



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
5900 Bloor Street West
Toronto Ontario M8X2X4
Fax: 416.231.4903
Customer Service: 1.877.602.0772

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-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 000070647046</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;">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.

A	Company Name <u>Vandervoort Sales & Service Ltd.</u>	Ontario Corporation No., if applicable
	Operator Name (if different from above)	
	Street Vandervoort (Dartler)	
	Telephone No. <u>416-253-0473</u>	Fax No. <u>416-257-1004</u>
	E-mail <u>vandervoort@ballnat.ca</u>	
B	Street No. <u>485</u>	Street Name / 911 Number / Address, if applicable <u>McNooly Ave.</u>
	Town / City or Township / County <u>Carlton Place</u>	Province <u>Ontario</u>
		Postal Code <u>K7C 4S6</u>
	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.		
Street No. <u>485</u>	Street Name / 911 Number / Address, if applicable <u>McNooly Ave.</u>	Nearest Major Intersection <u>McNooly and Trans Canada Hwy</u>
Town / City or Township / County <u>Carlton Place</u>	Province <u>Ontario</u>	Postal Code <u>K7C 4S6</u>

Name of Licence Holder <u>Vandervoort Sales & Service Ltd.</u>	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). <u>Stuart Vandervoort</u>	ROT type <u>PTI Course: 100-08</u>
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) <u>Carlton Place</u>	
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.

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>Vandervoort Sales & Service Ltd.</u>		<u>10-03-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Stuart Vandervoort</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established.

1999

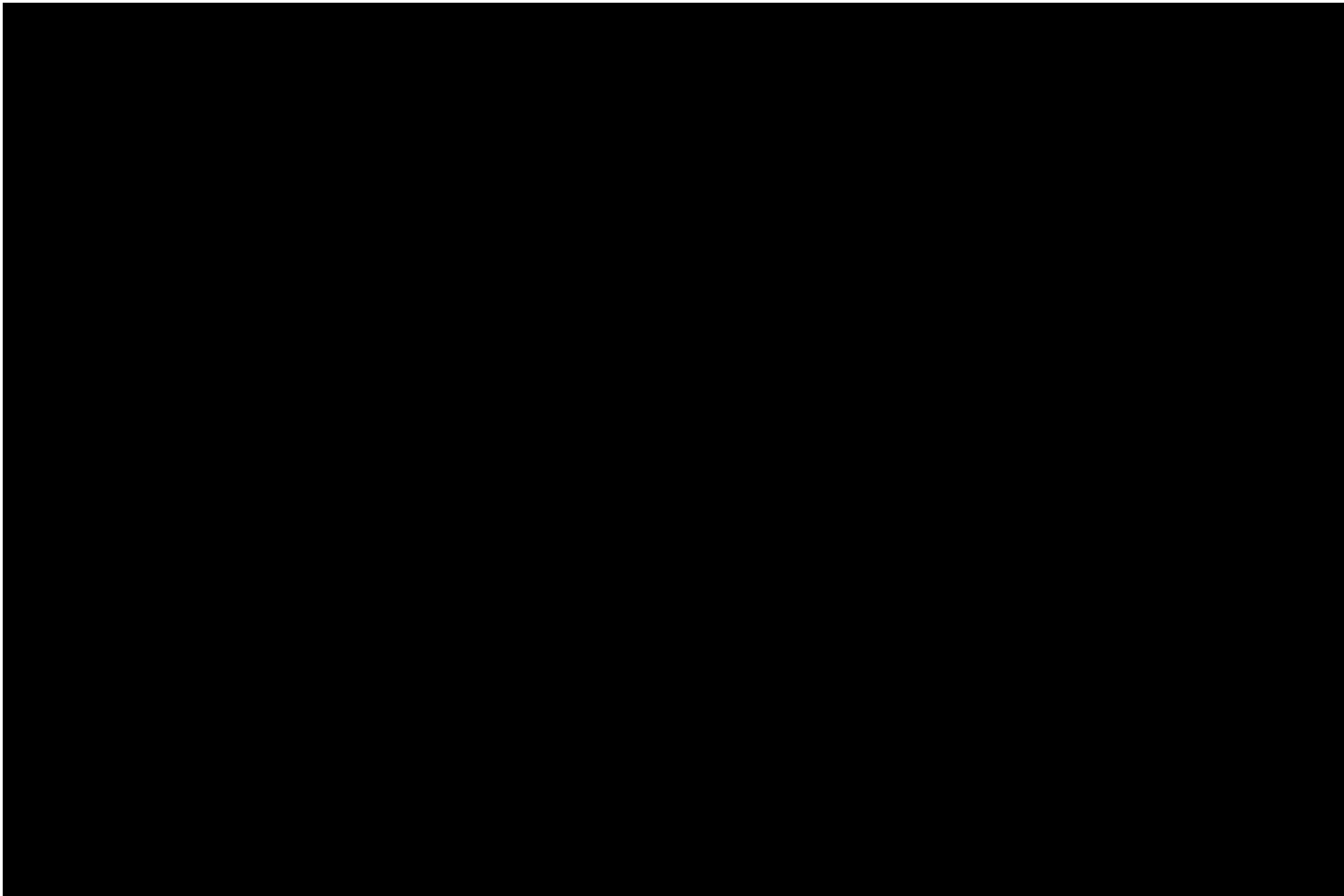
Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank 1:	250	7308
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: 2000 USWG Portable: 382.8 USWG Mobile: n/a



