



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.

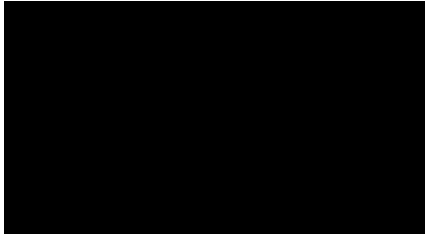
Failure to fully complete this form may result in rejection.  
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 0076424258.C

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 TOWN AND COUNTRY LUMBER Ontario Corporation No., if applicable 1068461  
 Operator Name (if different from above)

Telephone No. 519.676.5426 Fax No. 519.676.8609 E-mail Address

**B** Street No. 264 Street Name, Lot / Concession No. CHATHAM STREET, SOUTH  
 Town / City or Township / County BLENHHEIM Province ONTARIO Postal Code N0P 1A0

Mailing address if different from above.

**C** Street No. Street Name, Lot / Concession No. P.O. Box 310  
 Town / City or Township / County BLENHHEIM Province ONTARIO Postal Code N0P 1A0

**Information on Container Refill Centre or Filling Plant**

Location of facility.

**D** Street No. 264 Street Name, Lot / Concession No. CHATHAM STREET, SOUTH Nearest major intersection  
 Town / City or Township / County BLENHHEIM Province ONTARIO Postal Code N0P 1A0

Name of Licence Holder 1068461 ONTARIO INC - TOWN AND COUNTRY LUMBER  
 Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT) GREG FEDUK ROT type PP0. 3.  
 Municipality (or municipalities if the facility or its hazard distance touches multiple borders) CHATHAM-KENT  
 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>TOWN &amp; COUNTRY LUMBER</u>		<u>23.02.2012</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>GREG FEDUK</u>		



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**SECTION A: GENERAL INFORMATION (cont'd)**

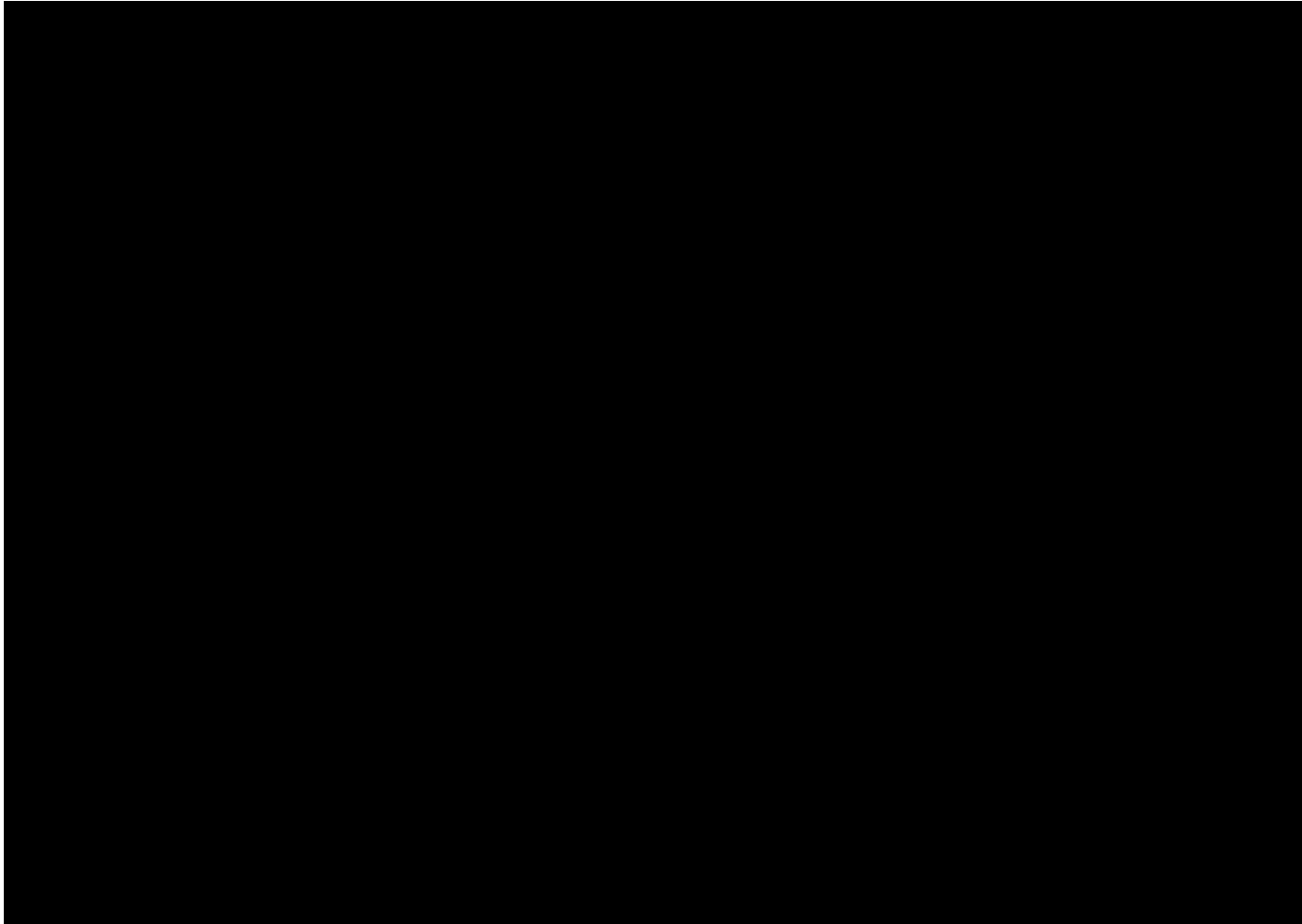
Indicate the year the facility was established. 1963      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank1:	<u>250</u>	<u>20J81-83</u>
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: 1000 USWG      Portable: 29      Mobile: 0



