



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M6X 2X4
Fax: 416.231.4903
Customer Service: 1.877.602.8772

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>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>License Number: <input type="text" value="000218551"/></p> <p>Check applicable type of propane operations:</p> <p><input checked="" type="checkbox"/> Cylinder <input type="checkbox"/> Minor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Cylinder</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;">For Office Use Only</p> <div style="border: 1px solid black; height: 100px; width: 100%; background-color: black;"></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.

Company Name A KENWOOD DATA COMMUNICATION LTD		Ontario Corporation No., if applicable 00022755E
Operator Name (if different from above) VILLAGE CENTRAL STORE		
Telephone No. 705-843-1100	Fax No. 705-843-1111	E-mail linp_cen@ken.com
Street No. 1100	Street Name / 911 Number / Address, if applicable HWY 17 EAST PO BOX 206	
Town / City or Township / County IRON BRIDGE	Province ON	Postal Code P0R1H0
Mailing address if different from above:		
Street No. 504E	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:		
Street No. 1100	Street Name / 911 Number / Address, if applicable HWY 17 EAST	Nearest Major Intersection HWY 17E HWY 54E
Town / City or Township / County IRON BRIDGE	Province ON	Postal Code P0R1H0

Name of License Holder KENWOOD DATA COMMUNICATION LTD	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): DIMP CHAUHAN	ROT type
Municipality (or municipalities if the facility or facilities are in multiple townships)	
Recent reputation:	

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.

Print name Name of License Holder: KENWOOD DATA COMMUNICATION LTD	Signature 	Date (dd mm/yyyy) 10-DEC-2013
Name of Senior Management person as defined in the Regulation holding the Record of Training: DIMP CHAUHAN		10-DEC-2013



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

SECTION A: GENERAL INFORMATION (cont'd)

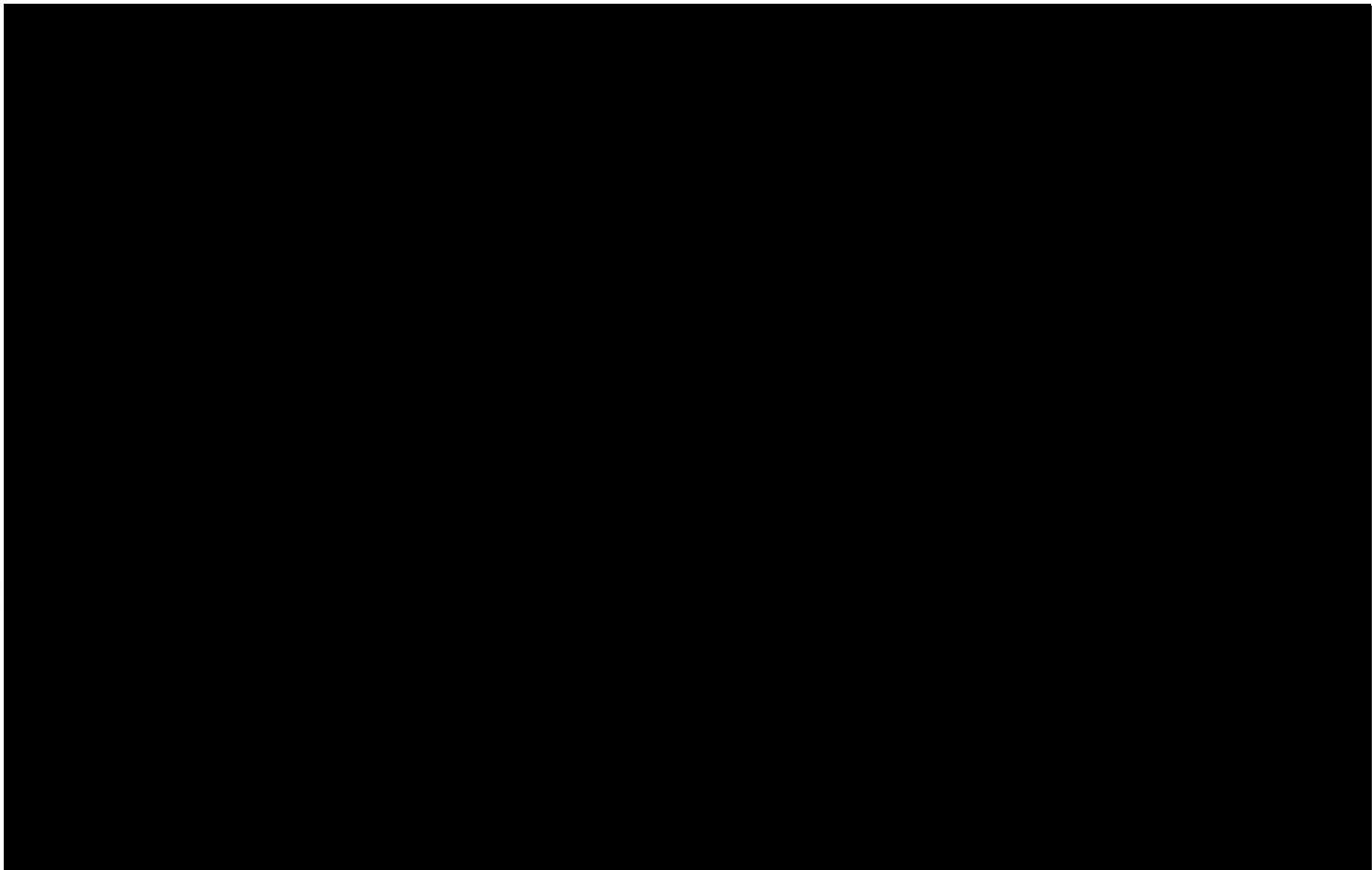
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank 1:	250	2008-78
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: Portable: Mobile:



