



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.

<p style="text-align: center;">Failure to fully complete this form may result in rejection.          Making a false statement may result in a fine or prosecution          under the <i>Technical Standards and Safety Act</i></p> <p>Licence Number <input style="width: 300px; height: 20px;" type="text"/></p> <p>Check applicable type of propane operations.</p> <p> <input checked="" type="checkbox"/> Cylinder            <input checked="" type="checkbox"/> Motor Fill            <input type="checkbox"/> Filling Plant            <input type="checkbox"/> Card/Keylock       </p> <p>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p style="text-align: center;"><b>For Office Use Only</b></p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
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**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.

<p><b>A</b> Company Name          Jones Feed Mills Ltd</p> <p>Operator Name (if different from above)          same</p> <p>Telephone No. 1-800-265-8735    Fax No. 519-698-2719    E-mail jeff@jfm.on.ca</p>	<p>Ontario Corporation No., if applicable</p>
<p><b>B</b> Street No. 1024    Street Name / 911 Number / Address, if applicable Alfred Street</p> <p>Town / City or Township / County Linwood    Province Ontario    Postal Code N0B 2A0</p>	
<p><b>C</b> Mailing address if different from above.</p> <p>Street No.    Street Name / 911 Number / Address, if applicable</p> <p>Town / City or Township / County    Province    Postal Code</p>	

<p><b>Information on Container Refill Centre or Filling Plant</b></p> <p>Location of facility.</p>		
<p><b>D</b> Street No. 1024</p>	<p>Street Name / 911 Number / Address, if applicable Alfred St</p>	<p>Nearest Major Intersection Manser Rd and Ament Line</p>
<p>Town / City or Township / County Linwood, Township of Wellesley</p>	<p>Province Ontario</p>	<p>Postal Code N0B 2A0</p>

<p>Name of Licence Holder          Jones Feed Mills Ltd</p>	<p>Ontario Corporation No., if applicable</p>
<p>Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT)          Jeff Jones</p>	<p>ROT type          100-01 CPA</p>
<p>Municipality (or municipalities if the facility or its hazard distance touches multiple borders)          N/A</p>	
<p>Hours of operation.</p> <div style="background-color: black; width: 100%; height: 40px;"></div>	

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.

<p>Print name          Name of Licence Holder Jeff Jones</p>	<p>Signature  </p>	<p>Date (dd-mm-yyyy)          20-06-2012</p>
<p>Name of Senior Management person as defined in the Regulation holding the Record of Training Jeff Jones</p>		



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

Indicate the year the facility was established. New      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>148-93</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      Portable: 12 x 321b Alum      Mobile: \_\_\_\_\_  
107-8



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Name of person completing this form (please print) <u>Jeff Jones</u>	Official Title <u>President</u>	
Signature 	Telephone No. <u>519-698-2082</u>	Date (dd-mm-yyyy) <u>20-06-2012</u>



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

Name of Propane Supplier(s) Primemax Energy Inc.			For Office Use - Party No.
Street No. 2558	Street Name / 911 Number / Address, if applicable 2558 Cedar creek Rd		
Town / City or Township / Country Ayr, Township of North Dumfries		Province Ontario	Postal Code N0B 1E0 <i>PM</i> <i>NOB IED</i>
Telephone No. 519-740-8209	Fax No. 519-740-1015	Contact Name Gary Froese	
E-mail gfroese@primemaxenergy.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		
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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**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.  
60,000 L Diesel 15,000 L Gasoline

Description of fire and emergency equipment indicated on facility site map.  
Fire Extinguisher located on the building at the storage and on the fire pump house

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 is located outside fire pump house, used to shut off power to propane tanks. Another emergency shut off is located inside the building which is used to to shut off power. Fusible link located on the bottom of tank, incase of fire shut off fuel valve.  
Automatic solenoid shut off valve located ~~located~~ on cylinder fill and meter which shut off pump and flow of gas

Maintenance and testing schedule for fire protection controls and devices.  
Emergency shut off located in building will be tested daily. External shut off will be test annually. Fusible link will be inspected weekly. for sings of damage  
Fire extinguisher will be be inspected monthly. Automatic shut off valve will be inspected yearly.

