



Technical Standards and Safety Authority
www.tssa.org

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

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

- This Level 1 RSMP applies to:
- a facility with a total propane storage capacity of 5,000 USWG or less; or
 - a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

<p>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 <u>0033471001-C</u></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>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p style="text-align: center;">For Office Use Only</p> <div style="border: 1px solid black; height: 80px; width: 100%; background-color: black;"></div>
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SECTION A: GENERAL INFORMATION

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

<p>A Company Name <u>Harvey Armstrong Ltd</u></p> <p>Operator Name (if different from above) _____</p>	<p>Ontario Corporation No., if applicable <u>210731</u></p>
<p>Telephone No. <u>905-692-4415</u> Fax No. <u>905-692-5451</u> E-mail Address <u>harvey.armstrong@on.aibn.com</u></p>	
<p>B Street No. <u>2400</u> Street Name, Lot / Concession No. <u>Regional Rd 56</u></p> <p>Town / City or Township / County <u>Binbrook</u> Province <u>ON</u> Postal Code <u>L0R 1C0</u></p>	
<p>Mailing address if different from above.</p>	
<p>C Street No. _____ Street Name, Lot / Concession No. <u>P.O. Box # 399</u></p> <p>Town / City or Township / County <u>Binbrook</u> Province <u>ON</u> Postal Code <u>L0R 1C0</u></p>	
<p>Information on Container Refill Centre or Filling Plant</p>	
<p>D Street No. <u>2400</u> Street Name, Lot / Concession No. <u>Regional Rd 56</u></p> <p>Town / City or Township / County <u>Binbrook</u> Province <u>ON</u> Postal Code <u>L0R 1C0</u></p>	<p>Nearest major intersection <u>Fall Fair Way / Maggie Johnson</u></p>
<p>Name of Licence Holder <u>Harvey Armstrong Ltd</u></p>	
<p>Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). <u>Larry Murphy</u></p>	<p>ROT type <u>PPO-3</u></p>
<p>Municipality (or municipalities if the facility or its hazard distance touches multiple borders) <u>Hamilton (Glanbrook)</u></p>	

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.

<p>Print name Name of Licence Holder <u>HARVEY ARMSTRONG LTD.</u></p>	<p>Signature <u>Larry Murphy</u></p>	<p>Date (dd-mm-yyyy) <u>23 January 2012</u></p>
<p>Name of Senior Management person as defined in the Regulation holding the Record of Training <u>LARRY MURPHY</u></p>		



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SECTION A: GENERAL INFORMATION (cont'd)

