



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2K4
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: 000076638859

Check applicable type of propane operations.

Cylinder Motor Fuel Filling Plant Card/Mylock

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: Praxair Distribution Inc. (Division of Praxair Canada) Ontario Corporation No., if applicable: 1816301

Operator Name (if different from above): _____

Telephone No: 519-748-3273 Fax No: _____ E-mail: doyle_fletcher@praxair.com

B Street No: 4051 Street Name / B11 Number / Address, if applicable: County Rd 42

Town / City or Township / County: Windsor Province: Ontario Postal Code: N9A 6J3

Mailing address if different from above: _____

C Street No: 160 Street Name / B11 Number / Address, if applicable: Webster Rd

Town / City or Township / County: Kitchener Province: Ontario Postal Code: N2G 4S2

Information on Container Refill Centre or Filling Plant

Location of facility:

D Street No: 4051 Street Name / B11 Number / Address, if applicable: County Rd 42 Nearest Major Intersection: _____

Town / City or Township / County: Windsor Province: Ontario Postal Code: N9A 6J3

Name of Licence Holder: Praxair Distribution Inc

Name of a Senior Management person as defined by the regulation holding the Record of Training (ROT): Duane Pike ROT type: Filling propane cylinders, PPO-3

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): City of Windsor

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>Praxair Distribution Inc</u>		<u>Feb 8 / 2012</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training: <u>Duane Pike</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established.

2002

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

No changes from date established.

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

	PSIG	Serial Number
Tank 1:	250	6625
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: 2900 Portable: 1872 Mobile: 0

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Name of person completing this form (please print)		Official Title	
Al Collett		Distribution Manager	
Signature		Telephone No.	Date (dd-mm-yyyy)
		905-573-4957	7 2 2012



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established.

2002

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	6625
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: 2900 Portable: 1872 Mobile: 0

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) Al Collett	Official Title Distribution Manager	
Signature 	Telephone No. 905-573-4957	Date (dd-mm-yyyy) 7-2-2012



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

Name of Propane Supplier(s) Dowler Karn			
Street No. 43841	Street Name / 911 Number / Address, if applicable Talbot Line RR#3		
Town / City or Township / Country St Thomas		Province Ontario	Postal Code N5P 3S7
Telephone No. 519-631-3810	Fax No. 519-631-4755	Contact Name Ralph Harvey	
E-mail ralphharvey@dowlerkarn.com			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			
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 Not applicable	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		Postal Code
Telephone No.	Fax No.	Contact Name

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

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Signature 	Telephone No. 905-573-4957	Date (dd-mm-yyyy) 7 2-2012



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) Dowler Kam			For Office Use - Party No.		
Street No. 43841	Street Name / 911 Number / Address, if applicable Talbot Line RR#3				
Town / City or Township / Country St Thomas			Province Ontario	Postal Code N5P 3S7	
Telephone No. 519-631-3810	Fax No. 519-631-4755	Contact Name Ralph Harvey			
E-mail ralphharvey@dowlerkam.com					

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>					For Office Use - Party No.
Not Applicable					
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.
Not applicable					
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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Name of person completing this form (please print) Al Collett		Official Title Distribution Manager	
Signature 		Telephone No. 905-573-4957	Date (dd-mm-yyyy) 7-2-2012



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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.

The largest vessel is a 2900 USWG propane tank. Several liquid containers hold liquid oxygen, liquid nitrogen, liquid argon. There are also several compressed gas cylinders that contain oxygen, acetylene, nitrogen as well as several non-flammable welding gas mixtures

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

Dry chemical class ABC fire extinguishers. There are 19 extinguishers on site. Each delivery truck is equipped with one.

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 building is equipped with smoke detectors that alarm people to smoke or a fire. There is also a security system present that notifies the facility about an unauthorized entry. The propane system is equipped with an emergency stop switch that shuts off the electrical power to the propane pump which closes the main shutoff valve. The main valve is controlled by a fusible link that would melt during fire and close the main valve for the liquid withdrawal system.

Maintenance and testing schedule for fire protection controls and devices.

Fire extinguishers are inspected each month by the branch manager. Fire extinguishers are inspected annually by an approved inspection vendor.

Emergency shut-off on the propane system are tested quarterly for operation by the branch manager. The entire propane system is inspected annually by a licensed TSSA contractor. All testing reminders are controlled by an in-house reminder program. ACMS.