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Name of person completing this form (please print) <u>Kim WARD.</u>	Official Title <u>FACILITY MANAGER</u>	
Signature <u>K Ward</u>	Telephone No. <u>519.676.5426</u>	Date (dd-mm-yyyy) <u>23.02.2012</u>



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

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

Name of Propane Supplier(s) <i>SUPERIOR PROPANE</i>			
Street No. <i>7652</i>	Street Name Lot / Concession No. <i>QUEENS LINE, HWY #2 WEST</i>		
Town / City or Township / Country <i>CHATHAM</i>		Province <i>ONTARIO</i>	Postal Code <i>N7M 5J5</i>
Telephone No. <i>1.877.873.7467</i>	Fax No. <i>1.866.341.3395</i>	Contact Name <i>ANN MARTEN</i> <i>24 hour emergency</i> <i>1.877.873.7467</i>	
E-mail <i>www.superiorpropane.com</i>			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			
Street No.	Street Name Lot / Concession No.		
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 Lot / Concession No.	
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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Name of person completing this form (please print) <i>Kim Ward.</i>	Official Title <i>FACILITY MANAGER</i>	
Signature <i>[Signature]</i>	Telephone No. <i>519.676.5426</i>	Date (dd-mm-yyyy) <i>23.02.2012</i>



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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.

*diesel fuel, ~ 500 gallon, free standing, double walled metal tank  
unleaded fuel, ~ 500 gallon, free standing, double walled metal tank*

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

*fire extinguishers are labelled as to location and quantity both on facility map and the exterior of the building as well*

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.

*smoke detectors are in place at the retail building and inspected monthly*

Maintenance and testing schedule for fire protection controls and devices.

*maintenance and monthly inspections are performed on all the fire protection equipment.*

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Signature <i>K Ward</i>	Telephone No. <i>519-676-5426</i>	Date (dd-mm-yyyy) <i>23-02-2012</i>