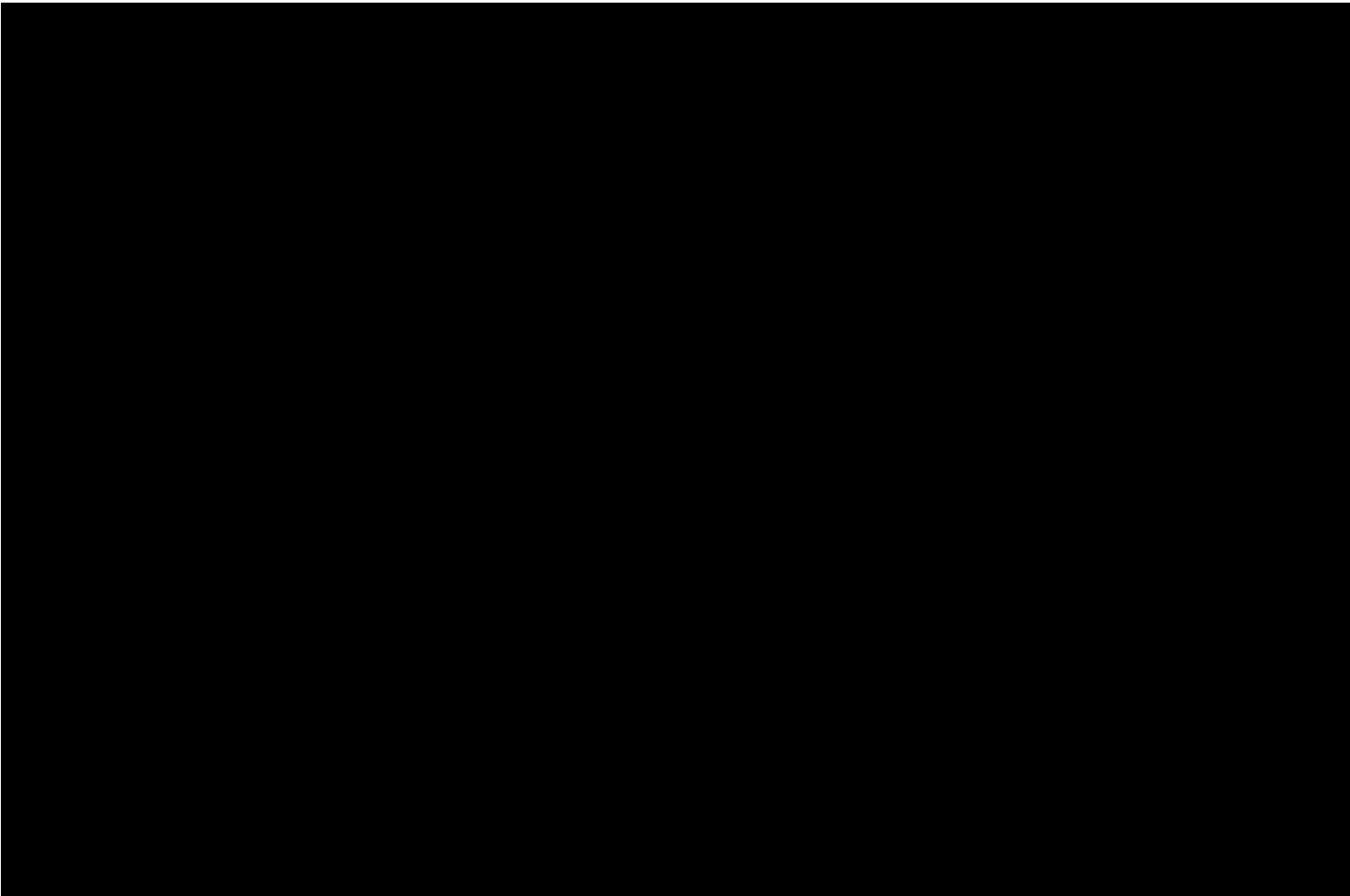
Indicate the year the facility was established. 1984 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

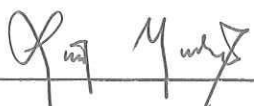
	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>5592748</u>
Tank 2:	_____	_____
Tank 3:	_____	_____

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 USWG Portable: 0 Mobile: 0



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Name of person completing this form (please print) <u>LARRY MURPHY</u>		Official Title <u>General Manager</u>
Signature 	Telephone No. <u>905-692-4415</u>	Date (dd-mm-yyyy) <u>23 / 01 / 2012</u>



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SECTION A: GENERAL INFORMATION (cont'd)
Activity Information

Name of Propane Supplier(s) <i>Praxair Distribution Inc.</i>		For Office Use - Party No. [REDACTED]	
Street No. <i>171</i>	Street Name Lot / Concession No. <i>Brockley Dr</i>		
Town / City or Township / Country <i>Hamilton</i>		Province <i>On</i>	Postal Code <i>L8E 3C4</i>
Telephone No. <i>905-560-4110</i>	Fax No. <i>905-560-3775</i>	Contact Name <i>Al Collett</i>	
E-mail <i>al-collett@praxair.com</i>			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No. [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 <i>Not Applicable</i>		Capacity stored off-site, in USWG	For Office Use - Party No.
Street No.	Street Name Lot / Concession No.		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

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

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Name of person completing this form (please print) <i>LARRY MORPHY</i>		Official Title <i>General Manager</i>	
Signature <i>[Signature]</i>	Telephone No. <i>905-692-4415</i>	Date (dd-mm-yyyy) <i>23/01/2012</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.

