



Technical Standards and Safety Authority
 www.tssa.org
 14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 2X4
 Fax: 416.231.4903
 Customer Service: 1.877.682.8772

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

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 0076513621-C

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.



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 Roseson Distributors Inc. Ontario Corporation No., if applicable 1067684

Operator Name (if different from above) _____

Telephone No. 613-962-0651 Fax No. 613-967-9920 E-mail _____

B Street No. 4026 Street Name / 911 Number / Address, if applicable Old Hwy #2

Town / City or Township / County Belleville Province Ontario Postal Code K8N 4Z4

Mailing address if different from above.

C Street No. _____ Street Name / 911 Number / Address, if applicable _____

Town / City or Township / County _____ Province _____ Postal Code _____

Information on Container Refill Centre or Filling Plant

Location of facility.

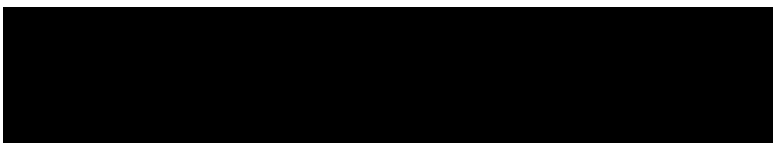
D Street No. 45 Street Name / 911 Number / Address, if applicable Victoria Street North Nearest Major Intersection Victoria St. & River St.

Town / City or Township / County Tweed Province Ontario Postal Code K0K 3J0

Name of Licence Holder Roseson Distributors Inc.

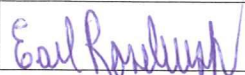
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Earl Rosebush ROT type PPO-3

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Tweed

Hours 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.

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Name of Licence Holder	Print name <u>Roseson Distributors Inc.</u>	Signature	Date (dd-mm-yyyy) <u>16-03-2010</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>Earl Rosebush</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

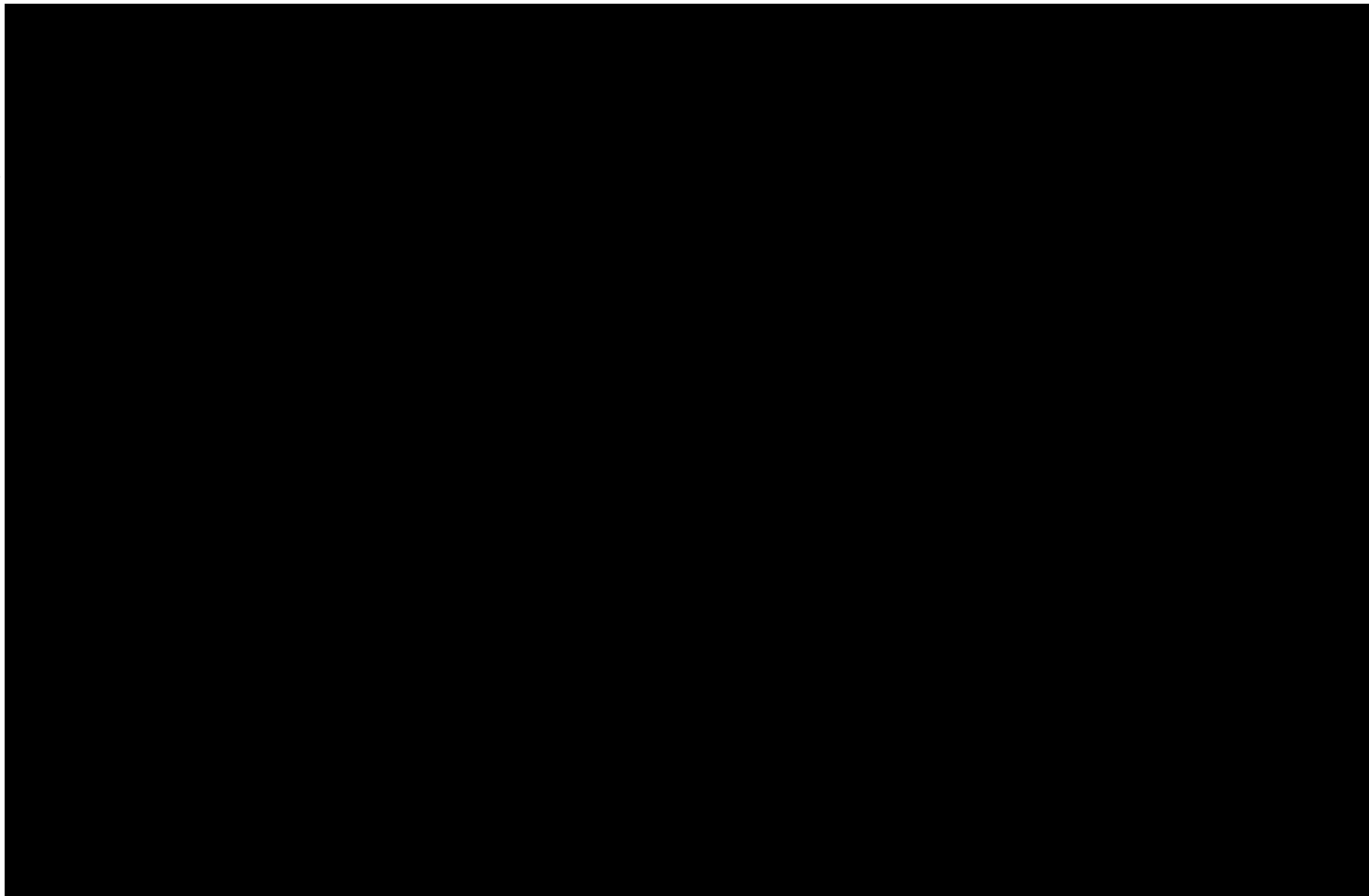
Indicate the year the facility was established. Approximately 1980's Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>7176</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: 2000 uswg (1 Dispenser) Portable: 139.2 uswg (20X20lbs) Mobile: 0