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Name of person completing this form (please print)		Official Title	
Stuart H Vnderwaard		President	
Signature		Telephone No.	Date (dd-mm-yyyy)
<i>Stuart H Vnderwaard</i>		613-253-8473 ext 1314	10-06-2011



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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		[Redacted]	
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	519-836-7788	Mike Mullins	
E-mail			
mullinsm@superiorpropane.com			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
Superior Propane - Ottawa Propane Bulk Plant		[Redacted]	
Street No.	Street Name / 911 Number / Address, if applicable		
83	Raydon Place		
Town / City or Township / Country		Province	Postal Code
Napanee		Ontario	K2E 1A3
Telephone No.	Fax No.	Contact Name	
1-877-873-7467		Heather Ross	
E-mail			
rosshe@superiorpropane.com			

Off-site Cylinder and/or Mobile Storage	Capacity stored off-site, in USWG	For Office Use - Party No.
n/a		
Street No.	Street Name / 911 Number / Address, if applicable	
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)	Official Title	
Stuart H Vandervoort	President	
Signature	Telephone No.	Date (dd-mm-yyyy)
	613-253-8473 ext 1314	10-06-2011



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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.

Bulk Oil tanks rear shop equipment room 2 1 bulk oil tank in bay 1

1 waste oil tank outside above ground tank behind shop in compound

1 spare oxygen and 1 spare acetylene tank chained to wall in shop equipment storage room 1 oxygen and 1 acetylene tank on cart with torches

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

20-B.C Installed Inside mounted to wall Inside Propane Refill Centre

20-B.C Installed Inside Auto Service Centre at emergency shutoff switch location

1 fire department use only wall hydrant 1 fire hydrant in parking lot in front of service department entrance

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

1 Fusible link on ISC valve-isolation between tank and downstream Propane Dispenser 2 pump shut off switch at propane station shuts off power to pump

3 electrical shut off switch at fire door in shop 4 pull station at electrical shut off switch at fire door in shop 5 flow switch to fire alarm for fire department use

only wall hydrant 6 ISC Valve Interlock cable (Interlocked with cabinet door) ISC valve closes when door to cabinet closed

Maintenance and testing schedule for fire protection controls and devices.

Yearly inspection and service performed by Dynamic Electric and Fire Protection Ltd. Monthly inspection of fire extinguisher. Monthly inspection of ISC valve operation with interlock cable.

