



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; font-weight: bold; font-size: small;">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 000076645033 - PRIVATE-</p> <p>Check applicable type of propane operations.</p> <p> <input checked="" type="checkbox"/> Cylinder <input type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Keylock </p> <p style="font-size: x-small;">Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p style="text-align: center; font-weight: bold; font-size: small;">For Office Use Only</p> <div style="border: 1px solid black; height: 80px; 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.

<p>Company Name A TENCORR PACKAGING INC</p> <p>Operator Name (if different from above) _____</p> <p>Telephone No. 416-787-1687 Fax No. _____ E-mail _____</p> <p>Street No. 1135 Street Name / 911 Number / Address, if applicable COURTNEY PARK DRIVE</p> <p>Town / City or Township / County MISSISSAUGA Province ONT Postal Code L5W 1S7</p> <p>Mailing address if different from above.</p> <p>Street No. 188 Street Name / 911 Number / Address, if applicable CARTWRIGHT AVE</p> <p>Town / City or Township / County TORONTO Province ONT Postal Code M6A 1V6</p>	<p>Ontario Corporation No., if applicable _____</p>
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Information on Container Refill Centre or Filling Plant		
Location of facility.		
<p>Street No. 1135</p> <p>Town / City or Township / County MISSISSAUGA</p>	<p>Street Name / 911 Number / Address, if applicable COURTNEY PARK DRIVE</p> <p>Province ONT</p>	<p>Nearest Major Intersection TOMKIN & 401</p> <p>Postal Code L5W 1S7</p>

Name of Licence Holder TENCORR PACKAGING INC	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). DAVE BRIGGS	ROT type PPO3
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) MISSISSAUGA / BRAMPTON	
Hours of operation. <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.

Printname Name of Licence Holder TENCORR PACKAGING INC	Signature 	Date (dd-mm-yyyy) 28/11/11
Name of Senior Management person as defined in the Regulation holding the Record of Training DAVE BRIGGS		



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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.