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Name of person completing this form (please print) Derek Rosebush	Official Title Operations Manager
Signature <i>Derek Rosebush</i>	Telephone No. 613-962-0651
	Date (dd-mm-yyyy) 16-03-2010



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) Earl Rosebush Fuels			
Street No. 4026	Street Name / 911 Number / Address, if applicable Old Hwy #2		
Town / City or Township / Country Belleville		Province Ontario	Postal Code K8N 4Z4
Telephone No. 613-966-1372	Fax No. 613-967-9920	Contact Name Derek Rosebush	
E-mail contactus@rosebushfuels.com			

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

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

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

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Signature 	Telephone No. 613-966-1372	Date (dd-mm-yyyy) 16-03-2010



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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.

Unleaded Gasoline - 2 X 50,000L Underground Storage Tanks, Diesel Fuel - 22,600L (9,000L & 13,600L Underground Storage Tanks)

Stove Oil - (Heating & Retail) 1250L Each, Welding Gas Cylinders (10 -20)

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

Fire Extinguishers - to extinguish small fires

Emergency Shutoff - to eliminate power to propane pumping system

ISC Cable Door - can be shut to close the Internal Safety Control Valve and eliminate product flow out of the 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.

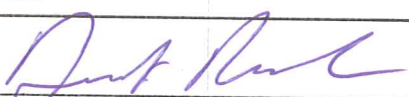
Fusible link located on the Internal Safety Control Valve to eliminate product flow during a fire

Maintenance and testing schedule for fire protection controls and devices.

Fire Extinguishers - certified annually by Brown's Fire Protection Services

Propane System - annual inspections by Westside Services

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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact

Name
Derek Rosebush
For Office Use - Party No.
Official Title
Operations Manager
Telephone No.
613-962-0651
Fax No.
613-967-9920
E-mail
derek@rosebushfuels.com
Role and responsibilities in emergency

5. Facility 24-Hour Contact Person

Name
Derek Rosebush
For Office Use - Party No.
Official Title
Operations Manager
Cell No.
613-922-4273
Fax No.
613-967-9920
E-mail
derek@rosebushfuels.com
Role and responsibilities in emergency

