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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:

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: Orion Technologies Ltd. Ontario Corporation No., if applicable: _____
Operator Name (If different from above): same as above

Telephone No.: 647 930 1690 Fax No.: 647 930 1739 E-mail: besian@oriongases.ca

B Street No.: 4270 Street Name / 911 Number / Address, if applicable: Weston Road

Town / City or Township / County: North York Province: Ontario Postal Code: M9L 1W9

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.: 4270 Street Name / 911 Number / Address, if applicable: Weston Road Nearest Major Intersection: Weston & Steeles

Town / City or Township / County: North York Province: Ontario Postal Code: M9L 1W9

Name of Licence Holder: Orion Gases

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Jani Sila ROT type: 100-01 C.P.A.

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

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: Jani Sila		24-09-2012
Name of Senior Management person as defined in the Regulation holding the Record of Training: Jani Sila		



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Propane Storage and Handling Regulation

SECTION A: GENERAL INFORMATION (cont'd)

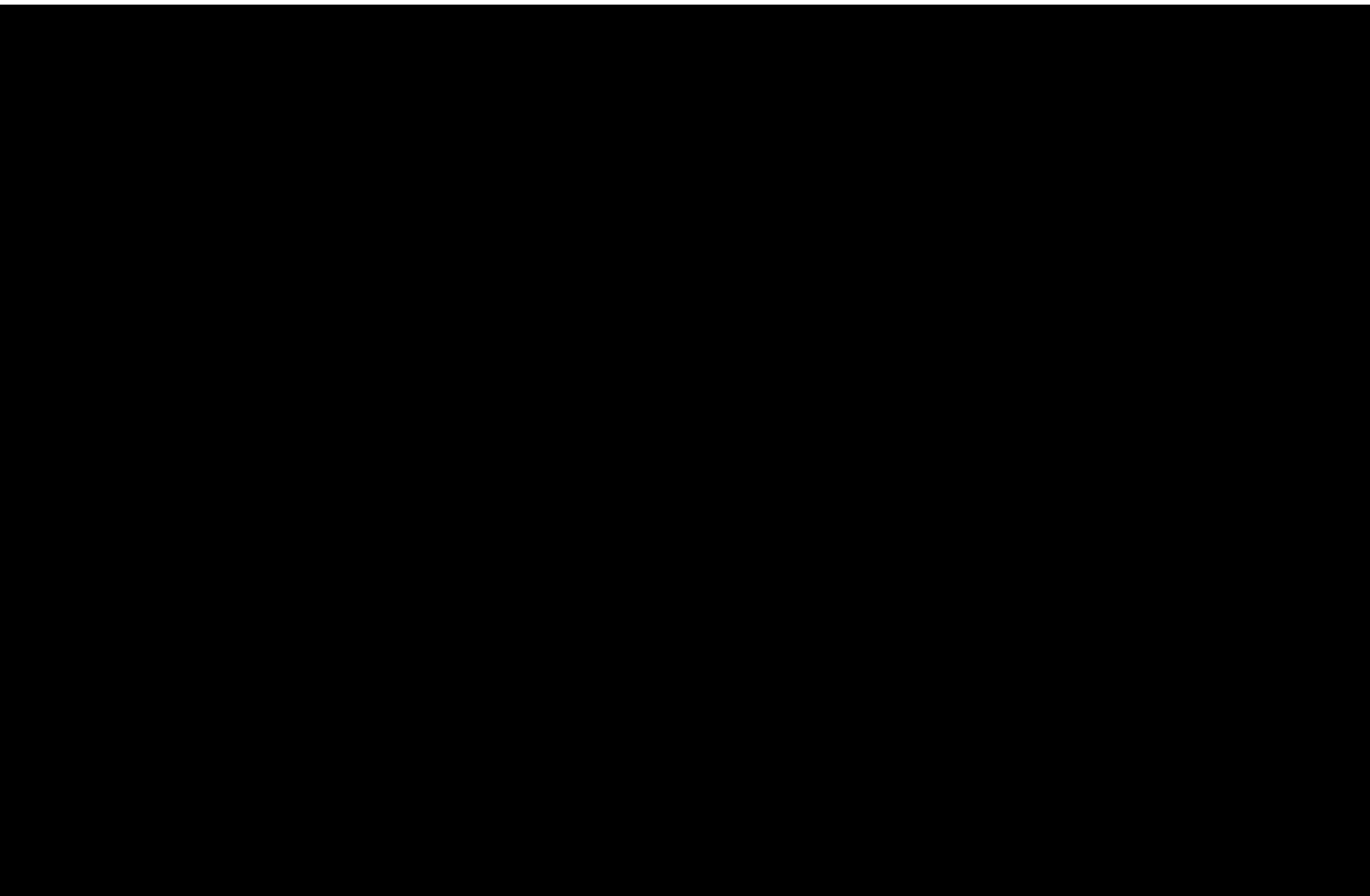
Indicate the year the facility was established. 2012 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank1:	250	293-1 CRN - B6212-6785
Tank2:	_____	_____ MNF: 18/12/2010
Tank3:	_____	_____ B-PRO INC

