



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X2X4
Fax: 416.231.4903
Customer Service: 1.877.682.6772

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

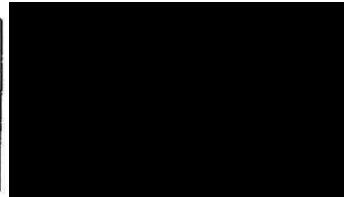
This Level 1 RSMP applies to:
 • a facility with a total propane storage capacity of 5,000 USWG or less; or
 • a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

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*.

License Number: 000175773

Check applicable type of propane operations:
 Cylinders Motor Fuel 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 Ontario's *Technical Standards and Safety Act*, Propane Storage and Handling Regulation.

A Company Name: North Wellington Co-operative Services Inc. Ontario Corporation No., if applicable: _____
 Operator Name (if different from above): _____
 Telephone No.: 519-338-2331 Fax No.: 519-338-3513 E-mail: awilliams@northwellington.ca; Allan Williams; Energy Division Manager

B Street No.: 58 Street Name / #11 Number / Address, if applicable: Margaret Street South, Box 700
 Town / City or Township / County: Harriston Province: Ontario Postal Code: N0G 1R0

C Street No.: _____ Street Name / #11 Number / Address, if applicable: _____
 Town / City or Township / County: _____ Province: _____ Postal Code: _____

Information on Container Refill Centre or Filling Plant
 Location of facility:
D Street No.: 377 Street Name / #11 Number / Address, if applicable: Gorebrae Street South Nearest Major Intersection: Gorebrae St. South, b/w Elizabeth St and South St West
 Town / City or Township / County: Durham Province: Ontario Postal Code: N0G 1R0

Name of License Holder: North Wellington Co-operative Services Inc.
 Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Kelly Boyle ROT type: Propane Truck Operator (PTO)
 Municipality (or municipalities if the facility or its hazard distance touches multiple borders): Municipality of West Grey
 Hours of operation:

This document is valid until the next license renewal date. You are required by law to notify TSSA of any change of information.
 Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

| | | |
|---|------------|-----------------------------|
| Name of License Holder: North Wellington Co-operative Services Inc. | Signature: | Date (dd-mm-yyyy): 08/05/14 |
| Name of Senior Management person as defined in the Regulation holding the Record of Training: Kelly Boyle | | |



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SECTION A: GENERAL INFORMATION (cont'd)

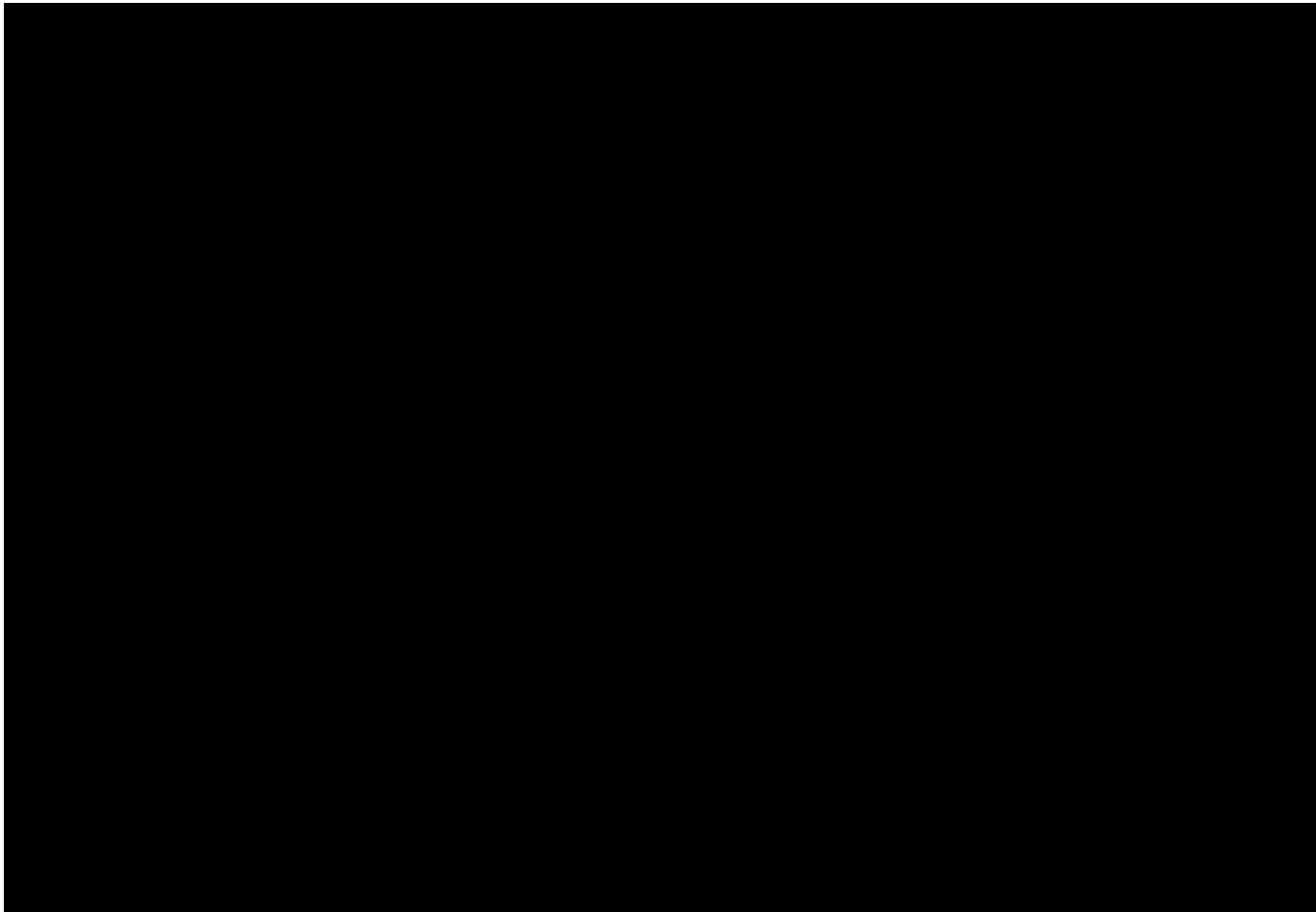
Indicate the year the facility was established. 1985 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. N/A