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

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b> Name: <i>Kim WARD.</i> Official Title: <i>MANAGER</i> Telephone No.: <i>519.676.1921</i> Fax No.: <i>519.676.8609</i> E-mail: <i>townandcountrylumber@bellnet.ca</i> Role and responsibilities in emergency: <i>- notify proper emergency personnel + owner + surrounding residents if necessary</i>		<b>5. Facility 24-Hour Contact Person</b> Name: <i>Kim WARD.</i> Official Title: <i>MANAGER</i> Cell No.: <i>519.676.1921</i> Fax No.: <i>519.676.8609</i> E-mail: <i>townandcountrylumber@bellnet.ca</i> Role and responsibilities in emergency: <i>- notify proper emergency personnel + owner + surrounding residents if necessary</i>	
<b>2. Facility Contact Personnel - Alternate Contact</b> Name: <i>GREG FEDUK</i> Official Title: <i>OWNER</i> Telephone No.: <i>519.676.2351</i> Fax No.: <i>519.676.8609</i> E-mail: <i>townandcountrylumber@bellnet.ca</i> Role and responsibilities in emergency: <i>- notify proper emergency personnel + facility manager.</i>		<b>6. Name of Facility Manager</b> Name: <i>Kim WARD.</i> Official Title: <i>MANAGER</i> Telephone No.: <i>519.676.1921</i> Fax No.: <i>519.676.8609</i> E-mail: <i>townandcountrylumber@bellnet.ca</i> Role and responsibilities in emergency: <i>- notify proper emergency personnel + owner + surrounding residents if necessary</i>	
<b>3. Local Fire Services - Key Contact</b> Name: <i>MR. ROBERT J. CRAWFORD</i> For Office Use - Party No.: Official Title: <i>FIRE CHIEF</i> Telephone No.: <i>1.519.352.8401 ext# 3400</i> Fax No.: <i>1.519.352.8620</i> E-mail: <i>bobc@chatham-kent.ca</i> Role and responsibilities in emergency: <i>- attend location and contain situation</i>		<b>7. Propane Supplier Key Contact Person</b> Name: <i>SUPERIOR PROPANE - ANN</i> For Office Use - Party No.: Official Title: Telephone No.: <i>24 hour 1.877.873.7467</i> Fax No.: <i>1.866.341.3395</i> E-mail: <i>www.superiorpropane.com</i> Role and responsibilities in emergency: <i>- attend location and assist where necessary</i>	
<b>4. Local Fire Services - Alternate Contact</b> Name: <i>Mr. Ray Stone</i> For Office Use - Party No.: Official Title: <i>ASSISTANT CHIEF</i> Telephone No.: <i>1.519.352.8401 ext# 3416</i> Fax No.: <i>1.519.352.8620</i> E-mail: <i>rays@chatham-kent.ca</i> Role and responsibilities in emergency: <i>- attend location in absence of chief and contain situation</i>		<b>8. Municipal Contact</b> Name: <i>Judy Smith</i> Official Title: <i>CLERK</i> Telephone No.: <i>1.519.352.8401</i> Fax No.: <i>1.519.436.3237</i> E-mail: <i>judy.smith@chatham-kent.ca</i> Municipality: <i>MUNICIPALITY OF CHATHAM-KENT</i>	

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Name of person completing this form (please print) <i>Kim WARD.</i>		Official Title <i>FACILITY MANAGER</i>	
Signature <i>K Ward.</i>		Telephone No. <i>519.676.5426</i>	Date (dd-mm-yyyy) <i>23.02.2012</i>



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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.

→ As well as being re-certified as a propane tank refill station the yard employees and the owner are taking the "new" propane emergency response course. (P.T. 911-03) ~ (COURSE TAKEN FEBRUARY 1, 2012)

→ FIVE employees are also scheduled to receive first aid training with a fellow from our local fire station on both MARCH 6, 2012 and MARCH 8, 2012

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Name of person completing this form (please print) <i>KIM WARD.</i>		Official Title <i>FACILITY MANAGER</i>	
Signature <i>K Ward.</i>		Telephone No. <i>519-676-5426</i>	Date (dd-mm-yyyy) <i>23-02-2012</i>



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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) 01.02.2012	Print Name of Training Provider: CANADIAN PROPANE ASSOCIATION
	Print Name of Instructor: GREG FEDUR / OWNER
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)	Print Name of Training Provider:
	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:

Site specific training provided to certificate holders / persons with Records of Training.

Training Date (dd-mm-yyyy) 01.02.2012	Print Name of Training Provider: SUPERIOR PROPANE
	Print Name of Instructor: RENE CADOTTE
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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Name of person completing this form (please print) Kim WARD.	Official Title FACILITY MANAGER
Signature K Ward	Telephone No. 519-676-5426
	Date (dd-mm-yyyy) 23-02-2012



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Level 1 Risk and Safety Management Plan (RSMP)  
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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.

TO BE DETERMINED

Target Date (dd-mm-yyyy) 31.12.2013.	Print Name of Training Provider:	
	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.

TO BE DETERMINED.

Target Date (dd-mm-yyyy) 31.12.2013.	Print Name of Training Provider:	
	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.

TO BE DETERMINED.

Target Date (dd-mm-yyyy) 31.12.2013.	Print Name of Training Provider:	
	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:	

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) Kirk Ward.	Official Title FACILITY MANAGER	
Signature Kirk Ward	Telephone No. 519.676.5426	Date (dd-mm-yyyy) 20.03.2012





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**Level 1 Risk and Safety Management Plan (RSMP)**  
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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).