No hazardous materials to describe.

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

Fire extinguishers, 1. Propane Tank (20lbs) 2. Front Door (5lbs)
 3. Main Door (5lbs) 4. Warehouse (5lbs)
 5. Tow Motor (5lbs) 6. Second Floor (5lbs)

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 There are two excess flow valves - one in the internal safety control and another ahead of it
- ② There is a fusible link on the internal safety control valve.
- ③ There is a remote emergency shut off switch.

Maintenance and testing schedule for fire protection controls and devices.

Fire extinguishers to be maintained in accordance with the Ontario Fire Code. All fire extinguishers are checked and maintained annually under a contract with Classic Fire Protection. All extinguishers are checked monthly by site staff

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Signature 	Telephone No. <i>905-692-4415</i>
	Date (dd-mm-yyyy) <i>23/01/2012</i>



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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: <u>Larry Murphy</u> For Office Use - Party No. [redacted] Official Title: <u>General Manager</u> Telephone No. <u>905-692-4415</u> Fax No. <u>905-692-5451</u> E-mail: <u>harveyarmstrong@on.aibn.com</u> Role and responsibilities in emergency: <u>Contact 911 & Propane Supplier. Supervise evacuation. Coordinate w. emergency services</u>		5. Facility 24-Hour Contact Person Name: <u>Larry Murphy</u> For Office Use - Party No. [redacted] Official Title: <u>General Manager</u> Cell No. <u>905-870-3249</u> Fax No. <u>905-692-5451</u> E-mail: <u>lmurphy@bell.blackberry.net</u> Role and responsibilities in emergency: <u>Contact 911 and Propane Supplier. Supervise Evacuation; Coordinate with Fire Services</u>	
2. Facility Contact Personnel - Alternate Contact Name: <u>Doug Murphy</u> For Office Use - Party No. [redacted] Official Title: <u>Transportation Division Manager</u> Telephone No. <u>905-973-5297</u> Fax No. <u>905-692-5451</u> E-mail: <u>dmurphy99@shaw.ca</u> Role and responsibilities in emergency: <u>contact all + Propane Supplier. Supervise evacuation and coordinate with emergency services</u>		6. Name of Facility Manager Name: <u>Larry Murphy</u> For Office Use - Party No. [redacted] Official Title: <u>General Manager</u> Telephone No. <u>905-870-3249</u> Fax No. <u>905-692-5451</u> E-mail: <u>harveyarmstrong@on.aibn.com</u> Role and responsibilities in emergency: <u>Contact all and Propane supplier; Supervise Evacuation + coordinate with emergency services</u>	
3. Local Fire Services - Key Contact Name: <u>Rob Simonds</u> For Office Use - Party No. [redacted] Official Title: <u>Fire chief</u> Telephone No. <u>905-546-2424 x 3346</u> Fax No. [redacted] E-mail: <u>rob.simonds@hamilton.ca</u> Role and responsibilities in emergency: <u>- Coordinate/advise on Hamiltons Fire service Response - Liase with Police.</u>		7. Propane Supplier Key Contact Person Name: <u>Al Collett</u> For Office Use - Party No. [redacted] Official Title: <u>Operations Manager</u> Telephone No. <u>905-573-4957</u> Fax No. <u>905-560-3775</u> E-mail: <u>al-collett@praxair.com</u> Role and responsibilities in emergency: <u>- Respond to scene and control traffic</u>	
4. Local Fire Services - Alternate Contact Name: <u>Dave Cunliffe</u> For Office Use - Party No. [redacted] Official Title: <u>Deputy Fire chief</u> Telephone No. <u>905-546-2424 x 3340</u> Fax No. [redacted] E-mail: <u>dcunliffe@hamilton.ca</u> Role and responsibilities in emergency: <u>- coordinate/advise on Hamiltons Fire service Response / - Liase with Police.</u>		8. Municipal Contact Name: <u>Rose Caterini</u> For Office Use - Party No. [redacted] Official Title: <u>City clerk</u> Telephone No. <u>905-546-2424 x 5409</u> Fax No. [redacted] E-mail: <u>rose.caterini@hamilton.ca</u> Municipality: <u>City of Hamilton</u>	

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Signature 	Telephone No. <u>905.692.4415</u> Date (dd-mm-yyyy) <u>23/01/2012</u>



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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.