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Name of person completing this form (please print) DIMP CHAUHAN	Official Title /
Signature 	Telephone No. 781-841-1111
	Date (dd-mm-yyyy) 14 DEC 2011



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

Name of Propane Supplier(s) <i>Superior Propane Regional Operation Centre</i>		For Office Use - Party No. [Redacted]
Street No. <i>251</i>	Street Name / 911 Number / Address, if applicable <i>Woodland Road East unit 217</i>	
Town / City or Township / Country <i>Guelfh</i>	Province <i>ON</i>	Postal Code <i>N1H 8J1</i>
Telephone No. <i>519 813-1467</i>	Fax No. <i>519-836-7766</i>	Contact Name <i>MIKE MULLINS</i>
E-mail <i>mullinsm@superiorpropane.com</i>		

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No. [Redacted]
<i>Superior Propane</i>		
Street No.	Street Name / 911 Number / Address, if applicable <i>Hwy 17 East (North of Watson Road)</i>	
Town / City or Township / Country <i>ECHO BAY</i>	Province	Postal Code <i>P0S 1C0</i>
Telephone No. <i>705-677-8431</i>	Fax No. <i>519-836-7766</i>	Contact Name <i>Paul Bastien</i>
E-mail <i>bastienp@superiorpropane</i>		

Off-site Cylinder and/or Mobile Storage <i>None</i>	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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Name of person completing this form (please print) <i>DIMPI CHADHAN</i>	Official Title <i>CEO</i>
Signature 	Telephone No. <i>705-843-1100</i>
	Date (dd-mm-yyyy) <i>10 DEC 2013</i>



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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.

Gasoline 40000 Liters underground tank

Diesel 9000 Liters underground tank

Premium Gas 25000 tank

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

1. ABC fire extinguisher located at the propane dispenser.

2. ABC fire extinguisher located @ front of store entrance

3. ABC fire extinguisher located @ storage room

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

1. Fusible link on ISC - isolation valve between the tank and the downstream propane dispensing equipment.

2. Emergency Stop Button - on north side wall 15.24 meters from propane tank. This shuts down the pump and closes a solenoid valve upstream of hoses.

3. power supply breaker inside the main building. this cuts all power to the propane system - shuts down pump; closes solenoid valve.

Maintenance and testing schedule for fire protection controls and devices.

1. Pumps - (pumps every 3 months: pump motor, check belts monthly, grease pump every 6 months)

2. ISC valve (test for closure every 6 months).

3. storage tank relief Valves inspected every 2 years, replacement scheduled as per provincial as per provincial regulations.

