



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X 2X4  
Fax: 416.231.4903  
Customer Service: 1.877.632.8772

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

This Level 1 RSMP applies to:
 

- a facility with a total propane storage capacity of 5,000 USWG or less; or
- a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

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

Licence Number 000218801

Check applicable type of propane operations.

Cylinder     Motor Fill     Filling Plant     Card/Keylock

Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.

**For Office Use Only**

SR#...

**SECTION A: GENERAL INFORMATION**

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

Company Name Aylmer Propane Ontario Corporation No., if applicable

Operator Name (if different from above)  
Dave Wall

Telephone No. 5197735900 Fax No. 5197735824 E-mail aylmerpropane@gmail.com

Street No. 375 Street Name / 911 Number / Address, if applicable Talbot Street, East Province Ontario Postal Code N5H 1J4

Town / City or Township / County Aylmer

Mailing address if different from above.

Street No. \_\_\_\_\_ Street Name / 911 Number / Address, if applicable \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Town / City or Township / County \_\_\_\_\_

**Information on Container Refill Centre or Filling Plant**

Location of facility.

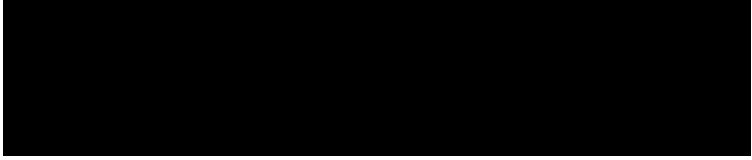
Street No. 375 Street Name / 911 Number / Address, if applicable Street, East Nearest Major Intersection Dingle Street and Talbot Street

Town / City or Township / County Aylmer Province Ontario Postal Code N5H 1J4

Name of Licence Holder Dave Wall

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Dave Wall ROT type 100-01

Municipality (or municipal ties if the facility or its hazard distance touches multiple borders)  
Aylmer

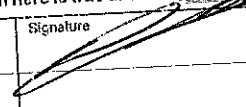
Hours of operation. 

**ake Group**

FEB 05 2016

**RECEIVED**

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.

Printname	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>Dave Wall</u>		<u>Jan 18 2016</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Dave Wall</u>		<u>Jan 18 2016</u>



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

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

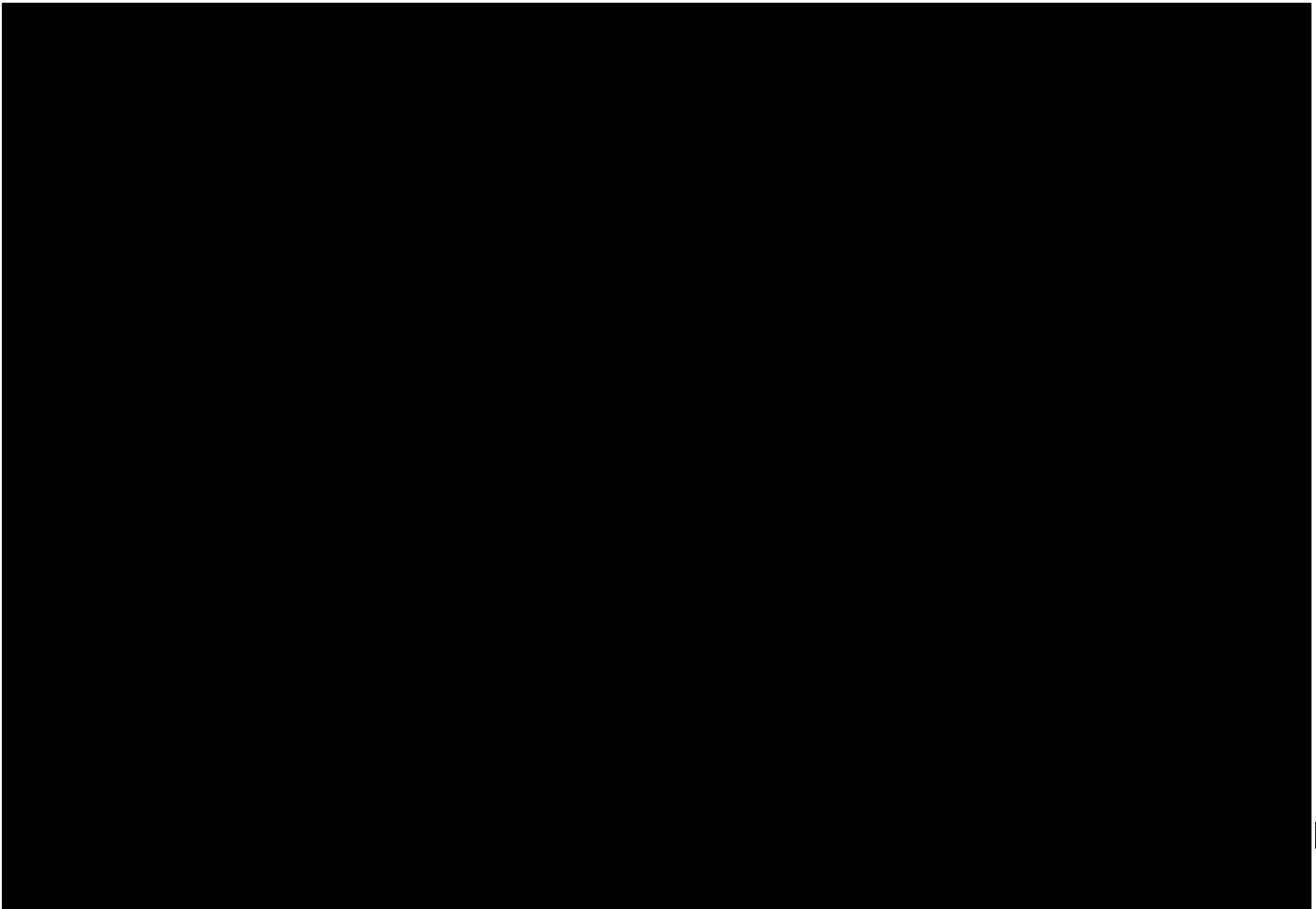
Indicate the year the facility was established. 2012      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>861501</u>
Tank 2:	_____	_____
Tank 3:	_____	_____