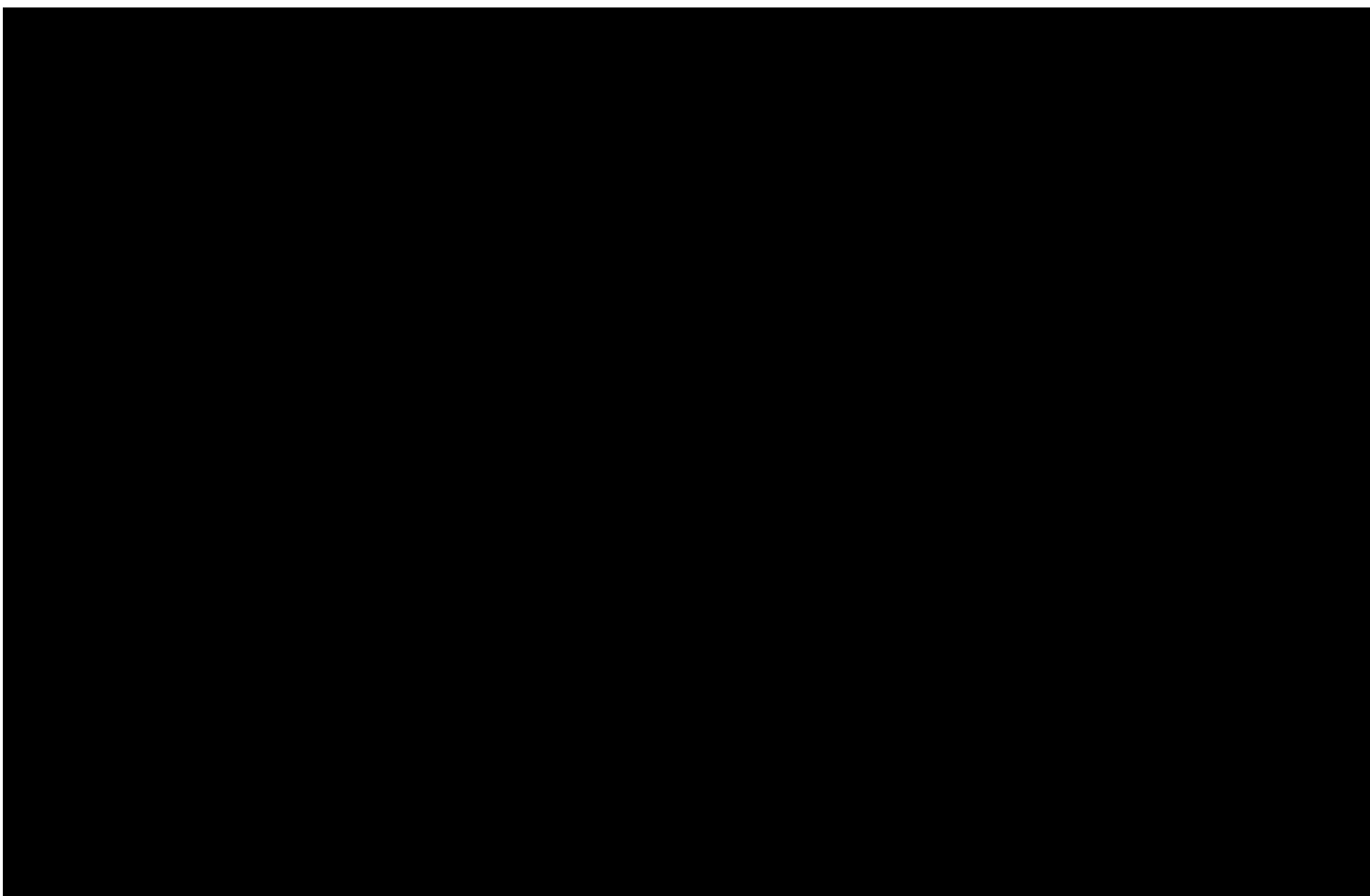
1999

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

	PSIG	Serial Number
Tank1:	250	446-98
Tank2:		CRN# C0469.6543217890T
Tank3:		

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

Fixed: 1000 uswg HORIZONTAL Portable: 10 x 33# Mobile: _____



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Name of person completing this form (please print) DAVE BRIGGS	Official Title VICE PRESIDENT MANUFACTURING	
Signature <i>David Briggs</i>	Telephone No. 905-564-8222	Date (dd-mm-yyyy) 22/11/11



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
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 propane@tssa.org
 www.tssa.org

Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
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SECTION A: GENERAL INFORMATION (cont'd)
 Activity Information

Name of Propane Supplier(s) Superior General Partner Inc. o/a Superior Propane		For Office Use - Party No.	
Street No. 6750	Street Name / 911 Number / Address, if applicable Century Avenue, Suite 400		
Town / City or Township / Country Mississauga		Province Ontario	Postal Code L5N 2V8
Telephone No. 41-652-73551	Fax No.	Contact Name Tom Duncan	
E-mail Tom_Duncan@SuperiorPropane.com			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
Superior General Partner Inc. o/a Superior Propane			
Street No. 1	Street Name / 911 Number / Address, if applicable Betomat Court		
Town / City or Township / Country Bolton		Province Ontario	Postal Code L7E 5T3
Telephone No. 519-831-6564	Fax No.	Contact Name Chris Van Herksen, Market Manager	
E-mail vanherkc@SuperiorPropane.com			

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.

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) Bill Strachan	Official Title Director of Manufacturing	
Signature 	Telephone No. 226-748-4701	Date (dd-mmm-yyyy) 18 - OCT, 2017



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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.

QTY 1- DRUM WD40

QTY 1- DRUM MINIRAL SPIRIT (VARSOL)

LOCATED IN BUILDING IN FIRE PROOF CABINET

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

FIRE EXTINGUISHER AT TANK DISPENSER

FIRE HOSE AT BAILER VERY CLOSE WITHIN 25 FT OF PROPANE DISPENSER

CLOSEST FIRE HYDRANT IS 35FT FROM THE PROPANE DISPENSER

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.

FISABLE LINK ON TANK

SEE ATTACHED MONTHLY INSPECTION OF FACILITY FIRE EXT

FIRE ALARM IN FACILITY

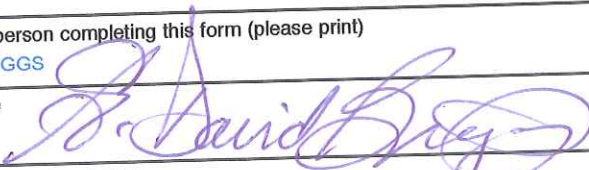
Maintenance and testing schedule for fire protection controls and devices.