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Signature 	Telephone No. <i>519 698 2082</i>	Date (dd-mm-yyyy) <i>20-06-2012</i>



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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 Jeff Jones	For Office Use - Party No.
Official Title President	
Telephone No. 1519 588 5200	Fax No. 519 698 2719
E-mail jeff@jfm.on.ca	
Role and responsibilities in emergency provide information about the property to first responders	

**5. Facility 24-Hour Contact Person**

Name Jeff Jones	For Office Use - Party No.
Official Title President	
Cell No. 519 588 5200	Fax No. 519 698 2719
E-mail jeff@jfm.on.ca	
Role and responsibilities in emergency provide information about the property to first responders	

**2. Facility Contact Personnel - Alternate Contact**

Name Frank Karley	For Office Use - Party No.
Official Title Maintenance Manager	
Telephone No. 519 501 8908	Fax No. 519 698 2719
E-mail frank@jfm.on.ca	
Role and responsibilities in emergency Initiate emergency calls and advise appropriate parties, locate and advise key contacts	

**6. Name of Facility Manager**

Name Jeff Jones	For Office Use - Party No.
Official Title President	
Telephone No. 519 588 5200	Fax No. 519 698 2719
E-mail jeff@jfm.on.ca	
Role and responsibilities in emergency provide information about the property to first responders	

**3. Local Fire Services - Key Contact**

Name Andrew Lillico	For Office Use - Party No.
Official Title Fire Chief	E-mail alillico@township.wellesley.on.ca
Telephone No. 519 699 4611	Fax No. 519 699 4540
Role and responsibilities in emergency Incident management, response, evacuation, mitigation, notification Municipal emergency response group.	
Fire Services Address 4639 Lobsinger Line, R.R. St Clements ON N0B-2M0	

**7. Propane Supplier Key Contact Person**

Name Gary Froese	For Office Use - Party No.
Official Title Sales & Marketing Manager	E-mail gfroese@primemaxenergy.com
Telephone No. 519 572 5225	Fax No. 519 740 1015
Role and responsibilities in emergency Give technical advice to company and first responders	
Propane Supplier Address 2559 Cedar creek Rd, Ayr, ON N0B1E0	

**4. Local Fire Services - Alternate Contact**

Name Frank Karley	For Office Use - Party No.
Official Title District Chief	E-mail frank@jfm.on.ca
Telephone No. 519 501 8908	Fax No. 519 698 2025
Role and responsibilities in emergency Perform the duties of the Fire Chief in his absence, response, manage fire ground operations	
Fire Services Address 4639 Lobsinger Line, R.R. St Clements ON N0B-2M0	

**8. Municipal Contact**

Name Sarah Peck	For Office Use - Party No.
Official Title Junior Planner	
Telephone No. 519 699 4611	Fax No. 519 699 4540
E-mail speck@township.wellesley.on.ca	
Municipality Name and Address 4639 Lobsinger Line, R.R. #1 St Clements, ON N0B 2M0	

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	Date (dd-mm-yyyy) 20-06-2012



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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.

85,000 gal fire reservoir pond

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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) not in place new site	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:

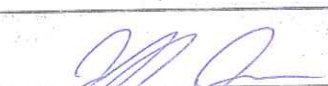
Training on the facility's Emergency Management Procedures provided to staff.

