



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 000076643237

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 JOR VINE ENTERPRISES Ontario Corporation No., if applicable \_\_\_\_\_

**A** Operator Name (if different from above) THE BBQ CENTRE

Telephone No. (905) 684-0672 Fax No. (905) 684-0672 E-mail fireplacebbqcentre@bellnet.ca

**B** Street No. 480 Street Name / 911 Number / Address, if applicable EASTCHESTER AVE

Town / City or Township / County ST CATHARINES Province ON Postal Code L2M 6S2

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**

Location of facility.

**D** Street No. 480 Street Name / 911 Number / Address, if applicable EASTCHESTER AVE Nearest Major Intersection EASTCHESTER AVE & CUSHMAN ROAD

Town / City or Township / County ST CATHARINES Province ON Postal Code L2M 6S2

Name of Licence Holder JOR VINE ENTERPRISES

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). KERRY EMBERSON ROT type PTI 100-01 (PPO-3)

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) CITY OF ST CATHARINES

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.

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Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>JOR VINE ENTERPRISES</u>		
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>KERRY EMBERSON</u>		<u>25-03-2011</u>



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

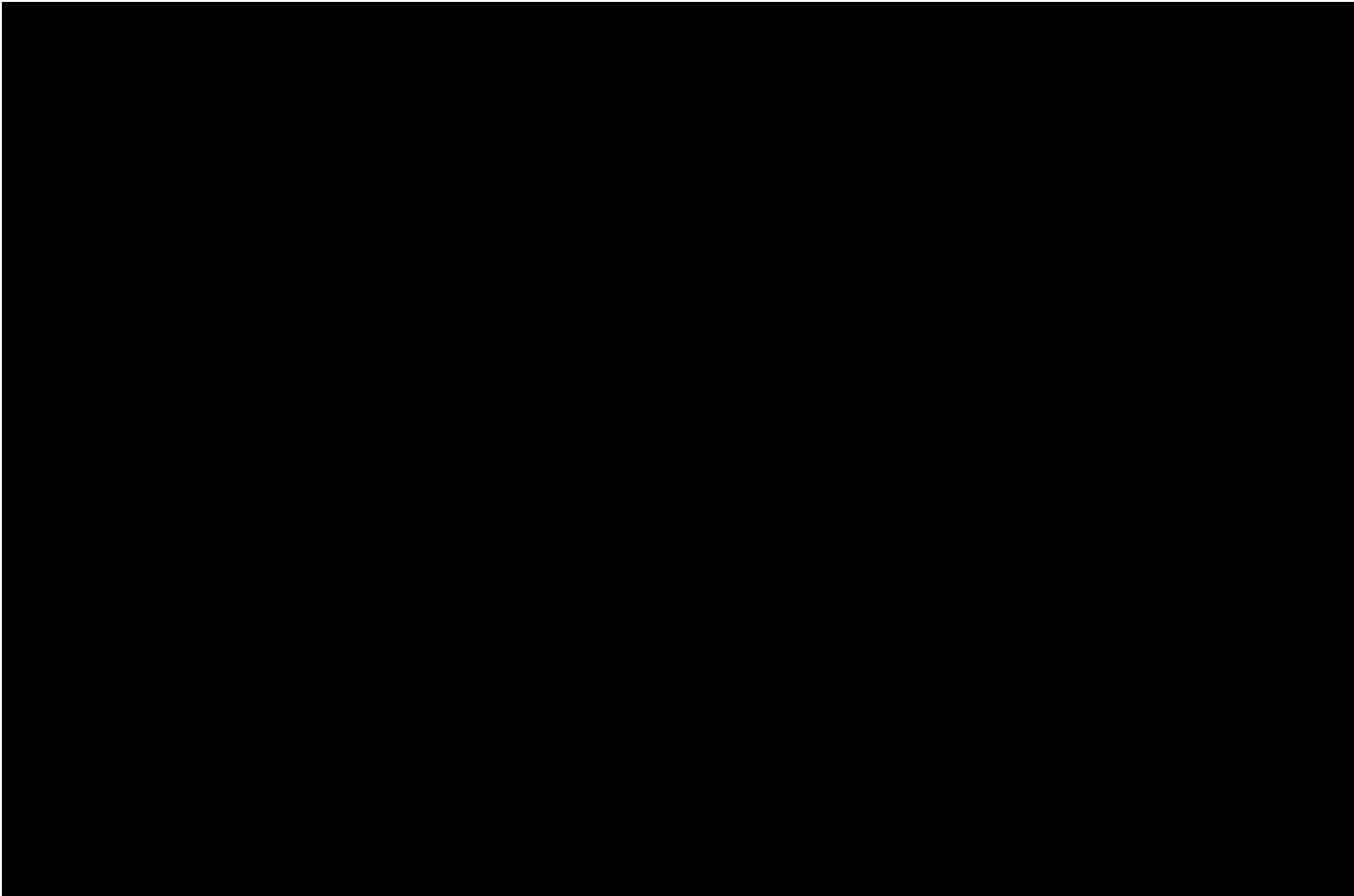
Indicate the year the facility was established. 2005      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. NO SIGNIFICANT MODIFICATIONS