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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	Jack Lehoux	For Office Use - Party No.	
Official Title	Distribution Supervisor		
Telephone No.	519-948-4195	Fax No.	519-948-4943
E-mail	jack.lehoux@praxair.com		
Role and responsibilities in emergency	Evacuation of staff		

5. Facility 24-Hour Contact Person

Name	Jack Lehoux	For Office Use - Party No.	
Official Title	Distribution Supervisor		
Cell No.	518-786-2112	Fax No.	519-948-4943
E-mail	jack.lehoux@praxair.com		
Role and responsibilities in emergency	Site contact in an event of a emergency		

2. Facility Contact Personnel - Alternate Contact

Name	Dan Tremblay	For Office Use - Party No.	
Official Title	Branch Safety Coordinator		
Telephone No.	519-948-4195	Fax No.	519-948-4943
E-mail	dan_tremblay@praxair.com		
Role and responsibilities in emergency	Evacuation of staff		

6. Name of Facility Manager

Name	Al Collett	For Office Use - Party No.	
Official Title	Distribution Manager		
Telephone No.	905-573-4957	Fax No.	519-948-4943
E-mail	al.collett@praxair.com		
Role and responsibilities in emergency	Assist with evacuation		

3. Local Fire Services - Key Contact

Name	STEVE LAFORET	For Office Use - Party No.	
Official Title	DEPUTY CHIEF FIRE & RESCUE		
Telephone No.	519-253-3016	Fax No.	519-255-6832
E-mail	slaforet@city.windsor.on.ca		
Role and responsibilities in emergency	Director of Fire Services		

7. Propane Supplier Key Contact Person

Name	Ralph Harvey	For Office Use - Party No.	
Official Title	Propane Manager		
Telephone No.	519-631-3810	Fax No.	519-631-4755
E-mail	ralphharvey@dowler.com		
Role and responsibilities in emergency	Offer assistance		

4. Local Fire Services - Alternate Contact

Name	Emergency dispatch	For Office Use - Party No.	
Official Title	Chief Fire Prevention Officer		
Telephone No.	519-258-4444	Fax No.	
E-mail			
Role and responsibilities in emergency	Investigation and assistance		

8. Municipal Contact

Name	Yvonne Critchley		
Official Title	City Clerk		
Telephone No.	519-255-6211	Fax No.	
E-mail	ycritchley@city.windsor.on.ca		
Municipality	City of Windsor		

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Name of person completing this form (please print)	Al Collett	Official Title	Distribution Manager
Signature		Telephone No.	905-573-4957
		Date (dd-mm-yyyy)	07/02/2012

519-253-3016



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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 Jack Lehoux	For Office Use - Party No.	Name Jack Lehoux	For Office Use - Party No.
Official Title Distribution Supervisor		Official Title Distribution Supervisor	
Telephone No. 519-948-4195	Fax No. 519-948-4943	Cell No. 519-796-2112	Fax No. 519-948-4943
E-mail jack_lehoux@praxair.com		E-mail jack_lehoux@praxair.com	
Role and responsibilities in emergency Evacuation of staff		Role and responsibilities in emergency Site contact in an event of a emergency	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Dan Tremblay	For Office Use - Party No.	Name Al Collett	For Office Use - Party No.
Official Title Branch Safety Coordinator		Official Title Distribution Manager	
Telephone No. 519-948-4195	Fax No. 519-948-4943	Telephone No. 905-573-4957	Fax No. 519-948-4943
E-mail dan_tremblay@praxair.com		E-mail al_collett@praxair.com	
Role and responsibilities in emergency Evacuation of staff		Role and responsibilities in emergency Assist with evacuation	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Doug Pitre	For Office Use - Party No.	Name Ralp Harvey	For Office Use - Party No.
Official Title Fire Chief		Official Title Propane Manager	
Telephone No. 519-258-4444	Fax No. 519-979-5881	Telephone No. 519-631-3810	Fax No. 519-631-4755
E-mail		E-mail ralphharvey@dowlerkam.com	
Role and responsibilities in emergency Director of Fire Services		Role and responsibilities in emergency Offer assistance	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Emergency dispatch	For Office Use - Party No.	Name Doug Pitre	For Office Use - Party No.
Official Title Cheif Fire Prevention Officer		Official Title Fire Chief	
Telephone No. 519-258-4444	Fax No.	Telephone No. 519-258-4444	Fax No. 519-979-5881
E-mail		E-mail	
Role and responsibilities in emergency Investigation and assistance		Municipality Town of Tecumseh	

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	Date (dd-mm-yyyy) 07-02-2012



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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 communication tools used at the facility

1. Public Address system. P.A. Used to alert inside and outside staff of an on-site emergency and the need to evacuate the facility. Every phone is capable of activating the P.A. system. Operating instructions: Press Page, Both, All or Feature, 60, Both.

