



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

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

This Level 1 RSMP applies to:

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

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

Licence Number: 0028105002-C

Check applicable type of propane operations.

Cylinder Motor Fill Filling Plant Card/Keylock

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

SECTION A: GENERAL INFORMATION

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

Company Name: Niagara Sports + Recreational Sales + Service Ltd. Ontario Corporation No., if applicable: _____

A Operator Name (if different from above): Niagara Trailers

Telephone No. 905-262-4518 Fax No. 905-262-4697 E-mail Address: wing@niagaratrailers.com

B Street No. #1224 Street Name, Lot / Concession No. York Rd.

Town / City or Township / County: St. Davids Province: ON Postal Code: L0S 1P0

Mailing address if different from above:

C Street No. _____ Street Name, Lot / Concession No. PO Box 153

Town / City or Township / County: St. Davids Province: ON Postal Code: L0S 1P0

D Information on Container Refill Centre or Filling Plant

Location of facility:

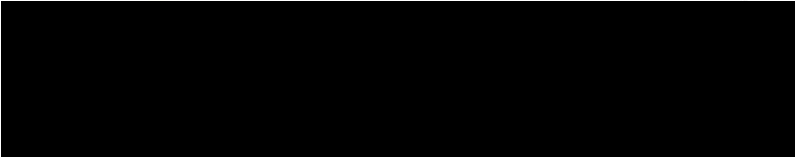
Street No. _____ Street Name, Lot / Concession No. Same as above Nearest major intersection: York Rd + Creek Rd.

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

Name of Licence Holder: Niagara Trailers

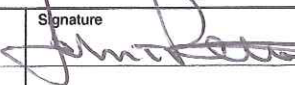
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): John Petrie ROT type: 1999 / PPO-3

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): Town of Niagara-on-the-Lake

Hours of operation: 

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

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-mm-yyyy)
Name of Licence Holder: <u>John Petrie</u>		<u>Dec 2 / 11</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training		



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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.