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: 2000 Portable: 3406 Mobile: _____



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Name of person completing this form (please print) Jani Sila	Official Title Owner
Signature <i>Jani Sila</i>	Telephone No. 647 930 1690
	Date (dd-mm-yyyy) 24-09-2012



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) Primemax Energy Inc.			
Street No. 2558	Street Name / 911 Number / Address, if applicable Cedar creek Rd		
Town / City or Township / Country Ayr		Province Ontario	Postal Code N0B 1E0
Telephone No. 519-740-8209	Fax No. 519-740-1015	Contact Name Gary Froese	
E-mail gfroese@primemaxenergy.com			

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

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

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

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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN

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

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.
Propane storing of no more than 20 cylinders located east of propane shed. 10 Acetylene cylinders (1410 cu/ft).

Description of fire and emergency equipment indicated on facility site map.
Sprinkler system, fire hydrant, propane emergency shut off, electrical panels, access routes, location of emergency meeting area.

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.

fuseable link is on control cable for ISC on propane tank
emergency shut off located on north west corner of main building and on cylinder dock

Maintenance and testing schedule for fire protection controls and devices.
hoses inspected once a operational day
fire extinguishers checked once a month by employees, fire extinguishers inspected by fire ettinguisher company once a year

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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 Jani Sila	For Office Use - Party No.	Name Besian Sila	For Office Use - Party No.
Official Title Owner		Official Title Vice-President	
Telephone No. 647-874-9769	Fax No. 647-348-6221	Cell No. 647-703-1010	Fax No. 647-348-6221
E-mail jani@oriongases.ca		E-mail besian@oriongases.ca	
Role and responsibilities in emergency		Role and responsibilities in emergency oversee communications with all key contacts	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name George Kasiram	For Office Use - Party No.	Name Besian Sila	For Office Use - Party No.
Official Title Operations Manager		Official Title Vice-President	
Telephone No. 647-874-9769	Fax No. 647-348-6221	Telephone No. 647-874-9769	Fax No. 647-348-6221
E-mail george.k@oriongases.ca		E-mail besian@oriongases.ca	
Role and responsibilities in emergency assist first responders at site with site details		Role and responsibilities in emergency oversee communications with all key contacts	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name FRANK LAMIE	For Office Use - Party No.	Name Gary Froese	For Office Use - Party No.
Official Title DEPUTY FIRE CHIEF	E-mail FLAMIE@TORONTO.CA	Official Title Sales & Marketing Manager	E-mail gfroese@primemaxenergy.com
Telephone No. 416 338 9054	Fax No.	Telephone No. 519-572-5225	Fax No. 519-740-1015
Role and responsibilities in emergency		Role and responsibilities in emergency assist owner with technical expertise	
Fire Services Address 4330 DUFFERIN ST, 3RD FLOOR		Propane Supplier Address 2558 Cedar creek Rd Ayr, On N0B 1E0	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name JIM STOOPS	For Office Use - Party No.	Name NEHAD SHERAZY	
Official Title DIVISION CHIEF	E-mail JSTOOPS@TORONTO.CA	Official Title ZONING BUILDING CODE EXAMINER	
Telephone No. 416 338 9102	Fax No.	Telephone No. 416 394 8021	Fax No.
Role and responsibilities in emergency		E-mail	
Fire Services Address 4330 DUFFERIN ST, 3RD FLOOR		Municipality Name and Address 2 CIVIC CENTRE COURT, 2ND FLOOR, TORONTO, ON, M9C 5A3	