Training Date (dd-mm-yyyy) not in place new site	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:

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

Training Date (dd-mm-yyyy) not in place new site	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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**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)	Print Name of Training Provider: Jones Feed Mills Ltd
At time of site opening	Print Name of Instructor: Frank Karley
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)	Print Name of Training Provider: Jones Feed Mills Ltd
At time of site opening	Print Name of Instructor: Frank Karley
Target Date (dd-mm-yyyy)	Print Name of Training Provider: Jones Feed Mills Ltd
As new staff are hired	Print Name of Instructor: Frank Karley
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)	Print Name of Training Provider: Primemax Energy Inc
15/06/2012	Print Name of Instructor: Ron Driedger T223 C.P.A.
Target Date (dd-mm-yyyy)	Print Name of Training Provider: Primemax Energy Inc
Staff before site opens	Print Name of Instructor: Ron Driedger T223 C.P.A.
Target Date (dd-mm-yyyy)	Print Name of Training Provider: Primemax Energy Inc
New staff as required	Print Name of Instructor: Ron Driedger T223 C.P.A.

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Name of person completing this form (please print)	Official Title
Jeff Jones	President
Signature	Telephone No.
	519 698 2082
	Date (dd-mm-yyyy)
	20-06-2012





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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 President, or in his place the employee shall contact Emergency Services via a 911 call to inform Emergency Services in the event of a emergency  
Also the President or in his absence, employee shall ensure that the facility is evacuated and persons are directed to the safe area located across the street.  
Also, the President or in the absence, employee shall ensure neighbors to the north and west 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 President or in the absence, employee shall ensure notify vocally to every person on the grounds to evacuate to the area as the safe area.  
Will call emergency services by cell or phone located at a safe area. Also residential neighbors to the north and west of the building would be notified of the danger.

**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 President or in the absence, employee shall emergency services by cell or phone located at a safe area immediately upon discovery of any hazard that may result in a imminent dangerous situation. The phone is located in as 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 a single pressure vessel is open to 2 accessible driveways and there are not gated at any time. In the event emergency services needs access to the power shut off will be located on the outside of the fire pump house and will be identified

Describe how the licence holder will ensure continual flow of updated information to authorities.  
Depending of the nature of the emergency , the license holder shall notify applicable authorities by telephone

How long will it take the facility liaison person to respond to the site.  
5-10 minutes

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Name of person completing this form (please print) Jeff Jones	Official Title President	Date (dd-mm-yyyy) 20-06-2012
Signature 	Telephone No. 519 698 2082	



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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)            | 6                                   | _____                    |
| 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) | 6                                   | _____                    |

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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**

<b>To be completed by the Local Fire Services</b>	Yes	No
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If not, please explain (e.g., no fire services).		
New installation not installed		
Fire services comments, if any: please see attached Fire service OFM review and comments document.		
<b>To be completed by the Licence Holder</b>		
In response to the above comments, the following action(s) is required: please see attached review and comment form, from the Fire Chief		
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 Fire Chief Andrew Lillico		June 25, 2012

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Name of person completing this form (please print) <i>Jeff Jones</i>	Official Title <i>President</i>
Signature 	Telephone No. <i>519 698 9843</i> Date (dd-mm-yyyy) <i>25-06-2012</i>

# Jones Feed Mill 1024 Alfred

## Fire Service Information Form

### Review and Comments for Level 1 RSMP

Date: June 25, 2012

Reviewed By: Fire Chief: Andrew Lillico

**Note:**

Some versions of Adobe Reader will not allow users to save this file after completion. Use compatible versions of Adobe software when possible.

The following information is being provided by the local fire service having jurisdiction for the propane facility referenced within the Level 1 RSMP submission. The fire service is providing the information under the requirements of O. Reg. 211/01 and exercising its authority for review and comment. The following comments are being provided to the propane operator;

Municipal Information	
Municipality / Region	Township of Wellesley
Address	4639 Lobsinger Line
Address	
City	St. Clements Ontario
Postal Code	NOB1M0
Clerk	
Phone	519-699-4611
Fax	519-699-4540
Email	alillico@wellesley.ca
Alternate (if applicable)	
Phone	
Fax	
Email	