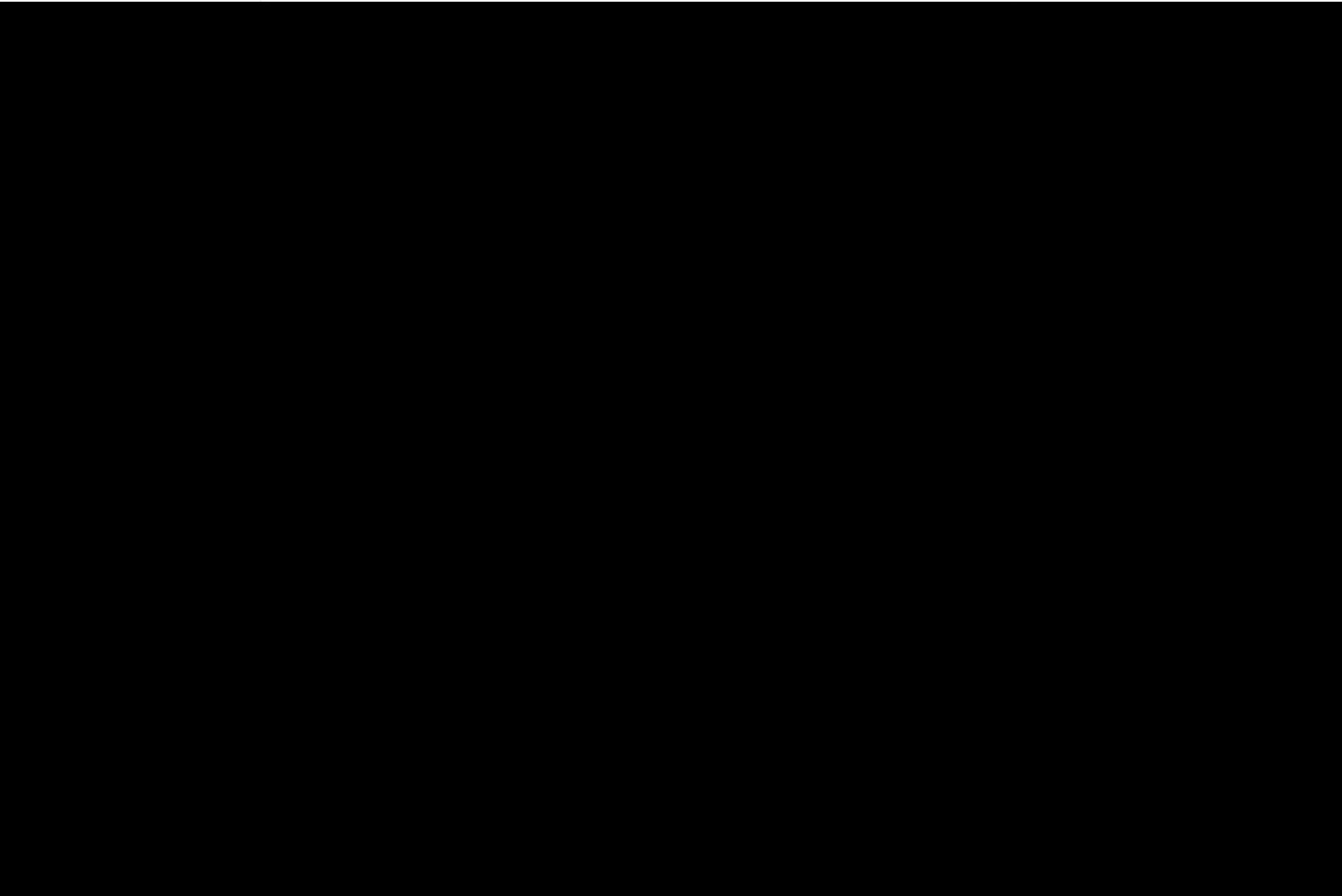
1972

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>5.323096</u>
Tank 2:	_____	_____
Tank 3:	_____	_____

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

Fixed: 1000 Portable: _____ Mobile: _____



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Name of person completing this form (please print) <u>John Petrie</u>		Official Title <u>President</u>	
Signature <u>John Petrie</u>		Telephone No. <u>905-262-4518</u>	Date (dd-mm-yyyy) <u>Dec 2/11</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) <i>Free Gas Company Ltd.</i>		[Redacted]	
Street No. <i>2511</i>	Street Name Lot / Concession No. <i>HWY 20</i>		
Town / City or Township / Country <i>Fonthill</i>		Province <i>ON</i>	Postal Code <i>L0S 1E0</i>
Telephone No. <i>905-892-3377</i>	Fax No. <i>905-892-4808</i>	Contact Name <i>Roy Kitchen</i>	
E-mail <i>v.kitchen@bellnet.ca</i>			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		[Redacted]	
Street No.	Street Name Lot / Concession No.		
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 Lot / Concession No.	
Town / City or Township / Country		Province
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>John Petric</i>	Official Title <i>President</i>	
Signature <i>John Petric</i>	Telephone No. <i>905-262-4518</i>	Date (dd-mm-yyyy) <i>Dec. 2/11</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.

Propane - 3300L
diesel - 1100L
gas - 1300L

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

see facility site plan.

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. heat alarms tested regularly
2. Emergency shut off.
3. Fire extinguishers.

Maintenance and testing schedule for fire protection controls and devices.

- inspected monthly.