Daily monitoring of fire alarm panel performed by sonatrol security

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Name of person completing this form (please print)		Official Title	
Stuart H Vandervaar		President	
Signature		Telephone No.	Date (dd-mm-yyyy)
		613-253-8473 ext 1314	10-07-2011



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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 Stuart Vanderveart	For Office Use - Party No.	Name Stuart Vanderveart	For Office Use - Party No.
Official Title Dealer		Official Title Dealer	
Telephone No. 613-253-8473	Fax No. 613-257-1064	Cell No. 613-250-2855	Fax No.
E-mail svanderveart@bellnet.ca		E-mail svanderveart@bellnet.ca	
Role and responsibilities in emergency Co-ordinate site response.		Role and responsibilities in emergency Co-ordinate site response.	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name David Hawkins	For Office Use - Party No.	Name Stuart Vanderveart	For Office Use - Party No.
Official Title General Manager		Official Title Dealer	
Telephone No. 613-284-0156	Fax No.	Telephone No. 613-253-8473	Fax No. 613-257-1064
E-mail hawkins.david@gmail.com		E-mail svanderveart@bellnet.ca	
Role and responsibilities in emergency Co-ordinate site response if Dealer not available.		Role and responsibilities in emergency Co-ordinate site response.	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Les Reynolds	For Office Use - Party No.	Name Superior Propane Hotline	For Office Use - Party No.
Official Title Fire Chief Ocean Wave Fire Company (Carleton Place)		Official Title	
Telephone No. 613-257-5526 cell 613-229-0942	Fax No. 613-257-2762	Telephone No. 1-877-873-7467	Fax No.
E-mail lreynolds@carletonplace.ca		E-mail	
Role and responsibilities in emergency Fire Chief		Role and responsibilities in emergency Identify and dispatch Superior Propane and or LPERGC emergency response personnel as required.	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Rod Black	For Office Use - Party No.	Name Duncan Rogers	For Office Use - Party No.
Official Title Fire Inspector (Ocean Wave Fire Company Carleton Place)		Official Title Clerk of the Town also Clerk of emergency measures	
Telephone No. 613-257-5526 cell 613-223-6250	Fax No. 613-257-2762	Telephone No. 613-257-6211	Fax No. 613-257-8170
E-mail rblack@carletonplace.ca		E-mail drogers@carletonplace.ca	
Role and responsibilities in emergency Fire Department Official		Municipality Town of Carleton Place	

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Name of person completing this form (please print) Stuart H Vanderveart	Official Title President
Signature <i>Stuart Vanderveart</i>	Telephone No. 613-253-8473 ext 1314
	Date (dd-mm-yyyy) 10-06-2011



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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.

second emergency pump shutoff switch located inside service department beside fire door and pull station

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Stuart H Vandorvaart		President	
Signature		Telephone No.	Date (dd-mm-yyyy)
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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

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

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider:
n/a	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider:
n/a	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider:
n/a	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)	Official Title
Stuart H Vanderwaal	President
Signature	Telephone No.
<i>Stuart H Vanderwaal</i>	613-253-8473 ext 1314
	Date (dd-mm-yyyy)
	10-06-2011



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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:

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Name of person completing this form (please print)		Official Title	
Stuart H Vandervort		President	
Signature <i>Stuart H Vandervort</i>		Telephone No.	Date (dd-mm-yyyy)
		813-253-8473 ext 1314	10-06-2011



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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).

Manager on duty will contact emergency services by calling 911 manager on duty will sound alarm via fire alarm pull station and will inform staff/public that this is not a test and will order evacuation in the safest direction manager on duty will contact key local fire services contact as well as municipal contact manager on duty will if required inform and request evacuation of adjacent grocery

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).

Manager on duty will communicate to staff via public address system and/or 2 way radio details of direction of evacuation and meeting place staff will direct customers and themselves to directed evacuation route and meeting place

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).