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

	PSIG	Serial Number
Tank1:	<u>250</u>	<u>20j81-45</u>
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 uswg      Portable: 208.8      Mobile: 0



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Name of person completing this form (please print) <u>KERRY EMBERSON</u>	Official Title <u>PRESIDENT</u>	
Signature 	Telephone No. <u>(905) 684-0672</u>	Date (dd-mm-yyyy) <u>25-03-2011</u>



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**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

<b>Name of Propane Supplier(s)</b> EDPRO ENERGY GROUP INC		For Office Use - Party No.	
Street No. 520	Street Name / 911 Number / Address, if applicable SOVEREIGN ROAD		
Town / City or Township / Country LONDON		Province ON	Postal Code N5V 4K4
Telephone No. (519) 690-0000	Fax No. (519) 690-1948	Contact Name JOE ERSKINE	
E-mail jerskine@edproenergy.com			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No.	
EDPRO ENERGY GROUP INC			
Street No. 520	Street Name / 911 Number / Address, if applicable SOVEREIGN ROAD		
Town / City or Township / Country LONDON		Province ON	Postal Code N5V 4K4
Telephone No. (519) 690-0000	Fax No. (519) 690-1948	Contact Name JOE ERSKINE	
E-mail jerskine@edproenergy.com			

<b>Off-site Cylinder and/or Mobile Storage</b> NONE	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
Telephone No.		Postal Code
Fax No.	Contact Name	

Note: Customer storage is not considered off-site storage.

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN**

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

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

None; other than consumer quantities of items such as spray paint, cleaners, etc.

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

Fire extinguisher - 20lb A,B,C

Emergency shut-off

Fire Hydrant - City

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.

Internal Safety Control (ISC) valve activator lever located so cabinet can not be closed if open

Fusible link on each end of cable holding open ISC valve causes liquid outlet to automatically close in event of fire

Normally closed solenoid valves on automotive fill meter before hose closes by emergency shut-off or when not in use

Normally closed solenoid valves on cylinder fill before hose closes by emergency shut-off or when not in use

Maintenance and testing schedule for fire protection controls and devices.


Fire extinguisher is inspected by outside company annually

Fire extinguisher inspected in-house monthly

Comprehensive dispenser inspection conducted annually by G2-LP certificate holder or higher

Facility inspection by TSSA completed annually

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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: **KERRY EMBERSON** For Office Use - Party No.

Official Title: **PRESIDENT**

Telephone No. (905) 684-0672 Fax No. (905) 684-0672

E-mail: **fireplacebbqcentre@bellnet.ca**

Role and responsibilities in emergency: Represent licence holder/operator on interaction with authorities, Ensure regulations are met

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

Name: **KERRY EMBERSON** For Office Use - Party No.