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

| | PSIG | Serial Number |
|--------|------------|---------------|
| Tank1: | <u>250</u> | <u>TBD</u> |
| Tank2: | <u>N/A</u> | <u>N/A</u> |
| Tank3: | <u>N/A</u> | <u>N/A</u> |

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: 2000 USWG Portable: 822 USWG Mobile: N/A



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| | | |
|---|--------------------------------------|--|
| Name of person completing this form (please print) <u>JUDY UE, HILEY COMPANY LIMITED</u> | | Official Title |
| Signature <u>[Signature]</u> | Telephone No. <u>416-298-9563</u> | Date (dd-mm-yyyy) <u>25-03-2014</u> |



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

| | | | |
|--|---|----------------------------------|------------------------|
| Name of Propane Supplier(s) NORTH WELLINGTON CO-OPERATIVE SERVICES INC. | | For Office Use - Party No. | |
| Street No. 56 | Street Name / 911 Number / Address, if applicable MARGARET STREET SOUTH, BOX 700 | | |
| Town / City or Township / Country HARRISTON | | Province ONTARIO | Postal Code N0G 1R0 |
| Telephone No. 519-338-2331 | Fax No. 519-338-3513 | Contact Name Allan Williamson | |
| E-mail awilliamson@northwellington.ca | | | |

| | | | |
|--|---|----------------------------|-------------|
| 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 | | |
| Town / City or Township / Country | | Province | Postal Code |
| Telephone No. | Fax No. | Contact Name | |
| E-mail | | | |

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

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

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) JUDY UE, MILEY COMPANY LIMITED | Official Title | |
| Signature <i>Judy UE</i> | Telephone No. 416-298-9563 | Date (dd-mm-yyyy) 07-04-2014 |