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Name of person completing this form (please print)		Official Title	
John Petrie		President	
Signature	Telephone No.	Date (dd-mm-yyyy)	
	905-262-4518	Dec 2/11	



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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 <i>John Petrie</i>	For Office Use - Party No.	Name <i>John Petrie</i>	For Office Use - Party No.
Official Title <i>President</i>		Official Title <i>President</i>	
Telephone No. <i>905-262-4518</i>	Fax No. <i>905-262-4697</i>	Cell No. <i>905-658-1530</i>	Fax No. <i>905-262-4697</i>
E-mail <i>john@niagaratrailers.com</i>		E-mail <i>john@niagaratrailers.com</i>	
Role and responsibilities in emergency		Role and responsibilities in emergency	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>Ken Gould</i>	For Office Use - Party No.	Name <i>John Petrie</i>	For Office Use - Party No.
Official Title <i>Service Manager</i>		Official Title <i>President</i>	
Telephone No. <i>905-262-4518</i>	Fax No. <i>905-262-4697</i>	Telephone No. <i>905-262-4518</i>	Fax No. <i>905-262-4697</i>
E-mail <i>—</i>		E-mail <i>john@niagaratrailers.com</i>	
Role and responsibilities in emergency		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>Greg Warner</i>	For Office Use - Party No.	Name <i>Ray Kitchen</i>	For Office Use - Party No.
Official Title <i>Fire Chief. (Interim)</i>		Official Title	
Telephone No. <i>905-468-3266 x 260</i>	Fax No. <i>905-468-0301</i>	Telephone No. <i>905-892-3377</i>	Fax No. <i>905-892-4808</i>
E-mail <i>gwarner@notl.org</i>		E-mail <i>rkitchen@bellnet.ca</i>	
Role and responsibilities in emergency		Role and responsibilities in emergency	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>Joseph Zambito</i>	For Office Use - Party No.	Name <i>Holly Dowd</i>	For Office Use - Party No.
Official Title <i>Deputy Fire Chief</i>		Official Title <i>Municipal Clerk.</i>	
Telephone No. <i>905-468-3266 x 259</i>	Fax No. <i>905-468-0301</i>	Telephone No. <i>905-468-3266</i>	Fax No. <i>905-468-2959</i>
E-mail <i>jzambito@notl.org</i>		E-mail <i>hdowd@notl.org</i>	
Role and responsibilities in emergency		Municipality	

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Name of person completing this form (please print) <i>John Petrie</i>	Official Title <i>President</i>
Signature <i>John Petrie</i>	Telephone No. <i>905-262-4518</i>
	Date (dd-mm-yyyy) <i>Dec 2/11</i>



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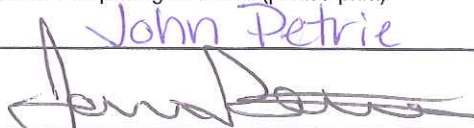
2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

→ lock boxes for fire department to gain access to our facility.

→ monthly inspections throughout building.

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Name of person completing this form (please print) John Petrie		Official Title President	
Signature 		Telephone No. 905-262-4518	Date (dd-mm-yyyy) Dec 2/11



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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) 22-03-2011	Print Name of Training Provider: Niagara Trailers
	Print Name of Instructor: John Petrie
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) 22-03-2011	Print Name of Training Provider: Niagara Trailers
	Print Name of Instructor: John Petrie
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) 22-03-2011	Print Name of Training Provider: Niagara Trailers
	Print Name of Instructor: John Petrie
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) John Petrie	Official Title President
Signature 	Telephone No. 905-262-4518
	Date (dd-mm-yyyy) Dec 2/11



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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:
	Print Name of Instructor:
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:
	Print Name of Instructor:
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)	Print Name of Training Provider:
	Print Name of Instructor:
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:

**please see attached sheet. "A"*

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Name of person completing this form (please print)	Official Title
<i>John Retrie</i>	<i>President</i>
Signature	Telephone No.
<i>[Signature]</i>	<i>905-262-4518</i>
	Date (dd-mm-yyyy)
	<i>Dec 2/11</i>



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

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

5. Emergency Response Communications Plan

Warnings and Actions

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).

- employee notify manager, call 911. Activate emergency shut-off valve. switch. Close liquid withdrawal shut off if possible. Use fire extinguishers if possible. start evacuation if necessary. Inform public to leave site.

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 stop working + meet at evacuation site of 1163 Queenston Rd or 1255 York Rd. Follow evacuation instructions + leave IMMEDIATELY. Remain at evacuation site until further notice.