Official Title: **PRESIDENT**

Cell No. (905) 651-0480 Fax No. (905) 684-0672

E-mail: **fireplacebbqcentre@bellnet.ca**

Role and responsibilities in emergency: Site liaison for enacting internal and external emergency procedures, Communication with emergency responders, supplier and subcontractors

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

Name: **JOHN MARRONE** For Office Use - Party No.

Official Title: **VICE PRESIDENT**

Telephone No. (905) 684-0672 Fax No. (905) 684-0672

E-mail: **fireplacebbqcentre@bellnet.ca**

Role and responsibilities in emergency: Same as Key Contact and/or Facility 24 Hr Contact if other unavailable

**6. Name of Facility Manager**

Name: **KERRY EMBERSON** For Office Use - Party No.

Official Title: **PRESIDENT**

Telephone No. (905) 684-0672 Fax No. (905) 684-0672

E-mail: **fireplacebbqcentre@bellnet.ca**

Role and responsibilities in emergency: Ensure approved procedures are followed, Ensure internal emergency procedures are current and employees aware

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

Name: **MARK MEHLENBACHER** For Office Use - Party No.

Official Title: **FIRE CHIEF**

Telephone No. (905) 688-5601 Fax No. (905) 685-4690

E-mail: **mmehlenbacher@stcatharines.ca**

Role and responsibilities in emergency: Review and provide guidance on fire safety, emergency response and preparedness. Interface for invitation to conduct annual site review

**7. Propane Supplier Key Contact Person**

Name: **JOE ERSKINE** For Office Use - Party No.

Official Title: **CEO**

Telephone No. (519) 690-0000 Fax No. (519) 690-1948

E-mail: **jerskine@edproenergy.com**

Role and responsibilities in emergency: Technical assistance; dispatch of service technician and specialized equipment, Activate Emergency Response Assistance Plan by LPGERC

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

Name: **DARYL WHITELEY** For Office Use - Party No.

Official Title: **DEPUTY FIRE CHIEF**

Telephone No. (905) 688-5601 Fax No. (905) 685-4690

E-mail: **dwhiteley@stcatharines.ca**

Role and responsibilities in emergency: Same as Fire Services - Key Contact if other unavailable

**8. Municipal Contact**

Name: **PAUL CHAPMAN** For Office Use - Party No.

Official Title: **DIRECTOR OF PLANNING SERVICES**

Telephone No. (905) 688-5600 Fax No. (905) 682-3631

E-mail:

Municipality: **CITY OF ST CATHARINES**

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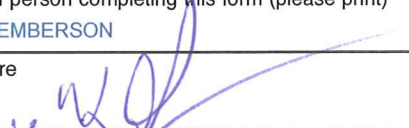
**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

2. Additional Safety Measures

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

[Large empty area with horizontal dashed lines for describing additional safety measures.]

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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) 16-02-2011 ✓	Print Name of Training Provider: EDPRO ENERGY GROUP INC
	Print Name of Instructor: JOE ERSKINE
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) 16-02-2011 ✓	Print Name of Training Provider: EDPRO ENERGY GROUP INC
	Print Name of Instructor: JOE ERSKINE
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) 8-01-2010 ✓	Print Name of Training Provider: PROPANE TRAINING INSTITUTE
	Print Name of Instructor: BRENT CARPENTER
Training Date (dd-mm-yyyy) 26-09-2008 ✓	Print Name of Training Provider: PROPANE TRAINING INSTITUTE
	Print Name of Instructor: PROPANE TRAINING INSTITUTE
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mm-yyyy) 15-02-2012	Print Name of Training Provider: EDPRO ENERGY GROUP INC
	Print Name of Instructor: TBD
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) 15-02-2012	Print Name of Training Provider: BBQ CENTRE
	Print Name of Instructor: KERRY EMBERSON
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) 26-09-2011	Print Name of Training Provider: PROPANE TRAINING INSTITUTE
	Print Name of Instructor: BRENT CARPENTER
Target Date (dd-mm-yyyy) 08-01-2013	Print Name of Training Provider: PROPANE TRAINING INSTITUTE
	Print Name of Instructor: BRENT CARPENTER
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

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).

