

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

This Level 1 RSMP applies to: - a facility with a total propane storage capacity of 5,000 USWG or less; or

F Ma	allure to fully complete the liking a false statement m under the Technical	nis form may result in r ay result in a fine or pr Standards and Safety /	osecution
Licence Number	000272727		
Check applicable type of	of propane operations.		
Cylinder	✓ Motor FIII completed application a Facility	Filling Plant	Card/Keylock

		SE	CTION A: GENERAL IN	FORMATION		
The	Undersigned ap pane Storage ar Company Name	pplies to TSSA for a nd Handling Regulat	review for an RSMP under ion.	Ontario's Technical		
A	PARKLAND INDUS	TRIES LTD.			Corporation No.	
	Operator Name (If differ PIONEER ENERGY	rent from above)			100002	
	Telephone No. 905-639-2060	Fax No.	E-mail miked@pionaer.ca			
В	StreetNo. 1122	Street Name / 911 Number / INTERNATIONAL BLVD				
	Town / City or Townshi	p / County		Province	Postal Code	
	BURLINGTON			ONTARIO	L7L 6Z8	
С	Meiling address if different from above. Street No. Street Name / 911 Number / Address, if applicable					
	Town / City or Township / County Province Postal Code					
inf	ormation on Conta Location of facility. Street No.	siner Refill Centre or F			\	
D	375	Street Name / 911 Number /	Address, if applicable	Nearest Major Intersectio	1	
	Town / City or Township	GUELPH STREET			HWAY 7 AND MCFARLANE DRIVE	
l l	GEORGETOWN	7 County		Province ONTARIO	Postal Code L7G 4B6	
_ 8	OLONOL TOWN			UNTARIO	L/G 400	
	Name of Licence Holder					
- [PARKLAND INDUST	RIES LTD.			1	
9	Name of a Senior Manag	gement person as defined in t	he regulation holding the Record of Train	ing (ROT).	ROT type	
- 1	BRIAN KITCHEN				PPO-3	
E	Municipality (or municip	alities If the facility or its haze	rd distance touches multiple borders)			
1	REGIONAL MUNICIPA	ALITY OF HALTON HILLS				
	lours of operation.					

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

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

	man a Suran mana na mana ama a ama	4101
Printname	Signature	Date (dd-mmm-yyyy)
Name of Licence Holder PARKLAND INDUSTRIES LTD.		23/09/2016
Name of Senior Management person as defined in the Regulation holding the Record of Training BRIAN KITCHEN	008-	



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dentify the psig rating and serial number for each fixed propane storage tank on site. PSIG Serial Number Tank1:	lentify the psig rating and serial number for each fix		
Tank1:		ked propane storage tank on site	е.
Tank2: Tank3: Tank3: inter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for ach type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.	050		
Tank3:	DIR. I.	5.814842	Manager 1
inter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for ach type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.			
ach type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.	Tank3:		
	Fixed: 2000 05WG VERTICAL Pol	table: 500	Mobile:

Name of person completing this form (please print)	Official Title	
Mike Dietrich	Manager, Facilities Infrastructure	
Signature	Telephone No.	Date (dd-mmm-yyyy)
746	905-633-3417	23/09/2016



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

		TION A: GENERAL IN	FORMATION (cont	'd)
	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Activity Inform	ation	
Name of Prop	ane Supplier(s) ANE INC.	0 10 10 10 10 10 10 10 10 10 10 10 10 10		For Office Use - Party No.
Street No. 19752	Street Name / 911 Number / A HOLLAND LANDING ROAD	ddress, if applicable		The Late of the Control of the Contr
Town / City or HOLLAND LAND	Township / Country DING		Province ONTARIO	Postal Code L9N 0A1
Telephone No. 905-952-0146	Fax No. 905-952-0155	Contact Name ALEX L. GOERK		
E-mail alex@carlingprop	ene.ca	***		
Name of Propa	ne Transporter. If same as abo	ove, please check box.	41 (1)	For Office Use - Party No.
Street No.	Street Name / 911 Number / Ad	ddress, if applicable		No. 1 of Part of the Control of the
Town / City or	Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name		
E-mail				
Off-site Cylinde	r and/or Mobile Storage	Canacity s	tored off-site, in USWG	For Office Use - Party No.
N/A			noted off-site, lit odyyd	
Street No.	Street Name / 911 Number / Add	dress, if applicable		Learning to see the transport on a processing the
Town / City or T	ownship / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name		- L