Municipal Fire Department Information	
Fire Department Name	Township of Wellesley Fire Department
Address	4639 Lobsinger Line
Address	
City	St. Clements Ontario
Postal Code	NOB1M0
Fire Chief	Andrew Lillico
Phone	519-699-4611
Cell	
Fax	519-699-4540
Email	alillico@wellesley.ca
Alternate Contact	
Phone	
Cell	
Fax	
Email	

Fire Service Response Details	
The fire service should identify how many fire stations are located in the municipality and reference an approximate distance to the closest municipal fire station for response. Municipal resources should be shown in this table since the contacted fire service may not be available to respond at all times.	
How many fire stations are within the municipality?	3
What is the approximate distance to the propane facility from the closest municipal fire station (Km)?	1 KM
The fire service should provide the average response time for their first arriving crew from the closest responding station, including stations under agreement. The time noted should be used as an ordinary response time as other factors that increase response time are not predictable. The time to assemble a full complement of crews means that the fire service has established all operational tasks and staffing and resources are available to support the operational assignments. Average times should be noted as factors that influence response setup are not predictable.	
What is the approximate First Response time? (First arriving crew to complete scene assessment)	5 Minutes
What is the expected time to assemble a full complement of crews to support operations (approx. minutes)? (All apparatus and crews arrive, operational assignments provided)	8 Minutes

Fire Service Equipment					
Provide a list of all fire service apparatus that will be responding to this specific propane site should an event occur. List apparatus as pumpers, tankers or aerial devices. Combination units should be shown for the intended use as a pumper or tanker. Note: Apparatus shown in this section are for information purposes only. Unforeseeable situations such as maintenance or other emergency responses may limit apparatus availability. Total pump capacity may be limited by the water supply available or the number of apparatus available. Operations may require pumpers to be assigned to water supply and the site.					
Truck ID (P1, T1 or L1)	Pumper	Tanker	Elevating Device	Pump Capacity (GPM or LPM)	Water Capacity (Gal or Litres)
	P-1			1050 GPM	800 Gal
		T-1		500 GPM	2500 Gal
R-1				0	0
	P-2			1050 Gpm	600 Gal
		T-2		0	1500 Gal
R-2				0	0
			A-3	1050 GPM	
Total Pump Capacity available (units)					2100 GPM
Total Mobile Water Capacity available on trucks (units)					4000 Gal

## Fire Service Response Considerations

The engineer must consider your fire protection services capabilities when determining a mitigation strategy in the RSMP. It will be important to provide accurate information about response capabilities and training to ensure the RSMP closes any identified response gaps.

Current Level of HAZMAT training that the fire service has obtained

Awareness Only

Provide fire service operation details that a propane company could expect from your fire service in the event of a propane leak or fire.

(Example of Service Operations:

Dispatch protocols will have a 1st response alarm of 3 response locations including apparatus XYZ, establish water supply with apparatus abc, our fire service has awareness level training, will establish safety zones, control fire within training and operational limitations, fight fire from a safe distance, will await technical support from propane operator.)

Jones Feed Mill 1024 Alfred St, Linwood Ontario

Reported Fire: 2 Station response P-1 to establish water supply from either on site fire pump connection or fire department standpipe connection, trucks to be located in a safe distance out of the fire ball distance, and behind buildings to shield operators firefighters form blast zone. un maned master streams to be directed on tank and fire.

Reported Leak: 1 Station response, may be upgraded to two station responds. P-1 to establish water supply from either on site fire pump connection or fire department standpipe connection, trucks to be located in a safe distance out of the fire ball distance and behind buildings to shield operators form blast zone. Fire personnel to establish safe zone, and await technical support from operator.

List all intervention capabilities that the fire service can provide.  
(Provide specific details that identify mitigation actions the fire service will perform for this specific site)

This site has a 85,000 Gallon Fire Reservoir Pond with a Fire Pump and Fire Department Connection which would form part of the Fire Department Emergency Response Plan for this site.

Evacuation of the site must be completed by Jones Feed Mill staff along with affected residents in the hazard area.

