



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

Dec 23

This Level 1 RSMP applies to:

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

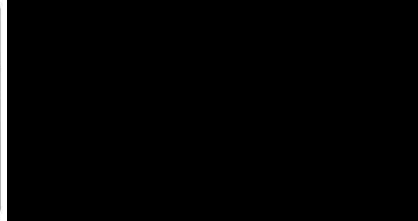
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the Technical Standards and Safety Act

Licence Number 000166156

Check applicable type of propane operations.

Cylinder Motor Fill Filling Plant Card/Keylock

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



SECTION A: GENERAL INFORMATION

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

Company Name HORODYNSKY FARMS Ontario Corporation No., if applicable _____

Operator Name (if different from above) _____

Telephone No. (705) 720-0530 Fax No. (705) 456-3444 E-mail _____

B Street No. 2710 Street Name / 911 Number / Address, if applicable 3RD LINE RD

Town / City or Township / County INNISFIL Province ONTARIO Postal Code L0L 1K0

Mailing address if different from above.

C Street No. _____ Street Name / 911 Number / Address, if applicable _____

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

Information on Container Refill Centre or Filling Plant

Location of facility.


D Street No. 2710 Street Name / 911 Number / Address, if applicable 3RD LINE RD Nearest Major Intersection 3RD LINE RD & 10 SIDEROAD

Town / City or Township / County INNISFIL Province ONTARIO Postal Code L0L 1K0

Name of Licence Holder HORODYNSKY FARMS INC.


Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). BORIS HORODYNSKY ROT type 400-04-56451

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

Hours of operation. 

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

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

| | | |
|--|--|--------------------|
| Print name | Signature | Date (dd-mm-yyyy) |
| Name of Licence Holder <u>HORODYNSKY FARMS</u> |  | <u>9 Nov 21/14</u> |
| Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Boris HORODYNSKY</u> | | |



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SECTION A: GENERAL INFORMATION (cont'd)

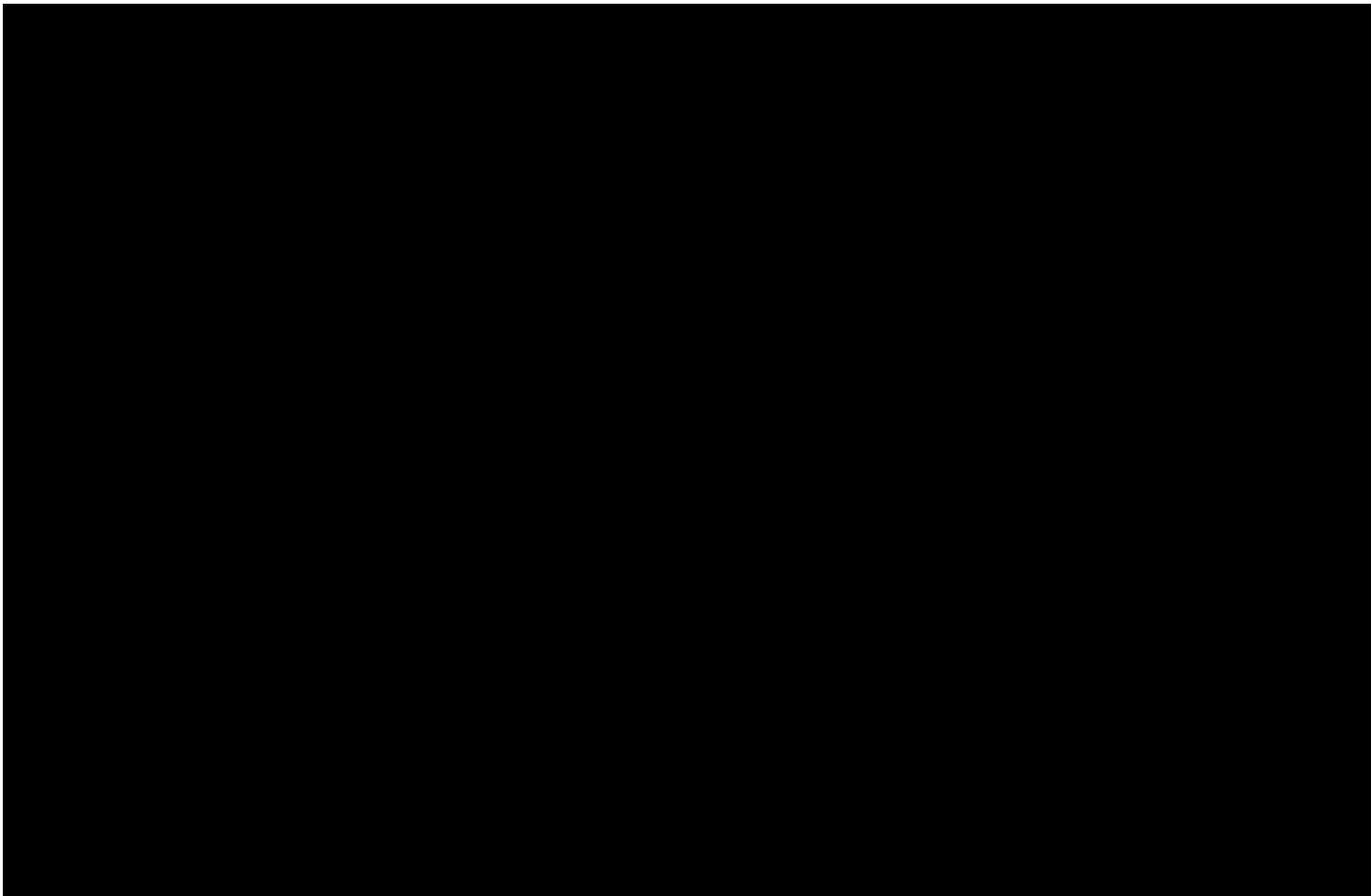
Indicate the year the facility was established. 2009 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