No measures to describe.

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Signature 		Telephone No. 905-692-4415	Date (dd-mm-yyyy) 23/01/2012



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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) 21-12-2011	Print Name of Training Provider: Larry Mr Murphy
	Print Name of Instructor: Larry Murphy
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) 21-12-2011	Print Name of Training Provider: Larry Murphy
	Print Name of Instructor: Larry Murphy / Dan Murphy
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) 21-12-2011	Print Name of Training Provider: Larry Murphy
	Print Name of Instructor: Larry Murphy / Larry Murphy
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 was provided to all staff - persons with ROT certificates, and other staff without ROT - after we received the comments back on the RSMP from Frank Biancucci at Hamilton Fire Services. The comments were incorporated into our updated RSMP and into the training provided.

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Name of person completing this form (please print) LARRY MURPHY	Official Title General Manager
Signature 	Telephone No. 905-692-4415
	Date (dd-mm-yyyy) 23/01/2012



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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) 30-04-2012	Print Name of Training Provider: Larry Murphy
	Print Name of Instructor: Larry Murphy
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) 30-04-2012	Print Name of Training Provider: Larry Murphy
	Print Name of Instructor: Larry Murphy / Dan Murphy
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) 30-04-2012	Print Name of Training Provider: Larry Murphy
	Print Name of Instructor: Larry Murphy / Dan Murphy
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) LARRY MURPHY	Official Title General Manager
Signature 	Telephone No. 905-692-4415
	Date (dd-mm-yyyy) 29/01/2012



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

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

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

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).

Any employee discovering a leak shall immediately dial 911 to report the incident. The employee will then notify the supervisor and then the employee or supervisor will notify all employees, customers and visitors on the premise.

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).

See Appendix "B" attached to package.

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).

Notification to 911 fire shall occur immediately and should be initiated by any staff identifying the problem regardless of the severity of the leak or malfunction.

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

There is no gate at the driveway, therefore safe entry by the fire department should not be restricted at any time.

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

Staff identifying the problem that initiated the alarm will remain at the Evacuation site to meet with the first responders to provide vital first hand information on the incident. This will be augmented by supervisory staff who will also remain to provide additional information concerning the business, operation, supplier of propane as may be requested by responders.

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

The general manager or alternate contact will respond within 15 minutes. The propane supplier contact will respond within 30 minutes.

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Signature 		Telephone No. 905-692-4415	Date (dd-mm-yyyy) 23/01/2012



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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 type="checkbox"/>	<input checked="" 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>185 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>0</u>

See note on Appendix A from Hamilton Fire Service

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Name of person completing this form (please print)	LARRY MURPHY		Official Title	General Manager
Signature			Telephone No.	905-692-4415
			Date (dd-mm-yyyy)	23/01/2012



Dec 12, 2011 1:18 PM
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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.

B. 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).

N/A

Fire services comments, if any:

SEE ATTACHED APPENDIX 'A'

To be completed by the Licence Holder

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

The comments and requests of Hamilton Fire Services will be incorporated into the Risk Management and Safety Plan, the Emergency Response Plan, and the training of all employees.

The Licence holder will respond to the Local Fire Services comments by: 21-12-2011

(dd-mm-yyyy)

LOCAL FIRE SERVICES

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

Print name <i>FRANK BEATROCCI</i>	Signature <i>Frank Beatrocci</i>	Date (dd-mm-yyyy) <i>Dec 10/11</i>
Local Fire Services Name		

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Name of person completing this form (please print) <i>LARRY MURPHY</i>	Official Title <i>General Manager</i>
Signature <i>Larry Murphy</i>	Telephone No. <i>905-692-4415</i>
	Date (dd-mm-yyyy) <i>23/01/2012</i>

Appendix A

Comments from Hamilton Fire Service

Level 1 Review
Dec 10, 2011
Harvey Armstrong Ltd.
Contact Larry Murphy

Page 4

Maintenance and testing

Fire extinguishers to be maintained in accordance with the Ontario Fire Code.