DOCUMENTED MONTHLY

SEMI ANNUALLY OUTSIDE CONTRACTOR

CP INC ANNUALLY

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Name of person completing this form (please print) DAVE BRIGGS		Official Title VICE PRESIDENT MANUFACTURING	
Signature 		Telephone No. 905-564-8222	Date (dd-mm-yyyy) 28/11/11



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name DAVE BRIGGS	For Office Use - Party No.	Name JORGE DELGADO	For Office Use - Party No.
Official Title VICE PRESIDENT MANUFACTURING		Official Title PLANT MANAGER	
Telephone No. 905-564-8222	Fax No. 905-564-8226	Cell No. 416-505-0383	Fax No. 905-564-8226
E-mail DAVEBRIGGS@TENCORR.COM		E-mail J_DELGADO@TENCORR.COM	
Role and responsibilities in emergency KEY FACILITIES CONTACT		Role and responsibilities in emergency PLANT MAIN CONTACT - COMMUNICATES WITH FIRE SERVICES	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name DAVE BRIGGS	For Office Use - Party No.	Name JORGE DELGADO	For Office Use - Party No.
Official Title VICE PRESIDENT MANUFACTURING		Official Title PLANT MANAGER	
Telephone No. 905-564-8222	Fax No. 905-564-8226	Telephone No. 905-564-8222	Fax No. 905-564-8226
E-mail DAVEBRIGGS@TENCORR.COM		E-mail J_DELGADO@TENCORR.COM	
Role and responsibilities in emergency KEY FACILITIES CONTACT		Role and responsibilities in emergency PLANT MAIN CONTACT - COMMUNICATES WITH FIRE SERVICES	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name JOHN MCDUGALL	For Office Use - Party No.	Name HUGH SUTHERLAND JR	For Office Use - Party No.
Official Title FIRE CHIEF		Official Title VICE PRESIDENT	
Telephone No. 905-615-3750	Fax No. 905-615-4579	Telephone No. 905-657-1448	Fax No. 905-857-8491
E-mail JOHN.MCDUGALL@MISSISSAUGA.CA		E-mail HUGHJR@CALEDONPROPANE.COM	
Role and responsibilities in emergency		Role and responsibilities in emergency FUEL SUPPLIER EMERGENCY RESPONSE	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name GREG LAING	For Office Use - Party No.	Name BARBARA LECKEY	For Office Use - Party No.
Official Title DEPUTY FIRE CHIEF		Official Title SUPERVISOR ZONING EXAMINATION	
Telephone No. 905-615-3754	Fax No. 905-896-3773	Telephone No. 905-896-5000	Fax No. 905-896-5553
E-mail GREG.LAING@MISSISSAUGA.CA		E-mail PBINFO@MISSISSAUGA.CA	
Role and responsibilities in emergency		Municipality CITY OF MISSISSAUGA	

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

Name of person completing this form (please print) DAVE BRIGGS	Official Title VICE PRESIDENT MANUFACTURING
Signature 	Telephone No. 905-564-8222
	Date (dd-mm-yyyy) 28/11/11



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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.

N/A

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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) <i>Dec.</i> 2011	Print Name of Training Provider: <i>TENCORR</i>
	Print Name of Instructor: <i>JORGE DELGADO</i>
Training Date (dd-mm-yyyy) <i>NOVEMBER</i> 2012	Print Name of Training Provider: <i>TENCORR</i>
	Print Name of Instructor: <i>JORGE DELGADO</i>
Training Date (dd-mm-yyyy) <i>NOVEMBER</i> 2013	Print Name of Training Provider: <i>TENCORR</i>
	Print Name of Instructor: <i>JORGE DELGADO</i>

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

Training Date (dd-mm-yyyy) <i>Dec.</i> 2011	Print Name of Training Provider: <i>JORGE DELGADO</i>
	Print Name of Instructor: <i>TENCORR</i>
Training Date (dd-mm-yyyy) <i>NOVEMBER</i> 2012	Print Name of Training Provider: <i>JORGE DELGADO</i>
	Print Name of Instructor: <i>TENCORR</i>
Training Date (dd-mm-yyyy) <i>NOVEMBER</i> 2013	Print Name of Training Provider: <i>JORGE DELGADO</i>
	Print Name of Instructor: <i>TENCORR</i>

