



Technical Standards and Safety Authority
www.tssa.org

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

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

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

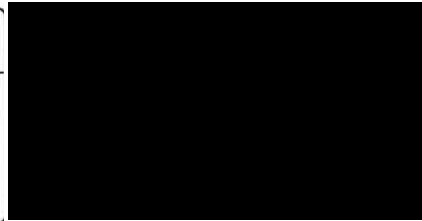
Failure to fully complete this form may result in rejection.
Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 000076647003

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 Burlington Taxi inc. Ontario Corporation No., if applicable 1255694

Operator Name (if different from above) _____

Telephone No. 9053330077 Fax No. 9053331688 E-mail scott@burlingtontaxi.com

B Street No. 3472 Street Name / 911 Number / Address, if applicable Landmark Road

Town / City or Township / County Burlington Province Ontario Postal Code L7M 1S8

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.

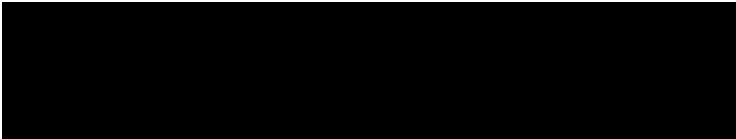
Street No. 3472 Street Name / 911 Number / Address, if applicable Landmark Road Nearest Major Intersection Walkers Lind

Town / City or Township / County Burlington Province Ontario Postal Code L7M1S8

Name of Licence Holder Burlington Taxi Inc.


Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Scott Wallace ROT type Certified Examiner

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

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.

Printname	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>Burlington Taxi Inc</u>		<u>11-10-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Scott Wallace</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

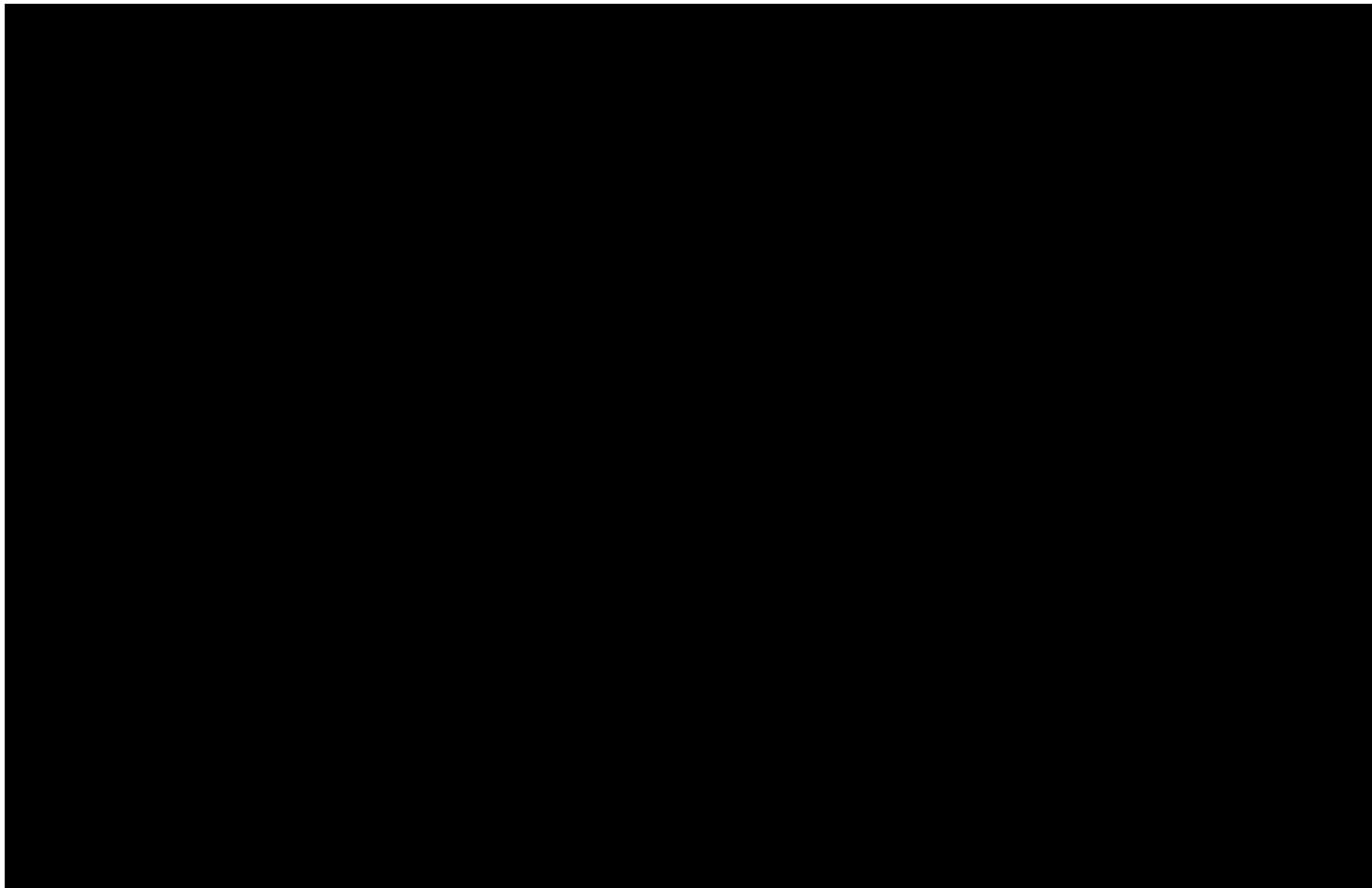
Indicate the year the facility was established. 2001	Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. NA
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Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank1:	250	96017
Tank2:	_____	_____
Tank3:	_____	_____