In the event of a fire/significant propane leak the operator will activate the Emergency Stop control on the dispenser and/or delivery truck.

The operator will contact Fire Services by calling 9-1-1 and initiate facility evacuation

Fire Services will oversee public notification and/or evacuation

Facility Contact will contact Propane Supplier Key Contact who will activate ERAP (if necessary) and report to TSSA through Spills Action Centre

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 operator, immediately after activating the Emergency Stop control, will orally notify any other employees and visitors on site to evacuate, then call 9-1-1

All employees and visitors (customers) will immediately vacate the building and premises to Eastchester Ave and await direction from emergency responders.

**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).

All employees are instructed to and authorized to activate emergency response authorities by calling 9-1-1 upon occurrence of fire and/or significant leak

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

Propane facility is accessible at all times; not fenced

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

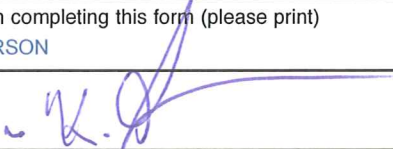
Fire Services are formally invited for a full site review on an annual basis with supplementary site access for training or orientation as requested.

TSSA conducts a comprehensive inspection annually. Site specific emergency procedures are reviewed annually with all employees.

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

Key Contact and/or Alternate Contact would be able to respond to site in ~10 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 type="checkbox"/>	<input checked="" 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 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 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>68 metres</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>na</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:

**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: \_\_\_\_\_

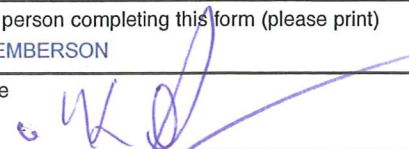
(dd-mm-yyyy)

**LOCAL FIRE SERVICES**

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

Print name <b>MARK MEHLERSBACHER</b> Local Fire Services Name	Signature 	Date (dd-mm-yyyy) <b>07/03/11</b>
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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)
11-01-11	2000 uswg
Tank setback coordinates. Indicate placement on the map.	
Front: <u>38.64m</u>	Right side property line: <u>11.32m</u>
Rear: <u>117.40m</u>	Left side property line: <u>28.20m</u>
GPS coordinates of single largest vessel:	<u>43°10'07.26"N, 79°12'15.08"W</u>

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Name of person completing this form (please print)	Official Title	
KERRY EMBERSON	PRESIDENT	
Signature	Telephone No.	Date (dd-mm-yyyy)
	(905) 684-0672	25-03-2011



