



14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 2X4
 Fax: 416.231.4078
 Customer Service: 1.877.682.8772

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

This Level 1 RSMP applies to:

- a facility with a total propane storage capacity of 5,000 USWG or less; or
- a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution
 under the *Technical Standards and Safety Act*

Licence Number 000076640294 000261749

Check applicable type of propane operations.

Cylinder Motor Fill Filling Plant Card/Keylock

Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.

Intake Group
 For Office Use Only
 JUN 15 2016
 SR #. [REDACTED]

SECTION A: GENERAL INFORMATION

The Undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act*, Propane Storage and Handling Regulation.

A Company Name: PMD Retail Sales Inc. Corporation No. 1516861
 Operator Name (if different from above): Peter Davies
 Telephone No. (905)878-2349 Fax No. (905)878-0180 E-mail davies.ctc@gmail.com

B Street No. 1210 Street Name / 911 Number / Address, if applicable: Steeles Ave. E
 Town / City or Township / County: Milton Province: Ontario Postal Code: L9T 6R1

Mailing address if different from above.

C Street No. _____ Street Name / 911 Number / Address, if applicable: _____
 Town / City or Township / County: _____ Province: _____ Postal Code: _____

Information on Container Refill Centre or Filling Plant

D Location of facility.
 Street No. 1210 Street Name / 911 Number / Address, if applicable: Steeles Ave. E Nearest Major Intersection: HWY 401 And James Snow Parkway
 Town / City or Township / County: Milton Province: Ontario Postal Code: L9T 6R1

Name of Licence Holder: PMD Retail Sales Inc.

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Peter Davies ROT type: 100-08

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

Hours of operation: [REDACTED]

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.

Print name	Signature	Date (dd-mmm-yyyy)
Name of Licence Holder <u>Peter Davies</u>		<u>19-May-2106</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Peter Davies</u>		<u>19-May-2106</u>



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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. _____

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

	PSIG	Serial Number
Tank1:	2000 _____	5489TY32 _____
Tank2:	_____	_____
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: 2000 _____ Portable: 280 _____ Mobile: _____

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Name of person completing this form (please print) Peter Davies	Official Title President	
Signature 	Telephone No. (905) 878-2349	Date (dd-mmm-yyyy) 19-May-2106



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)		For Office Use - Party No.	
Superior Propane- Ontario Regional Operations Centre			
Street No.	Street Name / 911 Number / Address, if applicable		
251	Woodlawn Road West Unit 217		
Town / City or Township / Country		Province	Postal Code
Guelph		Ontario	N1H 8J1
Telephone No.	Fax No.	Contact Name	
1-877-873-7467	519-836-7766	Mike Mullins	
E-mail			
mullinsm@superiorpropane.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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Name of person completing this form (please print)		Official Title	
Peter Davies		President	
Signature		Telephone No.	Date (dd-mmm-yyyy)
		(905) 878-2349	19-May-2106



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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.

None

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

One extinguisher at tank
Six in automotive shop

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.

Shut off push button at fill station
Shut off push button in shop
Toggle switch at electrical station

Maintenance and testing schedule for fire protection controls and devices.

Monthly check for extinguishers
Monthly and Annual checks for alarm systems

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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 Peter Davies	For Office Use - Party No.
Official Title President	
Telephone No. (905) 878-2349	Fax No. 905-878-0180
E-mail davies.ctc@gmail.com	
Role and responsibilities in emergency Co-ordinate site response	

5. Facility 24-Hour Contact Person

Name Peter Davies	For Office Use - Party No.
Official Title President	
Cell No. 519-820-7393	Fax No. 905-878-0180
E-mail davies.ctc@gmail.com	
Role and responsibilities in emergency Co-ordinate site response	

2. Facility Contact Personnel - Alternate Contact

Name GARY DAVIDSON	For Office Use - Party No.
Official Title GENERAL MANAGER	
Telephone No. 905 878-2349	Fax No. 905 878 0180
E-mail gary.davidson@ctrstore.ca	
Role and responsibilities in emergency Co-ordinate site response	