Page 9

Warnings and Actions:

'Describe who gives warnings...'

Any employee discovering the leak shall immediately dial 911 to report the incident. In addition, actions shall be taken to initiate emergency shutdown of the propane tank if possible without subjecting employees to further injury. This immediate action will ensure that assistance is on the way, beyond any other actions that may be taken advise staff, supervisors as applicable

'Describe what actions is to be taken...'

The process as described involves too many levels of decision making.

The determination to evacuate must be based on the initial activation of an alarm/notification of an incident. Staff, supervisors, public should all be evacuating from the initial location upon notification of an incident within the distances provided in the document. Core staff may at the same time evaluate the situation from a safe location to assist first responders when they arrive.

Communications with Emergency Response Authorities

'Describe when and how the licence...'

Notification to 911 Fire shall occur immediately and should be initiated by any staff identifying the problem regardless of the severity of the leak/malfunction.

'Describe how the licence holder will ...'

This area was not completed.

Staff identifying the problem that initiated the alarm must be available to meet with the first responders to provide vital first hand information on the incident. This can be augmented by supervisory staff also to be present to provide additional information concerning the business operation, supplier of propane etc...as may be requested by first responders.

Regarding Page 10

Item #7 Water Supply

For information only be advised that the subject location is serviced by Accredited Water Tanker Shuttle Service

A weather proof sign containing a picture of the emergency shutoff along with written instructions on its location and activation shall be posted on the outside of the building or kiosk to assist first responders in identifying the shut off and its activation procedure

Appendix B

Level 1 Review

Dec 21, 2011

Harvey Armstrong Ltd.

Contact: Larry Murphy

Page 9

Warning and Actions

‘Describe what actions are to be taken.....’

After ensuring that 911 have been notified of the emergency, the supervisor shall ensure that all employees, customers and visitors are evacuated from the property. After a thorough evacuation has been completed the Supervisor shall go to the designated Evacuation Site on Cemetery Rd with the other employees. The Supervisor shall take the Propane Safety and Emergency Manual with them and will remain at the Designated Evacuation Site to monitor the situation and be available to liaison with emergency responders. From the Designated Evacuation Site the Supervisor shall contact the General Manager and the Propane Supplier Key Contact to notify them and request that they respond immediately to the site



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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>27-10-2011</u>	Capacity of single largest propane storage vessel (USWG) <u>1000 USWG</u>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>26.87 m</u>	Right side property line: <u>48.67 m</u>
Rear: <u>110.29 m</u>	Left side property line: <u>45 m</u>
GPS coordinates of single largest vessel: <u>43° 7' 38.46" N ; 79° 48' 8.34" W</u>	

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>LARRY MURPHY</u>	Official Title <u>General Manager</u>
Signature 	Telephone No. <u>905-692-4415</u>
	Date (dd-mm-yyyy) <u>23/01/2012</u>



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
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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