2. Facility Contact Personnel - Alternate Contact

Name
Earl Rosebush
For Office Use - Party No.
Official Title
President
Telephone No.
613-962-0651
Fax No.
613-967-9920
E-mail
earl@rosebushfuels.com
Role and responsibilities in emergency

6. Name of Facility Manager

Name
Patti Martin
For Office Use - Party No.
Official Title
Service Station Manager
Telephone No.
613-478-3309
Fax No.
613-478-3309
E-mail
Role and responsibilities in emergency

3. Local Fire Services - Key Contact

Name
Don Barnett
For Office Use - Party No.
Official Title
Fire Chief
Telephone No.
613-478-2535
Fax No.
613-478-6547
E-mail
dbarnett@twp.tweed.on.ca
Role and responsibilities in emergency

7. Propane Supplier Key Contact Person

Name
Derek Rosebush
For Office Use - Party No.
Official Title
Operations Manager
Telephone No.
613-966-1372
Fax No.
613-967-9920
E-mail
derek@rosebushfuels.com
Role and responsibilities in emergency

4. Local Fire Services - Alternate Contact

Name
For Office Use - Party No.
Official Title
Telephone No.
Fax No.
E-mail
Role and responsibilities in emergency

8. Municipal Contact

Name
Patricia Bergeron
Official Title
CAO/Clerk
Telephone No.
613-478-2535
Fax No.
613-478-6547
E-mail
plb@twp.tweed.on.ca
Municipality
Tweed

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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 area with horizontal lines 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) July 27/11 July 27/11	Print Name of Training Provider: <u>Korson Distributors Inc.</u>
	Print Name of Instructor: <u>Derek Rosebush</u>
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) July 27/11	Print Name of Training Provider: <u>Korson Distributors Inc.</u>
	Print Name of Instructor: <u>Derek Rosebush</u>
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)	Print Name of Training Provider:
	Print Name of Instructor:
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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Name of person completing this form (please print) <u>Derek Rosebush</u>	Official Title <u>Operations Manager</u>
Signature <u>[Signature]</u>	Telephone No. <u>613 962 0651</u> Date (dd-mm-yyyy) <u>16-03-2010</u>



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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) 27-04-2011	Print Name of Training Provider: Roseson Distributors Inc
	Print Name of Instructor: Derek Rosebush
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) 27-04-2011	Print Name of Training Provider: Roseson Distributors Inc.
	Print Name of Instructor: Derek Rosebush
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) 27-04-2011	Print Name of Training Provider: Roseson Distributors Inc.
	Print Name of Instructor: Derek Rosebush
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) <i>Derek Rosebush</i>	Official Title <i>Operations Manager</i>
Signature <i>[Signature]</i>	Telephone No. <i>613 962 0651</i> Date (dd-mm-yyyy) <i>16-03-2011</i>



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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).
Roseson Distributors Inc. - Warnings to people in immediate area will be given by our staff

Fire Department - Will give warning to anyone else

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).

Fire Department will enact the municipal emergency response/evacuation plan, a fire officer will be in touch with Roseson personnel

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).

as laid out in the emergency procedures a 911 call will be placed as the very first action after the basic steps are conducted to minimize the risk to life and property

Describe provisions for fire department entry when there are no operations or staffing at the propane site.
this facility is not fenced and is accessible at any time to the fire department

Describe how the licence holder will ensure continual flow of updated information to authorities.
authorities will be contacted by calling 911 and given all available information at the time of the call after this fire service will take over the scene

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

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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)		20m _____
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 DON BARNETT		27/04/11

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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) 16-03-2011	Capacity of single largest propane storagevessel (USWG) 2000 uswg
Tank setback coordinates. Indicate placement on the map.	
Front: 66'	Right side property line: 55'
Rear: 60'	Left side property line: 25'
GPS coordinates of single largest vessel: N44.475907 W77310970	

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SECTION C: SUBMISSIONS (cont'd)