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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 John de Jong | For Office Use - Party No. | Name Allan Williamson | For Office Use - Party No. |
| Official Title Branch Manager | | Official Title Energy Branch Manager | |
| Telephone No. 519-369-2415 | Fax No. 519-369-6383 | Cell No. 519-338-2331/1-800-667-3056 | Fax No. 519-338-3513 |
| E-mail jdejong@northwellington.ca | | E-mail awilliamson@northwellington.ca | |
| Role and responsibilities in emergency ERT (Emergency Response Team) Member. Stop filler plant operations, notify others nearby & coordinate evacuation of facility. Call 911 and UPI. | | Role and responsibilities in emergency ERT (Emergency Response Team) Member. Stop filler plant operations, notify others nearby & coordinate evacuation of facility. Call 911 and UPI. | |
| 2. Facility Contact Personnel - Alternate Contact | | 6. Name of Facility Manager | |
| Name Bill McCulloch | For Office Use - Party No. | Name John de Jong | For Office Use - Party No. |
| Official Title Gas Bar Manager | | Official Title Branch Manager | |
| Telephone No. 519-369-2415 | Fax No. 519-369-6383 | Telephone No. 519-369-2415 | Fax No. 519-369-6383 |
| E-mail N/A | | E-mail jdejong@northwellington.ca | |
| Role and responsibilities in emergency ERT (Emergency Response Team) Member. Stop filler plant operations, notify others nearby & coordinate evacuation of facility. Call 911 and UPI. | | Role and responsibilities in emergency ERT (Emergency Response Team) Member. Stop filler plant operations, notify others nearby & coordinate evacuation of facility. Call 911 and UPI. | |
| 3. Local Fire Services - Key Contact | | 7. Propane Supplier Key Contact Person | |
| Name Phill Schwartz | For Office Use - Party No. | Name Allan Williamson | For Office Use - Party No. |
| Official Title Fire Chief, C.E.M.C. | E-mail pschwartz@westgrey.com | Official Title Energy Branch Manager | E-mail awilliamson@northwellington.ca |
| Telephone No. 519-369-2505 | Fax No. 519-369-5474 | Telephone No. 519-338-2331/519-323-6347 | Fax No. 519-338-3513 |
| Role and responsibilities in emergency Evacuation, establish safety zones, fire suppression, cool propane tank, administration of fire service | | Role and responsibilities in emergency ERT (Emergency Response Team) Member. Stop filler plant operations, notify others nearby & coordinate evacuation of facility. Call 911 and UPI. | |
| Fire Services Address 179 George St W, Box 664, Durham ON N0G 1R0 | | Propane Supplier Address 56 Margaret St S, Harriston ON N0G 1Z0 | |
| 4. Local Fire Services - Alternate Contact | | 8. Municipal Contact | |
| Name | For Office Use - Party No. | Name Brian Marcell | For Office Use - Party No. |
| Official Title | E-mail | Official Title Chief Building Official | |
| Telephone No. 519-369-2505 | Fax No. 519-369-5474 | Telephone No. 519-369-2200 x234 | Fax No. 519-369-5962 |
| Role and responsibilities in emergency Evacuation, establish safety zones, fire suppression, cool propane tank | | E-mail cbo@westgrey.com | |
| Fire Services Address 179 George St W, Box 664, Durham ON N0G 1R0 | | Municipality Name and Address The Municipality of West Grey, 402813 Grey Road 4, RR#2, Durham ON N0G 1R0 | |

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| | |
|--|---------------------------------|
| Name of person completing this form (please print) JUDY UE, MILEY COMPANY LIMITED | Official Title |
| Signature <i>Judy UE</i> | Telephone No. 416-298-9563 |
| | Date (dd-mm-yyyy) 25-03-2014 |



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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.

Underground storage tanks (gas bar) 4 x 22,700 L - Gasoline; 1 x 22,700 L - Diesel

Packed lubes for retail sale at Gas Bar Kiosk

Packed farming chemicals at Chemical Storage Shack

Packed welding gases at Storage Truck Box

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

Fire Extinguishers:

1) At propane tank

2) At gasoline dispensers

Two (2) Emergency stops, located inside cabinet that houses cylinder fill equipment, and on external wall adjacent to store entrance.

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

The tank ISC valve is open and closed manually by a fusible link cable connected to the cabinet door. This temperature-sensitive element will break and automatically close the valve under high temperature. The ISC valve closes when the cabinet door closes.

Turn off the power to the propane facility via a pump switch, and power switches (at cabinet and in electrical room)

Maintenance and testing schedule for fire protection controls and devices.

Annual check: fire extinguisher, ISC valve, fusible link, emergency shut down: all performed by qualified technicians

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| | | | |
|--|-------------------------------|---------------------------------|--|
| Name of person completing this form (please print) JUDY UE, MILEY COMPANY LIMITED | | Official Title | |
| Signature <i>J. Ue</i> | Telephone No. 416-298-9563 | Date (dd-mm-yyyy) 25-03-2014 | |



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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.

All staff members are trained on proper usage of fire extinguishers.

All staff members, certificate holders and non-certificate holders are trained on emergency procedures.

All emergency procedures are reviewed at least annually.