Propane pump attendant will inform manager on duty of any deficiencies in propane dispensing equipment or associated safety equipment. Manager on duty will contact appropriate emergency response authority dependent on situation, this may include superior propane emergency response, 911 (local fire department police as required) facility key contact Municipal contact

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

Propane site is in the parking lot of the store. Fire department will not have any issues accessing the propane site.

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

facility key contact or manager on duty will remain in contact with appropriate authorities by telephone, cell phone, 2 way radio or other suitable method

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

5 minutes for the licence holder to respond to the site if at home. Alternate contact 30 minutes to respond to site if at home.

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Name of person completing this form (please print)		Official Title	
Stuart H Vandervaan		President	
Signature		Telephone No.	Date (dd-mm-yyyy)
		613-253-8473 ext 1314	10-06-2001



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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) | | 31 meters _____ |
| 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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Signature		Telephone No.	Date (dd-mm-yyyy)
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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:

SEE ATTACHED FIRE SERVICE INFORMATION FORM

To be completed by the Licence Holder

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

1- Contacts changed 2 INFORMATION TO BE PROVIDED 3 TRAINING PLAN TO BE COMPLETED IN Aug 2011 4. OBTAIN VEST (July 10, 2011 ON OR BEFORE) 5 FIRE SAFETY PLAN SUBMITTED FOR REVIEW. (July 10 ON OR BEFORE) 6 SAFETY PLAN

The licence holder will respond to the Local Fire Services comments by: July 10, 2011 (dd-mm-yyyy)

Copy Forwarded for Review . TRY TO update MAP with New Buildings

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 OCEANWALK FIRE COMPANY	[Signature] FIRE CHIEF	29/06/2011

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) Stuart H Vandervaan	Official Title President
Signature [Signature]	Telephone No. 613-253-8473 ext 1314
	Date (dd-mm-yyyy)

Fire Service Information Form
Review and Comments for Level 1 RSMP

Date: *JULY 29, 2011*

Reviewed By: *LES REYNOLDS, FIRE CHIEF*

Note:

Some versions of Adobe Reader will not allow users to save this file after completion. Use compatible versions of Adobe software when possible.

The following information is being provided by the local fire service having jurisdiction for the propane facility referenced within the Level 1 RSMP submission. The fire service is providing the information under the requirements of O. Reg. 211/01 and exercising its authority for review and comment. The following comments are being provided to the propane operator;

Municipal Information	
Municipality / Region	Town of Carleton Place
Address	175 Bridge St.
Address	
City	Carleton Place, ON
Postal Code	K7C 2V8
Clerk	Duncan Rogers
Phone	613-257-6211
Fax	613-257-8170
Email	drogers@carletonplace.com
Alternate (if applicable)	
Phone	
Fax	
Email	

Municipal Fire Department Information	
Fire Department Name	Ocean Wave Fire Company (Carleton Place)
Address	15 Coleman St.
Address	
City	Carleton Place, ON
Postal Code	K7C 4N9
Fire Chief	Les Reynolds
Phone	613-257-5526
Cell	613-229-0942
Fax	613-257-2762
Email	lreynolds@carletonplace.ca
Alternate Contact	Rod Black
Phone	613-257-5526
Cell	613-223-6250
Fax	613-257-2762
Email	rblack@carletonplace.ca

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?	1
What is the approximate distance to the propane facility from the closest municipal fire station (Km)?	2
<p>The fire service should provide the average response time for their first arriving crew from the closest responding station, including stations under agreement. The time noted should be used as an ordinary response time as other factors that increase response time are not predictable. The time to assemble a full complement of crews means that the fire service has established all operational tasks and staffing and resources are available to support the operational assignments. Average times should be noted as factors that influence response setup are not predictable.</p>	
What is the approximate First Response time? (First arriving crew to complete scene assessment)	7-8 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)
P75	x			1050 gpm	800 gal
P57	x			1050 gpm	800 gal
A2			x	1250 gpm	500 gal
Total Pump Capacity available (units)					3150 gpm
Total Mobile Water Capacity available on trucks (units)					2100 gal

Fire Service Response Considerations

The engineer must consider your fire protection services capabilities when determining a mitigation strategy in the RSMP. It will be important to provide accurate information about response capabilities and training to ensure the RSMP closes any identified response gaps.

