/20/2 |  |  |



HYDRANT FIRE