



Technical Standards and Safety Authority
 www.tssa.org

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

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

This Level 1 RSMP applies to:

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

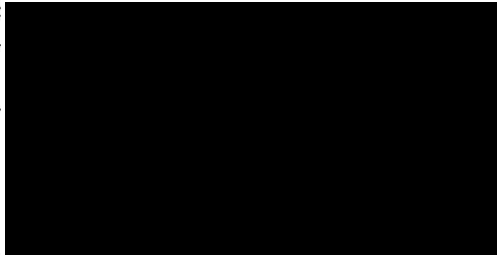
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number: 000256022

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.

A Company Name: Royal Windsor Propane Corporation No. _____
 Operator Name (if different from above): _____
 Telephone No. _____ Fax No. _____ E-mail _____

B Street No.: 2568 Street Name / 911 Number / Address, if applicable: Royal Windsor Drive
 Town / City or Township / County: Mississauga Province: ON Postal Code: L5J-1K7

Mailing address if different from above.

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

Information on Container Refill Centre or Filling Plant

D Location of facility.
 Street No.: 2568 Street Name / 911 Number / Address, if applicable: Royal Windsor Drive Nearest Major Intersection: Winston Churchill Blvd and Royal Windsor Drive
 Town / City or Township / County: Mississauga Province: ON Postal Code: L5J-1K7

Name of Licence Holder: Joanna Gurgul

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Joanna Gurgul ROT type: 300-1

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

Hours of operation:

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

Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Print name	Signature	Date (dd-mmm-yyyy)
Name of Licence Holder: <u>Joanna Gurgul</u>	<u>Joanna Gurgul</u>	<u>06-06-2015</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training: <u>Joanna Gurgul</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

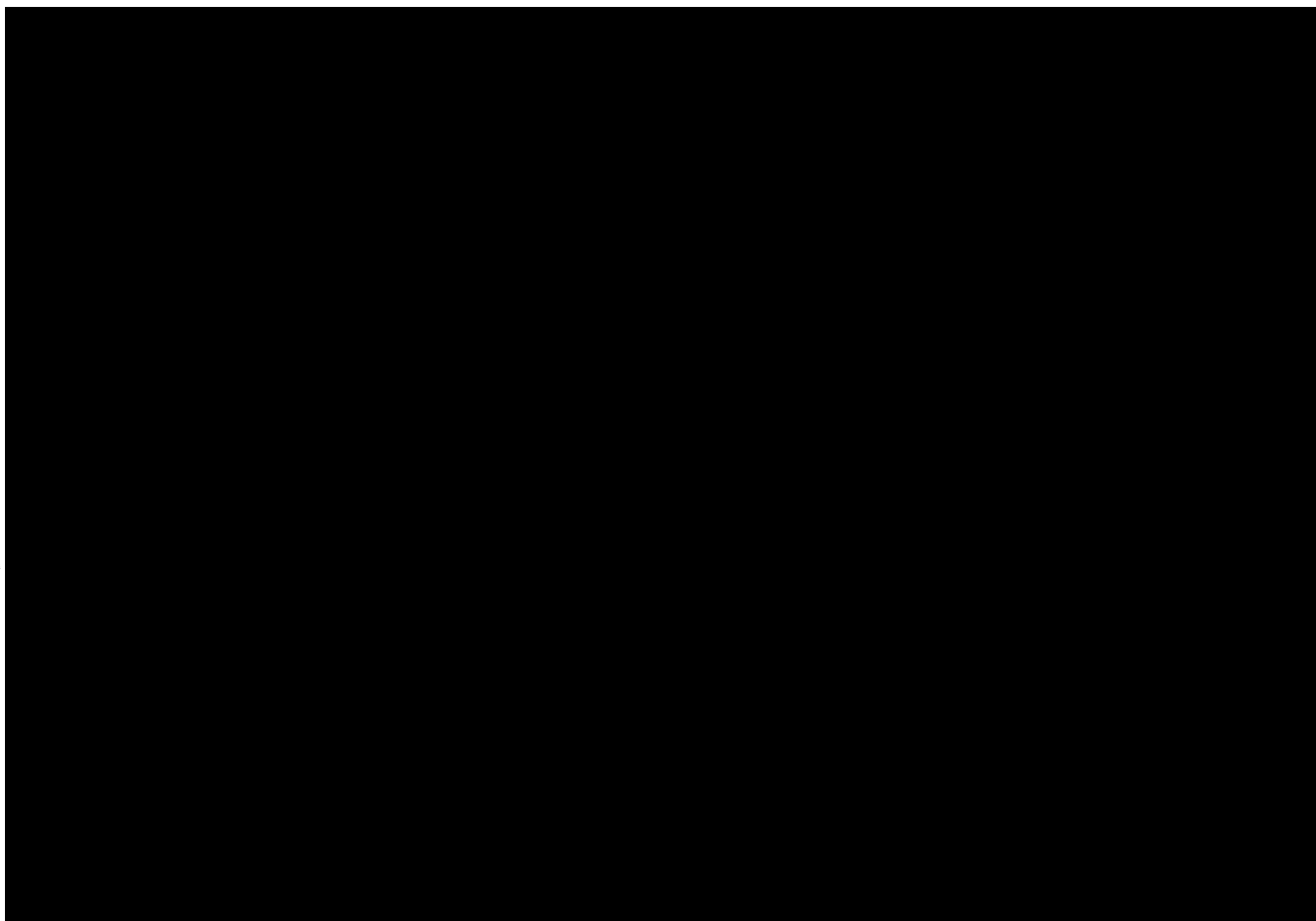
Indicate the year the facility was established. _____ Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. _____