6. Name of Facility Manager

Name Peter Davies	For Office Use - Party No.
Official Title President	
Telephone No. (905) 878-2349	Fax No.
E-mail davies.ctc@gmail.com	
Role and responsibilities in emergency Co-ordinate site response	

3. Local Fire Services - Key Contact

Name Steve ELLIS	For Office Use - Party No.
Official Title Captain Fire Bronto	E-mail Steve.ellis@milton.ca
Telephone No. 905-878-9251	Fax No.
Role and responsibilities in emergency Contact / co-ordinator	
Fire Services Address 610 Savoline Blvd	

7. Propane Supplier Key Contact Person

Name Superior Propane Hotline	For Office Use - Party No.
Official Title	E-mail
Telephone No. 1-877-873-7467	Fax No.
Role and responsibilities in emergency	
Propane Supplier Address	

4. Local Fire Services - Alternate Contact

Name DAVE PRATT	For Office Use - Party No.
Official Title DEPUTY FIRE CHIEF	E-mail dave.pratt@milton.ca
Telephone No. 905 878 9251	Fax No.
Role and responsibilities in emergency 2nd contact / co-ordinator	
Fire Services Address 610 Savoline Blvd.	

8. Municipal Contact

Name Brain Ellsworth	For Office Use - Party No.
Official Title EMERGENCY CO-ORDINATOR/FIRE CHIEF	
Telephone No. 905 878 7252 x2900	Fax No. 905 878 5927
E-mail brain.ellsworth@milton.ca	
Municipality Name and Address Town of Milton 150 MARY ST L9T 6Z5	

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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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Peter Davies		President	
Signature		Telephone No.	Date (dd-mmm-yyyy)
		(905) 878-2349	19-May-2016



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

3. Record of Emergency Training Provided - For most recent 12-month period.

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Training Date (dd-mmm-yyyy) None	Print Name of Training Provider:	<i>N/A as owner - was not onsite. K-F</i>
	Print Name of Instructor:	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	

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

Training Date (dd-mmm-yyyy) None	Print Name of Training Provider:	
	Print Name of Instructor:	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	

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

Training Date (dd-mmm-yyyy) None	Print Name of Training Provider:	
	Print Name of Instructor:	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	

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

4. Emergency Training Plan for Coming Year

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Target Date (dd-mmm-yyyy) Q3 2016	Print Name of Training Provider: Joint Health and Safety Committee
	Print Name of Instructor: George Humphreys
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) Q3 2016	Print Name of Training Provider: Joint Health and Safety Committee
	Print Name of Instructor: George Humphreys
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) Q3 2016	Print Name of Training Provider: Joint Health and Safety Committee
	Print Name of Instructor: George Humphreys
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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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).

Staff alerts occupants by yelling "FIRE"

Manually activate fire alarm via nearest pull station if not already engaged

Call 911

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).

Evacuate building using nearest exit or alternate exit

Managers assist and direct occupants to safety.

Call 911 and report alarm

Meeting place is in the southwest end of parking lot near 401 at the labelled light standard.

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).

Manager on duty pulls fire alarm and calls 911 updating them with the type of emergency

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

Propane site is located in a large area of the parking lot west of the building. Fire department will have no issues accessing the propane site.

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

Will remain on site until authorities deem the situation safe to return

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

President Peter Davies approx 20 minutes.

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

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

6. Building and Site Security and Procedures

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Water Supply

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

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)		<u>55 Meters</u>
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only)		<u>N/A</u>

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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

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes No

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

Fire services comments, if any:

N/A

To be completed by the Licence Holder

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

The licence holder will respond to the Local Fire Services comments by: _____
(dd-mmm-yyyy)

LOCAL FIRE SERVICES

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

Print name	Signature	Date (dd-mmm-yyyy)
Local Fire Services Name <i>Steve Ellis</i>	<i>Steve Ellis</i>	19-May-2106