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 1000      Portable: 20x33lbs, 1x30lbs(166gal)      Mobile: \_\_\_\_\_



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Name of person completing this form (please print) <u>Dave Wall</u>	Official Title <u>owner</u>	Date (dd-mm-yyyy) <u>Jan 18 2016</u>
Signature 	Telephone No. <u>5197735900</u>	



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

Name of Propane Supplier(s) Primax Energy Inc.				For Office Use - Party No.	
Street No. 2558	Street Name / 911 Number / Address, if applicable Cedar Creek Road			Province Ontario	Postal Code NOB 1E0
Town / City or Township / Country Ayr					
Telephone No. 5197408209	Fax No. 5197401015	Contact Name Ron Driedger			
E-mail rdriedger@primaxenergy.com					

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>				For Office Use - Party No.	
Street No.	Street Name / 911 Number / Address, if applicable			Province	Postal Code
Town / City or Township / Country					
Telephone No.	Fax No.	Contact Name			
E-mail					

Off-site Cylinder and/or Mobile Storage		Capacity stored off-site, in USWG	For Office Use - Party No.		
Street No.	Street Name / 911 Number / Address, if applicable			Province	Postal Code
Town / City or Township / Country					
Telephone No.	Fax No.	Contact Name			

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

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Signature 	Telephone No. 5197735900	



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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.  
none

Description of fire and emergency equipment indicated on facility site map.  
Fire extinguisher located in the building and at the storage tank

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.  
Emergency shut off located outside the building used to shut off power to the tank. Another emergency shut off is located inside the building which is also used as a power shut off. Fusible link located on bottom of tank, in case of fire, the link is severed, shutting off valve located in the tank. Automatic solenoid shut off valve on cylinder fill and meter which shuts off pump and flow of gas.

Maintenance and testing schedule for fire protection controls and devices.  
The emergency shut off located in the building is tested daily. The external shut off is tested yearly. Fusible link is usually inspected monthly for signs of damage. Fire extinguishers are inspected annually. Automatic shut off valves are inspected yearly.

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

**1. Contacts for Emergency Response**

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name Dave Wall	For Office Use - Party No.	Name Dave Wall	For Office Use - Party No.
Official Title Owner		Official Title Owner	
Telephone No. 5196393738	Fax No. 5197735924	Cell No. 5196393738	Fax No.
E-mail		E-mail aylmerpropane@gmail.com	
Role and responsibilities in emergency Initiate emergency calls and advise applicable parties of emergency.		Role and responsibilities in emergency Initiate emergency calls and advise applicable parties of emergency.	

2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Dave Wall	For Office Use - Party No.	Name Dave Wall	For Office Use - Party No.
Official Title Owner		Official Title Owner	
Telephone No. 5196393738	Fax No. 5197735924	Telephone No. 5196393738	Fax No.
E-mail aylmerpropane@gmail.com		E-mail aylmerpropane@gmail.com	
Role and responsibilities in emergency		Role and responsibilities in emergency Initiate emergency calls and advise applicable parties of emergency.	