2. Verbal notification. Used to alert inside and outside staff of an on-site emergency and the need to evacuate the facility.

General Emergency Information

Escape route and assembly area. Plan a route away from the fire, vapour cloud or explosion

Proceed to nearest exit

Assembly area: Front parking lot

Electrical disconnects for entire building are located in electrical room in warehouse.

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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) 16-11-2011	Print Name of Training Provider: Praxair Distribution. Location Emergency Response Plan. 3.1.01
	Print Name of Instructor: Bill Walker
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) 16-11-2011	Print Name of Training Provider: Praxair Distribution. Location Emergency Response Plan. 3.1.01
	Print Name of Instructor: Bill Walker
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) 16-11-2011	Print Name of Training Provider: Praxair Distribution. Location Emergency Response Plan. 3.1.01
	Print Name of Instructor: Bill Walker
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) 15-11-2012	Print Name of Training Provider: Praxair Distribution. Location Emergency Response Plan. 3.1.01
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) 15-11-2012	Print Name of Training Provider: Praxair Distribution. Location Emergency Response Plan. 3.1.01
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) 15-11-2012	Print Name of Training Provider: Praxair Distribution. Location Emergency Response Plan. 3.1.01
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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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).

Key or alternate contacts give warnings to staff by using the emergency communication tools. The warning is given when an on-site emergency occurs that could impact the safety of employees or visitors to the 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).

Escape route and assembly area. Plan a route away from the fire, vapour cloud or explosion

Proceed to nearest exit

Assembly area is front parking lot

Key or alternate contacts coordinate all actions.

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).

An immediate call is placed to 911 Emergency Services by any Praxair staff. At assembly area a head count is taken and then it is determined if a call has been placed to 911 Emergency Services.

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

All contact information for key and alternate contacts has been provided to Fire Services.

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

All information will be communicated through Windsor Incident Command.

An annual review of the Windsor Emergency Response Plan is completed each year. The plan instructs the reviewer to forward updated information to Fire Services.

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

30 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 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>20 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>20 metres</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.

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).

Fire services comments, if any:
Local plan has been updated.

To be completed by the Licence Holder

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

NONE REQUIRED - was very impressed with facility.

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.

Local Fire Services Name	Print name JOHN SMITH	Signature 	Date (dd-mm-yyyy) 28-02-2012
--------------------------	---------------------------------	---------------	--

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) Al Collett	Official Title Distribution Manager
Signature 	Telephone No. 905-573 4957
	Date (dd-mm-yyyy) 7-2-2012



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X2X4
Fax: 416.231.4903
Customer Service: 1.877.682.8772

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

SECTION 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:

Local plan has been updated.

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		

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) Al Collett	Official Title Distribution Manager	
Signature 	Telephone No. 905-573-4957	Date (dd-mm-yyyy) 7-2-2012



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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) 12-14-2011	Capacity of single largest propane storage vessel (USWG) 2900
Tank setback coordinates. Indicate placement on the map.	
Front: 412 ft 125.58 m	Right side property line: 104 ft 31.70 m
Rear: 54 ft 16.46 m	Left side property line: 118 ft 35.97 m
GPS coordinates of single largest vessel: LAT. 42.2666333 LONG 082.950242	

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Signature 	Telephone No. 905-573-4957	Date (dd-mm-yyyy) 7-2-2012



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SECTION C: SUBMISSIONS (cont'd)