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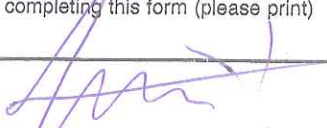
SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

n/a

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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) 28-08-2012	Print Name of Training Provider: Orion Gases
	Print Name of Instructor:
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) 28-08-2012	Print Name of Training Provider: Orion Gases
	Print Name of Instructor: JANI SILA
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) was not in operation	Print Name of Training Provider: Primemax Energy Inc.
	Print Name of Instructor: Gary Froese
Training Date (dd-mm-yyyy) 28-08-2012	Print Name of Training Provider: PRIMEMAX ENERGY INC.
	Print Name of Instructor: Gary Froese
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) 30-08-2012	Print Name of Training Provider: Orion Gases
	Print Name of Instructor: George Kasiram, Besian Sila
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) 24-09-2012	Print Name of Training Provider: Orion Gases
	Print Name of Instructor: George Kasiram, Besian Sila
Target Date (dd-mm-yyyy) As req. for new staff	Print Name of Training Provider: Orion Gases
	Print Name of Instructor: George Kasiram, Besian Sila
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) at point of application	Print Name of Training Provider: Primemax Energy Inc.
	Print Name of Instructor: Gary Froese
Target Date (dd-mm-yyyy) 28-08-2012	Print Name of Training Provider: Primemax Energy Inc.
	Print Name of Instructor: Gary Froese
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).
Operations Manager will assess situation, call 911, call supplier, evacuate personnel and customers to safe meeting place

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).

With leadership from Operations Manager, personnel will ensure entrance is open for first responders and direction is given as to where to go

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).

as stated above, Operations Manager will assess situation to make sure response is required, call will then be made immediately

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

fire department can cut chain on gate with bolt cutter

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

Operations Manager and other Management will ensure first responders and authorities get their cell numbers at first contact

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

10 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) | | 65M |
| 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) | | _____ |

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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:

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) 24-09-2012	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: 80M	Right side property line: 55M
Rear: 8M	Left side property line: 8M
GPS coordinates of single largest vessel:	43 46'7.38N 79 32'52.00"W

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SECTION C: SUBMISSIONS (cont'd)
Applicant must include a Facility Site Plan and Map of Surrounding Area

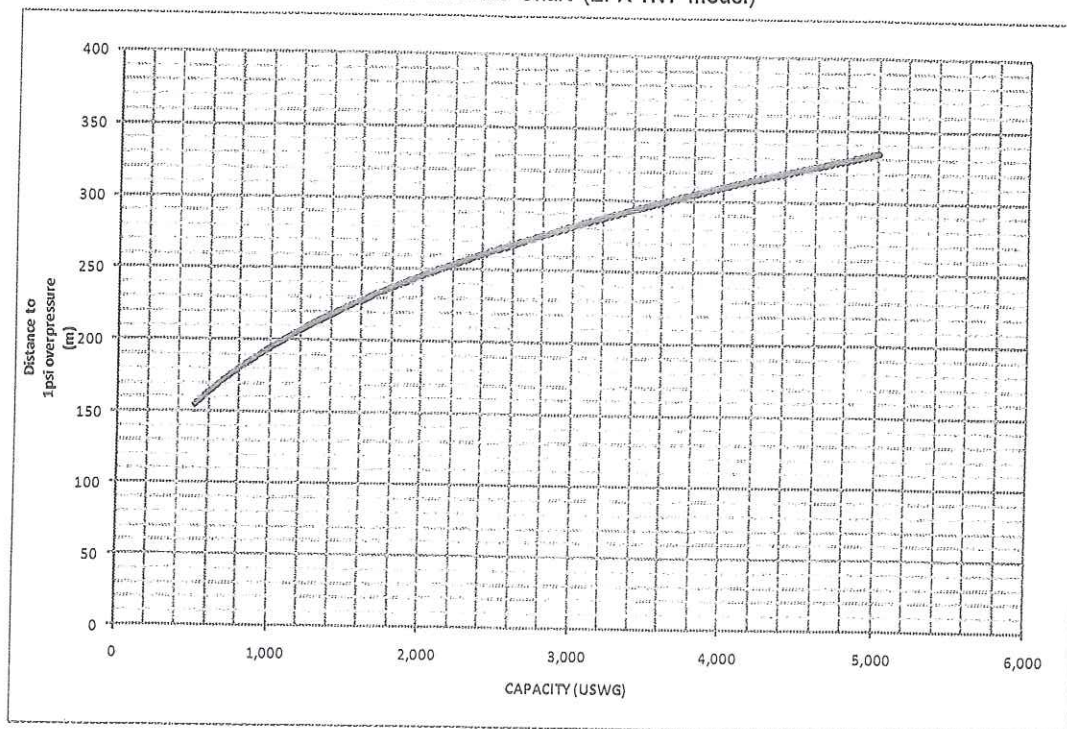
Table 1: Distance Table

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

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

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

Hazard Distance Chart (EPA-TNT model)