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

Official Title	
Manager, Facilities Infrastru	clure
Telephone No.	Date (dd-mmm-yyyy)
905-633-3417	23/09/2016
	Manager, Facilities Infrastru Telephone No.



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN

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

Description of the maximum volume, types and storage location of other hazardous materials on site, if any. MSDS (Material Safety Data Sheet) FOR LPG (Liquefied Petroleum Gas) ATTACHED TO THIS DOCUMENT AND AVAILABLE ON ITE FOR REFERENCE
1) 2 X 50,000 L UNDERGROUND REGULAR GASOLINE STORAGE TANKS LOCATED DIRECTLY WEST OF GASOLINE PUMPS.
2) 1 X 30,000 L UNDERGROUND MID-GRADE GASOLINE STORAGE TANK LOCATED DIRECTLY WEST OF GASOLINE PUMPS.
3) 1 X 50,000 L UNDERGROUND DIESEL STORAGE TANK LOCATED DIRECTLY WEST OF GASOLINE PUMPS.
Description of fire and emergency equipment indicated on facility site map.
1) 2 X 20 LB DRY CHEMICAL FIRE EXTINGUISHERS LOCATED AT GASOLINE PUMP ISLANDS (centre of property).
2) 1 x 10 LB DRY CHEMICAL FIRE EXTINGUISHER LOCATED IN CARWASH (centre of property).
3) 1 x 10 LB DRY CHEMICAL FIRE EXTINGUISHER LOCATED AT PROPANE DISPENSER (east side of property).
4) 1 x 20 LB & 1 X 10 LB DRY CHEMICAL FIRE EXTINGUISHERS LOCATED IN STORE.
List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.)
and describe their function, use and operation.
1) REMOTE EMERGENCY SHUT-OFF FOR PROPANE LOCATED AT SALES KIOSK IN STORE.
2) REMOTE EMERGENCY SHUT-OFF FOR GASOLINE LOCATED AT SALES KIOSK IN STORE.
3) EMERGENCY ELECTRICAL BREAKER SWITCH LOCATED AT SALES KIOSK IN STORE.
Maintenance and testing schedule for fire protection controls and devices.
REGULAR VISUAL INSPECTION OF FACILITIES.

Name of person completing this form (please print) Mike Dietrich	Official Title Manager, Facilities Infrastructure		
Signature	Telephone No. 905-633-3417	Date (dd-mmm-yyyy) 23/09/2016	