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

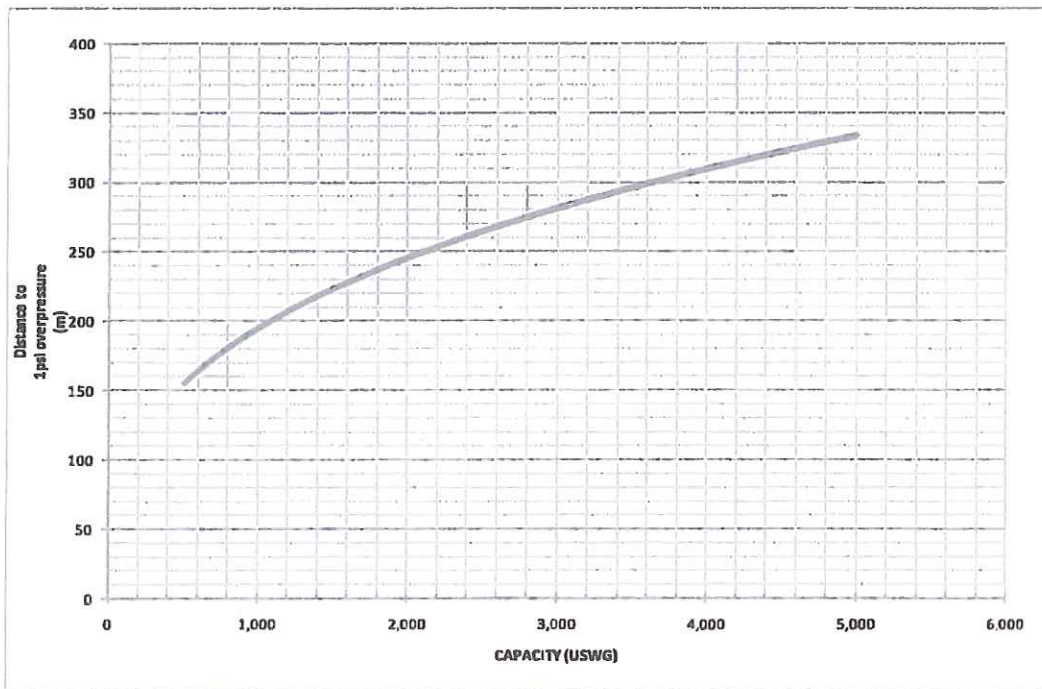
Table 1: Distance Table

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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Signature 		Telephone No. 905-573-4957
		Date (dd-mm-yyyy) 7-2-2012



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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>PROS AUTO</u> Address: <u>3755 COUNTY RD 42</u> City: <u>WINDSOR</u> Province <u>Ontario</u> Postal Code <u>N9A 6J3</u>		X			<u>52</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments Name: <u>[REDACTED]</u> Address: <u>[REDACTED]</u> City: <u>[REDACTED]</u>				X	<u>144</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>WAREHOUSE</u> Address: <u>COUNTY RD 42</u> City: <u>WINDSOR</u> Province <u>ONT</u> Postal Code _____			X		<u>162</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: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ 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".

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Signature 	Telephone No. 905-573-4957
	Date (dd-mm-yyyy) 7-2-2012



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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>B.O.S AUTO</u> Address: <u>3955 COUNTY RD 42</u> City: <u>WINDSOR</u> Province <u>Ontario</u> Postal Code <u>N9A 6J3</u>		X			<u>52</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments Name: [REDACTED] Address: [REDACTED] City: [REDACTED]				X	<u>144</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>WAREHOUSE</u> Address: <u>COUNTY RD 42</u> City: <u>WINDSOR</u> Province <u>ONT</u> Postal Code _____			X		<u>162</u> 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: <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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Name of person completing this form (please print) <u>Al Collet</u>	Official Title <u>Distribution Manager</u>
Signature 	Telephone No. <u>905-573-4957</u>
	Date (dd-mm-yyyy) <u>7-2-2012</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	0	
# 100	29.5	14	413
# 40	11.75	0	
# 33.3	9.62	135	1299
# 30	8.8	5	44
# 20	5.8	20	116
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			1872

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume In USWG
0	0	0
Total Tank Capacity		0