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| | | |
|---|--------------------------------------|--|
| Name of person completing this form (please print) <i>JUDY UE, MILEY COMPANY LIMITED</i> | Official Title | |
| Signature <i>Judyue</i> | Telephone No. <i>416-298-9563</i> | Date (dd-mm-yyyy) <i>25-03-2014</i> |



Technical Standards and Safety Authority
 345 Carlingview Drive
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 propane@censang@tssa.org
 www.tssa.org

Level 1 Risk and Safety Management Plan (RSMP)
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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-mmm-yyyy) 09-OCT-2018 | Print Name of Training Provider: North Wellington Co-operative Inc. |
| | Print Name of Instructor: John de Jong |
| Training Date (dd-mmm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |
| Training Date (dd-mmm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |

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

| | |
|--|---|
| Training Date (dd-mmm-yyyy) 09-OCT-2018 | Print Name of Training Provider: North Wellington Co-operative Inc. |
| | Print Name of Instructor: John de Jong |
| Training Date (dd-mmm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |
| Training Date (dd-mmm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |

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

| | |
|--|---|
| Training Date (dd-mmm-yyyy) 09-OCT-2018 | Print Name of Training Provider: North Wellington Co-operative Inc. |
| | Print Name of Instructor: John de Jong |
| Training Date (dd-mmm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |
| Training Date (dd-mmm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |

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| | | |
|---|-------------------------------|-----------------------------------|
| Name of person completing this form (please print) JUDY WEE, MILEX COMPANY LIMITED | Official Title | |
| Signature <i>Judy Wee</i> | Telephone No. 416-298-9563 | Date (dd-mmm-yyyy) 09-OCT-2018 |



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Level 1 Risk and Safety Management Plan (RSMP)
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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-mmm-yyyy) OCT-2019 | Print Name of Training Provider: North Wellington Co-operative Inc. |
| | Print Name of Instructor: John de Jong |
| 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 Emergency Management Procedures provided to staff

| | |
|---------------------------------------|---|
| Target Date (dd-mmm-yyyy) OCT-2019 | Print Name of Training Provider: North Wellington Co-operative Inc. |
| | Print Name of Instructor: John de Jong |
| 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 provided to certificate holders / persons with Records of Training

| | |
|---------------------------------------|---|
| Target Date (dd-mmm-yyyy) OCT-2019 | Print Name of Training Provider: North Wellington Co-operative Inc. |
| | Print Name of Instructor: John de Jong |
| 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: |

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| | | | |
|---|--------------------------------------|--|--|
| Name of person completing this form (please print) JUDY HE, MILEY COMPANY LIMITED | | Official Title | |
| Signature <i>Judy He</i> | Telephone No. 416-298-9563 | Date (dd-mmm-yyyy) 08-APR-2019 | |



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

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

5. Emergency Response Communications Plan

Warnings and Actions

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).
The Propane Facility employee is an Emergency Response Team (ERT) member. Upon detection of ignited or unignited propane leak that is not contained, he is to verbally notify personnel nearby to evacuate safely to the mustering point and ensure that all directions are followed. He is to call 911 from a safe location, North Wellington Co-op @ 1-800-667-3056 and UPI Energy LP @ 1-800-396-2667.

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).

See above. The mustering point is the phone booth located at the NW corner of the property.

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).

Upon detection of ignited or un-ignited propane leak that is not contained, the ERT member will call 911 from a safe location, as well as North Wellington Co-op @ 1-800-667-3056 and UPI Energy LP @ 1-800-396-2667.

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

The propane facility is accessible at all times. The metal cabinet which houses the propane cylinder fill equipment is closed and locked outside of operating hours. This lock can be broken open for fire department access if necessary.

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

North Wellington Co-op Emergency Coordinator is available 24 hr/day, 365 day/year @ 1-800-667-3056.

UPI Energy LP Emergency Response (ERT) Coordinator is available 24 hr/day, 365 day/year @ 1-800-396-2667. When the ERT member places the call to alert the ERT Coordinator, the ERT Coordinator will assign a Qualified Local Person to be the main liaison to the local authorities responsible for the external emergency plan and will provide an estimated time for a the Qualified Local Person to respond to the site.

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

30 min. to 60 min.