**Water Supply Comments**

Check the appropriate response that best suits the water flow situation identified by your fire department.

**Note:** This information should also be shown in the Level 1 RSMP (page 10 of 15).

The fire service has the capability to pump and maintain a continuous flow rate of 375 GPM at the referenced facility.

The fire service DOES NOT have the capabilities to pump 375 GPM at the propane facilities location. The propane operator requires a level of fire protection services beyond the capabilities of the municipal fire department and will be responsible to assess other safety strategies beyond municipal fire protection.

**Fire Service Comments for Level 1 RSMP Section B  
Emergency Response and Preparedness Plan**

This site has a 85,000 Gallon Fire Reservoir Pond with a Fire Pump and Fire Department Connection which would form part of the Fire Department Response Plan for this site. the current proposed location for the tank location must be assessed by a professional engineer to determine that Fire Department personnel and equipment are not placed at any undue risk by the fire ball distance from the tank.



**Additional Fire Service Comments:**

Staff Evacuation: a location outside the blast zone should be identified in the Risk Management Plan.

Warnings and Actions: in the absence of the president identify who is responsible for this section

A plan should be developed by the company on how they will notify residents in the proposed evacuation area affected by the blast zone and where the residents will be directed too. the current proposal is weak and needs work to be effective. fire personnel will be focused on the control of the incident Evacuation and notification of staff and residents need to be addressed by Jones Feed Mill.

**Additional Fire Service Comments:**

[Empty box for additional fire service comments]

June 25, 2012.  
Date

Andrew Lillo  
Print Name

[Signature]  
Signature



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**

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) <u>17/06/2012</u>	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: <u>16.5m</u>	Right side property line: <u>102m</u>
Rear: <u>36.5m</u>	Left side property line: <u>105m</u>
GPS coordinates of single largest vessel: <u>N43°34'42" W80°43'43"</u>	

**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) Jeff Jones	Official Title President
Signature 	Telephone No. 519-698-2082
	Date (dd-mm-yyyy) <u>20-06-2012</u>