Communication with Emergency Response Authorities

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).

The employee or manager that is notified first will call 911, using landline or cell phone, whichever is most easily accessible.

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

Use lock boxes located on the brick posts on main entrances and by main entrance door.

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

Manager will be at site for duration of incident or use cell phone.

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

approx. 30 mins.

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John Petrie	President	
Signature	Telephone No.	Date (dd-mm-yyyy)
	905-262-4518	Dec 2/11



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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.

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?

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

Fire services comments, if any:

To be completed by the Licence Holder

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

The Licence holder will respond to the Local Fire Services comments by: _____

(dd-mm-yyyy)

LOCAL FIRE SERVICES

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

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name		

see attached sheets "B-F"

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) <i>John Petrie</i>	Official Title <i>President</i>	
Signature <i>John Petrie</i>	Telephone No. <i>905-262-4518</i>	Date (dd-mm-yyyy) <i>Dec 2/11</i>

B

Office of the Deputy Fire Chief
Telephone 905-468-3266
Facsimile 905-468-0301

1593 Four Mile Creek Road
P.O. Box 100
Virgil, Ontario
L0S 1T0



The Town of Niagara-On-The-Lake

REVIEW AND COMMENT

LEVEL 1 RISK AND SAFETY MANAGEMENT PLAN

Subsection 27(2.1) of Ontario Regulation 211/01 as amended, made under the *Technical Standards and Safety Act, 2000*.

This review and comment is made for the purpose of subsection 27(2.1) of Ontario Regulation 211/01 as amended, for propane facilities with a total capacity of 5,000 USWG or less (Small Facilities) and for no other purpose. The review and comment relates to documents entitled, *Fire Service Information Form; Review and Comments for Level 1 RSMP, Emergency Response Plan, Fire Hydrant & Testing Report*, received November 10th, 2011.

This review and comment is provided by *Niagara-on-the-Lake Fire & Emergency Services*, a fire service as defined in Ontario Regulation 211/01 as amended, which is responsible for the area where *Niagara Trailers* (the "Facility") is located.

In accordance with subsection 27(2.1) of Ontario Regulation 211/01 as amended, the above-named fire service hereby reviewed all components of the risk and safety management plan for the Facility that address fire safety, fire protection and emergency preparedness.

Address of the Facility: *1224 York Road, St. Davids, ON, L0S 1P0*

Indicate type of Facility: *Container Refill Centre*

This review and comment is for an application for the renewal of a license occurring in the first year after subsection 27(2.1) of the Regulation came into force.

Date of review and Comment:

November 29, 2011

Name and Title of Authorized Representative of the Fire Service:

J. Zambito, Deputy Fire Chief

Niagara-on-the-Lake Fire & Emergency Services

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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?	5
What is the approximate distance to the propane facility from the closest municipal fire station (Km)?	0.686 kms
The fire service should provide the average response time for their first arriving crew from the closest responding station, including stations under agreement. The time noted should be used as an ordinary response time as other factors that increase response time are not predictable. The time to assemble a full complement of crews means that the fire service has established all operational tasks and staffing and resources are available to support the operational assignments. Average times should be noted as factors that influence response setup are not predictable.	
What is the approximate First Response time? (First arriving crew to complete scene assessment)	6 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)	10 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)
P2				1050 GPM	1000 US Gal
R2					
P5				1050 GPM	1000 US Gal
R5					
P3				1050 GPM	1000 US Gal
L1				1500 GPM	350 US Gal
R4					
Total Pump Capacity available (units)					4650 GPM
Total Mobile Water Capacity available on trucks (units)					3500 US Gal