Current Level of HAZMAT training that the fire service has obtained

Awareness

Provide fire service operation details that a propane company could expect from your fire service in the event of a propane leak or fire.

(Example of Service Operations:

Dispatch protocols will have a 1st response alarm of 3 response locations including apparatus XYZ, establish water supply with apparatus abc, our fire service has awareness level training, will establish safety zones, control fire within training and operational limitations, fight fire from a safe distance, will await technical support from propane operator.)

Full response with all available personnel. Limited fire control dependent on circumstances. Establish safe perimeter and initiate municipal emergency plan if indicated

List all intervention capabilities that the fire service can provide.

(Provide specific details that identify mitigation actions the fire service will perform for this specific site)

Water Supply Comments

Check the appropriate response that best suits the water flow situation identified by your fire department.

Note: This information should also be shown in the Level 1 RSMP (page 10 of 15).

The fire service has the capability to pump and maintain a continuous flow rate of 375 GPM at the referenced facility.



The fire service DOES NOT have the capabilities to pump 375 GPM at the propane facilities location. The propane operator requires a level of fire protection services beyond the capabilities of the municipal fire department and will be responsible to assess other safety strategies beyond municipal fire protection.



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

1. Section B.1 - Fire Chief Reynolds should be identified as key contact and Fire Inspector Black identified as alternate contact
2. Section B.3 - We would like to see completed information on staff training including whether they have received training on the use of portable extinguishers
3. Section B.4 - We would like to see completed documentation on the Training Plans for the coming year
4. Section B.5 - Provision should be included for the manager on duty to wear a vest or other means of identification throughout the incident
5. Section B.5 - Details should be provided on procedures to account for all staff and confirm evacuation of all areas
6. Section B.5 - We would like to see a copy of Superior Propane's Emergency Response Assistance Plan/Procedures included with this RSMP

Additional Comments

1. Section C - The map of surrounding area is out of date and does not show the buildings identified indicated in Table 2

Additional Fire Service Comments:

[Empty rectangular box for additional fire service comments]

JUNE 29/11
Date

LES REYNOLDS
Print Name

[Handwritten Signature]
Signature



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X2X4
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

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) <i>N/A</i>	Capacity of single largest propane storage vessel (USWG) <i>2000 uswg</i>
Tank setback coordinates. Indicate placement on the map.	
Front: <i>3 meters</i>	Right side property line: <i>3 meters</i>
Rear: <i>3 meters</i>	Left side property line: <i>3 meters</i>
GPS coordinates of single largest vessel: <i>45.1343, -76.1197</i>	

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>Stuart H Vandervort</i>	Official Title <i>President</i>	
Signature <i>Stuart H Vandervort</i>	Telephone No. <i>613-253-8473 ext. 1314</i>	Date (dd-mm-yyyy) <i>10-06-2011</i>



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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
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SECTION C: SUBMISSIONS (cont'd)