Emergency personnel, facility manager, (or owner) will make door to door contact and provide warnings or evacuation orders to everyone in the dangerous vicinity

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).

as listed in our "FIRE EMERGENCY RESPONSE PLAN" which is provided in our employee manuals and a copy in this RSMP.

**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).

911 is first designated call followed by chain of command regardless of nature of situation

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

there are no provisions  
do what ever is necessary deemed by the department

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

as he is made aware of situation he will make any calls and notifications to all pertinent authorities

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

approximately 10 minutes

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Name of person completing this form (please print) <i>Kim Ward</i>		Official Title <i>FACILITY MANAGER</i>	
Signature <i>KWard</i>	Telephone No. <i>519-676-5426</i>	Date (dd-mm-yyyy) <i>23-02-2012</i>	



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Level 1 Risk and Safety Management Plan (RSMP)  
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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 type="checkbox"/> | <input type="checkbox"/>            |
| 2. Is there adequate night lighting at the site?  | <input 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 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Are weighing systems validated for accuracy?   | <input 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 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 type="checkbox"/>            |
| 9. Is the schedule of maintenance and testing activities retained on site?  | <input 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>0 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) |                                     |                          |

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Name of person completing this form (please print) <i>KIM WARD</i>	Official Title <i>FACILITY MANAGER</i>
Signature <i>K Ward</i>	Telephone No. <i>519-676-5260</i>
	Date (dd-mm-yyyy) <i>23 02 2012</i>



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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 type="checkbox"/>            | <input checked="" 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"/>            |

*Updated with Kim*

*Updated with Kim*

*Updated with Kim March 8, 2012*

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>70 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) |                                     | _____                    |

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Name of person completing this form (please print) <i>Kim Ward.</i>	Official Title <i>FACILITY MANAGER</i>	
Signature <i>Kim Ward.</i>	Telephone No. <i>519-676-5426</i>	Date (dd-mm-yyyy) <i>23.02.2012.</i>



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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:

COMMENTS HAVE BEEN MADE IN A LETTER TO THE LICENSE HOLDER.

**To be completed by the Licence Holder**

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

TO THE BEST OF MY KNOWLEDGE ALL REQUESTS HAVE BEEN INCLUDED  
K Ward

Licence holder will respond to the Local Fire Services comments by: 03.03.2012

(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 RAN STONE	Signature R Stone	Date (dd-mm-yyyy) 27/02/2012
--------------------------	-------------------------	----------------------	---------------------------------

**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) Kine Ward	Official Title FACILITY MANAGER
Signature K Ward	Telephone No. 519.676.5426
	Date (dd-mm-yyyy) 23.02.2012



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

**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) <i>28-11-2011</i>	Capacity of single largest propane storage vessel (USWG) <i>1000</i>
Tank setback coordinates. Indicate placement on the map.	
Front: <i>22m (72 Feet)</i>	Right side property line: <i>17m (56 feet)</i>
Rear: <i>42m (136 feet)</i>	Left side property line: <i>35m (114 feet)</i>
GPS coordinates of single largest vessel: <i>Lat N 42° 19.7953 Lon W 81° 59.1411</i>	

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Name of person completing this form (please print) <i>KIM WARD.</i>	Official Title <i>FACILITY MANAGER.</i>	
Signature <i>K Ward.</i>	Telephone No. <i>519-676-5426</i>	Date (dd-mm-yyyy) <i>23-02-2012</i>



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**SECTION C: SUBMISSIONS (cont'd)**