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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 Level
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.)	
<p>First response alarm would dispatch Pump 2, Rescue 2, Pump 5 and Rescue 5 until a confirmed fire has been established. When a fire has been confirmed or upon request from the Incident Commander a second alarm will activate Pump 3, Ladder 1 and Rescue 4 as RIT (Rapid Intervention Team). Water supply will be from a municipal fire hydrant located across the street with evacuation of all persons from the area in immediate danger. Fire will be attacked from safe working distances with elevated device and ground monitors while protecting exposures until TSSA arrives with technical expertise.</p>	
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)	
<p>The site will be prohibited for all staff and visitors until the fire and all hazards have been mitigated. All necessary agencies will be notified ie. Office of the Fire Marshal, T.S.S.A., Ministry of Environment, Ministry of Labour etc... Fire Department will extinguish and assist with the origin and cause of the fire under the direction of the Office of the Fire Marshall and other Ministries involved.</p>	

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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.	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>

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

Refer to Emergency Response Plan.

Additional Fire Service Comments:

[Empty box for additional fire service comments]

29 Nov. 2011
Date

J. ZAMBITO
Print Name

[Handwritten Signature]
Signature

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SECTION C: SUBMISSIONS (cont'd)

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

Facility Site Plan.

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

Map of Surrounding Area.

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below .

Required Mapping Information from Updated Site Plan

Date Map Prepared (dd-mm-yyyy) <u>Feb. 24/11</u>	Capacity of single largest propane storage vessel (USWG) <u>1000</u>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>80m</u>	Right side property line: <u>93 m</u>
Rear: <u>130m</u>	Left side property line: <u>0 m</u>
GPS coordinates of single largest vessel: <u>43.159062, -79.114721</u>	

See attached sheet "G", "H"

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>John Petric</u>	Official Title <u>President</u>
Signature 	Telephone No. <u>905-262-4518</u> Date (dd-mm-yyyy) <u>Dec 2/11</u>



Technical Standards and Safety Authority
www.tssa.org

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

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

SECTION C: SUBMISSIONS (cont'd)