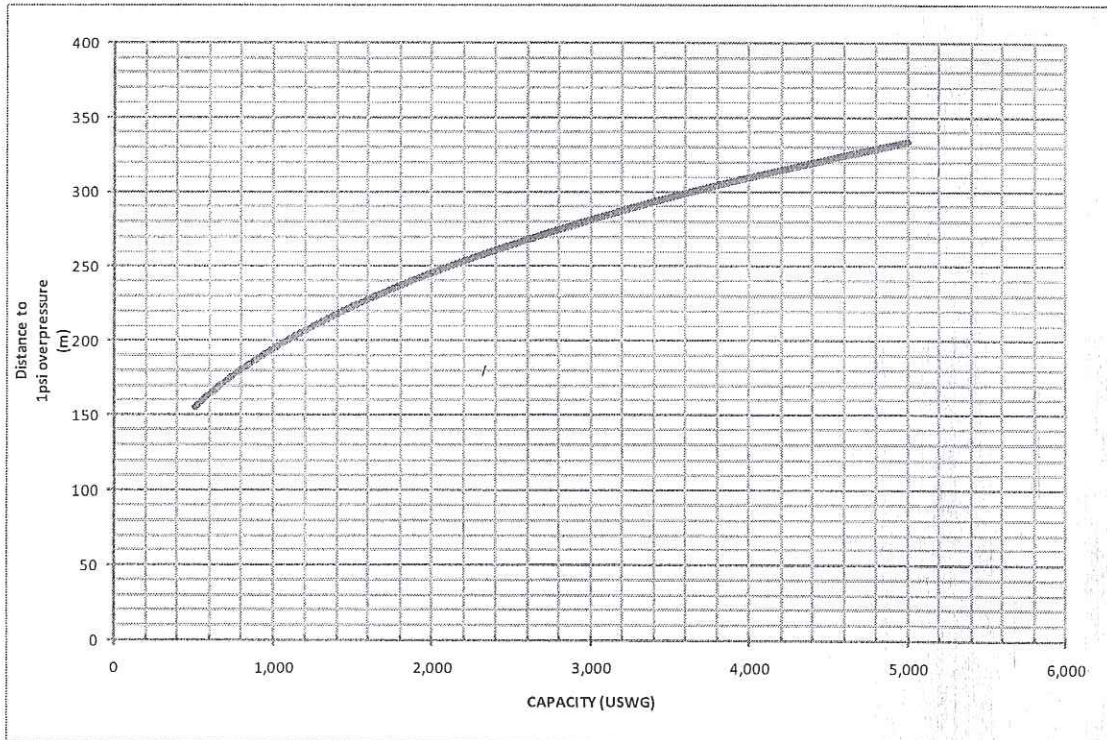
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

Formula: $D = 16.94 \times (1.524 \times C)^{1/3}$
 D = Distance to overpressure of 1 psi (meters)
 C = Tank Total Capacity in USWG

Parameters: Density of Propane is 0.5033 kg per litre @ 15 C
 Assume all vessels are 80% full
 1 gallon [US, liquid] = 0.003785411784 cubic meter
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)



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SECTION C: SUBMISSIONS (cont'd)
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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 _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]			X		<u>71.5</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>O'neils Farm Equipment</u> Address: <u>2461 Regional Rd 56</u> City: <u>Brimbrook</u> Province <u>ON</u> Postal Code <u>L0R 1C0</u>		X			<u>110</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> 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: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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Signature <u>[Signature]</u>	Telephone No. <u>905-692-4415</u> Date (dd-mm-yyyy) <u>23/01/2012</u>



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SECTION C: SUBMISSIONS (cont'd)

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Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	6	6
# 100	29.5	0	0
# 40	11.75	0	0
# 33.3	9.62	0	0
# 30	8.8	0	0
# 20	5.8	0	0
# 10	2.9	0	0
# 5	1.5	0	0
Total Cylinder Capacity			