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

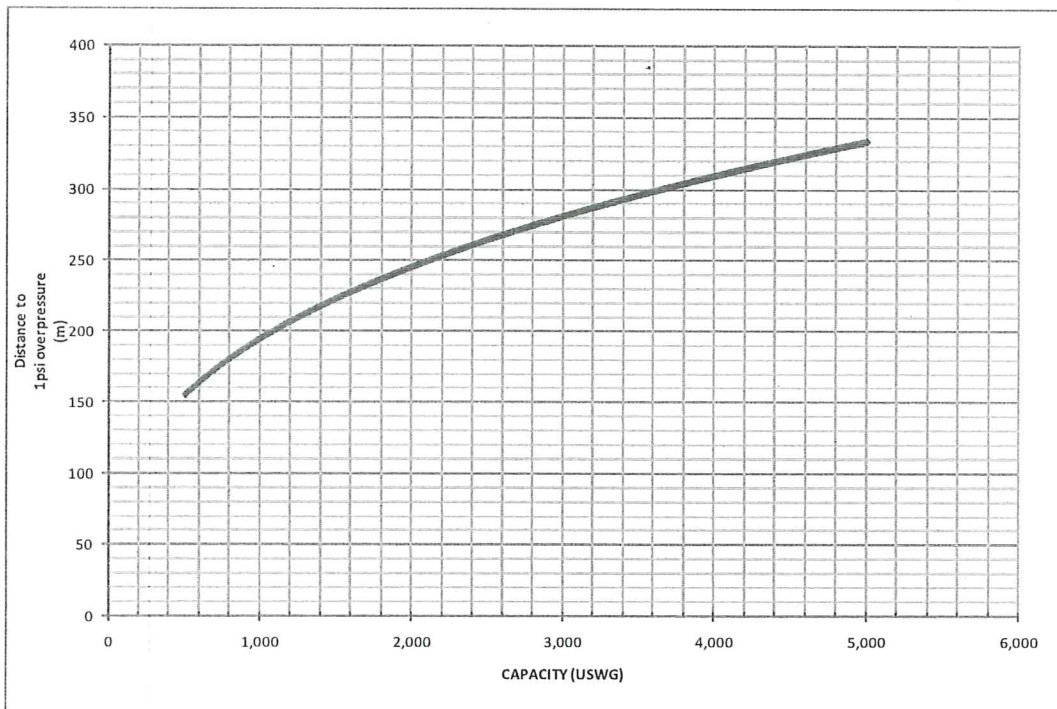
Table 1: Distance Table

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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	Date (dd-mm-yyyy) 16-03-2011



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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: Thomco Pallet Co. Address: 20 River St. West City: Tweed Province Ontario Postal Code K0K 3J0			X		50 m
Residential building units specifically permanent single family dwellings [Redacted]				X	20 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Daisy Mart Address: 39 Victoria St. North City: Tweed Province Ontario Postal Code K0K 3J0				X	14 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ 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: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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

Name of person completing this form (please print) Derek Rosebush	Official Title Operations Manager
Signature 	Telephone No. 613-962-0651
	Date (dd-mm-yyyy) 16-03-2011



Technical Standards and Safety Authority
www.tssa.org

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

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

SECTION C: SUBMISSIONS (cont'd)

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

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		
# 20	5.8	20	116
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity 116 uswg			