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) DIMPI CHALHAN		Official Title CEO / OWNER	
Signature 		Telephone No. 785 843 1100	Date (dd-mm-yyyy) 10 DEC-2013



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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 <i>DIMPI CHAUHAN</i>	For Office Use - Party No.	Name <i>DILIP R. Chauhan</i>	For Office Use - Party No.
Official Title <i>CEO</i>		Official Title <i>Manager</i>	
Telephone No. <i>647-709-2143</i>	Fax No. <i>705-843-1102</i>	Cell No. <i>416-819-2143</i>	Fax No. <i>705-843-1100</i>
E-mail <i>dimplichaughan@hotmail.com</i>		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>Kulwant Singh</i>	For Office Use - Party No.	Name	For Office Use - Party No.
Official Title <i>Director</i>		Official Title	
Telephone No. <i>647-607-1065</i>	Fax No. <i>705-843-1102</i>	Telephone No.	Fax No.
E-mail <i>kentsingh2005@yahoo.com</i>		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>Gib MEDVE</i>	For Office Use - Party No.	Name <i>FUZZY</i>	For Office Use - Party No.
Official Title <i>FIRE CHIEF</i>	E-mail <i>email@huronshores.ca</i>	Official Title	E-mail
Telephone No. <i>705 843 2033</i>	Fax No. <i>705 843 2035</i>	Telephone No. <i>1-877-437-467</i>	Fax No.
Role and responsibilities in emergency <i>COORDINATE Emergency Response / ADVISE ON Fire Service Response LINKS WITH Police + ambulance</i>		Role and responsibilities in emergency	
Fire Services Address <i>69 LINDA AVENUE Ad. JESSIEVILLE</i>		Propane Supplier Address	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>Ann VAN DUSEN</i>	For Office Use - Party No.	Name <i>Debbie Zanelli</i>	For Office Use - Party No.
Official Title <i>Fire Prevention Officer</i>	E-mail <i>email@huronshores.ca</i>	Official Title <i>C. Contact</i>	
Telephone No. <i>705 843 2033</i>	Fax No. <i>705 843 2035</i>	Telephone No. <i>705 843 2033</i>	Fax No. <i>705 843 2035</i>
Role and responsibilities in emergency <i>S/A</i>		E-mail	
Fire Services Address <i>S/A</i>		Municipality Name and Address <i>The Corporation of the Municipality of Huron Shores 7 Bridge St. Iron Bridge</i>	
<p>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>			
Name of person completing this form (please print) <i>DIMPI CHAUHAN</i>		Official Title <i>CEO</i>	
Signature <i>[Signature]</i>		Telephone No. <i>705 843 1100</i>	Date (dd-mm-yyyy) <i>18-DEC-2013</i>



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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.

Emergency stop Button cuts the power to the dispenser located 15.24 m from propane tank on north side of building. Shutting down the solenoid stops the flow of propane

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Name of person completing this form (please print) DIMPJI CHAUHAN	Official Title CEO	
Signature 	Telephone No. 705-843-1100	Date (dd-mm-yyyy) 10 DEC-2013



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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)	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)	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) 2013/09/04	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: MIKE MARTIN
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:

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) DIMPY CHAUDHAN	Official Title CEO
Signature 	Telephone No. 705-843-1100
	Date (dd-mm-yyyy) 10 DEC 2013



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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: Superior Incubator
	Print Name of Instructor: to be arranged
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: Superior Incubator
	Print Name of Instructor: to be arranged
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) 2015/09/04	Print Name of Training Provider: Superior Incubator
	Print Name of Instructor: Mike Martin
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) DIMPY CHAUHAN	Official Title CEO
Signature 	Telephone No. 705-843-1100
	Date (dd-mm-yyyy) 10-DEC-2013



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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 operator or Alternate will contact emergency services by calling 911 ASAP and will provide warnings outlined in the attached: "Propane Emergency responses Procedures" placard (to be pasted on site and part of the employee training). If it is safe to do so this could involve advising neighbors to evacuate the owner/ operator may also contact superior (Propane via the emergency number identified in the ERP).

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 owner / operator or alternate should first follow the actions in the ERP provided herein. Stage evacuation, if the release of propane cannot be stopped by cutting electrical power may be required. Note a specific muster point is not advisable, since a propane plume can blow in any direction.

Actions will be taken by an on duty RCI person(s)

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).