Total Cylinder Capacity	1872
Total Tank Capacity	2900
Total Portable Capacity	0

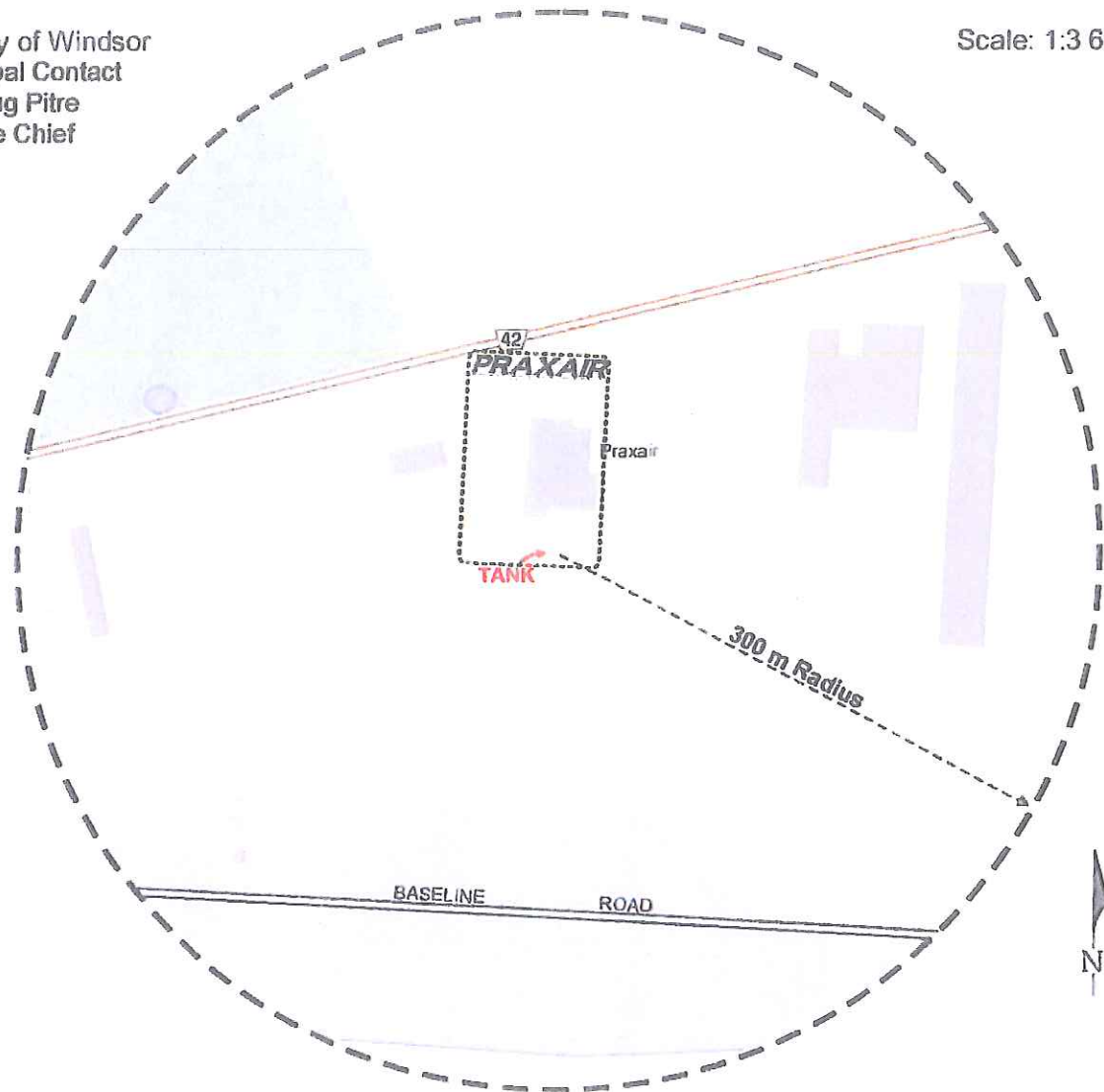
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Signature 	Telephone No. 905-573-4957	Date (dd-mm-yyyy) 7-2-2012

Risk and Safety Management Plan PUBLIC RECEPTORS WITHIN HAZARD DISTANCE

City of Windsor
Municipal Contact
Doug Pitre
Fire Chief

Scale: 1:3 650



LEGEND	
	Industrial Building
	Residential Area
	Airport Lands
	Regional Road
	Road
	5000 m ² Threshold