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) JUDY UE, MILEY COMPANY LIMITED | | Official Title |
| Signature <i>J. Ue</i> | Telephone No. 416-298-9563 | Date (dd-mm-yyyy) 25-03-2014 |



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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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only) | | <u>32 m</u> |
| 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) | | <u>N/A</u> |

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| | | |
|---|--------------------------------------|--|
| Name of person completing this form (please print) JUDY UE, MILEY COMPANY LIMITED | Official Title | |
| Signature <i>Judy UE</i> | Telephone No. 416-298-9563 | Date (dd-mm-yyyy) 25-03-2014 |



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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.
B. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan? Yes No

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

Fire services comments, if any:

To be completed by the Licence Holder

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

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.

| | | |
|---|-----------|-------------------|
| Print name | Signature | Date (dd-mm-yyyy) |
| Local Fire Services Name: Phil Schwartz, Fire Chief-Municipality of West Grey | | 03/04/2014 |

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| | | |
|--|----------------|-------------------|
| Name of person completing this form (please print) | Official Title | |
| JUDY UE, MILEY COMPANY LIMITED | | |
| Signature | Telephone No. | Date (dd-mm-yyyy) |
| | 416-298-9563 | 08-04-2014 |



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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) March 2014 | Capacity of single largest propane storage vessel (USWG) 2,000 USWG |
| Tank setback coordinates. Indicate placement on the map. | |
| Front: 95'-1" (29 m) | Right side property line: 169'-8" (52 m) |
| Rear: 130'-8" (40 m) | Left side property line: 53'-9" (16 m) |
| GPS coordinates of single largest vessel: 44°10'11.95" N, 80°48'58.35"W | |

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

| | | |
|---|--------------------------------------|--|
| Name of person completing this form (please print) <i>JUDY UE, MILEY COMPANY LIMITED</i> | Official Title | |
| Signature <i>Judy UE</i> | Telephone No. <i>416-298-9563</i> | Date (dd-mm-yyyy) <i>25-03-2014</i> |



Technical Standards and Safety Authority
www.tssa.org

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

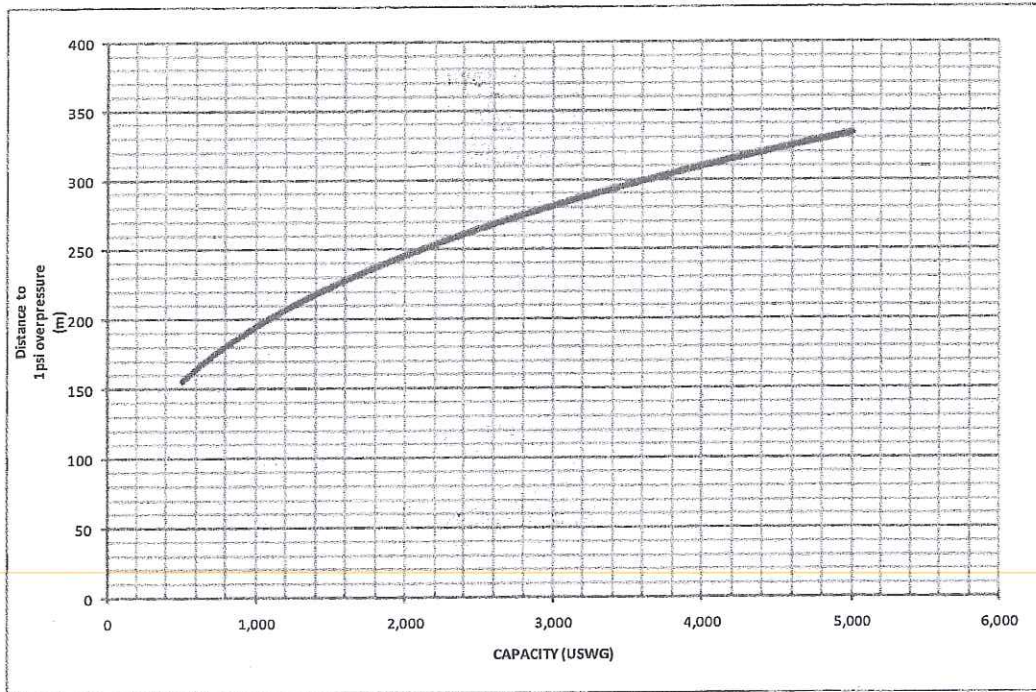
Table 1: Distance Table

| 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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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: N/A Address: _____ City: _____ Province _____ Postal Code _____ | X | | | | _____ m |
| Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED] | | | | X | 41 m |
| Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Gloria's Restaurant Address: 350 Garafraxa Street South, City: Durham Province ON Postal Code N0G 1R0 | | | X | | 100 m |
| Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: N/A Address: _____ City: _____ Province _____ Postal Code _____ | X | | | | _____ m |
| Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: N/A Address: _____ City: _____ Province _____ Postal Code _____ | X | | | | _____ m |
| Emergency responders specifically fire stations, ambulance stations, and police stations. Name: N/A Address: _____ City: _____ Province _____ Postal Code _____ | X | | | | _____ m |