When the system is operational a RCI person will be on duty and be in the propane tank area. This person will be able to visually ascertain any abnormal/ accident event and implement the appropriate emergency response actions. When the system is not in operation, the ISC valve (main isolation valve) is closed, and the propane system is unattended. Any accident involving the propane tank during such times will require the intervention of random, nearby individuals.

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

The propane tank system is located in a wide open area that is easily accessible.
The fire access routes are identified in the attached site plan.

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

The critical information required from the license holder is (a) how to shut the system down and (b) the fill level in the tank (if known).
fill level is relevant from a time-to-BLEVE perspective (a near empty tank will BLEVE sooner than a full tank if there is a fire impingement on the tank).
This information will be provided to the authorities by site President DIMPI CHAUHAN OR GENERAL MANGER - KULWANT SINGH (KENT)
OR DIRECTOR NAME: DILIP CHAUHAN

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

A key contact can arrive at the facility within 1 to 5 minutes

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Name of person completing this form (please print) DIMPI CHAUHAN	Official Title CEO / OWNER	
Signature 	Telephone No. 705-843-1100	Date (dd-mm-yyyy) 10-DEC-2013



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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 type="checkbox"/>	<input checked="" type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Water Supply

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

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input type="checkbox"/>	<input checked="" 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>N/A</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>150 M</u>	

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Name of person completing this form (please print) DIMPJI CHAUHAN	Official Title CEO/OWNER
Signature 	Telephone No. 705-843-1100
	Date (dd-mm-yyyy) 10 DEC 2013



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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).		
30 Dec 2013		
Fire services comments, if any: SEE ATTACHED FIRE SERVICE INFORMATION FORM. NOTE: THIS PLAN, AS IT APPEARS NOW IS INCOMPLETE. I WILL PROVIDE MY REVIEW & COMMENTS IN THE PRESCRIBED FORM ONCE I RECEIVE A COMPLETED RSMP.		
To be completed by the Licence Holder	G. MEDVE/FIRE CHIEF	
In response to the above comments, the following action(s) is required:	DATE: 30 Dec 2013	
The licence holder will respond to the Local Fire Services comments by: _____ (dd-mm-yyyy)		

LOCAL FIRE SERVICES		
The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.		
Local Fire Services Name Huron Shores Fire	Signature G. MEDVE	Date (dd-mm-yyyy) 13 01 2014

SEE ATTACHED

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) DIMPI CHAUHAN	Official Title CEO / OWNER	Date (dd-mm-yyyy) 10-12-2013
Signature <i>[Signature]</i>	Telephone No. 705-843-1100	



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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)	Capacity of single largest propane storage vessel (USWG)
30 Dec-2013	2000 uswg
Tank setback coordinates. Indicate placement on the map.	
Front: 27 m	Right side property line: 57 m
Rear: 30 m	Left side property line: 24 m
GPS coordinates of single largest vessel: 48.27848 2157	

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

Name of person completing this form (please print)	Official Title
DANIEL CHADMAN	CEO/OWNER
Signature	Date (dd-mm-yyyy)
	11/27/2013
Telephone No.	
(905) 844-1100	



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SECTION C: SUBMISSIONS (cont'd)