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

Training Date (dd-mm-yyyy) <i>JUNE</i> 2011	Print Name of Training Provider: <i>CALEDON PROPANE INC.</i>
	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) <i>DAVE BRIGGS</i>	Official Title <i>VICE PRESIDENT MANUFACTURING</i>	
Signature <i>[Signature]</i>	Telephone No. <i>905-564-8222</i>	Date (dd-mm-yyyy) <i>28/11/11</i>



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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) Dec. 2011	Print Name of Training Provider: TENCORR
	Print Name of Instructor: JORGE DELGADO
Target Date (dd-mm-yyyy) JUNE 2013	Print Name of Training Provider: TENCORR
	Print Name of Instructor: JORGE DELGADO
Target Date (dd-mm-yyyy) JUNE 2014	Print Name of Training Provider: TENCORR
	Print Name of Instructor: JORGE DELGADO

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

Target Date (dd-mm-yyyy) JUNE 2012	Print Name of Training Provider: TENCORR
	Print Name of Instructor: JORGE DELGADO
Target Date (dd-mm-yyyy) JUNE 2013	Print Name of Training Provider: TENCORR
	Print Name of Instructor: JORGE DELGADO
Target Date (dd-mm-yyyy) JUNE 2014	Print Name of Training Provider: TENCORR
	Print Name of Instructor: JORGE DELGADO

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

Target Date (dd-mm-yyyy) 22-06-2011	Print Name of Training Provider: CALEDON PROPANE INC.
	Print Name of Instructor: HUGH SUTHERLAND
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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Signature 	Telephone No. 905-564-8222
	Date (dd-mm-yyyy) 28/11/11



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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).
SHIFT SUPERVISOR OR DELEGATE TO CALL 911

FACILITY IS MONITORED FOR FIRE AND ALARM, A PLANT ALARM WILL SOUND IF THERE IS A FIRE OR BREAK-IN

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).

All employees are to follow plant emergency response plan and call 911

All plant employees and contractors on-site at time of emergency will meet at designated safe location at West side of parking lot.

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).

Plant supervisor on duty is to call 911 as per plan.

Plant supervisor will also activate the fire / alarm system to notify all employees and contractors working in the plant.

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

Fire services has 24 hour access to the propane dispenser located in the parking lot, there is no fenced compound.

Fire services will be able to locate the fire hydrant next to the propane dispenser.

There is no gate and access is NOT restricted and available to fire services 24 hours per day.

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

KEY SUPERVISOR ON SHIFT WILL BE A LIASON TO AUTHORITIES

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

20 minutes

NOTE: THE PLANT IS OPEN 24 HOURS AND A PLANT MANAGER OR MANAGER ON DUTY WILL BE ON SITE.

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

Name of person completing this form (please print) DAVE BRIGGS		Official Title VICE PRESIDENT MANUFACTURING	
Signature 		Telephone No. 905-564-8222	Date (dd-mm-yyyy) 28/11/11



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Application for Renewal of
Level 1 Propane Licence
Technical Standards and Safety Act
Propane Storage and Handling Regulation

EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

The licence holder will complete the Emergency and Preparedness Response Plan in consultation with the local Fire Services.
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).
SHIFT SUPERVISOR OR DELEGATE CALL 911 FOR FIRE DEPARTMENT AFTER ACTIVATING ANY BUILDING'S FIRE ALARM PULL STATION.
REPORT DIRECT TO SHIFT MAINTANANCE AND SHIFT SUPERVISOR

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).
ALL EMPLOYEES SHOULD EXIT THE BUILDING AND CONVENE IN FRONT OF THE BUILDING PARKING LOT FOR HEAD COUNT.

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).

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

Describe how the licence holder will ensure continual flow of updated information to authorities.
IF THERE IS AN UPDATE TO BE MADE, BILL STRACHAN WILL INFORM THE PERTINENT AUTHORITIES.
KEY SUPERVISOR ON SHIFT WILL BE A LIASON.

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

BILL STRACHAN - i HR.
JUNIOR REYES - 20 MINS. # 905 792-7537 C: 647-680-7537

You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.