| | PSIG | Serial Number |
|---------|------------|-----------------|
| Tank 1: | <u>250</u> | <u>5.560444</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: 1885 USWG Portable: 727.85 USWG Mobile: 0



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| | |
|---|---|
| Name of person completing this form (please print) <u>Boris HORODYNSKY</u> | Official Title <u>OWNER</u> |
| Signature | Telephone No. <u>705-720-0530</u> Date (dd-mm-yyyy) <u>Nov 4/11</u> |



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

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

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

| | | |
|--|---|----------------------------|
| Off-site Cylinder and/or Mobile Storage NONE | Capacity stored off-site, in USWG | For Office Use - Party No. |
| Street No. | Street Name / 911 Number / Address, if applicable | |
| Town / City or Township / Country | | Province |
| Telephone No. | Fax No. | Contact Name |

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

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| | |
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| Signature | Telephone No. 705-720-0530 |
| | Date (dd-mm-yyyy) Nov 4/11 |



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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.

1 x 500 gallon diesel tank

Consumer quantities of items such as spray paint, cleaners.

1 x 1000 USWG propane tank for heating

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

Fire extinguisher - Identified on site plan

Irrigation water pond (summer only)

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

Internal Safety Control (ISC) valve activator

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

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

Maintenance and testing schedule for fire protection controls and devices.