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour C	5. Facility 24-Hour Contact Person		
Name VLADIMAR GRETCHANIVSKI	For Office Use - Pa	rty No. Name MIKE DIETRICH	For Office Use - Party No.		
Official Title		Official Title	-X-13-16-16-16-16-16-16-16-16-16-16-16-16-16-		
Telephone No. 905-873-4782	Fax No.	Cell No. 905-515-2698	Fax No.		
E-mall loc361@stns.pioneer.ca		E-mail miked@pioneer.ca	E-mail miked@ploneer.ca		
Role and responsibilities in emergen COORDINATE EMERGENCY PROCE	•	Role and responsibilitle COORDINATE EMERGE			
2. Facility Contact Personnel - A	Iternate Contact	6. Name of Facility Ma	anager		
Name Ed Whitehouse	For Office Use - Par		For Office Lies - Berty No.		
Official Title Area Manager		Official Title			
Telephone No. 905-334-4340	Fax No.	Telephone No. 905-873-4782	Fax No.		
E-mail edw@pioneer.ca		E-mail loc361@stns.pioneer.ca			
Role and responsibilities in emergence		Role and responsibilities	s in emergency		
COORDINATE EMERGENCY PROCE	DURES	COORDINATE EMERGE	NCY PROCEDURES		
3. Local Fire Services - Key Conta	ct	7. Propane Supplier Ke	ev Contact Person		
Name HARRY OLIVIERI	For Office Use - Part		For Office Use - Party No.		
Official Title Deputy Chief-Prevention & Public Educ	E-mall harryo@haltonhills.ca	Official Title PRESIDENT	E-mail alex@carlingpropane.ca		
Telephone No. 905-873-2601 ext. 2102	Fax No. 905-877-5988	Telephone No. 905-952-0146	Fax No. 905-952-0155		
Role and responsibilities in emergency COORDINATE EMERGENCY PROCEDURES		Role and responsibilities COORDINATE EMERGENO	Role and responsibilities in emergency COORDINATE EMERGENCY PROCEDURES		
Fire Services Address Headquarters Station: 14007 10 Sideroal			Propane Supplier Address 19752 HOLLAND LANDING RD., HOLLAND LANDING, ON L9N 0A1		
4. Local Fire Services - Alternate C	ontact)	8. Municipal Contact			
Name ARMANDO CABRAL	For Office Use - Party	No: Name SUZANNE JONES			
Official Title CAPTAIN - FIRE PREVENTION	E-mail armandoc@hałtonhills.ca	Official Title	Kaling as Says Ad		
Telephone No. 905-873-2601 ext. 2101	Fax No. 905-877-5988	Telephone No. 905-873-2601 ext. 2331	Fax No. 905-873-1431		
Role and responsibilities in emergency COORDINATE EMERGENCY PROCEDUR	RES	E-mail suzannej@haltonhills.ca			
Fire Services Address 53 Maple Avenue, Georgetown, ON 179	G 1X8		Municipality Name and Address Regional Municipality of Halton, 1 Halton Hills Drive, Halton Hills, ON L7G 5G2		

Name of person completing this form (please print)	Official Title	
Mike Dietrich	Manager, Facilities Infrastructure	
Signature	Telephone No.	Date (dd-mmm-yyyy)
Xb	905-633-3417	23/09/2016



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

2. Additional Safety Measures

escribe any other measures in place at the facility that exceed the minimum Code and Standards requirements. AILY VISUAL INSPECTION OF FACILITIES AND SYSTEM.	
EMOTE EMERGENCY SHUT-OFF FOR PROPANE LOCATED AT SALES KIOSK IN STORE.	
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TOTAL THE PERSON OF THE PERSON	
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Name of person completing this form (please print)	Official Title	
Mike Dietrich	Manager, Facilities Infrastructure	
Signature	Telephone No.	Date (dd-mmm-yyyy)
	905-633-3417	23/09/2016



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

3. Record of Emergency Training Provided - For most recent 12-month period.

Training on Emergency Res	sponse Plan and Procedures provided to facility key contacts.	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: Carling Propane	
08/2016	Print Name of Instructor; same	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:	100 - 100 -
	Print Name of Instructor:	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:	
9-5-1	Print Name of Instructor:	
Training on the facility's Em	ergency Management Procedures provided to staff.	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: Vladimar Gretchanivski	
08/2016	Print Name of Instructor: same	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:	100000
	Print Name of instructor:	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:	
Por to the same of	Print Name of Instructor:	11.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10
On-site specific training prov	vided to certificate holders / persons with Records of Training.	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: Mike Dietrich	
08/2016	Print Name of Instructor; same	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:	netfer in the control of the control
	Print Name of Instructor:	

Name of person completing this form (please print)	Official Title	
Mike Dietrich	Manager, Facilities Infrastruc	cture
Signature	Telephone No.	Date (dd-mmm-yyyy)
	905-633-3417	23/09/2016



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

4. Emergency Training Plan for Coming Year

Training on Emergency Re	esponse Plan and Procedures provided to facility key contacts.	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Training on the facility's Em	nergency Management Procedures provided to staff.	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	***
On-site specific training pro	ovided to certificate holders / persons with Records of Training.	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	