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

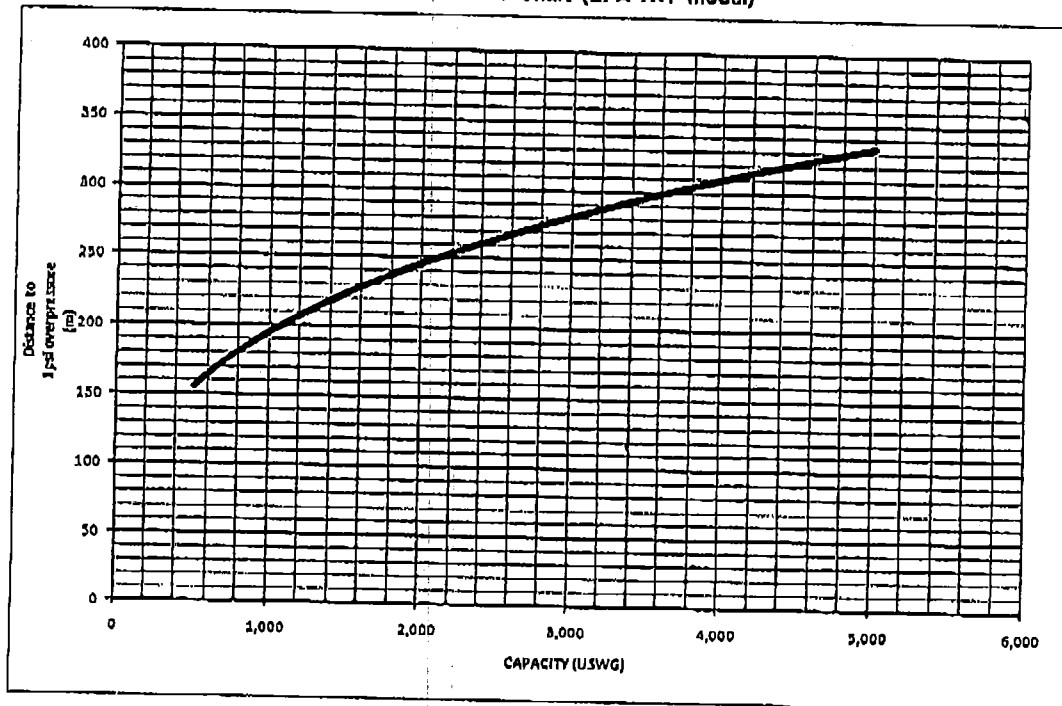
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,820	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) Stuart H Vandewort		Official Title President	
Signature <i>Stuart H Vandewort</i>		Telephone No. 613-253-9473 ext 1314	Date (dd-mm-yyyy) 10-06-2011



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www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
Customer Service: 1.877.662.8772

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

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: _____ Address: _____ City: _____					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Steve's Independent Grocery</u> Address: <u>455 McNeely Avenue</u> City: <u>Carleton Place</u> Province <u>Ontario</u> Postal Code <u>K7C 4S6</u>					_____ m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ 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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Name of person completing this form (please print) Stuart H Vanderaar	Official Title President
Signature <i>Stuart H Vanderaar</i>	Telephone No. 613-253-8473 ext 1314
	Date (dd-mm-yyyy) 02-08-2011



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: 1.877.682.6772

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		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	66	382.8 USWG
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