Fire extinguisher is inspected by outside company annually

Fire extinguisher inspected in-house monthly

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

Facility inspection by TSSA completed annually

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

1. Contacts for Emergency Response

| | | | |
|---|---------------------------------|--|----------------------------|
| 1. Facility Contact Personnel - Key Contact | | 5. Facility 24-Hour Contact Person | |
| Name Boris HORODYNSKY | For Office Use - Party No. | Name Boris HORODYNSKY | For Office Use - Party No. |
| Official Title Owner | | Official Title Owner | |
| Telephone No. (705) 720-0530 | Fax No. (705) 456-3444 03-14 | Cell No. (705) 720-0530 | Fax No. (705) 456-3444 |
| E-mail | | E-mail | |
| Role and responsibilities in emergency Represent licence holder/operator on interaction with authorities Ensure regulations are met | | Role and responsibilities in emergency Site liaison for enacting internal and external emergency procedures Communication with emergency responders, supplier and subcontractors | |
| 2. Facility Contact Personnel - Alternate Contact | | 6. Name of Facility Manager | |
| Name Paul HORODYNSKY | For Office Use - Party No. | Name Boris HORODYNSKY | For Office Use - Party No. |
| Official Title Assistant Manager | | Official Title Owner | |
| Telephone No. (705) 791-4734 | Fax No. na | Telephone No. (705) 720-0530 | Fax No. (705) 456-3444 |
| E-mail N/A | | E-mail | |
| Role and responsibilities in emergency Facility 24 Hr Contact in other unavailable | | Role and responsibilities in emergency Ensure approved procedures are followed Ensure internal emergency procedures are current and employees aware | |
| 3. Local Fire Services - Key Contact | | 7. Propane Supplier Key Contact Person | |
| Name Randy Smith | For Office Use - Party No. | Name Joe ERSKINE | For Office Use - Party No. |
| Official Title Fire Chief | | Official Title CEO | |
| Telephone No. (705) 436-2763 | Fax No. (705) 436-2716 | Telephone No. (519) 690-0000 | Fax No. (519) 690-1948 |
| E-mail rsmith@innisfil.ca | | E-mail jerskine@edproenergy.com | |
| Role and responsibilities in emergency Review and provide guidance on fire safety, emergency response and preparedness. Interface for invitation to conduct annual site review | | Role and responsibilities in emergency Technical assistance; dispatch of service technician and specialized equipment Activate Emergency Response Assistance Plan by LPGERC | |
| 4. Local Fire Services - Alternate Contact | | 8. Municipal Contact | |
| Name Sarah Walker | For Office Use - Party No. | Name Planning Services | |
| Official Title Administration | | Official Title Planning Services Department | |
| Telephone No. (705) 436-2763 | Fax No. (705) 436-2706 | Telephone No. 705-436-3710 | Fax No. 705-436-7120 |
| E-mail swalker@innisfil.ca | | E-mail N/A | |
| Role and responsibilities in emergency Administrative and alternate contact. | | Municipality Town of Innisfil | |

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| | |
|--|--------------------------------|
| Name of person completing this form (please print) Boris HORODYNSKY | Official Title OWNER |
| Signature | Telephone No. 705-720-0530 |
| | Date (dd-mm-yyyy) Nov 21/11 |



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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.

Private facility - no public access

[Large empty area with horizontal dashed lines for text entry]

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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) 23-09-2011 | Print Name of Training Provider: EDPRO Energy Group Inc. |
| | Print Name of Instructor: Joe ERSKINE |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |

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

| | |
|--|--|
| Training Date (dd-mm-yyyy) 23-09-2011 | Print Name of Training Provider: EDPRO Energy Group Inc. |
| | Print Name of Instructor: Joe ERSKINE |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |

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

| | |
|--|---|
| Training Date (dd-mm-yyyy) 17-02-2009 | Print Name of Training Provider: Propane Training Institute |
| | Print Name of Instructor: Paul KENDALL |
| 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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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) 23-09-2012 | Print Name of Training Provider: EDPRO Energy Group Inc. |
| | Print Name of Instructor: TBD |
| Target Date (dd-mm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |
| Target Date (dd-mm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |

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

| | |
|--|--|
| Target Date (dd-mm-yyyy) 23-09-2012 | Print Name of Training Provider: EDPRO Energy Group Inc. |
| | Print Name of Instructor: TBD |
| Target Date (dd-mm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |
| Target Date (dd-mm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |

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

| | |
|--|---|
| Target Date (dd-mm-yyyy) 15-02-2012 | Print Name of Training Provider: Propane Training Institute |
| | Print Name of Instructor: TBD |
| Target Date (dd-mm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |
| Target Date (dd-mm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |

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| | |
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| Signature  | Telephone No. 705-720-0530 |
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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

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

5. Emergency Response Communications Plan

Warnings and Actions

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

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

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

Fire Services will oversee public notification and/or evacuation

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

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

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

All employees and visitors will immediately vacate the building and premises to evacuation point (indicated on site plan)

and await direction from emergency responders.