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Name of person completing this form (please print) Peter Davies	Official Title President	
Signature <i>[Signature]</i>	Telephone No. (905) 878-2349	Date (dd-mmm-yyyy) 19-May-2106



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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-mmm-yyyy) 04-Dec-2004 <i>14-JUN-2016 *</i>	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: <u>146</u>	Right side property line: <u>286</u>
Rear: <u>86</u>	Left side property line: <u>16</u>
GPS coordinates of single largest vessel: <u>43.5405,-79.8715</u>	

** customer updated the maps as per the attached documents.
customer emailed the mapson Jun 15, 2016 .*

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SECTION C: SUBMISSIONS (cont'd)

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

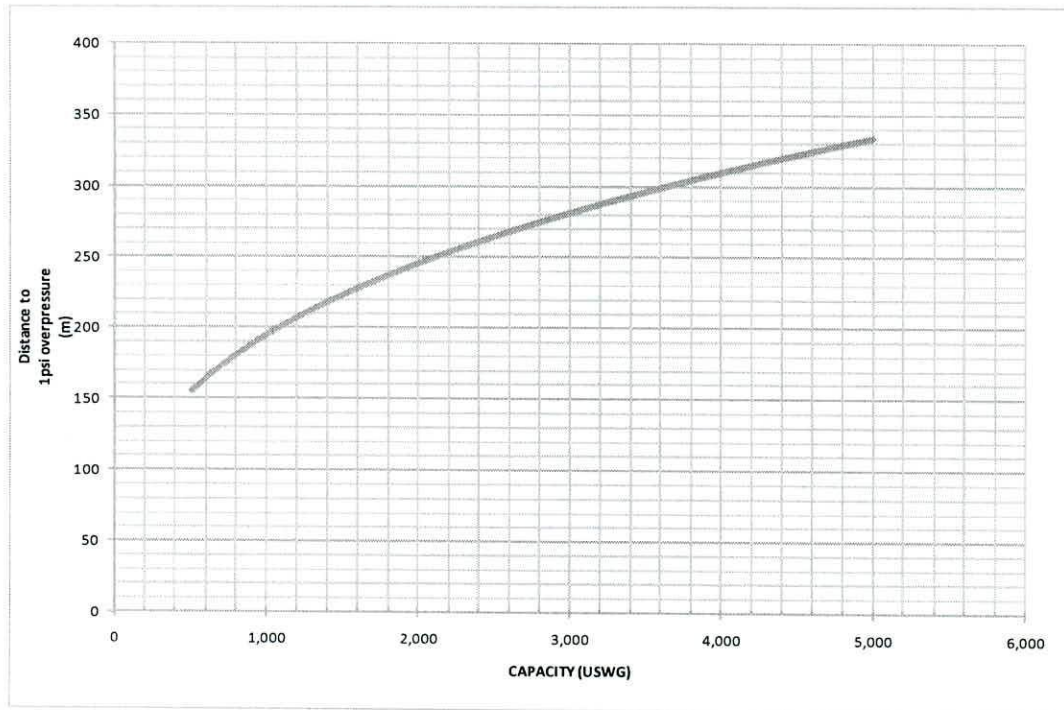
Table 1: Distance Table

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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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>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Cross roads plaza</u> Address: <u>100-1180 Steeles Ave East</u> City: <u>Milton</u> Province <u>Ontario</u> Postal Code _____				x	<u>155</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>Brant/Ditchwitch Union Gas building</u> Address: <u>8015 Esquesing Line</u> City: <u>Milton</u> Province <u>Ontario</u> Postal Code _____				x	<u>310</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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Fax: 416.231.4078
Customer Service: 1.877.682.8772