Kennecott Digital Mapping, 2010

GPS Tank Coordinates
Long 42.26 Lat 82.95

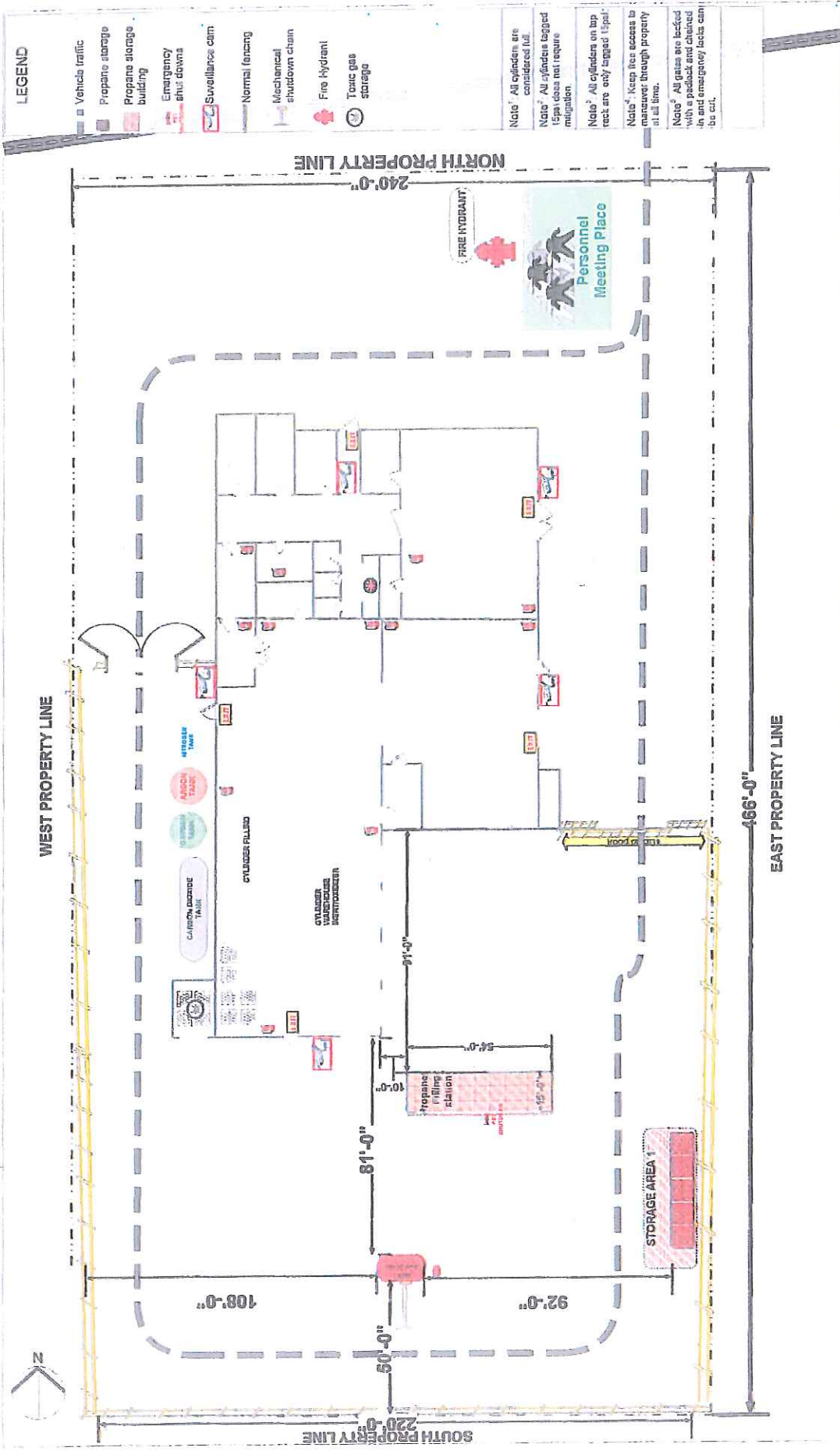
Nominal Water capacity (l SWG)	Distance to Endpoint (m)
2,900	300

Tank setback - Property lines	
North property line	412 feet
West property line	118 feet
South property line	54 feet
East property line	104 feet

Praxair Canada Inc. © 2011

Praxair Canada Inc.
4051 County Road 42, Windsor, Ontario, Canada, N9A 4H7

Date: 2011/12/14



DRAWN BY		CHECKED	SITE IDENTIFICATION	
MP				
REVIEWED		APPROVED	PROJECT NUMBER	
SCALE		DATE	SHEET TOTAL	
NONE		12-14-2011	P01 1	
DRAWING NUMBER		ALTERNATIO		N
MP-254-WIND-01				K
MODEL NAME		SIZE		B
STDP01				
BUSINESS CONFIDENTIAL				
PRAXAIR FUELCELL TECHNOLOGY CENTER - TOWNSEND, MD, USA				
TYPE OF PLANT				
PRAXAIR FILLING FACILITY				
TITLE				
PRAXAIR WINDSOR ONTARIO				
4851 COUNTY ROAD 42, WINDSOR				