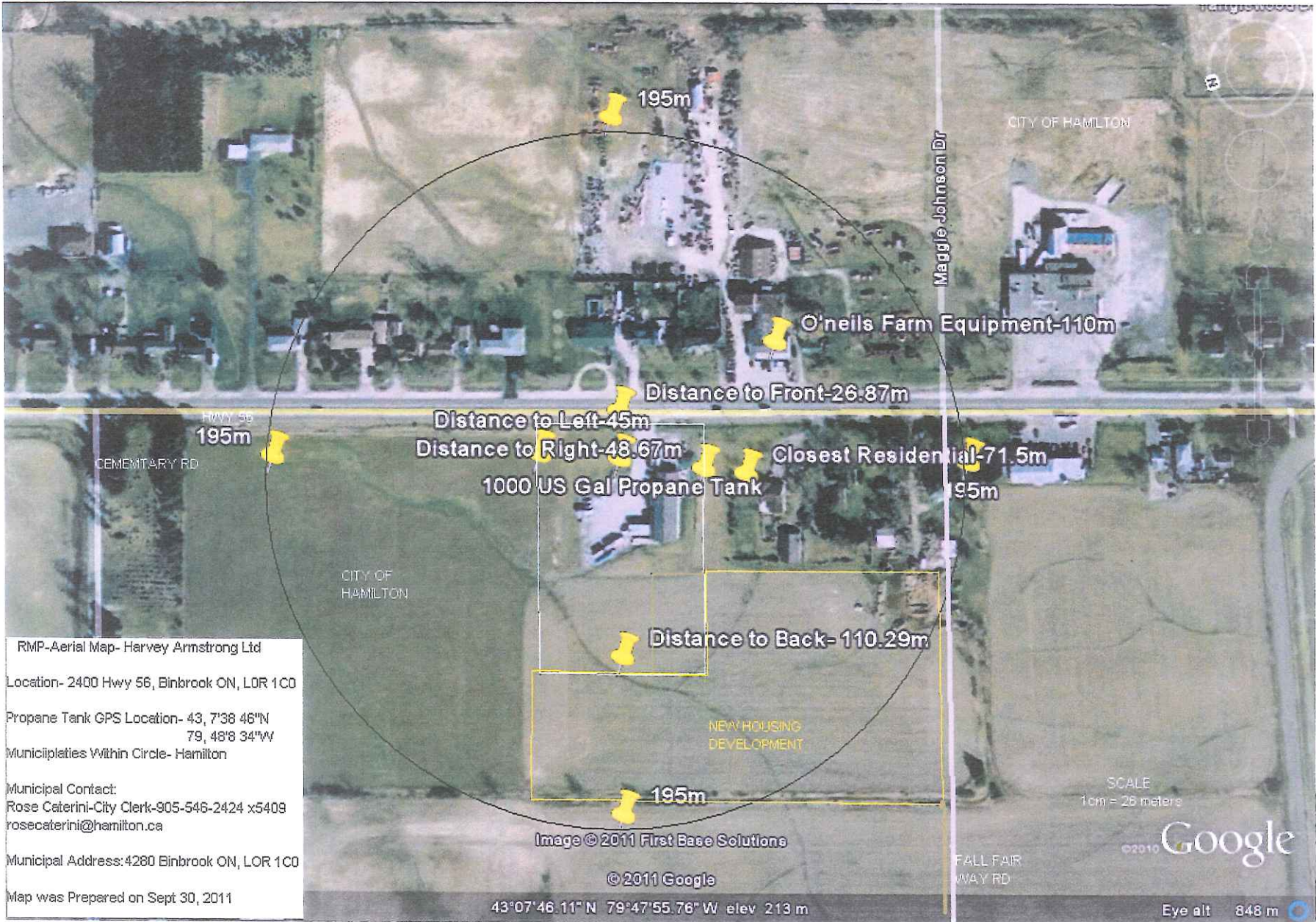
Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
None	None	0
Total Tank Capacity		