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

	PSIG	Serial Number
Tank 1:	250 _____	6578042 _____
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: 1750 _____ Portable: 425.88 _____ Mobile: _____



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Name of person completing this form (please print) Domenic Varone	Official Title Safety Consultant
Signature 	Telephone No. 905-824-9011
	Date (dd-mmm-yyyy) 06-06-2015



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) Primemax Energy			For Office Use - Party No.	
Street No. 2558	Street Name / 911 Number / Address, if applicable Cedar Creek Road			
Town / City or Township / Country Ayr			Province ON	Postal Code N0B 1E0
Telephone No. 1-800-377-1666	Fax No. 519-740-1015	Contact Name Mike Taylor		
E-mail primemax@primemaxenergy.com				

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			For Office Use - Party No.	
Street No.	Street Name / 911 Number / Address, if applicable			
Town / City or Township / Country			Province	Postal Code
Telephone No.	Fax No.	Contact Name		
E-mail				

Off-site Cylinder and/or Mobile Storage		Capacity stored off-site, in USWG	For Office Use - Party No.
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

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

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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.

9- High Pressure gas cylinders a combination of Oxygen, Acetylene and inert gases.

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

Fire Extinguishers located ,within reach, at the main tank. Fire extinguisher located in main office and in cashier office.

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.

The main storage tank is equipped with a fusible link, when a fire occurs it melts the link and cut off the supply of propane from the storage tank

The cabinet is equipment with a shut off valve. In case of emergency the operator will switch off the power and stop the flow of propane down the line.

Metered pumps equipped with emergency shut off valves. If an emergency occurs during filling, the operator can shut the flow of propane from the meter to nozzle that is filling the vehicle by pushing the button

Maintenance and testing schedule for fire protection controls and devices.

Equipment is inspected on a monthly basis. Test are done monthly on the emergency shut off to ensure proper operations

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Signature 	Telephone No. 905-824-9011	Date (dd-mm-YYYY) 06-06-2015



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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 Joanna Gurgul	For Office Use - Party No.	Name Joanna Gurgul	For Office Use - Party No.
Official Title Owner		Official Title Owner	
Telephone No.	Fax No.	Cell No.	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency Ensure staff is trained on emergency evacuation procedures, communicate with emergency personal, call 911		Role and responsibilities in emergency Ensure staff is trained on emergency evacuation procedures, communicate with emergency personal, call 911	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Roxanne Jekosz	For Office Use - Party No.	Name Roxanne Jekosz	For Office Use - Party No.
Official Title Manager		Official Title Manager	
Telephone No.	Fax No.	Telephone No.	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency Ensure safe evacuation of staff, customer and visitors, liaison with emergency personal, ensure equipment is in working order		Role and responsibilities in emergency Ensure safe evacuation of staff, customer and visitors, liaison with emergency personal, ensure equipment is in working order	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Tim Beckett	For Office Use - Party No.	Name Mike Taylor	For Office Use - Party No.
Official Title Fire Chief	E-mail fire.prevention@mississauga.ca	Official Title Manager	E-mail primemax@primemaxenergy.com
Telephone No. 905-896-5908	Fax No.	Telephone No. 1-800-377-1666	Fax No. 519-740-1015
Role and responsibilities in emergency		Role and responsibilities in emergency Ensure no deliveries are made to the facility during an emergency. Be on standby for safe evacuation of propane from storage tank.	
Fire Services Address		Propane Supplier Address 2558 Cedar Creek Road, Ayr ON	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Mark Ormond	For Office Use - Party No.	Name Crystal Greer	For Office Use - Party No.
Official Title Alternate Fire Chief	E-mail fire.prevention@mississauga.ca	Official Title City Clerk	
Telephone No. 905-896-5908	Fax No.	Telephone No. 905-615-4311	Fax No.
Role and responsibilities in emergency		E-mail crystal.greer@mississauga.ca	
Fire Services Address		Municipality Name and Address Mississauga, 300 City Center drive, Mississauga ON, L5B 3C1	