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 of person completing this form. Bill Strachan	Official Title DIR. OF MANUFACTURING.
Signature B. Strachan	Telephone No. 226-748-4701 Date (dd-mm-yyyy) 18-10-2016



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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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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)	11 M	
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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Name of person completing this form (please print) DAVE BRIGES	Official Title VICE PRESIDENT MANUFACTURING	
Signature 	Telephone No. 905-564-8222	Date (dd-mm-yyyy) 28/11/11

ATTN: Hugh F. Sutherland

905-857-8491



ASAMAD@RSA.015

Review and Comments for Level 1 RSMP

Location address:

Tencorr Packaging Inc.
1135 Courtney Park Drive
Mississauga, Ontario

257155

January 24, 2012

Municipal Fire Department Information	
	Mississauga Fire & Emergency Services
Address	15 Fairview Road West
Postal Code	L5B 1K7
Fire Chief	John McDougall
Phone	905-615-3750
Cell	905-601-1394
FAX	905-615-4579
Email	John.mcdougall@mississauga.ca
Alternate	Deputy Chief Greg Laing
Phone	905-615-3754
Cell	905-872-3769
FAX	905-896-3773
Email	Greg.laing@mississauga.ca

Section B - Contacts For Emergencies	Page
<p>1 - Facility contact comments: Roles & Responsibilities comments:</p> <p>Lack of information which clearly describes the roles and responsibilities for this person.</p> <p>Any person identified in this section should:</p> <ul style="list-style-type: none"> - be instructed in the fire emergency procedures as described in this Emergency and Preparedness Plan before they are given any responsibility for fire safety - be available on notification of a fire emergency to fulfil their obligation as described in the roles and responsibilities section of this plan - be trained in the use of portable fire extinguishers 	

2 – Facility contact (alt) comments: Roles & Responsibilities comments: See above comments for Facility Contact 1	
4 – Change Alternate Fire Service Contact to information provided at the start of this review Fire Services contact: Greg Laing Roles & Responsibilities: Coordination of municipal fire services, liaison with property owner, administrator of fire services and advisor to municipal council	
5 – Facility 24 hr contact comments: Roles & Responsibilities comments: See above comments for Facility Contact 1	
6 – Facility manager comments: Roles & Responsibilities comment: See above comments for Facility Contact 1	
7- Propane Supplier comments : Roles & Responsibilities comments : See above comments for Facility Contact 1	

Section B – Record of emergency training Page 75	
Training provided for facility comments: No details provided on the nature of training	
Training provided for staff comments: No details provided on the nature of training	
Training provided for holders of ROT comments: No details provided on the nature of training	

Section B – Building physical security and procedures Page 160	
Comments for item 4: Consideration should be given to implement procedures that capture and record the daily inspection of hoses and	

inspection procedures for filling systems used in the transfer of propane. Comments for item 6: Maintaining accurate weighing systems is important to prevent overfilling and the weigh scales should be certified.	
Comments: The fire service has the capacity to pump and maintain a continuous flow rate of 375 GPM at this facility.	

Local Fire Services		
The undersigned has received Section B of the Risk and Safety Management Plan Fire Services		
Print Name	Signature	Date (dd-mm-yyyy)
GINO Nucifora	<i>GINO Nucifora</i>	24-01-2012



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 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 type="checkbox"/>	<input type="checkbox"/>
If not, please explain (e.g., no fire services).		
<hr/>		
<hr/>		
Fire services comments, if any:		
<hr/>		
<hr/>		
<hr/>		
To be completed by the Licence Holder		
In response to the above comments, the following action(s) is required:		
<hr/>		
<hr/>		
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		

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

Name of person completing this form (please print) DAVE BRIGGS	Official Title VICE PRESIDENT MANUFACTURING	
Signature 	Telephone No. 905-564-8222	Date (dd-mm-yyyy) 28/11/11



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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) APRIL 2011	Capacity of single largest propane storage vessel (USWG) 1000 (USWG)
Tank setback coordinates. Indicate placement on the map.	
Front: 155.10 m	Right side property line: 126.97 m
Rear: 5.19 m	Left side property line: 38.86 m
GPS coordinates of single largest vessel: 43°39'27.40"N 79°40'5.67"W	

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Name of person completing this form (please print) DAVE BRIGGS	Official Title VICE PRESIDENT MANUFACTURING
Signature 	Telephone No. 905-564-8222
	Date (dd-mm-yyyy) 28/4/11



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SECTION C: SUBMISSIONS (cont'd)