3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Sam Taylor	For Office Use - Party No.	Name Ron Driedger	For Office Use - Party No.
Official Title Fire Chief/Emerg. Mgt. coordinator	E-mail staylor@town.aylmer.on.ca	Official Title Sales Rep.	E-mail rdriedger@primaxenergy.com
Telephone No. 5197734905 5197733367	Fax No. 5197733292	Telephone No. 5197408209 5195747481	Fax No. 5197401015
Role and responsibilities in emergency incident mgt., response evacuation, mitigation, notification of municipal emergency response group.		Role and responsibilities in emergency	
Fire Services Address John Street South, Aylmer, Ontario		Propane Supplier Address 2558 Cedar Creek Road, Ayr, Ontario N0B 1E0	

4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Bill Rochus	For Office Use - Party No.	Name <del>Ms. Heather Adams</del> <i>Ms. Jennifer Reynaert</i>	For Office Use - Party No.
Official Title Deputy Fire Chief	E-mail	Official Title Administrator	
Telephone No. 5197652803	Fax No. 5197733292	Telephone No. 5197733164	Fax No. 5197651446
Role and responsibilities in emergency Perform duties of fire chief in his absence, response, manage, fire ground operation.		E-mail hadams@town.aylmer.on.ca <i>jreynaert@town.aylmer.on.ca</i>	
Fire Services Address John Street South, Aylmer, Ontario		Municipality Name and Address Town of Aylmer, Ontario	

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Signature 	Telephone No. 5197735900	Jan 18 2016



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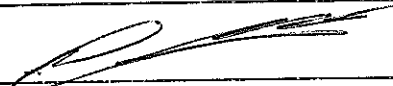
**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

[Large empty lined area for describing additional safety measures]

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

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

**Training on Emergency Response Plan and Procedures provided to facility key contacts.**

Training Date (dd-mm-yyyy) October 8, 2013	Print Name of Training Provider: Propane Training Institute
	Print Name of Instructor: Ron Driedger
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

**Training on the facility's Emergency Management Procedures provided to staff.**

Training Date (dd-mm-yyyy) October 8, 2013	Print Name of Training Provider: Propane Training Institute
	Print Name of Instructor: Ron Driedger
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy) October 8, 2013	Print Name of Training Provider: Propane Training Institute
	Print Name of Instructor: Ron Driedger
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

**4. Emergency Training Plan for Coming Year**

**Training on Emergency Response Plan and Procedures provided to facility key contacts.**

Target Date (dd-mm-yyyy) Oct. 25, 2014	Print Name of Training Provider: Propane Training Institute
	Print Name of Instructor: TBA
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

**Training on the facility's Emergency Management Procedures provided to staff.**

Target Date (dd-mm-yyyy) Oct. 25, 2014	Print Name of Training Provider: Propane Training Institute
	Print Name of Instructor: TBA
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) Oct. 25, 2014	Print Name of Training Provider: Propane Training Institute
	Print Name of Instructor: TBA
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

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

5. Emergency Response Communications Plan

**Warnings and Actions**

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).  
Either the proprietor or in his absence the employee shall contact emergency service. 911 call to inform emergency service in the event of an emergency.

Also the proprietor, or in his absence, employee shall ensure the facility is evacuated and persons are directed to the safe area located across the street.

Also, the proprietor or in his absence, employee would ensure neighbour to the East of the building would be notified of the danger.

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 proprietor, or in his absence, employee shall ensure notify vocally to every person on the grounds to evacuate to the area indicated as the safe area, will call emergency services by cell phone or phone located at the safe area. Also residential neighbour located to the East of the facility would be notified in person of the potential hazard and directed to the Safe Area.

**Communication with Emergency Response Authorities**

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).

The proprietor or in his absence the employee shall call Emergency Service via phone immediately upon discovery of any hazard that may result in an imminent dangerous situation. The phones located in the Safe Area or via cell phone whichever is closest to the person shall be used.

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

Access to the Single pressure vessel is open to 1 accessible roads and are not gated at any time. In the event Emergency Services needs access to the building and it is Locked, the Entry Door consists of a window which can be breached with minimum effort allowing EMS access to the building. In the event EMS requires to shut down power to the refilling station, an emergency shut off is located outside the building and is identified.

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

Depending on the nature of the emergency, the manager shall notify applicable authorities by telephone.