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 5000 USWG Portable: NA Mobile: NA



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Name of person completing this form (please print) Scott Wallace	Official Title President	
Signature 	Telephone No. 9053330077 x224	Date (dd-mm-yyyy) 11-10-2011



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)				
Gaslink				
Street No.	Street Name / 911 Number / Address, if applicable			
1364	Plains Road East			
Town / City or Township / Country			Province	Postal Code
Burlington			Ontario	L7R3P8
Telephone No.	Fax No.	Contact Name		
9056382527	9056814564	Steve Gibson		
E-mail				
sgibson12@bellnet.ca				

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>				
Primemax Energy Inc				
Street No.	Street Name / 911 Number / Address, if applicable			
2558	Cedar Creek Road			
Town / City or Township / Country			Province	Postal Code
Ayr			Ontario	NOB 1E0
Telephone No.	Fax No.	Contact Name		
5197408209	5197401015			
E-mail				

Off-site Cylinder and/or Mobile Storage	Capacity stored off-site, in USWG	For Office Use - Party No.
None		
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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Scott Wallace	President	
Signature	Telephone No.	Date (dd-mm-yyyy)
	9053330077 x224	11-10-2011



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN

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

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

None

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

Fire extinguishers located at tank location

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.

Property is staffed 24 hours a day 365 a year. Has auto shut off on building beside tank.

Tank is equipped with auto shut off in case of line rupture

Maintenance and testing schedule for fire protection controls and devices.

Annual inspection by Deboer propane company for maintenance

Fire extinguishers are checked quarterly

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Signature 	Telephone No. 905-333-0077 x224	Date (dd-mm-yyyy) 10-11-2011



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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan? Yes No

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

Fire services comments, if any: N/A

To be completed by the Licence Holder

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

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

LOCAL FIRE SERVICES

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

Print name Local Fire Services Name JOE WINTAR	Signature 	Date (dd-mm-yyyy) 16-12-2011
--	---------------	--