Communication with Emergency Response Authorities

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

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

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

There are no physical barriers to access the dispenser area.

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

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

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

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

Owner/Primary contact would be able to respond to site in 5 minutes

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

The licence holder will complete Section B in consultation with the local Fire Services.
6. Building and Site Security and Procedures

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)? | <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are weighing systems validated for accuracy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the schedule of maintenance and testing activities retained on site? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

7. Water Supply

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

| | Yes | No |
|---|--------------------------|-------------------------------------|
| 1. Is a pressurized water system available at the propane facility site? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location? | <input type="checkbox"/> | <input checked="" 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>227m</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>6 km</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:

Water supply for fire protection provided by tanker shuttle only.
The owner/operator is responsible to keep road/lane access open and clear for emergency response vehicles.

To be completed by the Licence Holder

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

Horodynsky Farms will make every effort to keep the road/lane access open and clear for emergency response vehicles.

The licence holder will respond to the Local Fire Services comments by: 01-11-2011
(dd-mm-yyyy)

LOCAL FIRE SERVICES

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

| | | |
|---|-----------|-------------------|
| Print name | Signature | Date (dd-mm-yyyy) |
| Local Fire Services Name <u>Randy Smith</u> | | <u>22-10-2011</u> |

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| <u>Boris HORODYNSKY</u> | <u>OWNER</u> |
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| | <u>Nov 9/11</u> |
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SECTION C: SUBMISSIONS

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

Facility Site Plan.

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

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

Map of Surrounding Area.

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

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

Required Mapping Information from Updated Site Plan

| | |
|---|---|
| Date Map Prepared (dd-mm-yyyy) 21-09-2011 | Capacity of single largest propane storage vessel (USWG) 1885 USWG |
| Tank setback coordinates. Indicate placement on the map. | |
| Front: 154m | Right side property line: 373m |
| Rear: 560m | Left side property line: 434m |
| GPS coordinates of single largest vessel: 44°14'9.18"N, 79°37'17.58"W | |

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Propane Storage and Handling Regulation

SECTION C: SUBMISSIONS (cont'd)

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

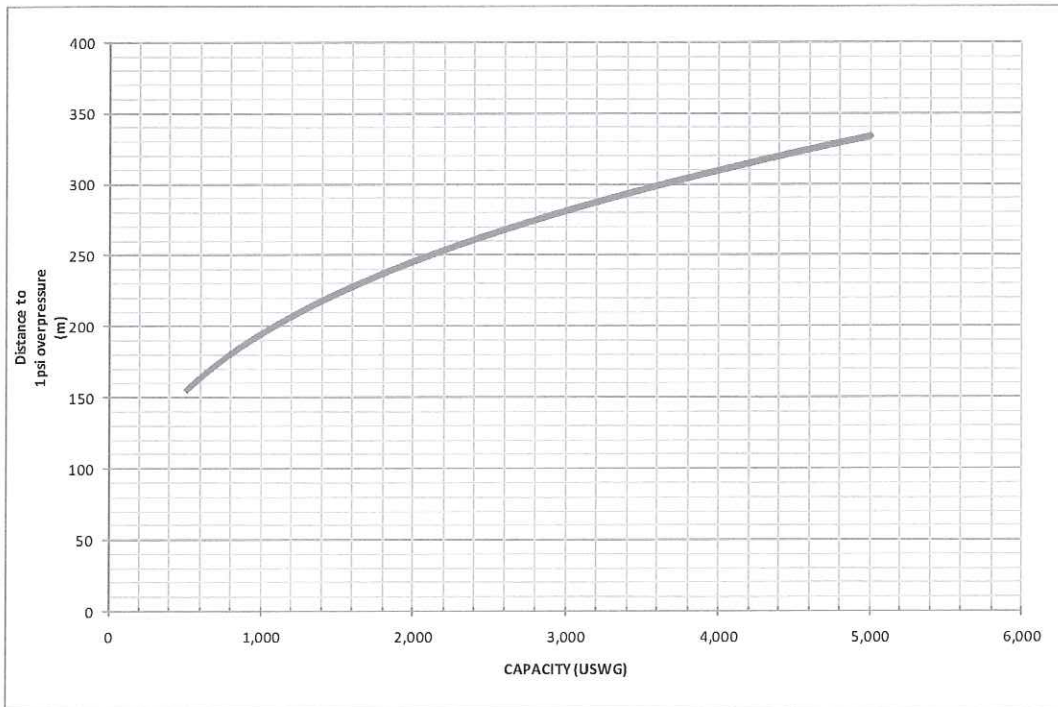
Table 1: Distance Table

| 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)