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

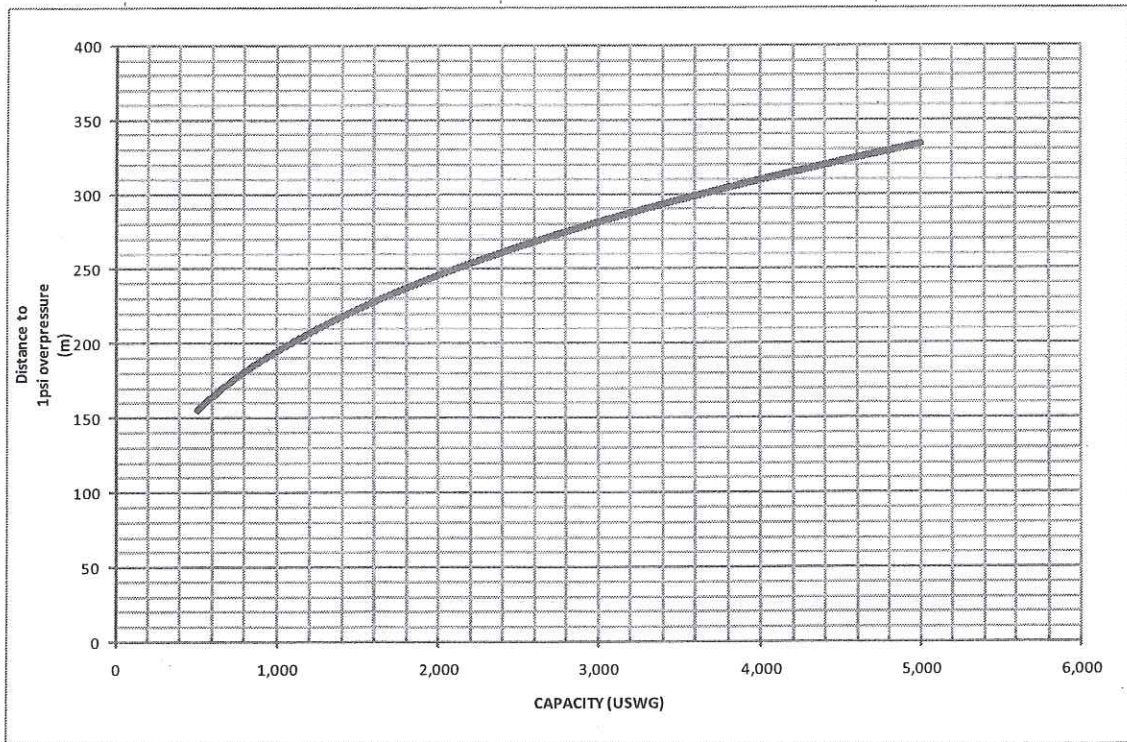
Table 1: Distance Table

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) <i>John Petrie</i>		Official Title <i>President</i>	
Signature <i>[Handwritten Signature]</i>		Telephone No. <i>905-262-4518</i>	Date (dd-mm-yyyy) <i>Dec 2/11</i>



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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: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: [REDACTED] Address: [REDACTED] City: [REDACTED]			X		<u>134</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Niagara Trailers</u> Address: <u>1224 York Rd</u> City: <u>St. Davids</u> Province <u>ON</u> Postal Code <u>L0S 1P0</u>			X		<u>14</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

* see attached sheet. "1"

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

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Name of person completing this form (please print) <u>John Petrie</u>	Official Title <u>President</u>
Signature 	Telephone No. <u>905-262-4518</u> Date (dd-mm-yyyy) <u>Dec 2/11</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	0	0
# 100	29.5	10	295
# 40	11.75	6	70.5
# 33.3	9.62	15	144.3
# 30	8.8	100	880
# 20	5.8	30	174
# 10	2.9	0	0
# 5	1.5	0	0
Total Cylinder Capacity			1563.80

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	1563.80
Total Tank Capacity	—
Total Portable Capacity	1563.80

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) <i>John Petrie</i>		Official Title <i>President</i>	
Signature <i>[Signature]</i>		Telephone No. <i>905-262-4518</i>	Date (dd-mm-yyyy) <i>Dec 2/11</i>

Buildings with in the Hazard Distance

Commercial – Retail

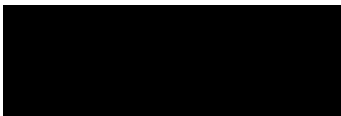
Niagara Trailers
1224 York Road
St. Davids, ON L0S 1P0
Distance: on Niagara Trailers property

Parkview Niagara Ltd.
1208 York Road
St. Davids, ON L0S 1P0
Distance: 45m

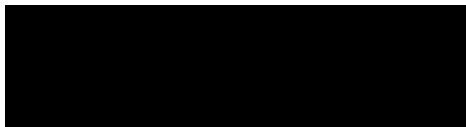
Milestone Millwork & Walker Ltd
1231 York Road
St. Davids, ON L0S 1P0
Distance: 118m

Paul Kent
1139 Queenston Road
Niagara on the Lake, ON L0S 1J0
Distance: 141m

Residential



Distance: 134m



Distance: 171m



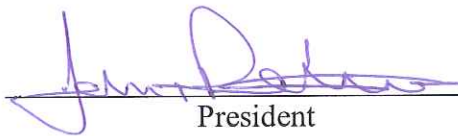
Distance: 149m

Date: Nov 1 / 2011


Emergency Training Plan

Niagara Trailers will continue to train their employees on an annual basis or as policies and procedures change in our Emergency Response Plan.

Niagara Trailers will train all new employees on their start date in our Emergency Response Plan.