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

WORKSHEET

Portable Storage Additional Information Worksheet

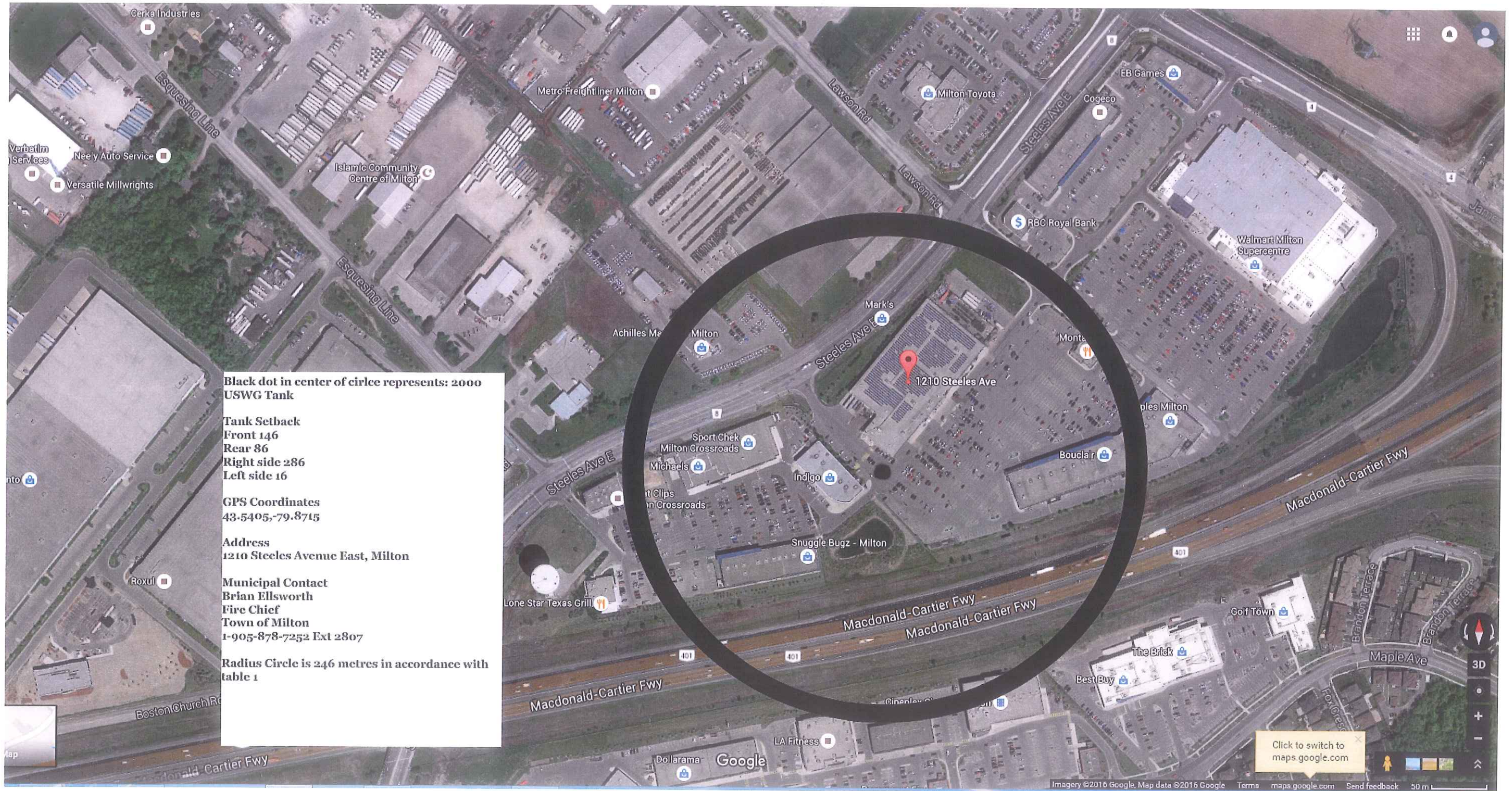
Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	280	
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	
Total Tank Capacity	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	