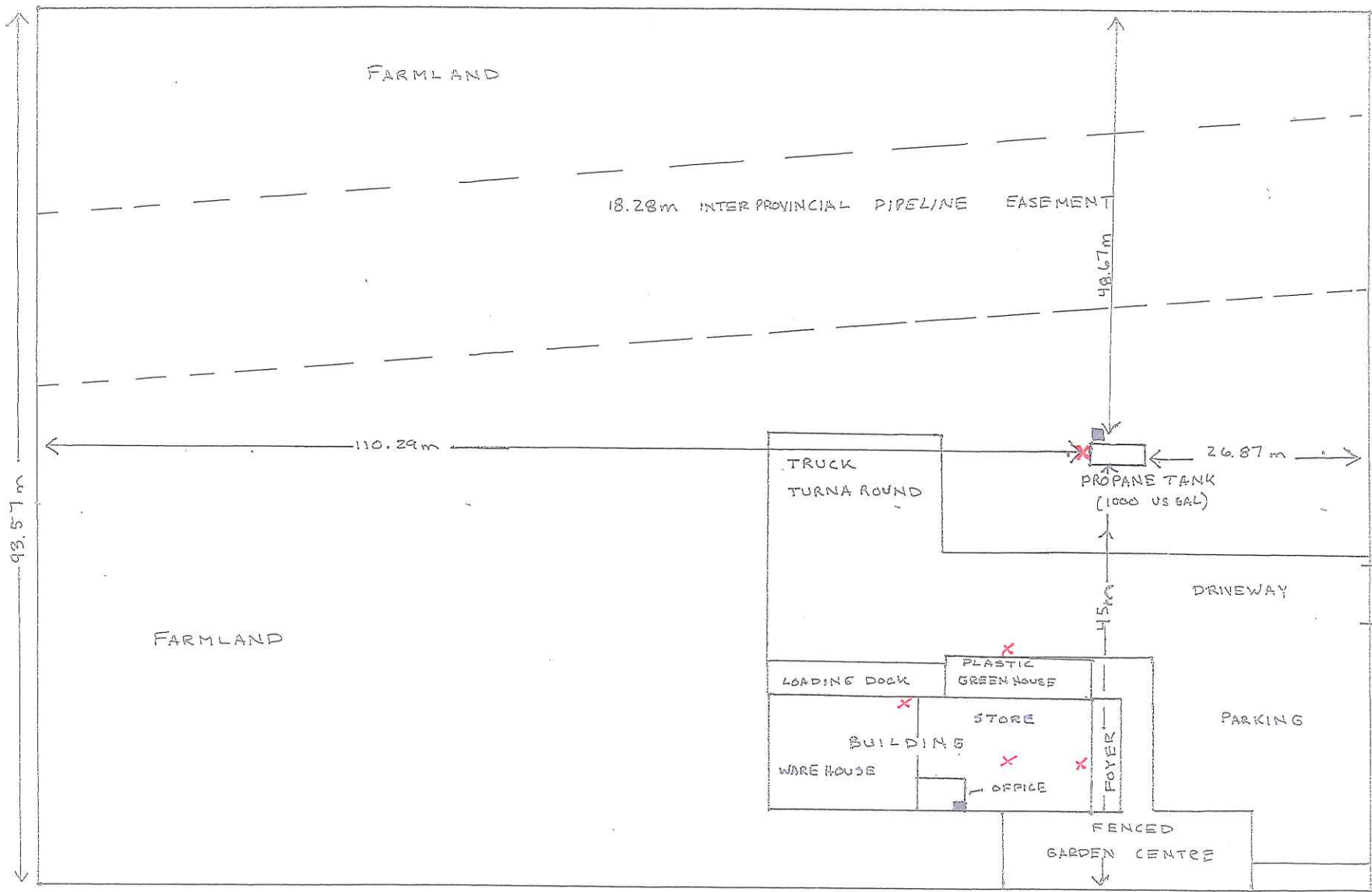
Total Cylinder Capacity	None
Total Tank Capacity	None
Total Portable Capacity	None

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Signature		Telephone No.	905-692-4415
		Date (dd-mm-yyyy)	23/01/2012



RMP-Aerial Map- Harvey Armstrong Ltd
 Location- 2400 Hwy 56, Binbrook ON, L0R 1C0
 Propane Tank GPS Location- 43, 7'38 46"N
 79, 48'8 34"W
 Municipalities Within Circle- Hamilton
 Municipal Contact:
 Rose Caterini-City Clerk-905-546-2424 x5409
 rosecaterini@hamilton.ca
 Municipal Address: 4280 Binbrook ON, LOR 1C0
 Map was Prepared on Sept 30, 2011



SCALE
1" = 40'

LEGEND
FIRE
X = EXTINGUISHER
EMERGENCY
■ = SHUT-OFF