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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name Scott Wallace	For Office Use - Party No.	Name Scott Wallace	For Office Use - Party No.
Official Title President		Official Title President	
Telephone No. 905 333 0077 x224	Fax No. 905 333 1688	Cell No. 9053082213	Fax No. 9053331688
E-mail scott@burlingtontaxi.com		E-mail scott@burlingtontaxi.com	
Role and responsibilities in emergency first contact to ensure all staff are completing procedures		Role and responsibilities in emergency first contact to ensure all staff are completing procedures	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Matt Wallace	For Office Use - Party No.	Name Chris Belec	For Office Use - Party No.
Official Title VP Operations		Official Title Manager	
Telephone No. 9053330077 x234	Fax No. 9053331688	Telephone No. 9053330077 x226	Fax No. 9053331688
E-mail matt@burlingtontaxi.com		E-mail chrisb@burlingtontaxi.com	
Role and responsibilities in emergency secondary contact ensuring all staff are completing procedures		Role and responsibilities in emergency training for all propane related issues.	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Gerald Savnoch	For Office Use - Party No.	Name - P3.	For Office Use - Party No.
Official Title Fire Prevention Inspector	E-mail savnoch@burlington.ca	Official Title	E-mail
Telephone No. 9053157714	Fax No. 9053157708	Telephone No.	Fax No.
Role and responsibilities in emergency Fire Prevention for Burlington area		Role and responsibilities in emergency	
Fire Services Address 1255 Fairview St, Burlington Ontario L7S1Y3		Propane Supplier Address	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name as above	For Office Use - Party No.	Name Angela Morgan	
Official Title	E-mail	Official Title City Clerk	
Telephone No.	Fax No.	Telephone No. 9053357502	Fax No.
Role and responsibilities in emergency		E-mail morgana@burlington.ca	
Fire Services Address		Municipality Name and Address 426 Brant Street Burlington L7R3Z6	

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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.

None

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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) as required	Print Name of Training Provider: Burlington Taxi Inc.
	Print Name of Instructor: Scott Wallace
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) as required	Print Name of Training Provider: Burlington Taxi Inc.
	Print Name of Instructor: Chris Belec
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) as required	Print Name of Training Provider: Burlington Taxi Inc.
	Print Name of Instructor: Scott Wallace
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) as required	Print Name of Training Provider: Burlington Taxi Inc.
	Print Name of Instructor: Scott Wallace
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) as required	Print Name of Training Provider: Burlington Taxi Inc.
	Print Name of Instructor: Chris Belec
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) as required	Print Name of Training Provider: Burlington Taxi Inc.
	Print Name of Instructor: Scott Wallace
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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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).

On site staff will contact 911 immediately. Public notification would be done by authorities.

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).

On site staff are to call 911 immediately and evacuate to next building on adjacent property if safe to do so. When management arrives they will take control of situation.

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).

Property is staffed 24 hours a day. If an emergency staff will immediately call 911

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

Staff is here 24 hours a day. Property is open and is not gated so there are no access restrictions for authorities.

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

if safe to do so employee will remain on site to assist first responder. Scott Wallace is to provide continued support and information to authorities.

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

15 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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>115 metres</u>
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only)		<u>NA</u>

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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services	Yes	No
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input type="checkbox"/>	<input type="checkbox"/>
If not, please explain (e.g., no fire services).		
Fire services comments, if any:		
To be completed by the Licence Holder		
In response to the above comments, the following action(s) is required:		
The licence holder will respond to the Local Fire Services comments by: _____		
(dd-mm-yyyy)		

LOCAL FIRE SERVICES		
The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.		
Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name		

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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) 01-10-2011	Capacity of single largest propane storage vessel (USWG) 5000
Tank setback coordinates. Indicate placement on the map.	
Front: 91 m	Right side property line: 19m
Rear: 47m	Left side property line: 15m
GPS coordinates of single largest vessel:	N 43'22'04.84 W 79'47'42.22

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SECTION C: SUBMISSIONS (cont'd)