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

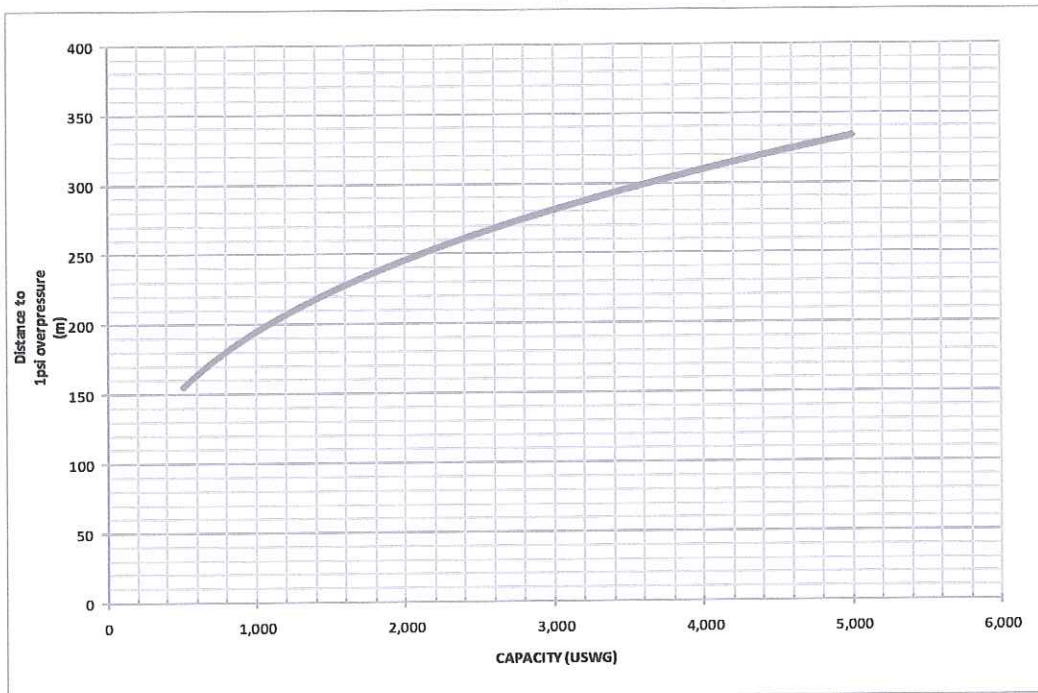
Table 1: Distance Table

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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Name of person completing this form (please print) DAVE BRIGGS	Official Title VICE PRESIDENT MANUFACTURING	
Signature <i>David Briggs</i>	Telephone No. 905-564-8222	Date (dd-mm-yyyy) 28/11/11



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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: <u>FED EX TRADE NETWORKS</u> Address: <u>7075 ORDAN DRIVE</u> City: <u>MISSISSAUGA</u> Province <u>ONTARIO</u> Postal Code <u>L5T 1R1</u>			X		<u>8.91</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ 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: <u>Mississauga Fire Station #109</u> Address: <u>1735 BRITANNIA ROAD</u> City: <u>MISSISSAUGA</u> Province <u>ONTARIO</u> Postal Code _____	X				<u>2142</u> m

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

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Name of person completing this form (please print) <u>DAVE BRIGGS</u>	Official Title <u>VICE PRESIDENT MANUFACTURING</u>
Signature 	Telephone No. <u>905-564-8222</u> Date (dd-mm-yyyy) <u>28/11/11</u>



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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	16	154
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			154

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	154
Total Tank Capacity	1000
Total Portable Capacity	

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Name of person completing this form (please print) DAVE BRIGGS		Official Title VICE PRESIDENT MANUFACTURING	
Signature 	Telephone No. 905-564-8222	Date (dd-mm-yyyy) 28/11/11	