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Name of person completing this form (please print) Domenic Varone JOANNA GURCUL	Official Title Safety Consultant
Signature <i>Joanna Gurgul</i>	Telephone No. 905-824-9011
	Date (dd-mmm-yyyy) 06-06-2015



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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.

Emergency Response Assistant Plan- please contact supplier

The facility is built to the propane code requirements and does not have any extra features that are over and above the code. The tank is protected with steel bollards on all sides and is equipped with and a switch will kill power to the pump and solenoid valves when turned off. Employees have a constant view of the tank during operating hours. Fire Department can access the facility off of Royal Windsor drive with no obstructions.

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Name of person completing this form (please print) Domenic Vaorne	Official Title Safety Consultant	
Signature 	Telephone No. 905-824-9011	Date (dd-mmm-yyyy) 06-06-2015



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

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

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

Training Date (dd-mmm-yyyy) 23/05/2015	Print Name of Training Provider: Set for Safety Inc.
	Print Name of Instructor: Domenic Varone
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy) 23/05/2015	Print Name of Training Provider: Set for Safety Inc.
	Print Name of Instructor: Domenic Varone
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy) 23/05/2015	Print Name of Training Provider: Set for Safety Inc.
	Print Name of Instructor: Domenic Varone
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Signature 	Telephone No. 905-824-9011
	Date (dd-mmm-yyyy) 06-06-2015



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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mmm-yyyy) 21/11/2015	Print Name of Training Provider: Set for Safety Inc.
	Print Name of Instructor: Domenic Varone
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) 28/11/2015	Print Name of Training Provider: Set for Safety Inc
	Print Name of Instructor: Domenic Varone
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) 21/11/2015	Print Name of Training Provider: Set for Safety Inc
	Print Name of Instructor: Domenic Varone
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

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

5. Emergency Response Communications Plan

Warnings and Actions

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

The attendant on site will notify the Facility Manager or Owner that a problem has occurred after turning of the power switch and closing the ISC valve. Staff will be ask to wait for the evacuation notice. The Facility Manager or Owner will them place a call to 911 and ask for Fire Service and Police response. After the call is made, the Facility Manager or Owner will proceed with instruction to evacuate to the "Muster Point" off site.

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).

After the warning is issued the Facility Manager will block off entrance/exits to the facility. Once area is secured, the staff will meet at the "Muster Point" See Drawing and await for arrival of Emergency Responders.O

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).

Once an emergency situation is confirmed at the propane facility , the Facility manager will call 911 to ask for Fire and Police response. The Facility Manager will carry a cell phone and also has access to a phone in side the office building. A call will be made by any of the two means. After the call is made the Facility Manager will await arrival of the Emergency Responders

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

The emergency response personnel can entry the site without any obstructions.

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

The Owner will always be on site during normal business hours. When Emergency Responders arrive to the site the Owner will identify themselves as the person who is responsible for the propane and will communicate directly with the Emergency Responders.

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

20 minutes for the Owner if not already on site.

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Signature 	Telephone No. 905-824-9011	Date (dd-mmm-yyyy) 06-06-2015



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

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

6. Building and Site Security and Procedures

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

7. Water Supply

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

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)		<u>30 meters</u>
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only)		<u>N/A</u>

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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

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

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Fire services comments, if any:

see attached letter.

To be completed by the Licence Holder

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

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

(dd-mmm-yyyy)

LOCAL FIRE SERVICES

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

Print name	Signature	Date (dd-mmm-yyyy)
Local Fire Services Name <i>Paul Ferrant</i>	<i>[Signature]</i>	<i>29-02-2015</i>

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Name of person completing this form (please print) Domenic Varone	Official Title Safety Consultant	Date (dd-mmm-yyyy) 06-06-2015
Signature <i>[Signature]</i>	Telephone No. 905-824-9011	



February 29, 2016

Royal Windsor Propane
2568 Royal Windsor Dr.
Mississauga, ON L5J 1K7

Attention: Joanna Gurgul

Dear Madam:

Re: Level 1 RSMP Review
2568 Royal Windsor Dr.
Mississauga, Ontario

We have conducted a review of your RSMP submission. Our comments:

- Emergency and Preparedness Response Plan
- no facility plan included depicting fire department access, fire and life safety no equipment etc.
- muster point not identified.