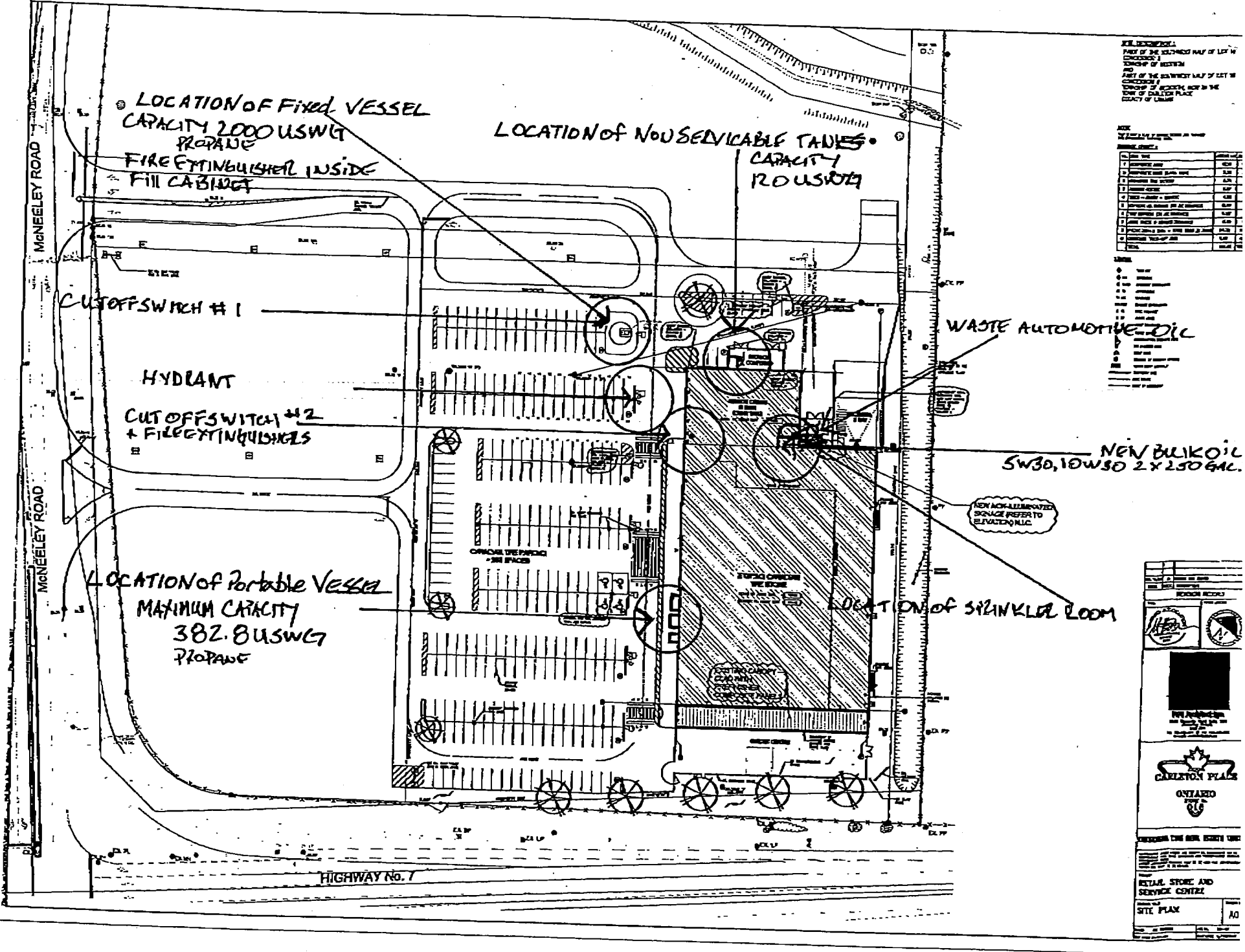
Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	66
Total Tank Capacity	2000 uswg
Total Portable Capacity	382.8 USWG

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Name of person completing this form (please print) Stuart H Vandorvaert		Official Title	
Signature <i>Stuart H Vandorvaert</i>		Telephone No. 813-253-6473 ext 1314	Date (dd-mm-yyyy)



LOCATION OF Fixed VESSEL
CAPACITY 2000 USWG
PROPANE

FIRE EXTINGUISHER INSIDE
FILL CABINET

LOCATION OF NONSERVICABLE TANKS
CAPACITY 120 USWG
PROPANE

CUTOFF SWITCH #1

HYDRANT

CUTOFF SWITCH #2
+ FIRE EXTINGUISHERS

LOCATION OF Portable VESSEL
MAXIMUM CAPACITY
382.8 USWG
PROPANE

WASTE AUTOMOTIVE OIL

NEW BULK OIL
SW30, 10WS0 2 x 250 GAL.

NEW NON-ALLEGATED
SOURCE REFER TO
ELEVATION I/C

LOCATION OF SINKLER ROOM

KEY
PART OF THE KEY-WHICH MAY BE LEFT IN
CONCRETE
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PART OF THE KEY-WHICH MAY BE LEFT IN
CONCRETE

NO.	DESCRIPTION	QTY	UNIT
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20

PROJECT RECORD

FOR APPROVAL BY THE
MAYOR OF THE CITY OF
TORONTO

CARLETON PLACE
ONTARIO

RETAIL STORE AND
SERVICE CENTER

SITE PLAN

AO