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

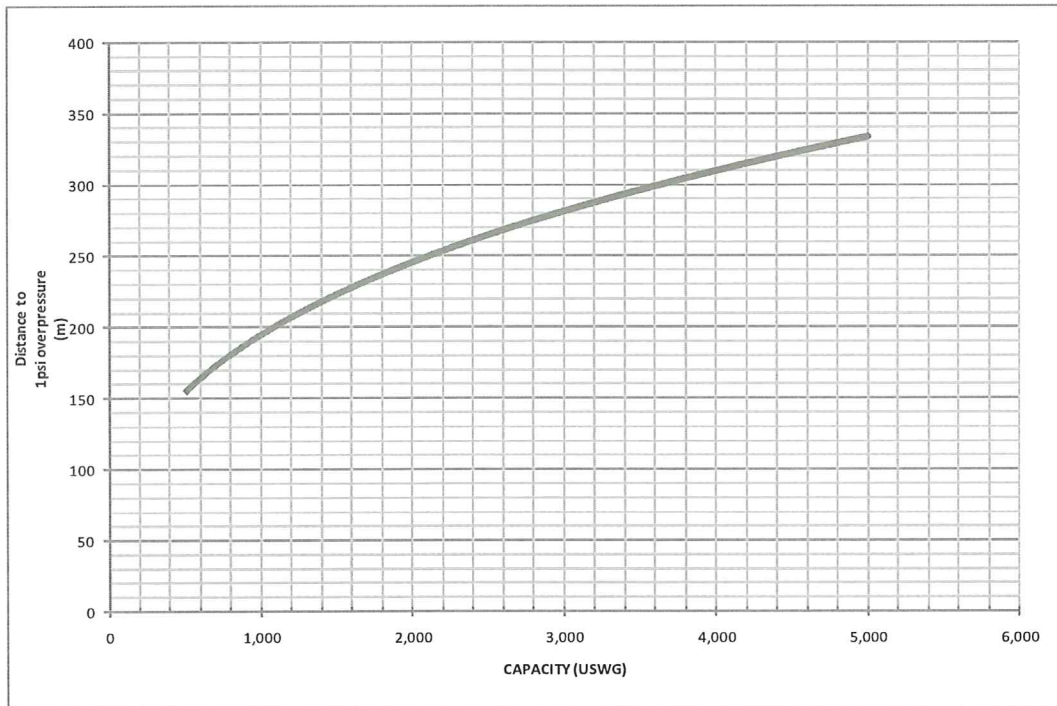
Table 1: Distance Table

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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Signature 	Telephone No. (905) 684-0672	Date (dd-mm-yyyy) 25-03-2011



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

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

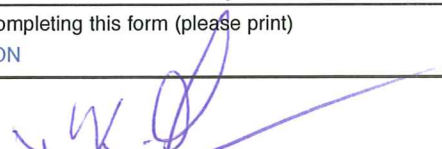
As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

**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>All Source Heat Treating</u> Address: <u>484 Eastchester Avenue East</u> City: <u>St. Catharines</u> Province <u>Ontario</u> Postal Code <u>L2M 6S3</u>			X		<u>38</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: <u>Outdoor Ball Hockey Park</u> Address: <u>450 Eastchester Avenue East</u> City: <u>St. Catharines</u> Province <u>Ontario</u> Postal Code <u>L2M 6S2</u>			X		<u>63</u> 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: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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Name of person completing this form (please print) <u>KERRY EMBERSON</u>	Official Title <u>PRESIDENT</u>
Signature 	Telephone No. <u>(905) 684-0672</u>
	Date (dd-mm-yyyy) <u>25-03-2011</u>



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14th Floor - Centre Tower  
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Toronto Ontario M8X 2X4  
Fax: 416.231.4903  
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**Level 1 Risk and Safety Management Plan (RSMP)**  
*Technical Standards and Safety Act*  
Propane Storage and Handling Regulation

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

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

**Portable Storage Additional Information Sheet**

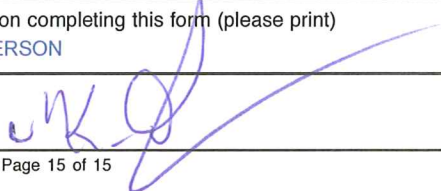
Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	0
# 100	29.5	0	0
# 40	11.75	0	0
# 33.3	9.62	0	0
# 30	8.8	0	0
# 20	5.8	36	208.8
# 10	2.9	0	0
# 5	1.5	0	0
<b>Total Cylinder Capacity</b>			0

**Tanks Stored On-site Not Connected for Use**

Tank Size In USWG	Quantity	Total Volume in USWG
NONE	0	
<b>Total Tank Capacity</b>		0

<b>Total Cylinder Capacity</b>	208.8
<b>Total Tank Capacity</b>	0
<b>Total Portable Capacity</b>	208.8

**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) KERRY EMBERSON		Official Title PRESIDENT	
Signature 		Telephone No. (905) 684-0672	Date (dd-mm-yyyy) 25-03-2011



Technical Standards and Safety Authority  
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3300 Bloor Street West  
Toronto Ontario M8X 2X4  
Fax: 416.231.4903  
Customer Service: 1.877.682.8772

**Application for a Review of a Risk and Safety Management Plan (RSMP) for an Existing Propane Facility**  
*Technical Standards and Safety Act*  
Propane Storage and Handling Regulation

Failure to fully complete this form may result in rejection.  
Making a false statement may result in a fine or prosecution.