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) Boris HORODYNSKY | Official Title OWNER |
| Signature | Telephone No. 705-720-0530 |
| | Date (dd-mm-yyyy) |



Technical Standards and Safety Authority
www.tssa.org

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

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

SECTION C: SUBMISSIONS (cont'd)

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

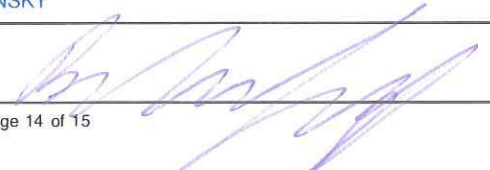
As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

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>Horodinsky Farms Inc.</u> Address: <u>2710 3rd Line Road</u> City: <u>Innisfil</u> Province <u>Ontario</u> Postal Code <u>L0L1K0</u> | | | X | | <u>18</u> m |
| Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: [REDACTED] Address: [REDACTED] City: [REDACTED] | | X | | | <u>200</u> m |
| Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____ | X | | | | _____ m |
| Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____ | X | | | | _____ m |
| Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____ | X | | | | _____ m |
| Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____ | X | | | | _____ m |

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

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>Boris HORODYNSKY</u> | Official Title <u>OWNER</u> |
| Signature  | Telephone No. <u>705-720-0530</u> |
| | Date (dd-mm-yyyy) <u>Nov 27/11</u> |



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SECTION C: SUBMISSIONS (cont'd)

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

Portable Storage Additional Information Sheet

| Cylinder Size | Capacity in USWG | Quantity | Total Volume in USWG |
|--------------------------------|------------------|----------|----------------------|
| # 420 | 123.9 | 2 | 247.8 |
| # 100 | 29.5 | 10 | 295 |
| # 40 | 11.75 | 1 | 11.75 |
| # 33.3 | 9.62 | 15 | 144.3 |
| # 30 | 8.8 | 0 | 0 |
| # 20 | 5.8 | 5 | 29 |
| # 10 | 2.9 | 0 | 0 |
| # 5 | 1.5 | 0 | 0 |
| Total Cylinder Capacity | | | 727.85 USWG |

Tanks Stored On-site Not Connected for Use

| Tank Size In USWG | Quantity | Total Volume in USWG |
|----------------------------|----------|----------------------|
| NONE | | 0 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Tank Capacity | | 0 |

| | |
|--------------------------------|-------------|
| Total Cylinder Capacity | 727.85 USWG |
| Total Tank Capacity | 0 |
| Total Portable Capacity | 727.85 USWG |

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) Boris HORODYNSKY | Official Title OWNER | |
| Signature | Telephone No. 705-720-0530 | Date (dd-mm-yyyy) |



SETBACKS:
 FRONT (S): 154m
 REAR (N): 560m
 RIGHT (E): 373m
 LEFT (W): 434m

- FIRE EXTINGUISHER
- EVACUATION POINT

STORAGE:
 1885 USWG PROPAANE TANK
 500GAL DIESEL TANK

BOLLARDS:
 -SPACED AT MOST 4.5' APART
 -BURIED AT LEAST 3' BELOW GRADE
 -EXTEND 3' ABOVE GRADE
 -SPACED AT LEAST 3.5' FROM TANK

WATER SUPPLY:
 -FIRE HYDRANT: 18KM AWAY
 -IRRIGATION POND (SUMMER ONLY)

| No. | DATE | REVISION | BY | APPD |
|-----|------|----------|----|------|
| | | | | |
| | | | | |
| | | | | |

SLEEGERS SLEEGERS ENGINEERED PRODUCTS INC.
 5453 THIRD STREET, LONDON, ONTARIO, CANADA N6Y 2C1 Phone: (519) 451-5450 Fax: (519) 451-5822
 CUSTOMER - EDPRO ENERGY GROUP INC.