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

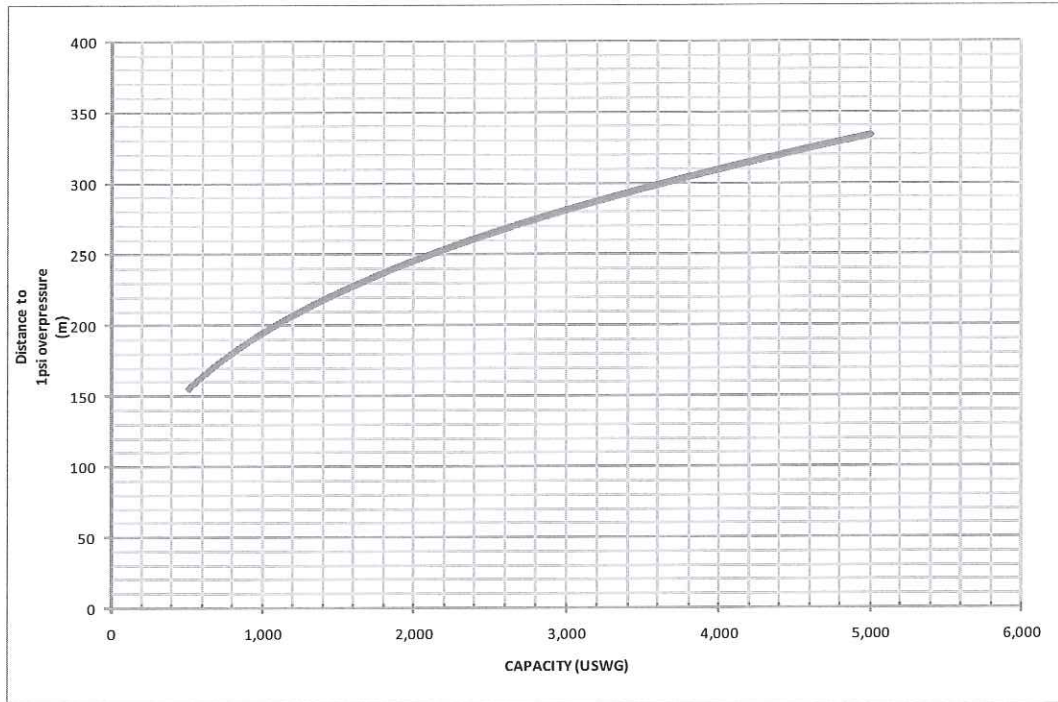
Table 1: Distance Table

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)



Scott Wallace



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SECTION C: SUBMISSIONS (cont'd)

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

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

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>LA Rubber</u> Address: <u>3468 Landmark Rd</u> City: <u>Burlington</u> Province <u>Ontario</u> Postal Code _____		x			<u>80</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: <u>none</u> Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</u> 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>Scott Wallace</u>	Official Title <u>President</u>
Signature 	Telephone No. <u>905-333-0077 x224</u>
	Date (dd-mm-yyyy) <u>11-10-2011</u>



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

WORKSHEET

Portable Storage Additional Information Worksheet

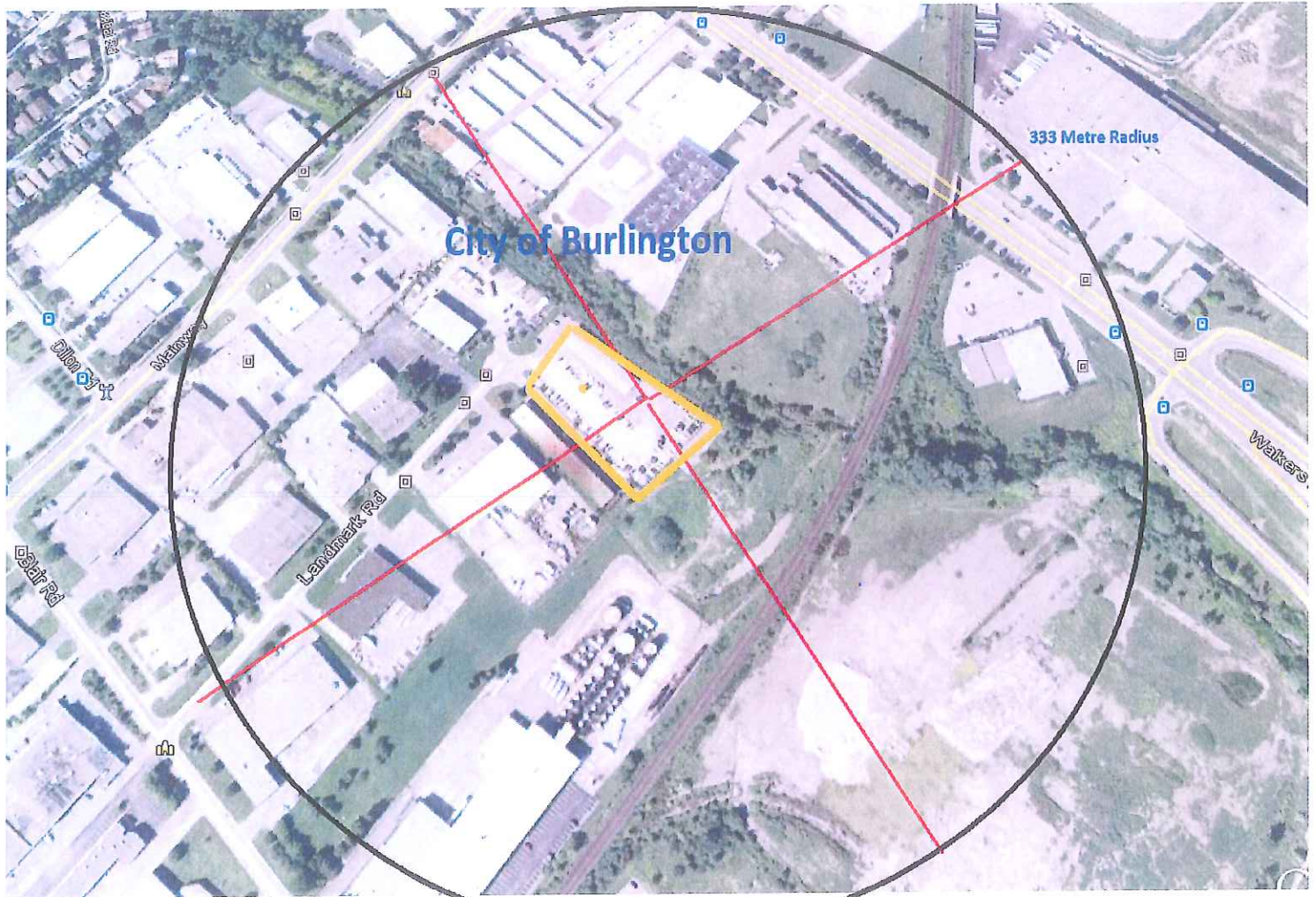
Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	
# 100	29.5	0	
# 40	11.75	0	
# 33.3	9.62	0	
# 30	8.8	0	
# 20	5.8	0	
# 10	2.9	0	
# 5	1.5	0	
Total Cylinder Capacity			0