**For Office Use Only**

Licence Number

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

Firm Name Ontario Corporation No., if applicable  
**A** JOR VINE ENTERPRISES  

E-mail Address  
THE BBQ CENTRE

Area Code Telephone No. Contact Person  
905 684 0672 KERRY EMBERSON

Mailing Address **B**  
Street No. Street Name, Lot / Concession No.  
480 EASTCHESTER AVE

Town / City or Township / County Province Postal Code  
ST CATHARINES ON L2M 6S2

**Information on Container Refill Centre or Filling Plant**

Location of premises to be licensed

Street No. Street Name, Lot / Concession No.  
**C** 480 EASTCHESTER AVE

Town / City or Township / County Province Postal Code  
ST CATHARINES ON L2M 6S2

Supplier  
**D** EDPRO ENERGY GROUP INC.

Street No. Street Name, Lot / Concession No.  
520 SOVEREIGN ROAD

Town / City or Township / County Province Postal Code  
LONDON ON N5V 4K4

Licence Number Total Storage Capacity  
000076643237 2000  
In U.S. Water Gallons

Persons employed that hold a required certificate or Record of Training. Add an additional sheet if insufficient space.

Name KERRY EMBERSON Certificate Number 704B 137182

Certificate Number

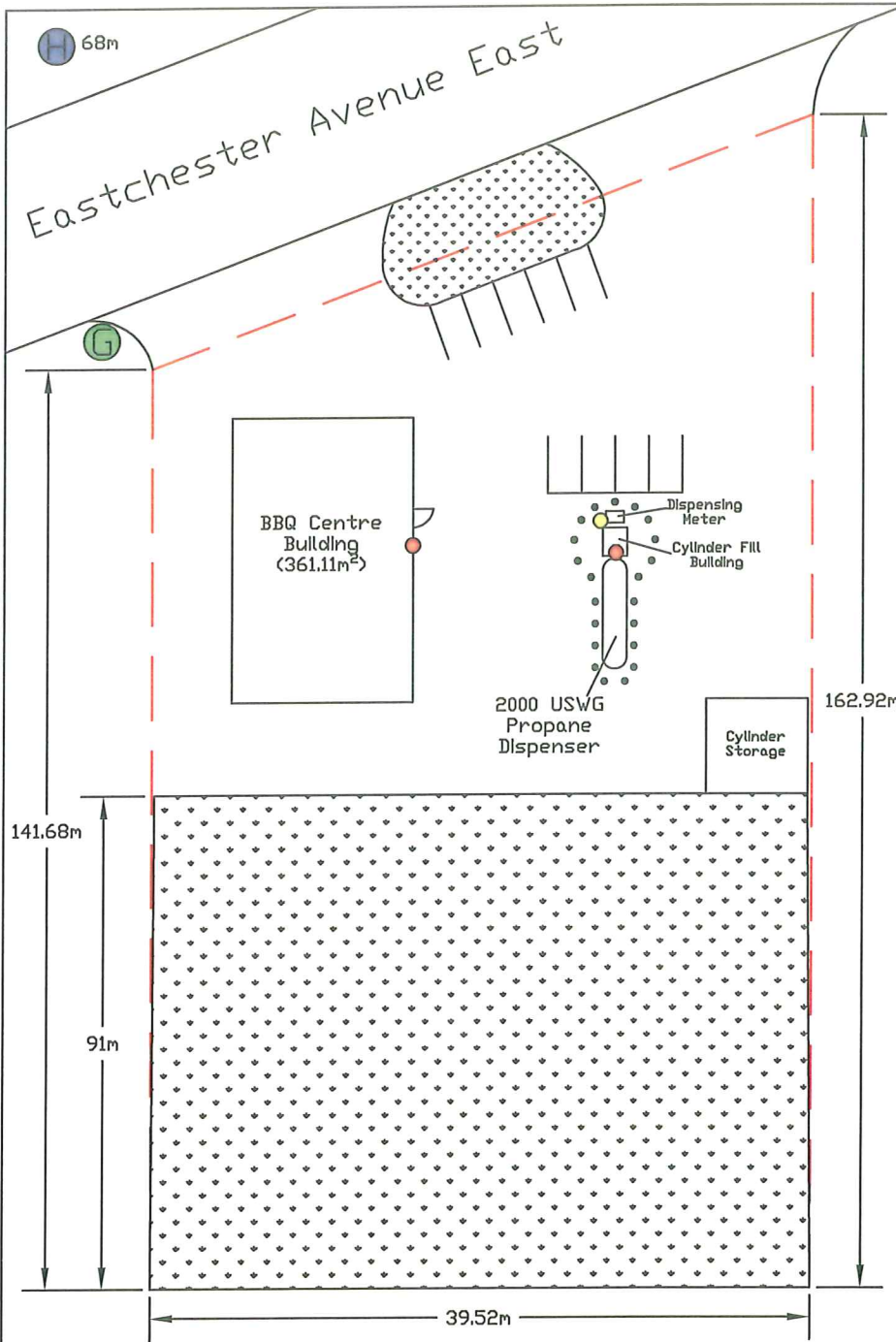
Application is valid for 12 months from date received by TSSA. You are required by law to notify TSSA of any change of information.