REFERENCE - 2710 3RD LINE ROAD, INNISFIL, ONTARIO

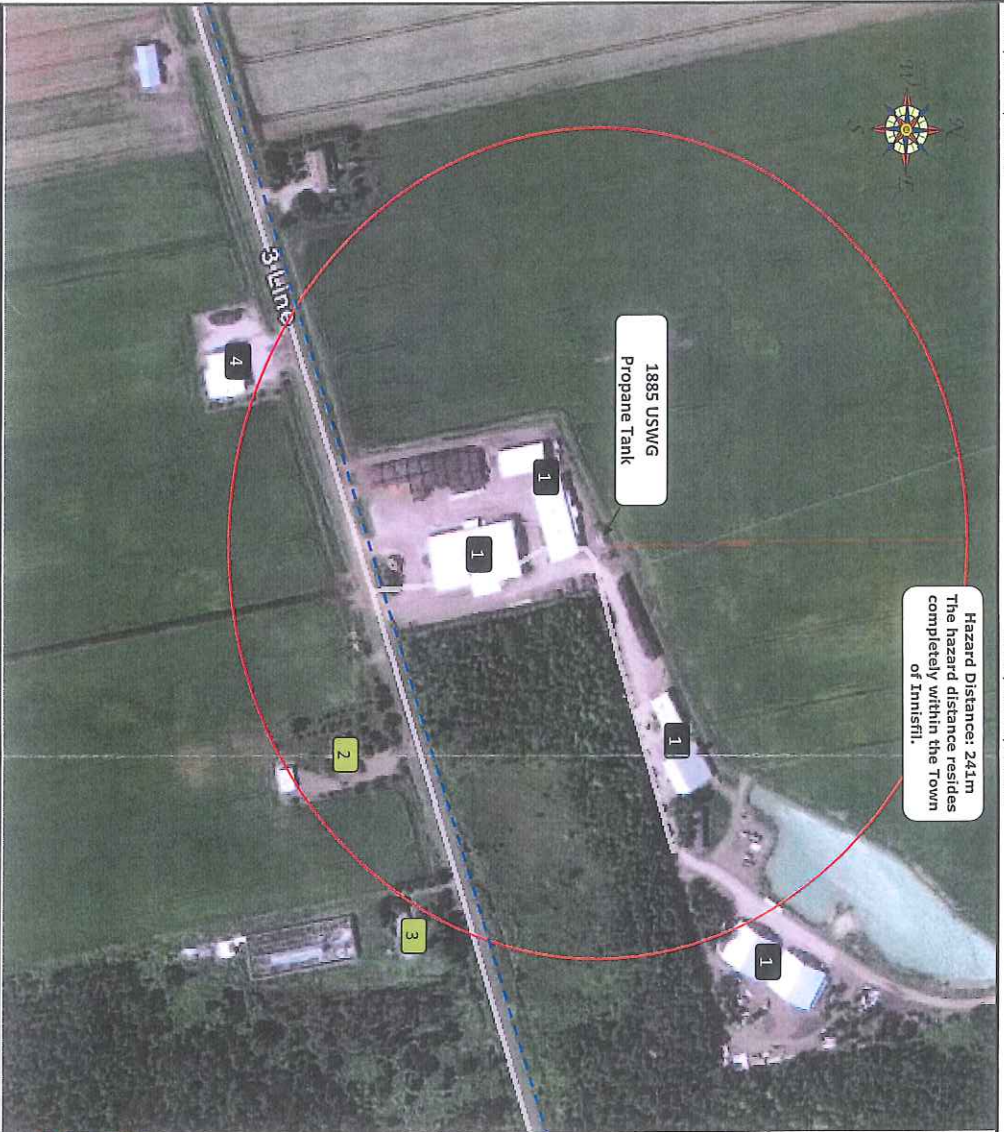
TITLE - HORODVNSKY FARMS INC. SITE PLAN - 1885 USWG DISPENSER

| | | | |
|----------|------------|----------------|------------------------|
| SCALE - | NTS | WORK ORDER NO. | DRAWING NO. |
| DATE - | 2011/09/22 | JRS11057 | SP HORODVNSKY FARMS RD |
| DRW. NO. | DRW. # | APP. # | |