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

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| | |
|--|--|
| Name of person completing this form (please print) JUDY I.E. MILEY COMPANY LIMITED | Official Title |
| Signature <i>Judy Miley</i> | Telephone No. 416-298-9563 |
| | Date (dd-mm-yyyy) 25-03-2014 |



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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 | 10 | 295 |
| # 40 | 11.75 | 6 | 71 |
| # 33.3 | 9.62 | 12 | 115 |
| # 30 | 8.8 | 12 | 106 |
| # 20 | 5.8 | 36 | 209 |
| # 10 | 2.9 | 6 | 17 |
| # 5 | 1.5 | 6 | 9 |
| Total Cylinder Capacity | | | 822 |

Tanks Stored On-site Not Connected for Use

| Tank Size In USWG | Quantity | Total Volume in USWG |
|----------------------------|----------|----------------------|
| N/A | 0 | 0 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Tank Capacity | | 0 |

| | |
|---|----------|
| Total Cylinder Capacity | 822 USWG |
| Total Tank Capacity | 0 USWG |
| Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity) | 822 USWG |



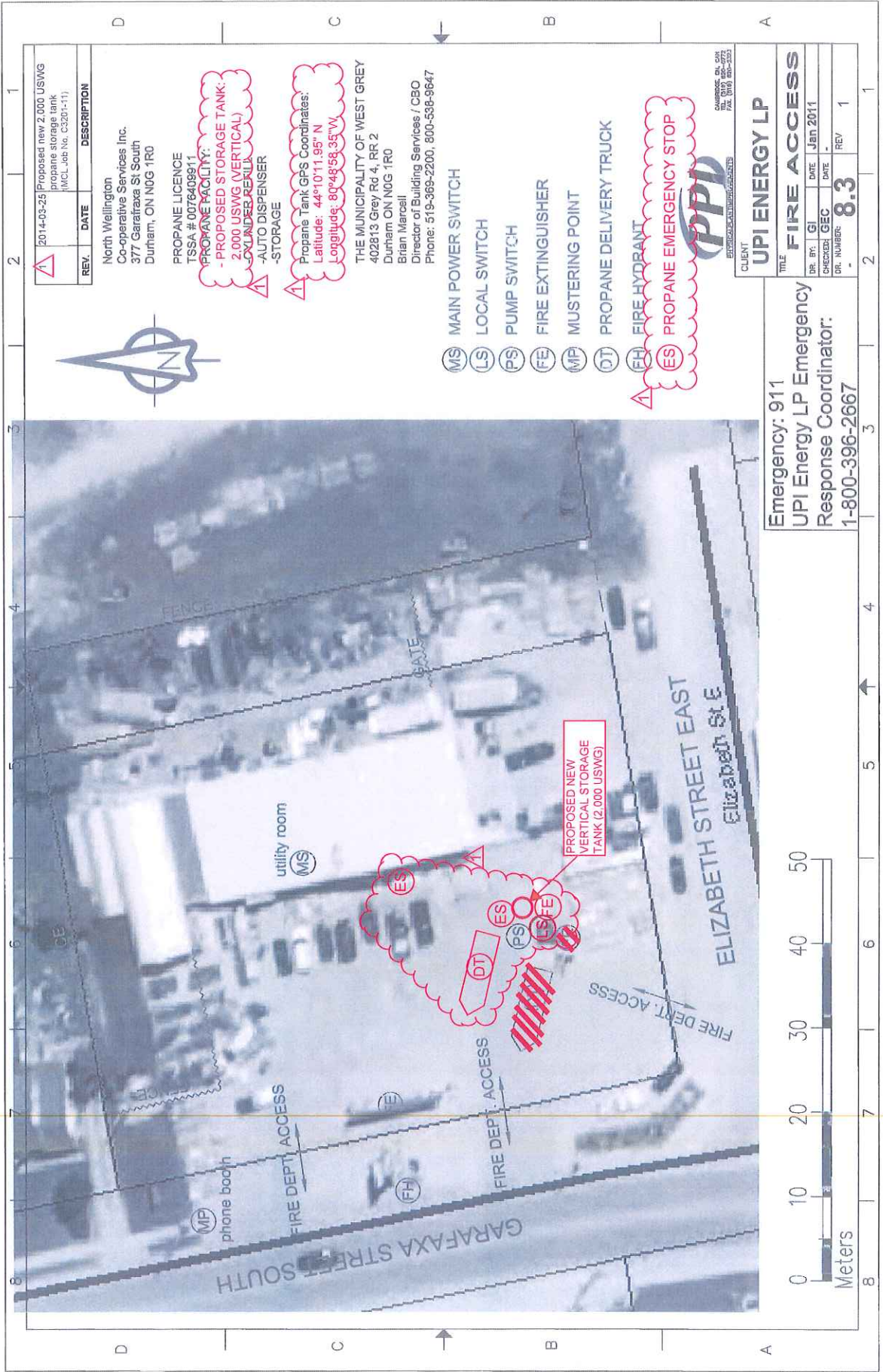
Circle of radius 246 m centered on 2,000 USWG proposed propane storage tank