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

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

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

**6. Building and Site Security and Procedures**

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**7. Water Supply**

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	132 _____	
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? ( distance in metres only)	N/A _____	

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

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

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

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

Yes      No

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

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

*Fire Service Review + Comments Attached*

Fire services comments, if any:

**To be completed by the Licence Holder**

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

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

**LOCAL FIRE SERVICES**

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

Local Fire Services Name	Print name <i>Sam Taylor</i>	Signature <i>Sam Taylor</i>	Date (dd-mm-yyyy) <i>26-01-2016</i>
--------------------------	---------------------------------	--------------------------------	--

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**SECTION C: SUBMISSIONS**  
Applicant must include a Facility Site Plan and Map of Surrounding Area

**Facility Site Plan.**

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

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

**Map of Surrounding Area.**

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below .

**Required Mapping Information from Updated Site Plan**

Date Map Prepared (dd-mm-yyyy) 05-03-2011	Capacity of single largest propane storage vessel (USWG) 1000
Tank setback coordinates. Indicate placement on the map.	
Front: 65 Feet _____	Right side property line: 47 Feet _____
Rear: 57 Feet _____	Left side property line: 65 Feet _____
GPS coordinates of single largest vessel: A 4277278, W8097278 _____	

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**SECTION C: SUBMISSIONS (cont'd)**  
Applicant must include a Facility Site Plan and Map of Surrounding Area

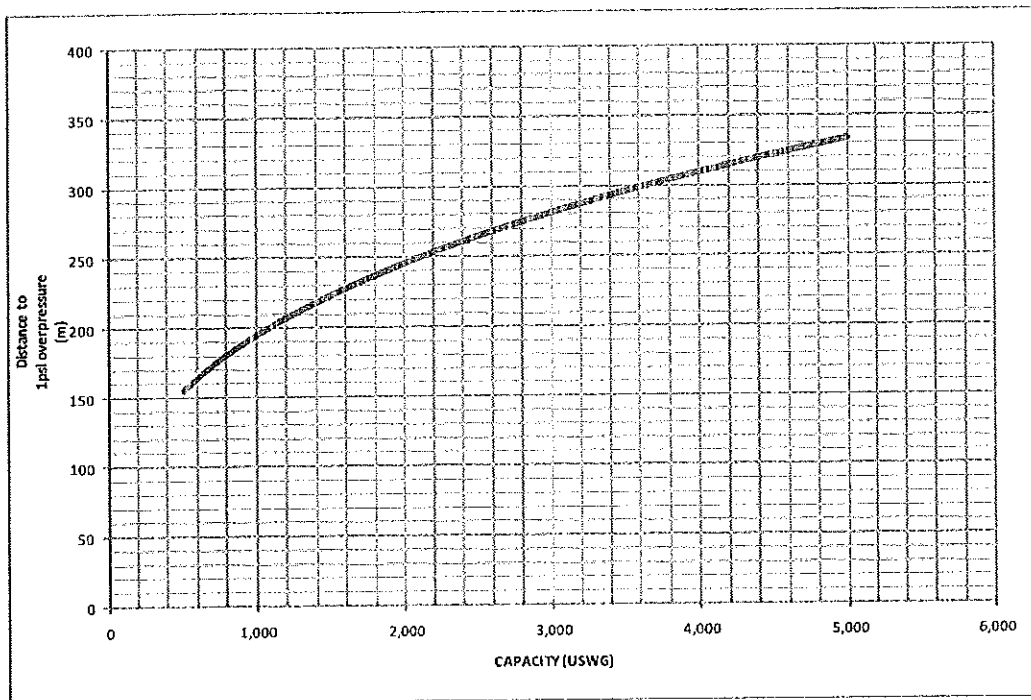
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

**Formula:**  $D = 16.94 \times (1.524 \times C)^{1/3}$   
 D = Distance to overpressure of 1 psi (meters)  
 C = Tank Total Capacity in USWG

**Parameters:** Density of Propane is 0.5033 kg per litre @ 15 C  
 Assume all vessels are 80% full  
 1 gallon [US, liquid] = 0.003785411784 cubic meter  
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)





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3300 Bloor Street West  
Toronto Ontario M8X 2X4  
Fax: 416.231.4903  
Customer Service: 1.877.682.8772

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

**SECTION C: SUBMISSIONS (cont'd)**  
Applicant must include a Facility Site Plan and Map of Surrounding Area

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

**Table 2: Buildings and Features**

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: <u>See attached</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>See attached</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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

Name of person completing this form (please print) Dave Wall	Official Title Owner
Signature 	Telephone No. 5197735900
	Date (dd-mm-yyyy) Jan 18 2016