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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: AUTOSHOP Address: 4278 WESTON ROAD City: NORTH YORK Province ONTARIO Postal Code M9L1W9			X		75 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				1181 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Tremonti Ristorante Address: 3850 Steeles Avenue West, City: Vaughan Province ONTARIO Postal Code L4L 4Y6		X			190 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: Extended Day Deluxe Hotel Address: 3600 Steeles Avenue West City: Vaughan Province ONTARIO Postal Code L4L 8P5		X			800 m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: NORTH ALBION COLLEGIATE INSTITUTE Address: 2580 Kipling Avenue City: ETOBICOKE Province ONTARIO Postal Code M9V 3B2		X			3860 m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: Woodbridge Fire Station #7-5 Address: 2 Fieldstone Drive , City: Vaughan Province ONTARIO Postal Code _____		X			3000 m

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

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Name of person completing this form (please print) Jani Sila	Official Title Owner
Signature 	Telephone No. 647 930 1690
	Date (dd-mm-yyyy) 24-09-2012



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

WORKSHEET

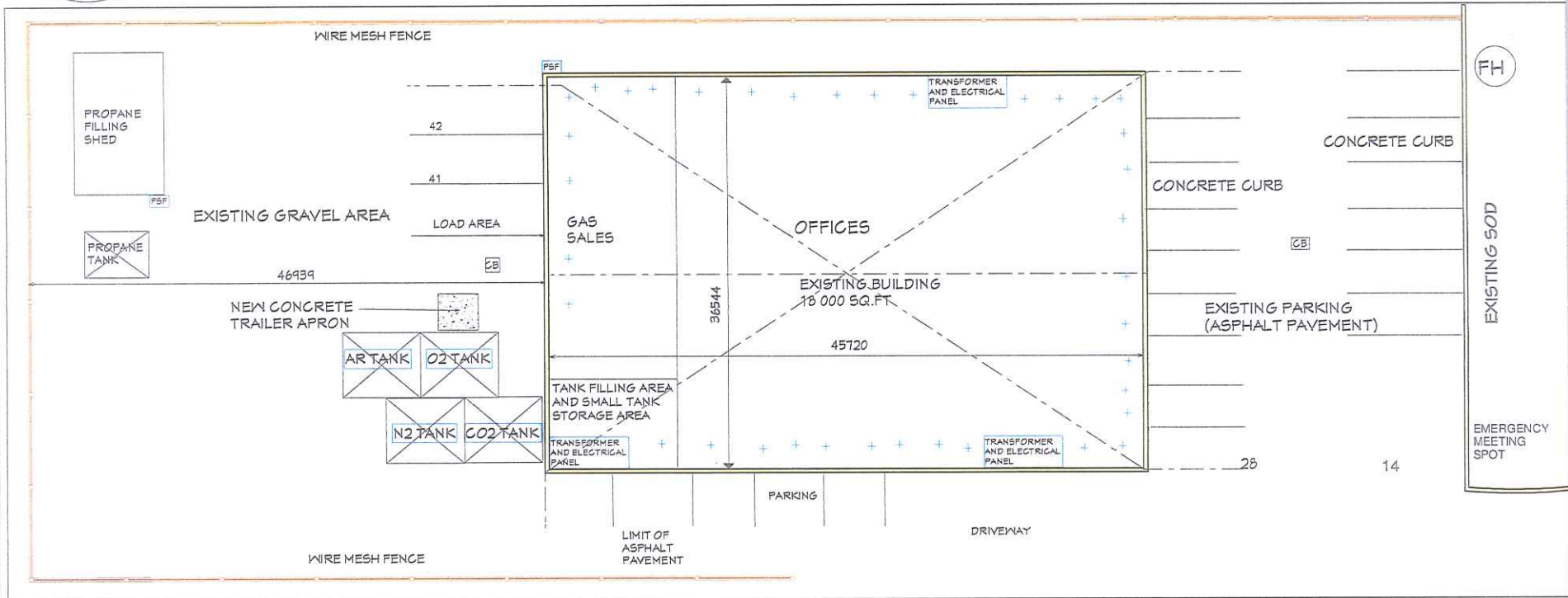
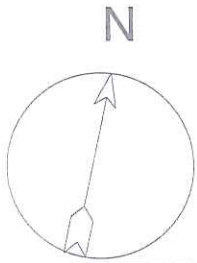
Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5	30	885
# 40	11.75		
# 33.3	9.62	250	2405
# 30	8.8		
# 20	5.8	20	116
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity		3406	

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	3406
Total Tank Capacity	2000
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	5406