March 20, 2014

- Provincial Highway
- County Highways
- Township Roads
- Seasonal Roads
- Parcels

| | | | |
|---|--|---|--|
| <p>North Wellington Co-operative Services Inc. 377 Garafaxa Street South Durham ON N0G 1R0</p> <p>Lot Information: Lots 7, 8, 9, Part 10, Plan 510 Municipality of West Grey County of Grey</p> | <p>Proposed Propane Storage Tank: Capacity: 1x 2,000 USWG (single largest tank) Coordinates (centre of circle): 44°10'11.95" N, 80°48'56.35" W Distance of circle = 246 m</p> | <p>Municipality (lower tier): The Municipality of West Grey 402813 Grey Rd 4, RR 2 Durham ON N0G 1R0 Brian Marcell Director of Building Services/ CBO Tel: 519-369-2200 x. 234</p> | <p>Municipality (upper tier): County of Grey 595 9th Avenue East Owen Sound ON N4K 3E3 Randy Scherzer, B.E.S. MCIP, RPP Director of Planning & Development Tel: 519-372-0219 x 1237</p> |
|---|--|---|--|

Scale: 1:3,000
0 0.035 0.07 0.14 mi
0 0.05 0.1 0.2 km



| REV. | DATE | DESCRIPTION |
|------|------------|---|
| 1 | 2014-03-25 | Proposed new 2,000 USWG propane storage tank (MCL Job No. C3201-11) |

North Wellington
 Co-operative Services Inc.
 377 Garafaxa St South
 Durham, ON N0G 1R0

PROANE LICENCE
 TSSA # 0076408911

PROANE FACILITY:
 - PROPOSED STORAGE TANK:
 2,000 USWG (VERTICAL)
 - CYLINDER REWILK
 - AUTO DISPENSER
 - STORAGE

Propane Tank GPS Coordinates:
 Latitude: 44°10'11.95" N
 Longitude: 80°48'58.35" W

THE MUNICIPALITY OF WEST GREY
 4028 13 Grey Rd 4, RR 2
 Durham ON N0G 1R0
 Brian Marcell
 Director of Building Services / CBO
 Phone: 519-369-2200, 800-538-9647

- (MS) MAIN POWER SWITCH
- (LS) LOCAL SWITCH
- (PS) PUMP SWITCH
- (FE) FIRE EXTINGUISHER
- (MP) MUSTERING POINT
- (DT) PROPANE DELIVERY TRUCK
- (FH) FIRE HYDRANT
- (ES) PROPANE EMERGENCY STOP

PPD
 PROFESSIONAL PROJECT DESIGNERS
 1000 SHEPPARD AVENUE EAST
 SUITE 100
 SCARBOROUGH, ONTARIO M1S 1T5
 TEL: (416) 291-2222
 FAX: (416) 291-2223

| CLIENT | | TITLE | |
|-----------------|--------------|----------------|--------|
| UPI ENERGY LP | | FIRE ACCESS | |
| DR. BY: GI | CHECKED: GEC | DATE: Jan 2011 | REV: 1 |
| DR. NUMBER: 8.3 | | | |

Emergency: 911
 UPI Energy LP Emergency
 Response Coordinator:
 1-800-396-2667