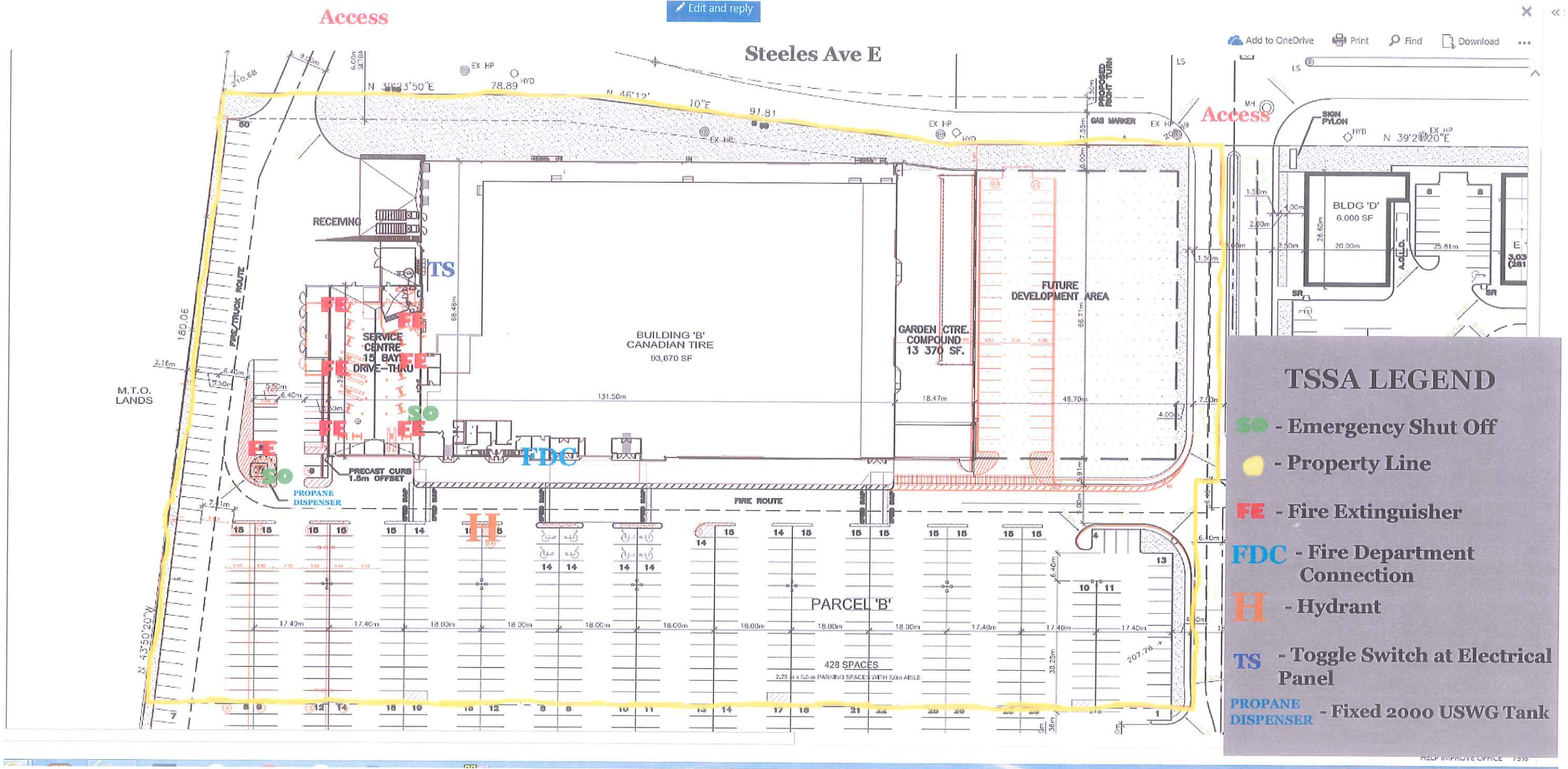
Map of Surrounding Area



Site Plan

Edit and reply

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TSSA LEGEND

- SO - Emergency Shut Off
- - Property Line
- FE - Fire Extinguisher
- FDC - Fire Department Connection
- H - Hydrant
- TS - Toggle Switch at Electrical Panel
- PROPANE DISPENSER - Fixed 2000 USWG Tank