Name of person completing this form (please print)	Official Title	
Mike Dietrich	Manager, Facilities Infrastru	ucture
Signature	Telephone No. 905-633-3417	Date (dd-mmm-yyyy) 23/09/2016



Warnings and Actions

Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Fax: 416.231.4078 Customer Service: 1.877.682.8772 www.tssa.org

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

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

5. Emergency Response Communications Plan

Describe who gives warnings UPON NOTICING A FIRE OR PRO	to whom, and how and when the warning will be given (including public notification as appropriate). OPANE LEAK, ON-STAFF ATTENDANT SHOUTS "FIRE, FIRE, FIRE" AND CALLS 911.
KEY FACILITY CONTACT IS CAL	LED IF NOT ON SITE.
Describe what action is to be tall activating the evacuation plan, if	cen and by whom when a warning is issued (including details of a meeting place in a safe identified area and necessary).
UPON HEARING "FIRE, FIRE, FIRE	RE", STAFF MUST ENSURE THAT ALL CUSTOMERS AND STAFF HAVE EXITED FROM THE BUILDINGS AND YARD
AND HAVE PROCEEDED TO THI	E SAFE MEETING PLACE (WEST SIDE OF PROPERTY BETWEEN CARWASH & GUELPH ST.). IF SAFE TO DO SO,
ROT HOLDER SHUTS OFF THE	FLOW OF PROPANE AND EXITS YARD TO THE SAFE MEETING PLACE, KEY FACILITY CONTACT
TOGETHER WITH LOCAL FIRE S	ERVICES AND POLICE WOULD COORDINATE AN EVACUATION FOR THE GENERAL PUBLIC IF NECESSARY.
Communication with Emerge	ency Response Authorities
Describe when and how the licer	nce holder will give early warning to emergency response authorities (including a process to ensure that a call is
placed to 911).	
	TAFF MEMBER NOTICING A FIRE OR PROPANE LEAK WILL IMMEDIATELY CALL 911, THEN KEY FACILITY
CONTACT IS CALLED IF NOT ON	I SITE.
Describe provisions for fire depa	rtment entry when there are no operations or staffing at the propane site.
ENTRANCES, EXITS & YARD ARE	E ACCESSIBLE AT ALL TIMES FOR EMERGENCY PERSONNEL.
Danadh I karrita Barra III.	
Describe now the licence holder v Key Facility Contact will communica	vill ensure continual flow of updated information to authorities. Ite with first responders as they arrive and will remain in contact with them and provide updates and
assistance as required. If additional	Lesquirces are required. Mile Dietrich will easted acceptant and in Contact with them and provide updates and
and to assist with the Emergency D	I resources are required, Mike Dietrich will contact propane supplier (Carling Propane) to provide additional trained staff
Petroleum Gas) attrached to this doc	esponse Plan. Emergency Response Plan, site map and MSDS (Material safety Data Sheets) for LPG (Liquefied nument and available on site for emergency responders.
How long will it take the facility HONE CONTACT - IMMEDIATE.	liaison person to respond to the site.

Name of person completing this form (please print) Mike Dietrich	Official Title Manager, Facilities Infrastructu	re
Signature	Telephone No. 905-633-3417	Date (dd-mmm-yyyy) 23/09/2016



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

Propane Storage and Handling Regulation

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

The licence holder will complete Section B in consultation with the local Fire Services. 6. Building and Site Security and Procedures Yes No Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)? Is there adequate night lighting at the site? 2. 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 4. inspection requirements for filling systems and mechanical devices used in the transfer of propane? 5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? Are weighing systems validated for accuracy? 6. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, 7. purged and other hazardous materials)? Are quality assurance procedures in place to ensure that all valves are closed after 8. 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 No Is a pressurized water system available at the propane facility site? Can the municipal fire department pump 375 GPM (1420 LPM) of water at this 2. location? What is the unobstructed distance to the closest water supply that could be used for 3. firefighting activities? (distance in metres only) 50 M - HYDRANT What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only) Hydrant Available Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete. Name of person completing this form (please print)

Official Title

Telephone No.