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

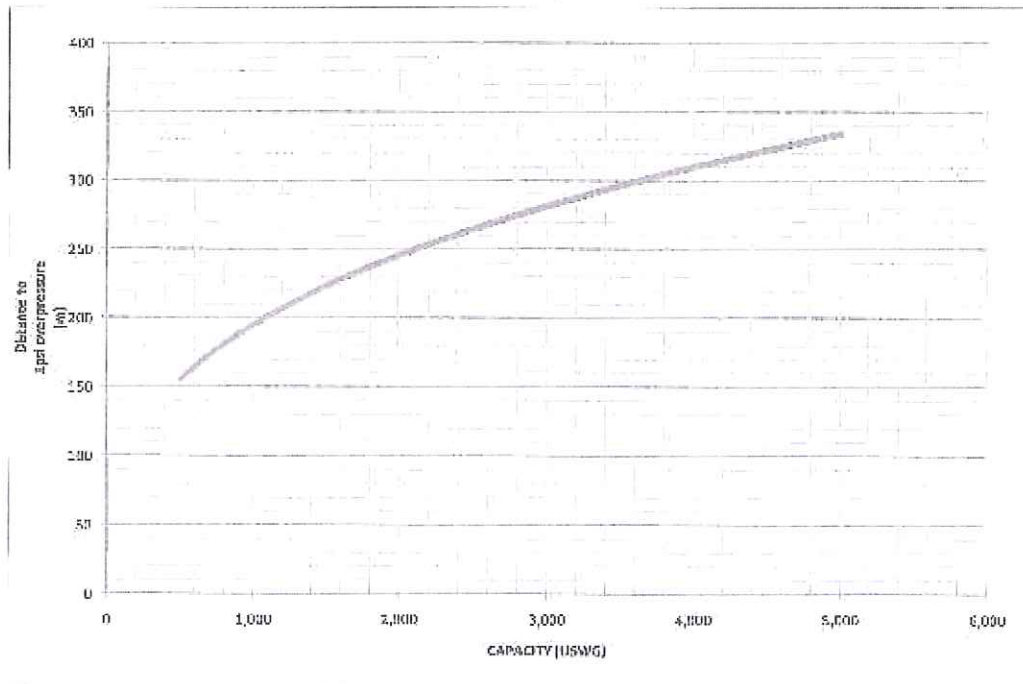
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,800	500	155
3,780	1,000	185
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)





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: 1.877.692.9772

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: <u>Post Office</u> Address: <u>6 Bridge street</u> City: <u>Iron Bridge</u> Province <u>On</u> Postal Code <u>P0R1H0</u>			X		<u>152.4</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: [REDACTED] Address: [REDACTED] City: [REDACTED]				X	<u>15.24</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Iron Bridge ARENA</u> Address: <u>Street just east of Village General Store</u> City: <u>Iron Bridge</u> Province <u>On</u> Postal Code <u>P0R1H0</u>		X			<u>53.34</u> m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>Fire Hall</u> Address: <u>7 Bridge Street</u> City: <u>Iron Bridge</u> Province <u>On</u> Postal Code <u>P0R1H0</u>		X			<u>152.4</u> 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) <u>DIMPI CHAUHAN</u>	Official Title <u>CEO / OWNER</u>
Signature 	Telephone No. <u>705-843-1100</u>
	Date (dd-mm-yyyy) <u>10 DEC-2013</u>



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www.tssa.org

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

Portable Storage Additional Information Worksheet

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

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	0
Total Tank Capacity	2000 USWG Propane refill tank
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	0

APPROVED


G. MEDVE / FIRE CHIEF
DATE 13 JAN 2014.

Fire Service Information Form

Review and Comments for Level 1 RSMP

Date: 13 JANUARY 2014

Reviewed By: G-J. MEDVE

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	Municipality of Huron Shores
Address	P.O. Box 460
Address	7 Bridge Street
City	Iron Bridge, ON
Postal Code	P0R 1H0
Clerk	Deborah Tonelli
Phone	(705) 843-2033
Fax	(705) 843-2035
Email	email@huronshores.ca
Alternate (if applicable)	
Phone	
Fax	
Email	

Municipal Fire Department Information	
Fire Department Name	Huron Shores Fire Department
Address	Same As Above
Address	
City	
Postal Code	
Fire Chief	Gib Medve
Phone	(705) 842-1713
Cell	
Fax	
Email	email@huronshores.ca
Alternate Contact	Henk VanDelft
Phone	(705) 842-1713
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?	2
What is the approximate distance to the propane facility from the closest municipal fire station (Km)?	200m (0.2km)
<p>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.</p>	
What is the approximate First Response time? (First arriving crew to complete scene assessment)	10 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)	30 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)
Pumper 2	X			1050 GPM	900 Imp. Gal.
Tanker 2		X			2000 Imp. Gal.
Tanker 1		X			2100 Imp. Gal.
Pumper 1	x			1050 GPM	900 Imp. Gal.
Total Pump Capacity available (units)					2100 GPM
Total Mobile Water Capacity available on trucks (units)					4100 Imp. 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

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.)

When the call for service is received by our dispatch (either through the 911 operator or direct dial) the dispatcher will page out the department indicating that the call is in Station 2's response area. All Station 2 apparatus will be mobilized as would be Tanker 1 (from Station 1). Size - up and establishment of safe zones will occur. Appropriate fire control from a safe distance and within training and safe operational limitations will then occur.