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

**SECTION C: SUBMISSIONS (cont'd)**

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

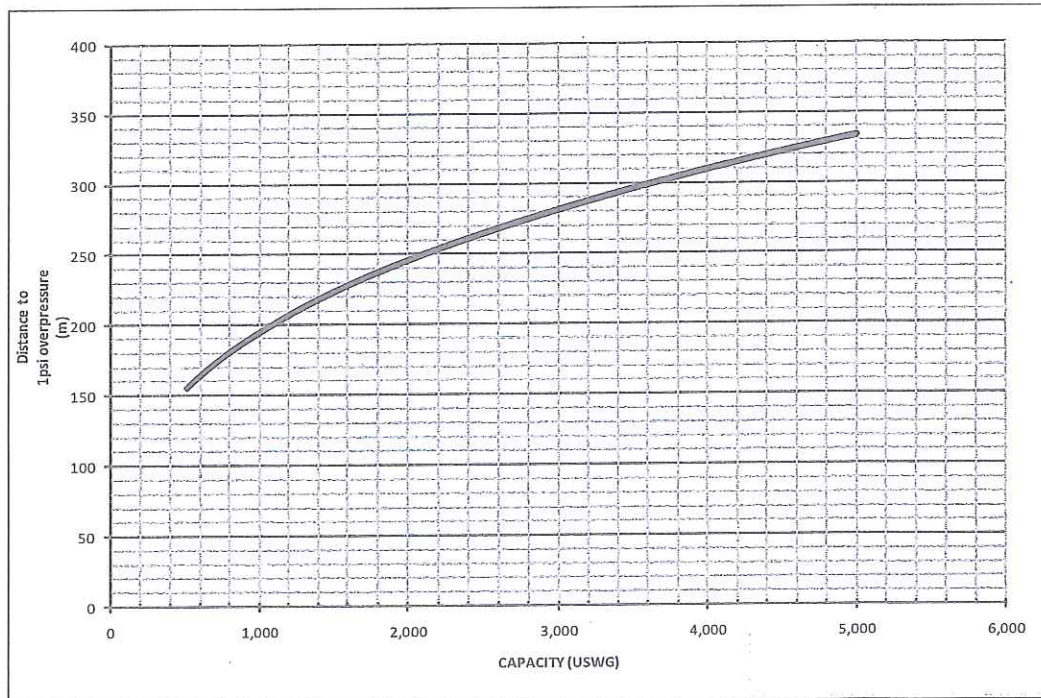
Table 1: Distance Table

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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**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 _____	X				0 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____				x	150 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Erb Electric Inc. Address: 1025 Alfred Street City: Linwood Province Ontario Postal Code N0B 2A0			X		165 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				0 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				0 m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				0 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) Jeff Jones	Official Title President
Signature 	Telephone No. 519-698-2082
	Date (dd-mm-yyyy) 20-06-2012



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

**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	10	96.2
# 30	8.8		
# 20	5.8	2	11.6
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			107.8

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>	107.8
<b>Total Tank Capacity</b>	2000
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	2107.8

# Map of Surrounding Area

1024 Alfred Street, Linwood



Municipal Contact Information	
NAME:	SUSAN DUKE
TITLE:	Director Corporate/Clerk
TELEPHONE No.:	519 699 4611
E-MAIL:	sduke@wellcity.co
MUNICIPALITY:	Linwood

DATE MAP PREPARED: (06-14-2012)	CAPACITY OF SINGLE LARGEST PROPANE STORAGE VESSEL	2000USWG
IMAGERY DATE: 4/26/2006		
TANK SETBACK COORDINATES.		
FRONT:	165m	RIGHT SIDE PROPERTY LINE: 102m
BACK:	365m	LEFT SIDE PROPERTY LINE: 105m
GPS COORDINATES OF SINGLE LARGEST VESSEL N43°34'42" W80°43'43"		

Jones Feed Mills Ltd.  
 1024 Alfred Street,  
 Linwood, Oh  
 NOB 240  
 Ph. 519 699 4980

DISTANCES

120 ft.

WAREHOUSE

165 ft

FUEL

165 ft.

165 ft.

165 ft.

165 ft.

165 ft.

165 ft.

165 ft.

165 ft.

165 ft.

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165 ft.

JONES

FEED MILLS LTD

LINDWOOD OIL

NOB 2190

1-800-265-8388

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165 ft.