**I certify that the above information is true.**

Print name of Owner/Operator KERRY EMBERSON Date (mm-dd-yyyy) 03-25-2011

Position PRESIDENT Signature





**Notes**

Address:  
480 Eastchester Avenue East,  
St Catharines, Ontario

Legal Description:  
Con 7, Pt Lot 8 & 9 designated  
as Parts 1 & 2, 30R-11539

Property Size: 6018.9m<sup>2</sup>

Setbacks:  
Front- 38.64m  
Rear- 117.40m  
Right- 11.32m  
Left- 28.20m

- Fire Hydrant
- Emergency Shutoff
- Fire Extinguisher
- Personnel Evacuation Point

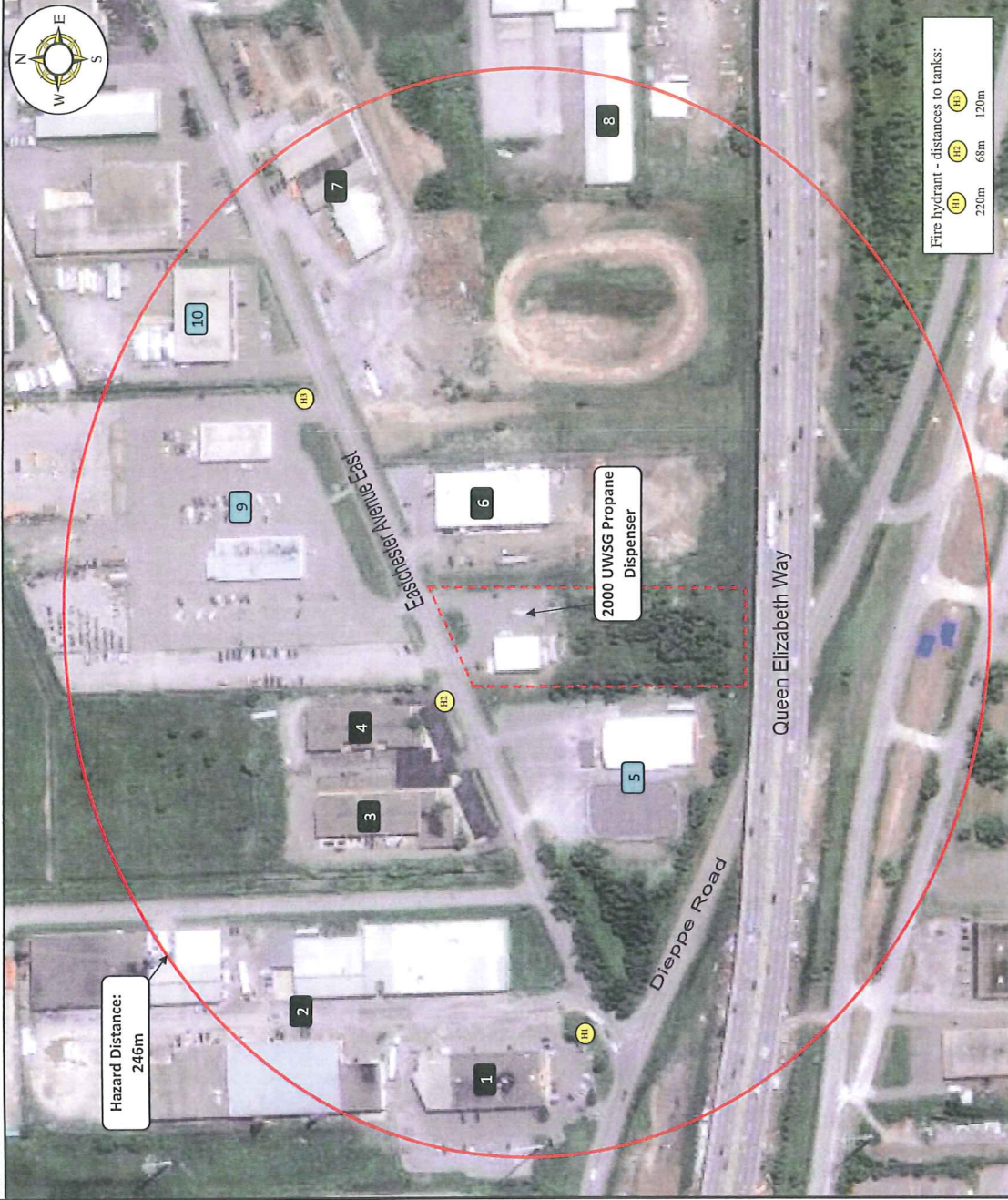
No.	DATE	REVISION	BY	APP'D
<b>EDPRO</b>				
LONDON		ONTARIO		
LOCATION BBQ and Fireplace Centre, 480 Eastchester Ave, St Catharines, ON				
TITLE BFC SITE PLAN				
SCALE- NTS		WORK ORDER No. JRS11017	DRAWING No. BFC-SP-REV1	
DATE- 1/11/11				
ISS- DA	CHK- AB	APPD- JE		