Technical Standards and Safety Authority  
www.lssa.org

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**WORKSHEET**

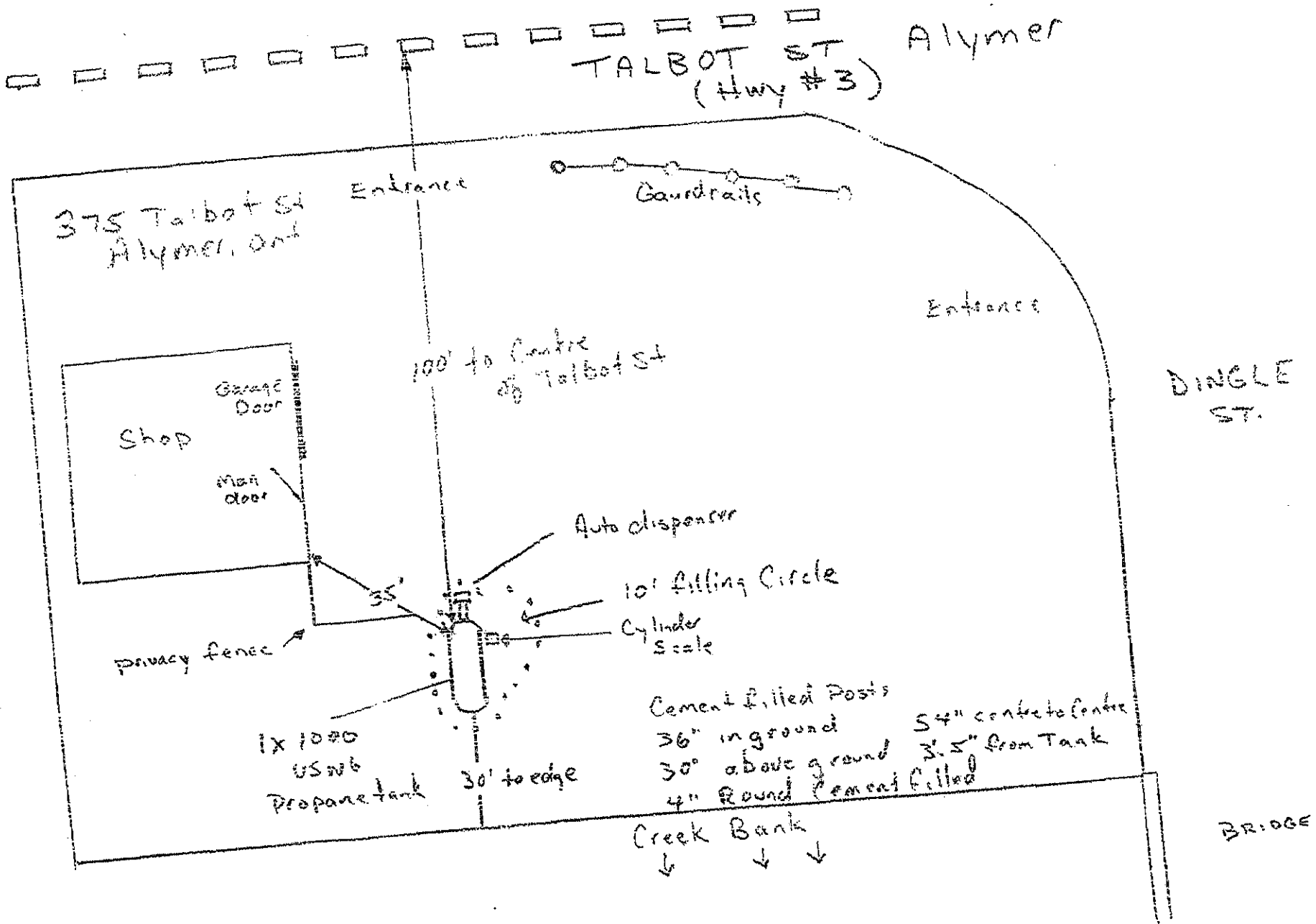
**Portable Storage Additional Information Worksheet**

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	0
# 100	29.5	0	0
# 40	11.75	0	0
# 33.3	9.62	20	192.4
# 30	8.8	1	8.8
# 20	5.8	0	0
# 10	2.9	0	0
# 5	1.5	0	0
<b>Total Cylinder Capacity</b>			

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

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

<b>Total Cylinder Capacity</b>	201.2
<b>Total Tank Capacity</b>	1000
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	





A & B  
 375 Talbot St  
 Alymer ONT  
 NSH 15H

- A = 3600 sq ft
- B = 1200 sq ft
- C = 1500 sq ft
- D = 1900 sq ft
- E = 2016 sq ft
- F = 1200 sq ft
- G = 2000 sq ft
- H = 730 sq ft