CULTIVATED FIELD

12.83 Acre

PARKING LOT

2.88 Acre

CULTIVATED FIELD

WAREHOUSE

STORAGE BUILDING

CEMENT PAD

FUEL STORAGE

MTC SPRING

CONCRETE PAD

BRANERY

OFFICE COMPLEX

POND

ENGINE BUILDING

FIRE HOSE

SCAFFOLD

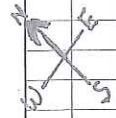
WATER TANK

DRAIN

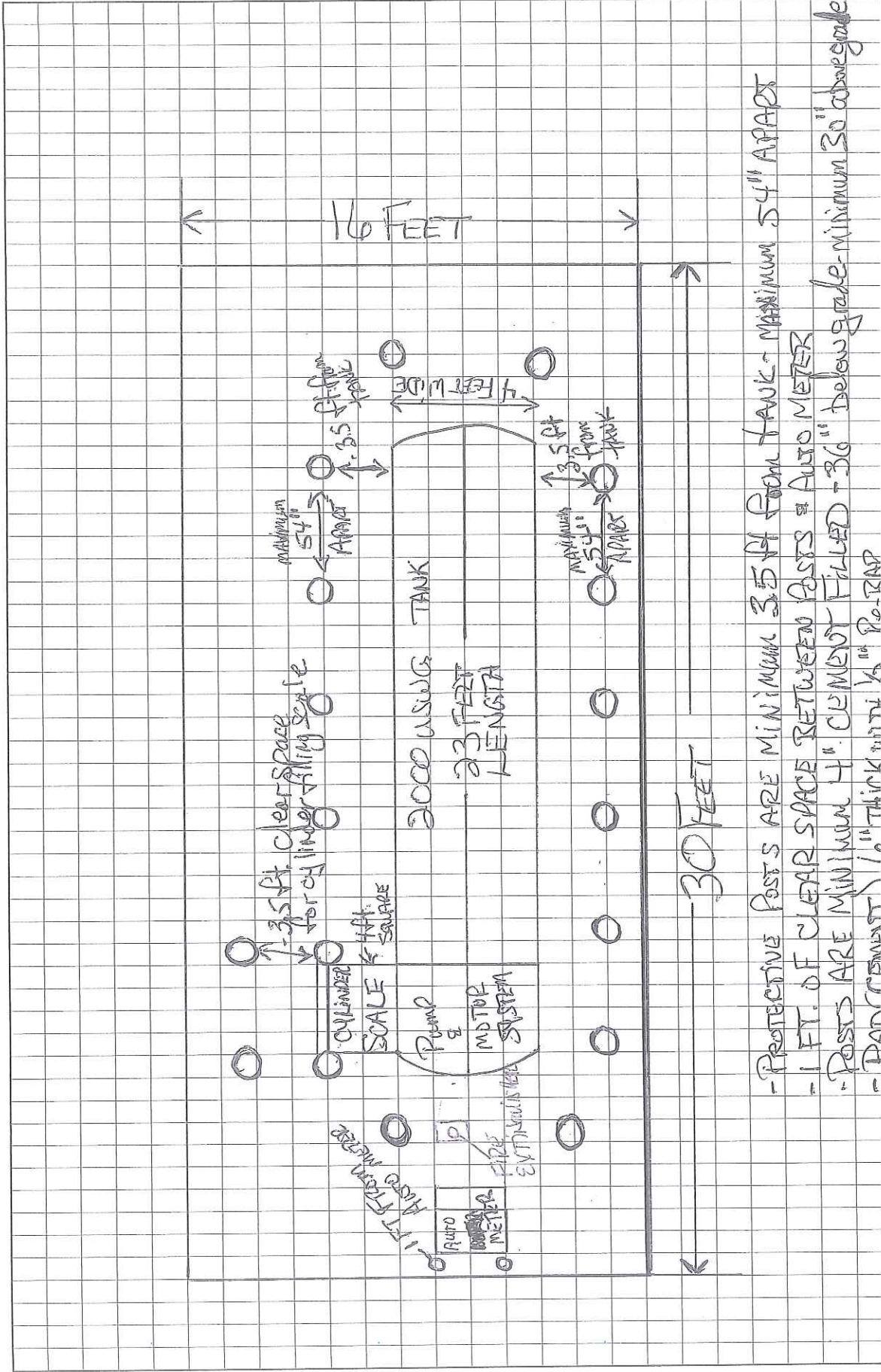
CONCRETE PAD FOR PUMP - 30' X 6' X 6" deep

- INCLUDES AUTO METER & SCALE
- POSTS
- 3.6" IN DIAMETER 30" ABOVE GROUND
- MINIMUM 54" APART, 3.5 FT FROM TRACK
- EMERGENCY STOP LOCATED ON SIDE CORNER OF FIRE HOSE BUILDING

ALFRED STREET - ASPHALT ROADWAY







- PROTECTIVE POSTS ARE MINIMUM 35 FT FROM TANK - MAXIMUM 54" APART
- 1 FT. OF CLEAR SPACE BETWEEN POSTS & AUTO METER
- POSTS ARE MINIMUM 4" CEMENT FILLED - 36" BELOW GRADE - MINIMUM 30" ABOVE GRADE
- DANCER BATTERY 1/2" THICK WITH 1/2" P.O. GAP