Emergency Safety Information

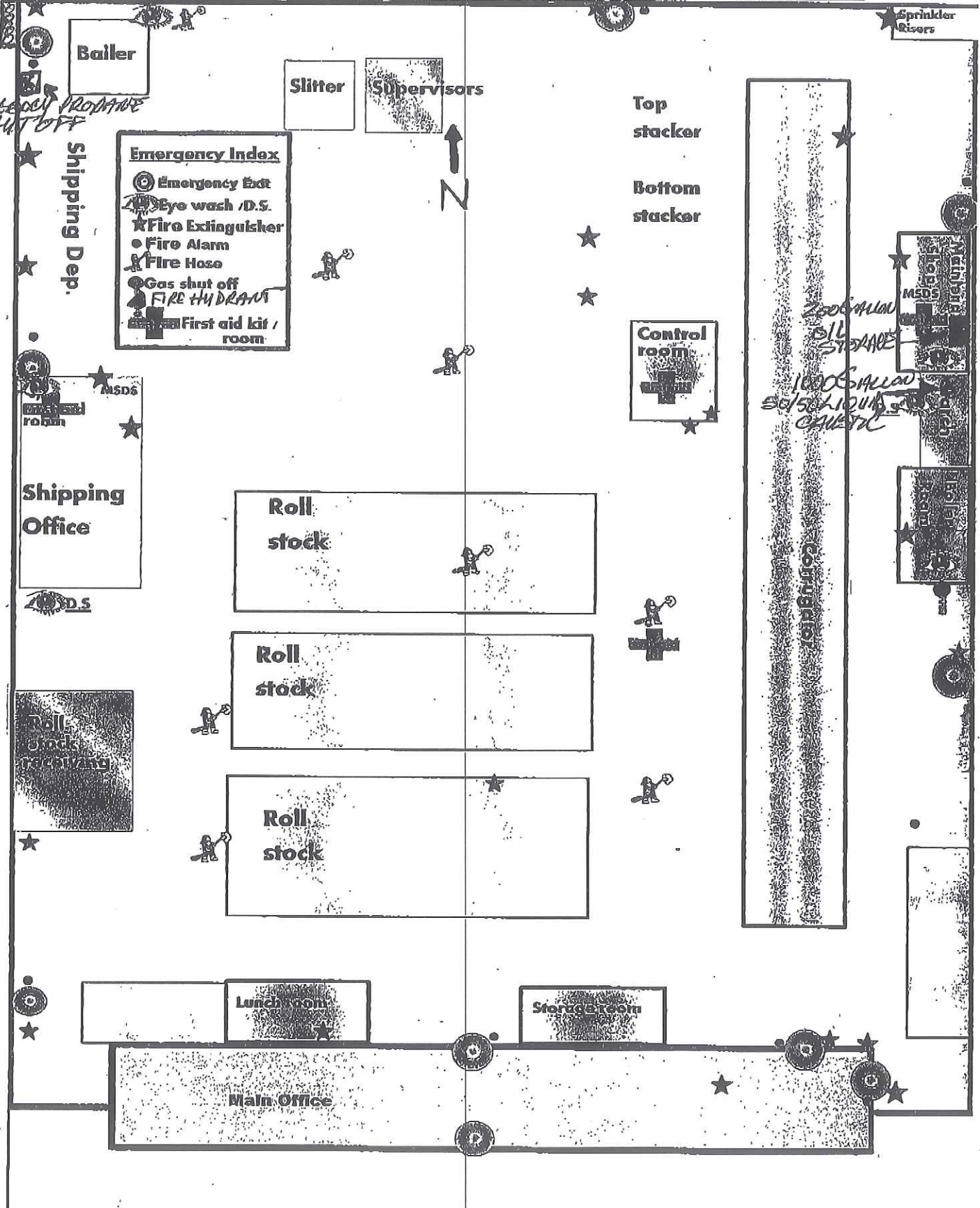
WATER SUPPLY AREA

PROPAANE

PROPAANE BOTTLE STORAGE

EMERGENCY PROPAANE SHUT OFF

ENTRANCE



COURTNEY PARK DRIVE EAST



TenCarr Packaging Inc.
 1135 COURTNEY PARK DRIVE EAST,
 MISSISSAUGA, ONTARIO
 L5T 1S5
 (IDENTIFIED BY YELLOW PIN)

DATE: NOV 25th, 2011

1000 USWG HORIZONTAL
 PROPANE DISPENSER

(IDENTIFIED BY RED PIN)

TANK SET-BACK TO;

FRONT: 155.10 m

REAR: 5.19 m

RIGHT: 126.97 m

LEFT: 38.86 m

Propane Dispenser GPS location:

43°39'27.40"N 79°40'5.67"W

Municipality is City of Mississauga:

CITY OF MISSISSAUGA
 BARBARA LECKEY
 SUPERVISOR OF PLANNING EXAMINATION
 PLANNING DEPARTMENT
 300 City Centre Drive
 Mississauga, Ontario
 L5B 3C1
 905-896-5000 TEL
 905-896-5553 FAX

Imagery Date: 8/31/2009 2003

Image © 2011 DigitalGlobe
 © 2011 Google
 43°39'26.27"N 79°40'01.99"W elev 172 m