This letter forms a part of our review and shall be included in any correspondence with the TSSA regarding this matter.

Best regards,

Paul Farrant
Captain

If you require this information in an alternate format, please do not hesitate to contact us.

Mississauga Fire & Emergency Services, Fire Prevention & Life Safety
300 City Centre Drive, 2nd floor, Mississauga, ON L5B 3C1

T 905-896-5908 / F 905-896-5498 / fire.prevention@mississauga.ca / www.mississauga.ca/fire



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SECTION C: SUBMISSIONS

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

Facility Site Plan.

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

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

Map of Surrounding Area.


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

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

Required Mapping Information from Updated Site Plan

Date map prepared (dd-mmm-yyyy) 30-05-2015	Capacity of single largest propane storage vessel (USWG) 1 750
Tank setback coordinates. Indicate placement on the map.	
Front: 34.27 meters	Right side property line: 9.16 meters
Rear: 173.65 meters	Left side property line: 26.2 meters
GPS coordinates of single largest vessel: 43 29'56.25"N 79 38'32.11" W	

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SECTION C: SUBMISSIONS (cont'd)

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

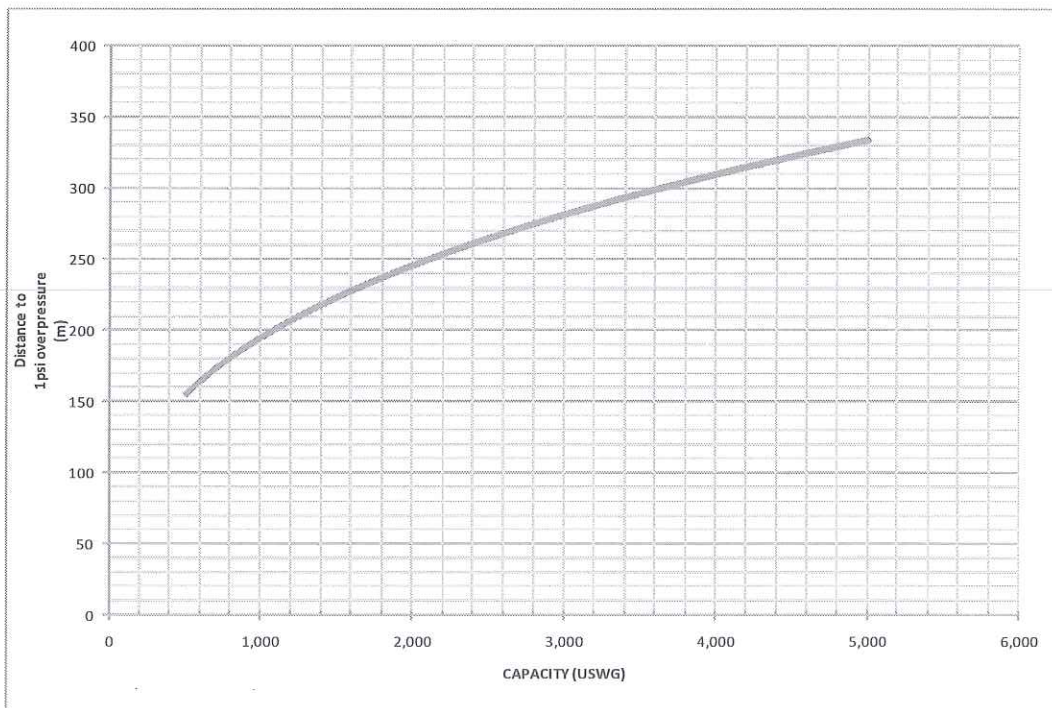
Table 1: Distance Table

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

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

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

Hazard Distance Chart (EPA-TNT model)





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3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4078
Customer Service: 1.877.682.8772

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

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: Nexeo Solutions Canada Address: 2620 Royal Windsor Drive City: Mississauga Province ON Postal Code _____		X			137 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Clark and Cherry Roofing Address: 2624 Royal Windsor Drive City: Mississauga Province ON Postal Code _____		X			125.42 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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) Domenic Varone	Official Title Safety Consultant
Signature	Telephone No. 905-824-9011
	Date (dd-mmm-yyyy) 06-06-2015



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WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	1	123.9
# 100	29.5	1	29.5
# 40	11.75		
# 33.3	9.62	9	86.58
# 30	8.8		
# 20	5.8	32	185.6
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			425.58

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	425.58
Total Tank Capacity	0
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	425.58