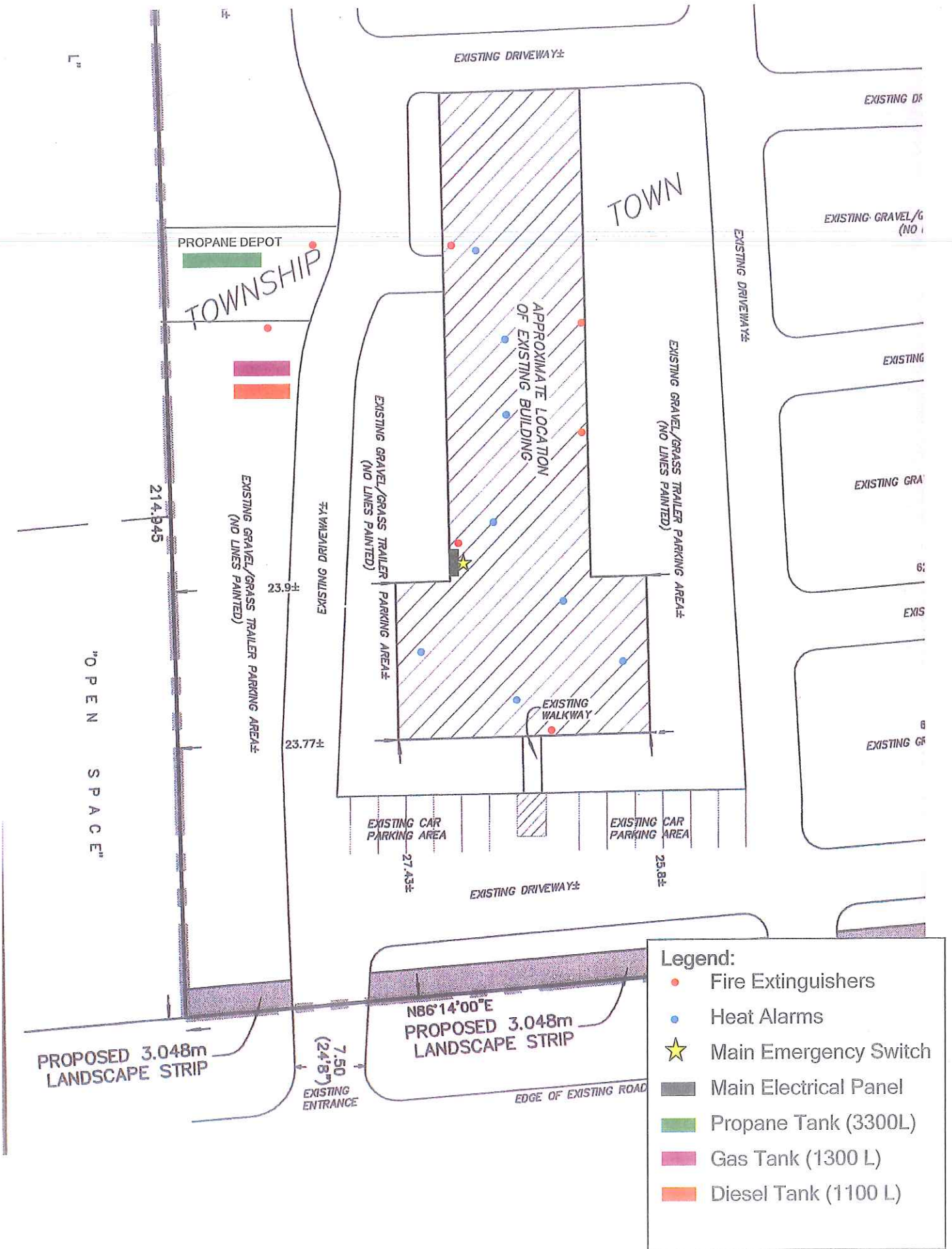
President



Health and Safety

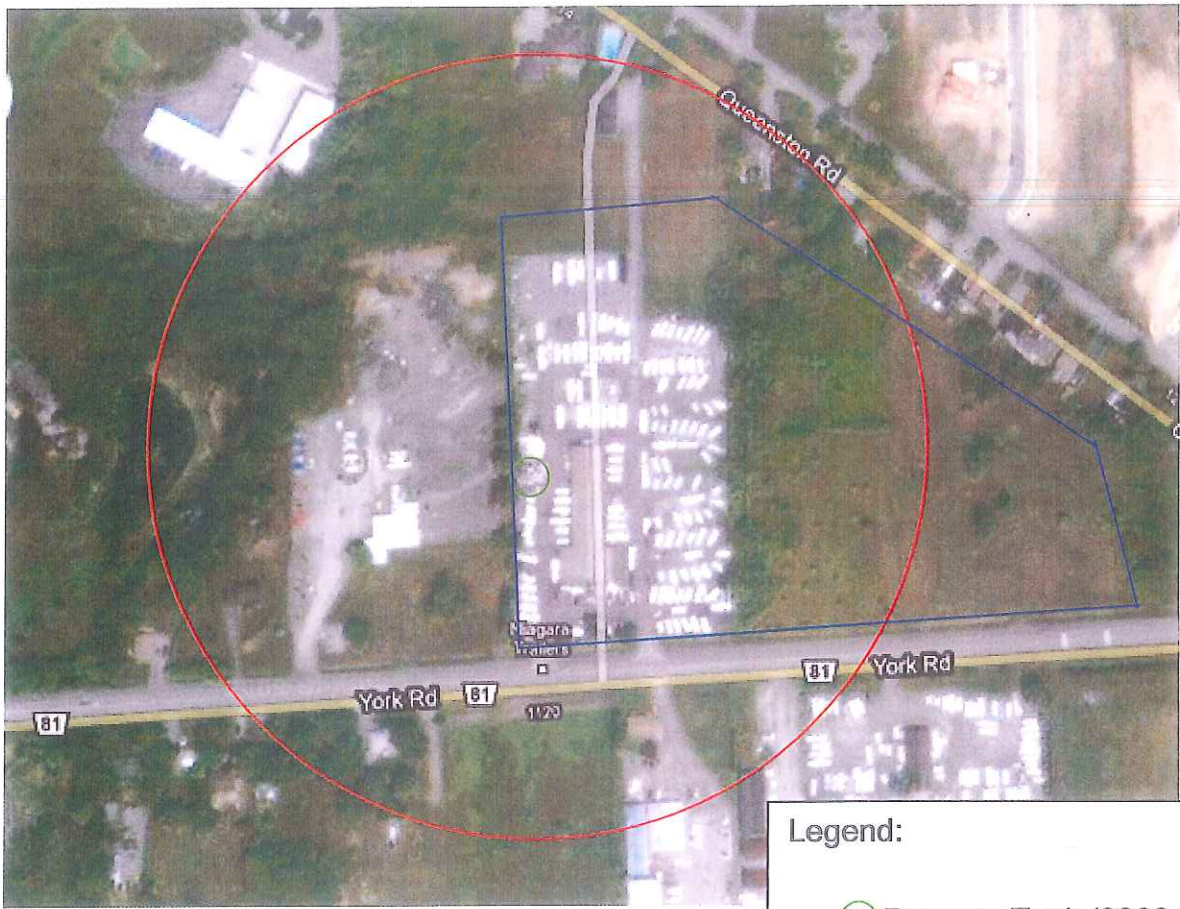
Facility Site Plan and Map of Surrounding Area

G






- Legend:**
- Fire Extinguishers
 - Heat Alarms
 - ★ Main Emergency Switch
 - Main Electrical Panel
 - Propane Tank (3300L)
 - Gas Tank (1300 L)
 - Diesel Tank (1100 L)

Aerial Map of Niagara Trailers and Surrounding Area



Legend:

-  Propane Tank (3300 L)
-  Property Lines
-  Circle per table 2

Additional Information:

Tank Setback:
Front: 80m
Back: 130m
Right: 93m
Left: 0m

GPS Coordinates: 43.159062, -79.114721
Municipal Address: 1224 York Road
Municipality: Niagara on the Lake
Contact: Holly Dowd
1593 Four Mile Creek Road
Box 100
Virgil, ON L0S 1T0

Date of creation: February 24, 2011