Horodynsky Farms - Map of Surrounding Area

Horodynsky Farms Dispenser
 GPS Coordinates of 1885 USWG Tank: 44°14'9.18"N, 79°37'17.58"W
 Legal Description: Lot 12, Concession 3, South Half, Innisfil, ON
 Address: 2710 3rd Line Road
 Innisfil, Ontario, L0L 1K0

Town of Innisfil
 Planning Services
 Ph: 705-436-3710 Fax: 705-436-7120
 2101 Innisfil Beach Road
 Innisfil, Ontario, L9S 1A1



Hazard Distance: 241m
 The hazard distance resides completely within the Town of Innisfil.

| Public Receptors of Note |
|--|
| 1 Horodynsky Farms Inc. - Onion Storage Onion Packaging Building, Maintenance Shop |
| 2 Residential |
| 3 Residential |
| 4 Industrial/Farm |
| Setbacks |
| Front (South): 154m |
| Rear (North): 560m |
| Right (East): 373m |
| Left (West): 434m |
| Fire Hydrants |
| H1 N/A |
| Property Line |

| |
|--------------------------|
| Low Density Residential |
| High Density Residential |
| Industrial |
| Low Density Commercial |
| High Density Commercial |
| Sensitive public |

EDPRO



ENERGY GROUP INC.

November 14, 2011

Technical Standards & Safety Authority
Fuels Safety Division
14th Floor, Central Tower
3300 Bloor Street West
Etobicoke, ON M8X 2X4

**SUBJECT: APPLICATION FOR REVIEW OF RSMP FOR EXISTING FACILITY
LICENCE #000166156**

Attached are the requirements for application for a review of a Risk Safety Management Plan for an existing propane facility located at 2710 3rd Line in Innisfil, ON. This refill centre is owned by Boris Horodinsky. EDPRO Energy Group Inc. is the propane supplier and is facilitating the completion of the RSMP.

Included in the package are;

- Completed *Application For a Review of a Risk and Safety Management Plan (RSMP) for an Existing Propane Facility (FS 09196)*,
- *Level 1 Risk and Safety Management Plan (RSMP)* including sign off by the Innisfil Fire Chief (FS 09195),
- Property Site Plan showing layout of facility including emergency equipment,
- Public Receptors drawing identifying occupancy of all building within Hazard Distance.

Please contact me directly if any additional information is required regarding this application.

Sincerely,

Joe Erskine
EDPRO Energy Group Inc.
(519) 266-3263



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

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

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

For Office Use Only

Licence Number

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

A Firm Name **HORODYNSKY FARMS** Ontario Corporation No., if applicable

E-mail Address

Area Code **705** Telephone No. **720** Contact Person **Boris HORODYNSKY** **0530**

B Mailing Address Street No. **2710** Street Name, Lot / Concession No. **3RD LINE**

Town / City or Township / County **INNISFIL** Province **ONTARIO** Postal Code **L0L** **1K0**

Information on Container Refill Centre or Filling Plant

Location of premises to be licensed

Street No. **2710** Street Name, Lot / Concession No. **3RD LINE**

Town / City or Township / County **INNISFIL** Province **ONTARIO** Postal Code **L0L** **1K0**

Supplier **D EDPRO ENERGY GROUP INC.**

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

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

Licence Number **000166156** Total Storage Capacity **1885**
In U.S. Water Gallons

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

Name **Boris HORODYNSKY** Certificate Number **400-04-56451**

Paul HORODYNSKY Certificate Number **400-04-59453**

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

I certify that the above information is true.

Print name of Owner/Operator **Boris HORODYNSKY** Date (mm-dd-yyyy) **Nov 4/11**

Position **OWNER** Signature