Tanks Stored On-site Not Connected for Use

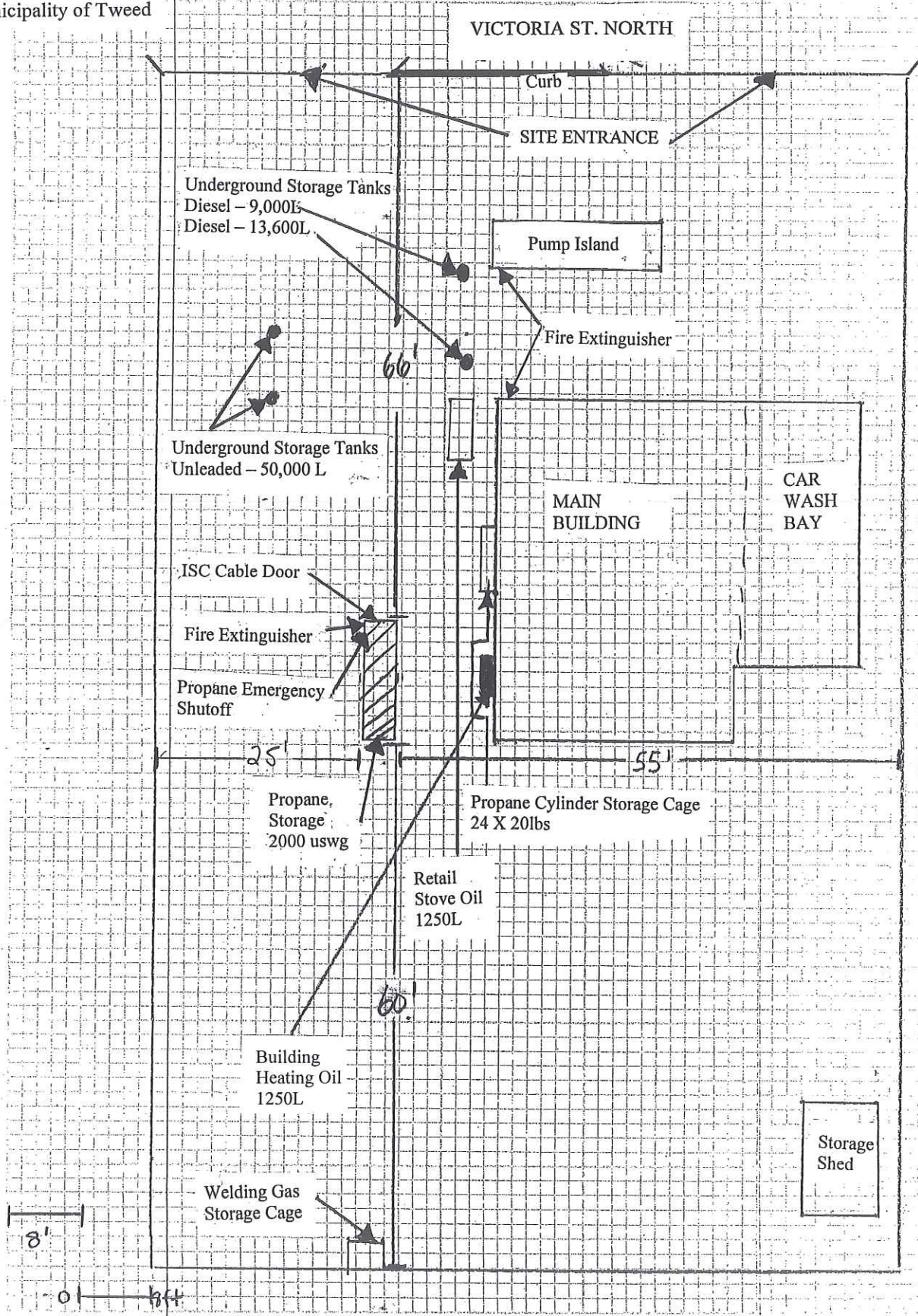
Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity 0		