THE INFORMATION CONTAINED HEREIN IS PROPRIETARY TO EDPRO ENERGY GROUP INC. AND SHALL NOT BE REPRODUCED OR DISCLOSED IN WHOLE OR IN PART, NOR USED FOR ANY REASON WHATSOEVER INCLUDING RESEARCH, DEVELOPMENT, DESIGN, AND MANUFACTURE EXCEPT WHEN SUCH USER POSSESSES DIRECT, WRITTEN AUTHORIZATION FROM EDPRO ENERGY GROUP INC.

**PROPRIETARY NOTICE**

Refer to the site plan, "BFC-SP-REVO", for more property line information.

480 Eastchester Ave  
St Catharines, ON  
905-684-0672



Public Receptors of Note	
1	Beckermann Kitchens
2	Elmwood Cabinets
3	Multi-tenant Industrial
4	Multi-tenant Industrial
5	Outdoor Ball Hockey Park
6	All Source Heat Treating
7	Kingston Fabricating
8	Tora Inc.
9	Bell Telephone
10	Alexander Awnings

Setbacks	
Front:	38.64m
Rear:	117.40m
Right:	11.32m
Left:	28.20m

GPS Coordinates	
43°10'07.26"N, 79°12'15.08"W	

The City of St. Catharines	
Paul Chapman, Director of Planning Services	
50 Church Street, P.O. Box 3012	
St. Catharines, ON, L2R 7C2	
Tel: (905) 688-5600 Fax: (905) 682-3631	

Legal Description	
Con 7, Pt. Lot 8 & 9 designated as Parts 1 & 2,	
30R-11539	

- LDR Low Density Residential
- HDR High Density Residential
- IND Industrial
- LDC Low Density Commercial
- HDC High Density Commercial
- SPB Sensitive public

Fire hydrant - distances to tanks:  
 220m (H1)  
 68m (H2)  
 120m (H3)