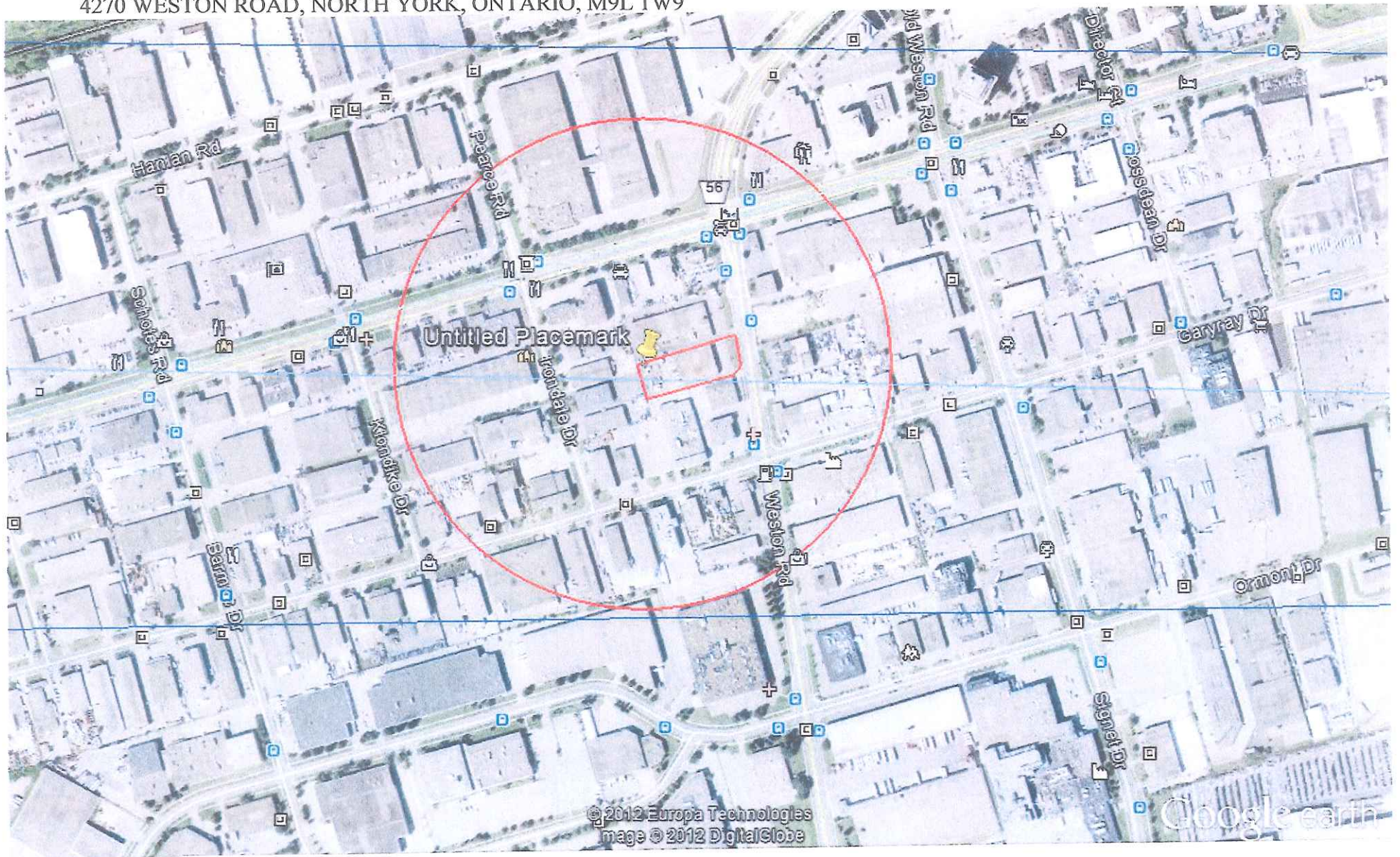


SITE PLAN

FH FIRE HYDRANT
 PSF POWER SHUT OFF
 + SPRINKLERED BUILDING

MAP OF SURROUNDING AREA

4270 WESTON ROAD, NORTH YORK, ONTARIO, M9L 1W9



Municipal Contact Information
Name: Nehad Sherazy
Telephone number: 416 394 8021
Municipality: Toronto

Map prepared at Sept 24-2012		
Image date: Sept 24-2012	Capacity of Single Largest Propane Vessel 2000 USWG	
Tank Setbacks of Property line	Front: 80M	Right: 55M
	Rear: 8 M	Left: 8M
GPS Coordinates of Single Largest Vessel: 43 46'7.38 N 79 32'52.00 W		

ORION TECHNOLOGIES LTD 4270-4272 WESTON RD NORTH YORK, M9L 1W9 ONTARIO Ph: 647 930 1690
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