Total Cylinder Capacity	116 uswg
Total Tank Capacity	
Total Portable Capacity	

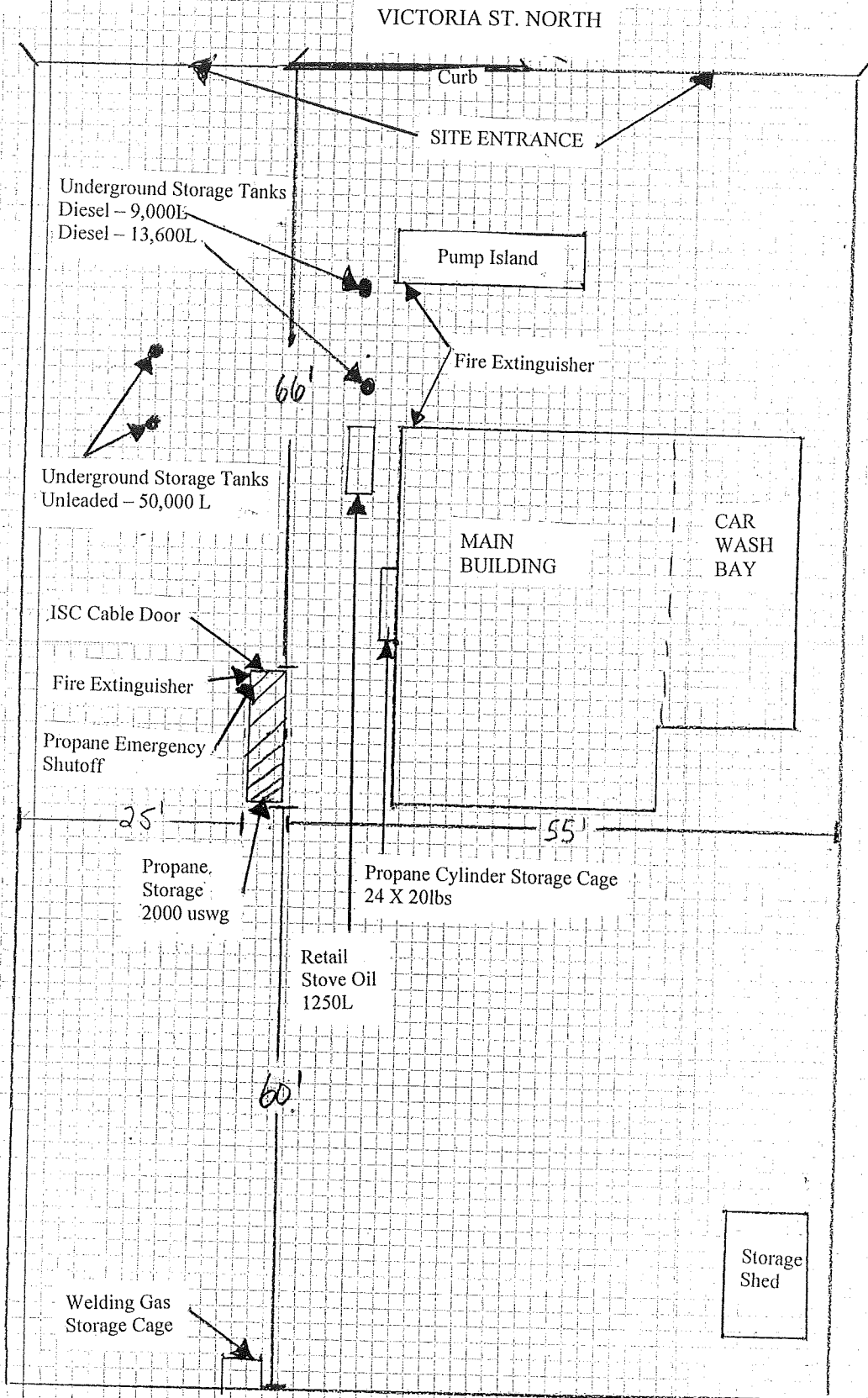
Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Name of person completing this form (please print) Derek Rosebush	Official Title Operations Manager	
Signature 	Telephone No. 613-962-0651	Date (dd-mm-yyyy) 16-03-2011

Facility Site Plan
 OLCO Gas Station
 45 Victoria St. North
 Tweed, ON
 K0K 3J0
 Municipality of Tweed



Facility Site Plan
OLCO Gas Station
45 Victoria St. North
Tweed, ON
K0K 3J0
Municipality of Tweed