905-633-3417

Manager, Facilities Infrastructure

Date (dd-mmm-yyyy)

23/09/2016

FS 09195 (06/16) Page 10 of 15

Mike Dietrich

Signature



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

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

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

8. Licence holder and local Fire Services Review
To be completed by the Local Fire Services Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan? If not, please explain (e.g., no fire services).
Fire services comments, if any:
To be completed by the Licence Holder In response to the above comments, the following action(s) is required:
The licence holder will respond to the Local Fire Services comments by:
LOCAL FIRE SERVICES
he undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.
DEPUTY CHIEF HARRY OLIVIERS Signature Date (dd-mmm-yyy) Ocal Fire Services Name Date (dd-mmm-yyy)

Name of person completing this form (please print) Mike Dietrich	Official Title Manager, Facilities Infrastructu	ıre
Signature	Telephone No. 905-633-3417	Date (dd-mmm-yyyy) 23/09/2016



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

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SECTION C: SUBMISSIONS

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

Facility Site Plan.

The licence holder will submit a copy of the original facility site plan updated with the following information:

- 1. The storage location of fixed, portable, and mobile vessels.
- 2. The maximum volume, types and storage location of hazardous materials.
- Location of permanent structures on site.
- 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.
- GPS co-ordinates of the single largest vessel.
- Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
- 10. Clear indication of the municipality or municipalities present within the circle.
- 11. Visual indication of property line information.
- 12. The location and name of roads within or abutting the site.
- Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
- 14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
- 15. Complete "Required Mapping Information from Updated Site Plan" in table below .

Required Mapping Information from Updated Site Plan

Date map prepared (dd-mmm-yyyy) 06-SEP-2016	1- 2000	apacity of single largest pro USWG VERTICAL TANK	opane storage vessel (USWG)
Tank setback coordinates. Indicate placeme Front: ²⁶ METRES (Sou		Right side property line:	14 METRES (East)
Rear: 13 METRES (Nor	th)	Left side property line:	13 METRES (North)
GPS coordinates of single largest vessel:	43°38'57.45"N	/ 79°52'48.02"W	

	grant nere to a de dila complete.	
Name of person completing this form (please print)	Official Title	
Mlke Dietrich	Manager, Facilities Infrastructure	
Signature	Telephone No.	Date (dd-mmm-yyyy)
*\	905-633-3417	23/09/2016
ES 00105 (00/40) Page 10 of 45		

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SECTION C: SUBMISSIONS (cont'd)

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

Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	156
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

Formula:

 $D= 16.94 \times (1.524 \times C)^{1/3}$

D = Distance to overpressure of 1 psi (meters)

C= Tank Total Capacity in USWG

Parameters:

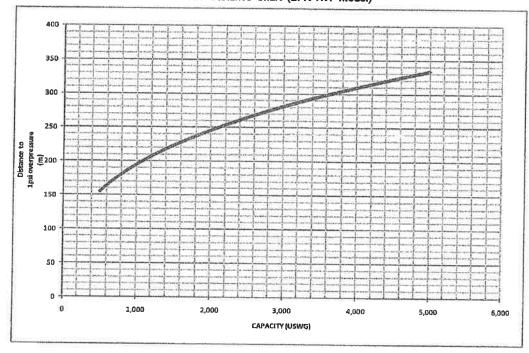
Density of Propane is 0.5033 kg per litre @ 15 C

Assume all vessels are 80% full

1 gallon [US, liquid] = 0.003785411784 cubic meter

1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)





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SECTION C: SUBMISSIONS (cont'd)

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

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2. Table 2: Buildings and Features

	Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature		* Number of Bulldings and Features (mark with an "X")			Distance from Tank to Closest Building or
Industrial	buildings or parks or golf courses	0	1	2-10	11+	Feature
Name:	N/A		l	1		0
Address:		X				m
City:	Province Postal Code					
Residenti	al building units specifically permanent single family dwellings, condominiums, and apartments				ant married	
					х	35m
Commerci	al building units specifically retail, restaurants, entertainment, theatres, and sporting complexes.	_				
Name:	SHOELESS JOE'S RESTAURANT & BAR					100
Address:	GEORGETOWN ONTARIO 1.7G 4P6		Х			m
City:	GEORGETOWN Province ONTARIO Postal Code L7G 4B6					
Commerci Name:	al building units – continuous occupancy specifically hotels, campgrounds, and resorts. BEST WESTERN - INN ON THE HILL					
Address:	365 GUELPH STREET				x I	115 m
City:	GEORGETOWN Province ONTARIO Postal Code L7G 4B6					
Sensitive i	nstitutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health		\neg		\neg	
institutions	, and prisons.				- 1	0 _
Name:	N/A	x		- 1		m
	The same of the sa				- 1	
City:	Province Postal Code					
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: N/A						
Address:		х		1	- 1	m
City:	Province Postal Code					

	on thate given hate is title and comple			
Name of person completing this form (please print)	Official Title			
Mike Dietrich	Manager, Facilities Infrastru	cture		
Signature	Telephone No.	Date (dd-mmm-yyyy)		
	905-633-3417	23/09/2016		

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



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

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WORKSHEET

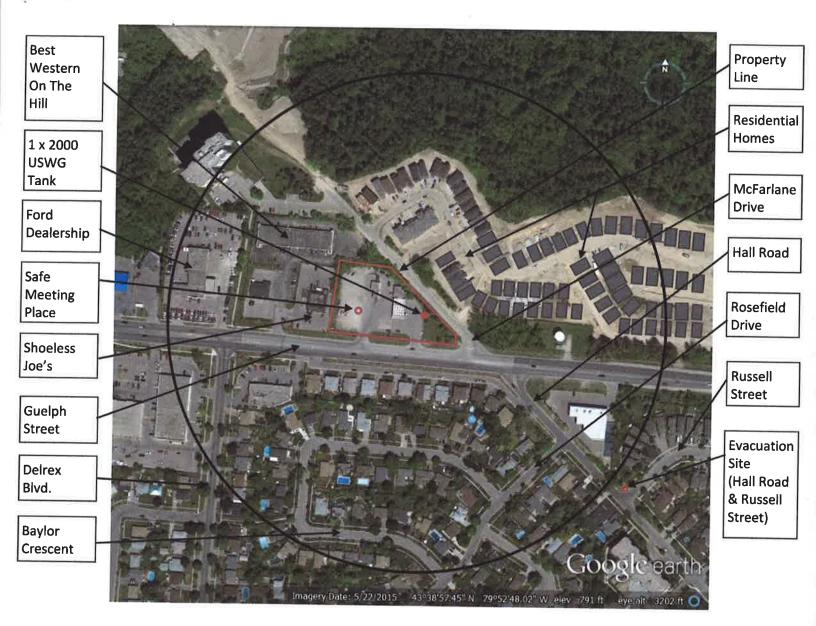
Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	48 x 20 LB CYLINDERS	278.4 USWG
# 10	2.9		
# 5	1.5		

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
N/A		
Total Tank Capacity		

278.4 USWG	
N/A	
278.4 USWG	
	N/A



PARKLAND INDUSTRIES PIONEER ENERGY STN #361

LOCATION:

375 Guelph Street, Georgetown, ON L7G 4B6

PREPARED:

September 6, 2016 2000 USWG Vertical

TANK CAPACITY: TANK SETBACKS:

Front – 26 Metres (South), Right – 14 Metres (East)

Rear – 13 Metres (North), Left – 92 Metres (West)

RADIUS:

246m

GPS COORDINATES:

43°38′57.45″N / 79°52′48.02″W

MUNICIPALITY:

Regional Municipality of Halton

MUNICIPAL CLERK:

Suzanne Jones

MUNICIPAL ADDRESS:

1 Halton Hills Drive, Halton Hills, ON L7G 5G2