Tanks Stored On-site Not Connected for Use

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

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

Scott Wallace
SCOTT WALLACE



Map of Surrounding Area

3472 Landmark Road, Burlington

Municipal Contact	
Name:	Angela Morgan
Title:	City Clerk
Telephone:	905 335 7702
Email:	morgana@burlington.ca
Municipality:	City of Burlington

Scott Wallace SCOTT WALLACE

PART 1 PLAN 20R - 1305
P. I. N. 07163 - 0040 (LT)

ED PLAN No 1503

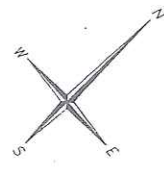
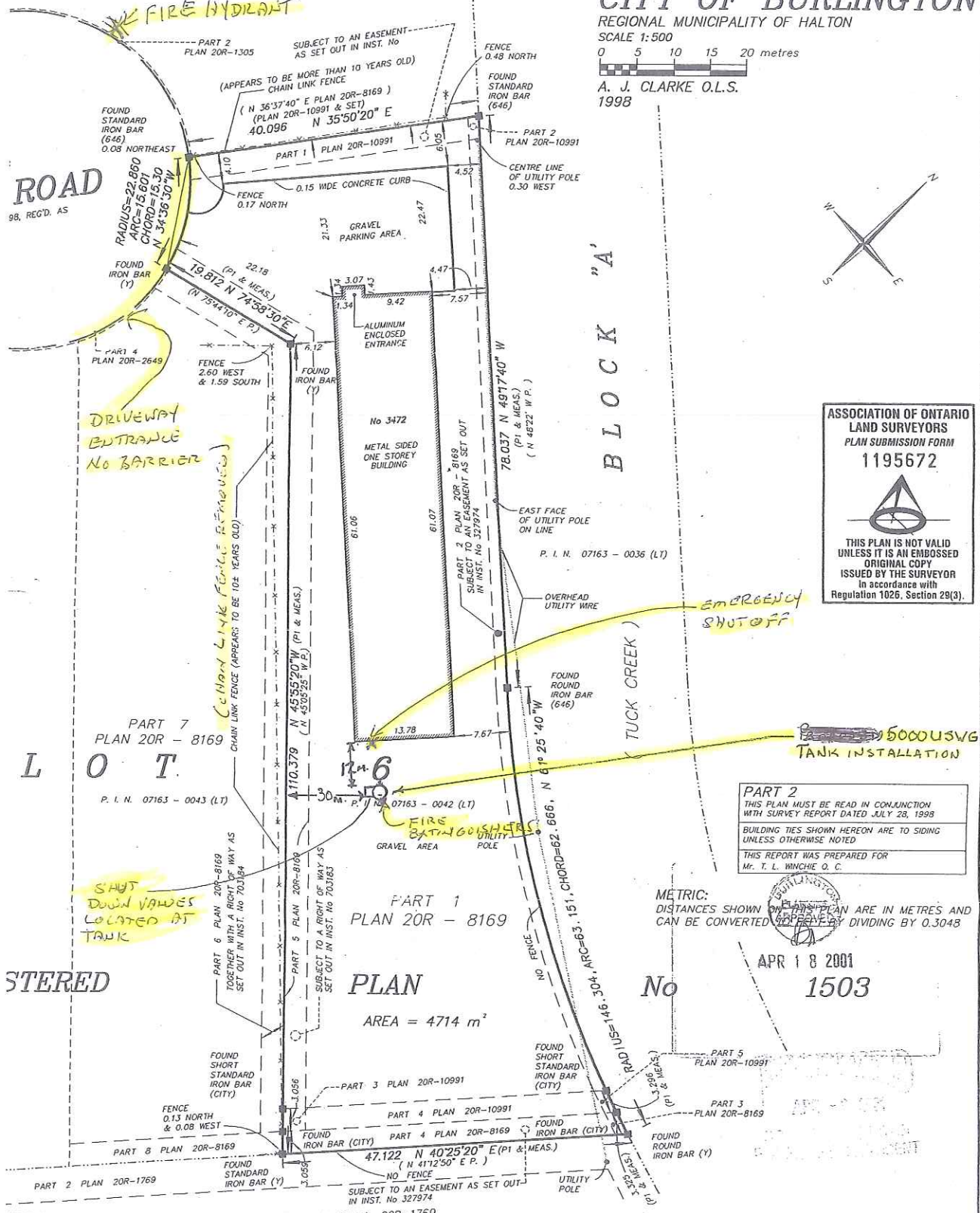
SURVEYOR'S REAL PROPERTY REPORT
PART 1

PLAN OF SURVEY OF
PART OF LOT 6
LANDMARK INDUSTRIAL ESTATES
REGISTERED PLAN No 1503

IN THE
CITY OF BURLINGTON
REGIONAL MUNICIPALITY OF HALTON

SCALE 1:500
0 5 10 15 20 metres

A. J. CLARKE O.L.S.
1998



ASSOCIATION OF ONTARIO
LAND SURVEYORS
PLAN SUBMISSION FORM
1195672

THIS PLAN IS NOT VALID
UNLESS IT IS AN EMBOSSED
ORIGINAL COPY
ISSUED BY THE SURVEYOR
in accordance with
Regulation 1026, Section 29(3).

PART 2
THIS PLAN MUST BE READ IN CONJUNCTION
WITH SURVEY REPORT DATED JULY 28, 1998
BUILDING TIES SHOWN HEREON ARE TO SIDING
UNLESS OTHERWISE NOTED
THIS REPORT WAS PREPARED FOR
MR. T. L. WINCHE O. C.

METRIC:
DISTANCES SHOWN ON THIS PLAN ARE IN METRES AND
CAN BE CONVERTED TO FEET BY DIVIDING BY 0.3048



APR 18 2001
No 1503

PLAN
AREA = 4714 m²

A. J. Clarke and Associates Ltd.
ONTARIO LAND SURVEYORS • CONSULTING ENGINEERS
PROFESSIONAL PLANNERS
155 JAMES STREET SOUTH, SUITE 125
HAMILTON, ONTARIO L8P 3A4, CANADA
TEL. 905-528-8761 FAX 905-528-2289
internet email: ajc@ajclarke.com

IN ACCORDANCE WITH
THE LAND TITLES ACT
OF JULY 1998

REPORT
SUBMISSION OF
CHARITABLE

BEARINGS ARE ASTROMONIC AND REFERRED TO THE
NORTHWESTERN LIMIT OF PART 1 AS SHOWN ON THE
20R-10991 HAVING A BEARING OF N 35°50'20" E

OWNER mm 11/01