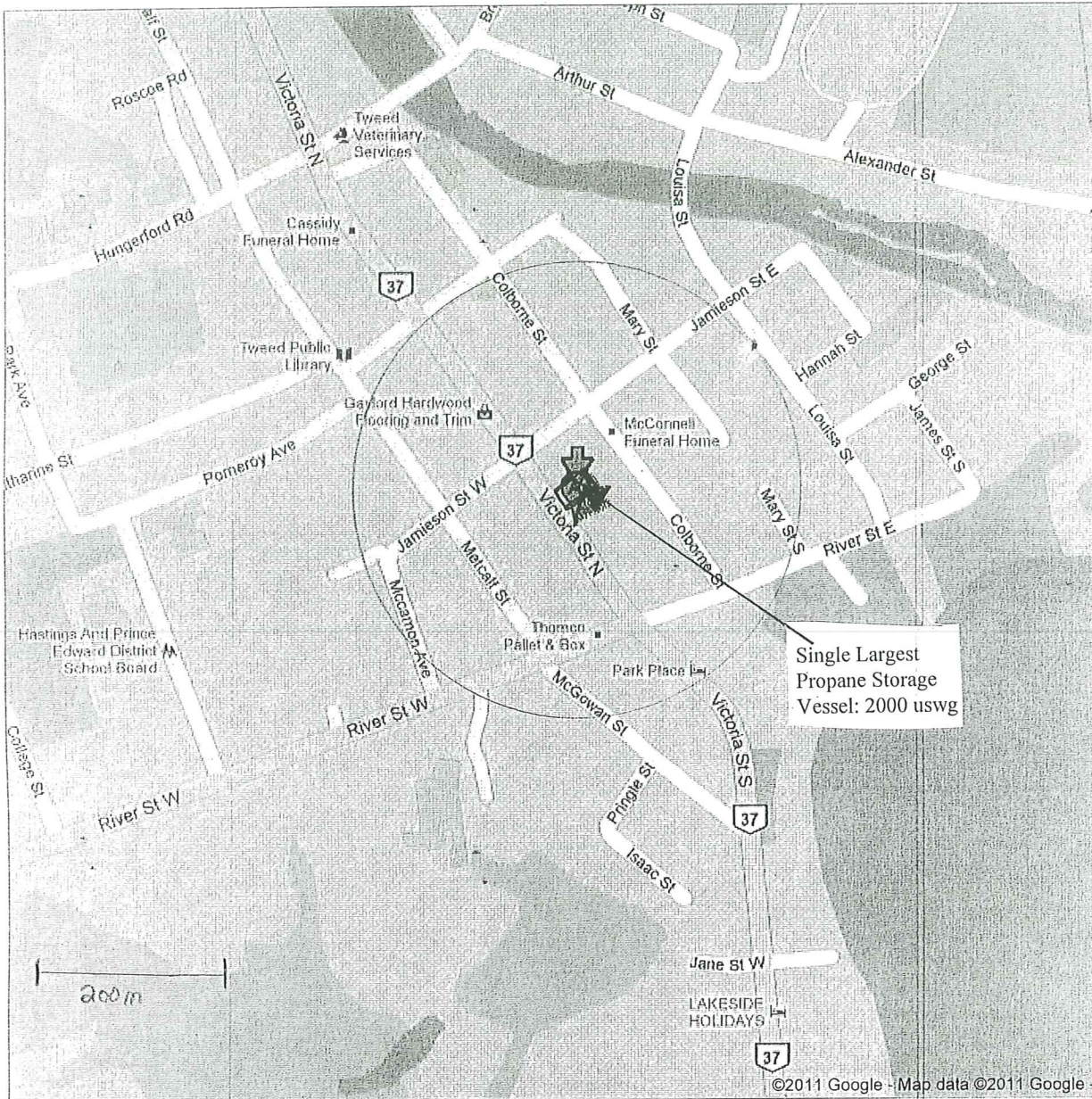


8'

01 hft



Address
OLCO Gas Station
45 Victoria St. North
Tweed, ON
K0K 3J0
Municipality of Tweed



<u>Date Map Prepared</u> March 16, 2011	<u>Capacity of Single Largest Propane Storage Vessel</u> 2000 uswg
<u>GPS Coordinates of Single Largest Vessel</u> N44.475907 W77.310970	<u>Tank Setback Coordinates</u> Front: 66' - Rear: 60' - Right Side: 55' - Left Side: 25'

Municipal Contact Information

Municipality of Tweed
255 Metcalf St., Postal Bag 729
Tweed, ON K0K 3J0
Phone: 613-478-2535
Fax: 613-478-6457
CAO/Clerk: Patricia Bergeron