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)

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

Without a pressurized or a dependable water supply, 375 GPM for 4 hours continuously is not guaranteed.

Additional Fire Service Comments:

Section B: Emergency and Preparedness Response Plan.

Page 4 of 15:

3rd section "List of Fire Protection Controls....."

- I recommend you install signage prohibiting smoking and open flame near the site.

4th section " Maintenance and testing schedule....."

- Recommend the inclusion of Fire Extinguisher maintenance and testing.

- Recommend the inclusion of a testing schedule for the proper function of the Emergency Stop Button.

- Recommend the inclusion of a list of addresses and phone numbers of all buildings / homes within the 246m "HOT ZONE" and re-verify it on a regular basis.

Additional Fire Service Comments:

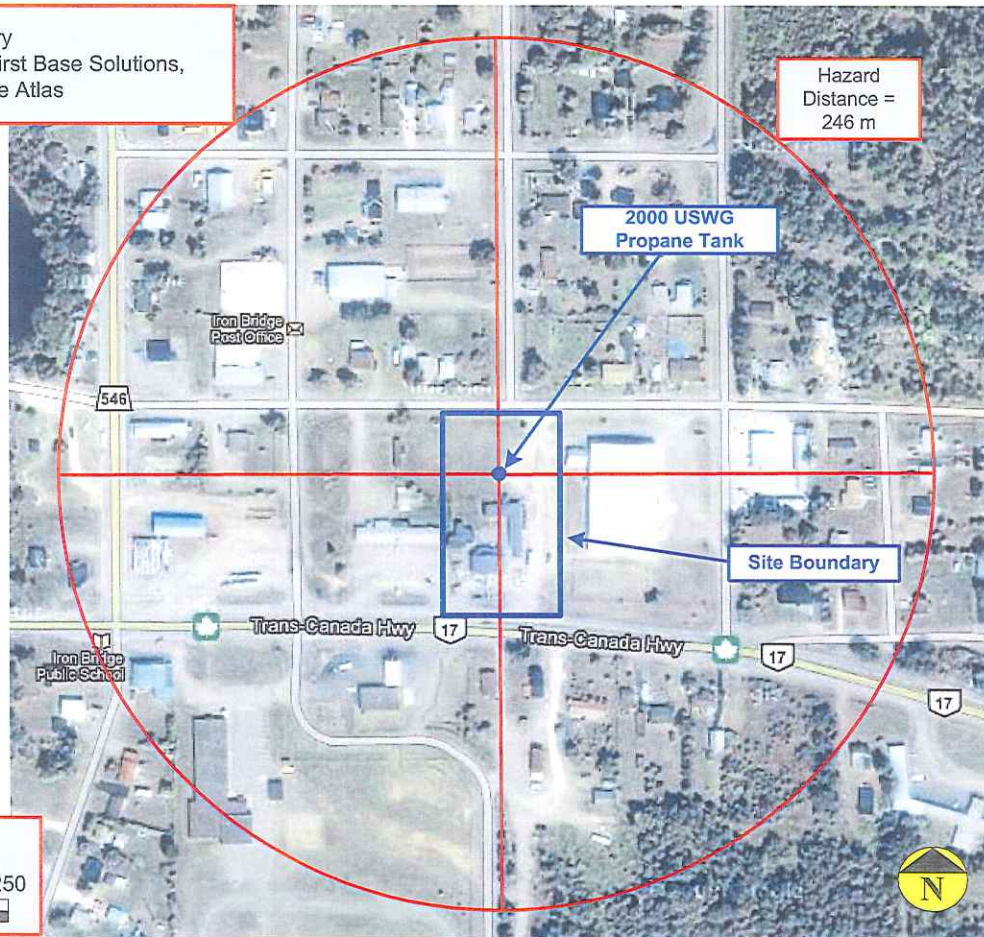
[Empty box for additional fire service comments]

13 JAN 2014
Date

G. J. MEDVE
Print Name


Signature

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 Map data ©2011 Google, Tele Atlas



Scale (m):

0 50 100 150 200 250

Setback Distances
to Site Boundary

North: 24 m East: 33 m
 South: 67 m West: 28 m

Municipality (ies) within the 1 psi overpressure circle:

Township of Huron Shores

Capacity of Propane Storage Tank:

Capacity of Propane Storage Tank = 2000 USWG

GPS Co-ordinates of Propane Storage Tank:

GPS Co-ordinates = 46.2794, -83.2197

Circular Distance to 1 psi overpressure:

Denoted by circle centred on tank; radial distance = 246 m

Municipal Contact:

Deborah Tonelli
 Clerk, Township of Huron Shores
 7 Bridge Street, P.O. Box 460, Iron Bridge, ON, P0R 1H0
 Tel: 705-843-2033 Fax: 705-843-2035
 email: email@huronshores.ca

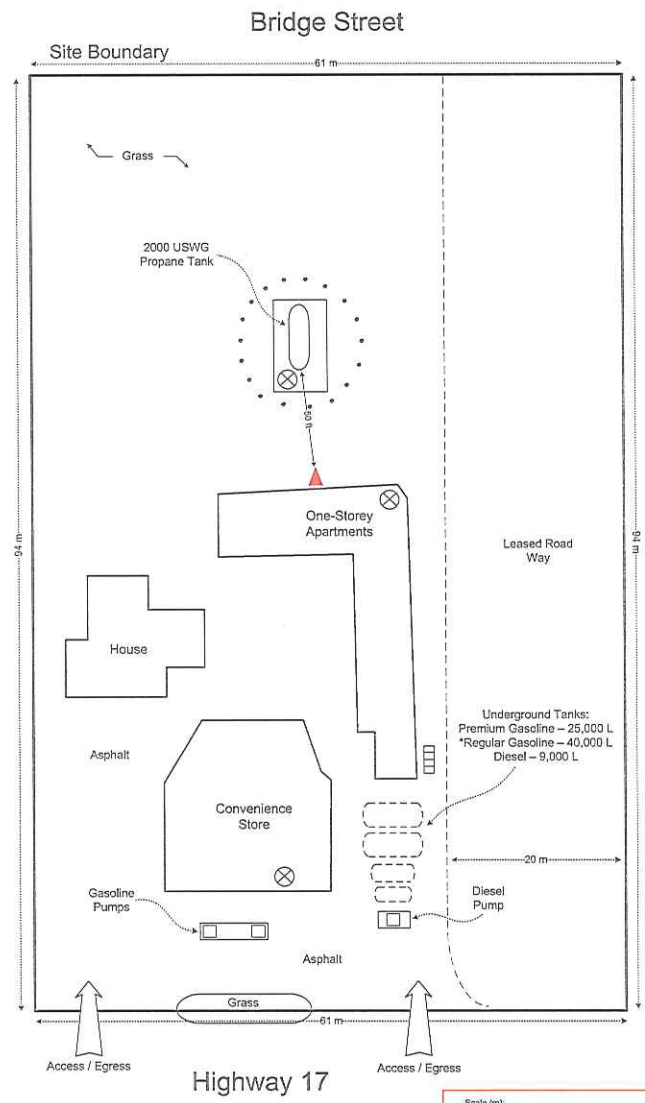
Map of Surrounding Area

Village General Store (1188074 Ontario Ltd.)
 1100 Highway 17 East, P.O. Box 430, Iron
 Bridge, ON, P0R 1H0

Gladstone Concession 2 Lot 3 FPT 2274 Highway 17

Drawn by: S. Oliverio

Date: September 23, 2011



Notes:

1. Tank distances to property lines:

Property Line Setbacks	Distance
North	24 m
South (Front)	67 m
East	33 m
West	28 m

2. Fire Extinguisher



3. Egress/Fire Access Route:
 Site is wide open, egress/access points from Highway 17 and Bridge Street.

4. E-Stop



5. Cylinder Cage



6. *There are two underground tanks holding regular gasoline, one with a 25,000 L capacity and the other with a 15,000 L capacity.

FSN Training & Development

Title: **Site Plan**
 Village General Store (1188074 Ontario Ltd.)
 1100 Highway 17, P.O. Box 430, Iron Bridge, ON, P0R 1H0

Gladstone Concession 2 Lot 3 FPT 2274 Highway 17

Drawn by: S.Oliverio

Checked by:

Date: September 23, 2011

Rev 0