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

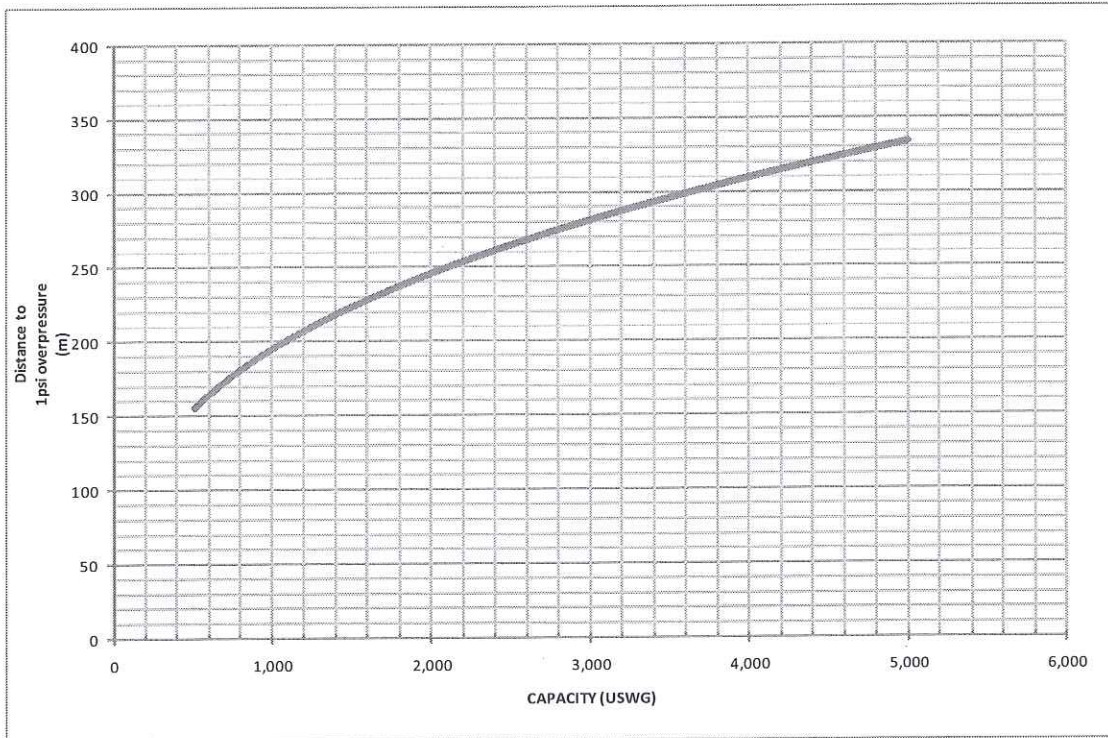
Table 1: Distance Table

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] = 0.00378541 1784 cubic meter  
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)



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Name of person completing this form (please print) <i>Kim Ward.</i>	Official Title <i>FACILITY MANAGER.</i>	
Signature <i>K Ward</i>	Telephone No. <i>519.676.5426</i>	Date (dd-mm-yyyy) <i>23.02.2012</i>



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**Level 1 Risk and Safety Management Plan (RSMP)**  
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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>MALLOY INDUSTRIES.</u> Address: <u>281 CHATHAM STREET, SOUTH</u> City: <u>BLENHEIM</u> Province <u>ONTARIO</u> Postal Code <u>N0P1A0.</u>		X			<u>160</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]				X	<u>11</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Tom's DISCOUNT RENT ALL</u> Address: <u>277 CHATHAM STREET, SOUTH</u> City: <u>BLENHEIM</u> Province <u>ONTARIO</u> Postal Code <u>N0P1A0.</u>		X			<u>100</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: <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>Lina Ward.</u>	Official Title <u>FACILITY MANAGER.</u>
Signature <u>Lina Ward.</u>	Telephone No. <u>519-676-5426</u> Date (dd-mm-yyyy) <u>23-02-2012</u>



Technical Standards and Safety Authority  
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3300 Bloor Street West  
Toronto Ontario M8X 2X4  
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**Level 1 Risk and Safety Management Plan (RSMP)**  
*Technical Standards and Safety Act*  
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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		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	5	29
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			29

**Tanks Stored On-site Not Connected for Use**

Tank Size In USWG	Quantity	Total Volume in USWG
<b>Total Tank Capacity</b>		

<b>Total Cylinder Capacity</b>	
<b>Total Tank Capacity</b>	
<b>Total Portable Capacity</b>	

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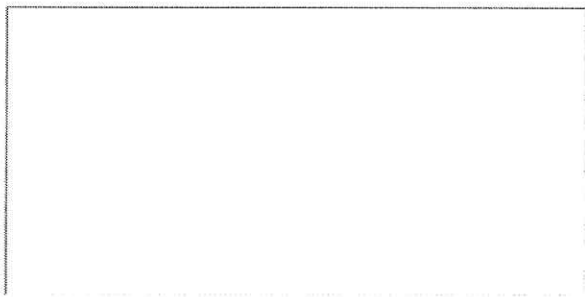
Name of person completing this form (please print) <i>Kim Ward.</i>	Official Title <i>FACILITY MANAGER.</i>	
Signature <i>K Ward</i>	Telephone No. <i>519.676.5426</i>	Date (dd-mm-yyyy) <i>23.02.2012</i>







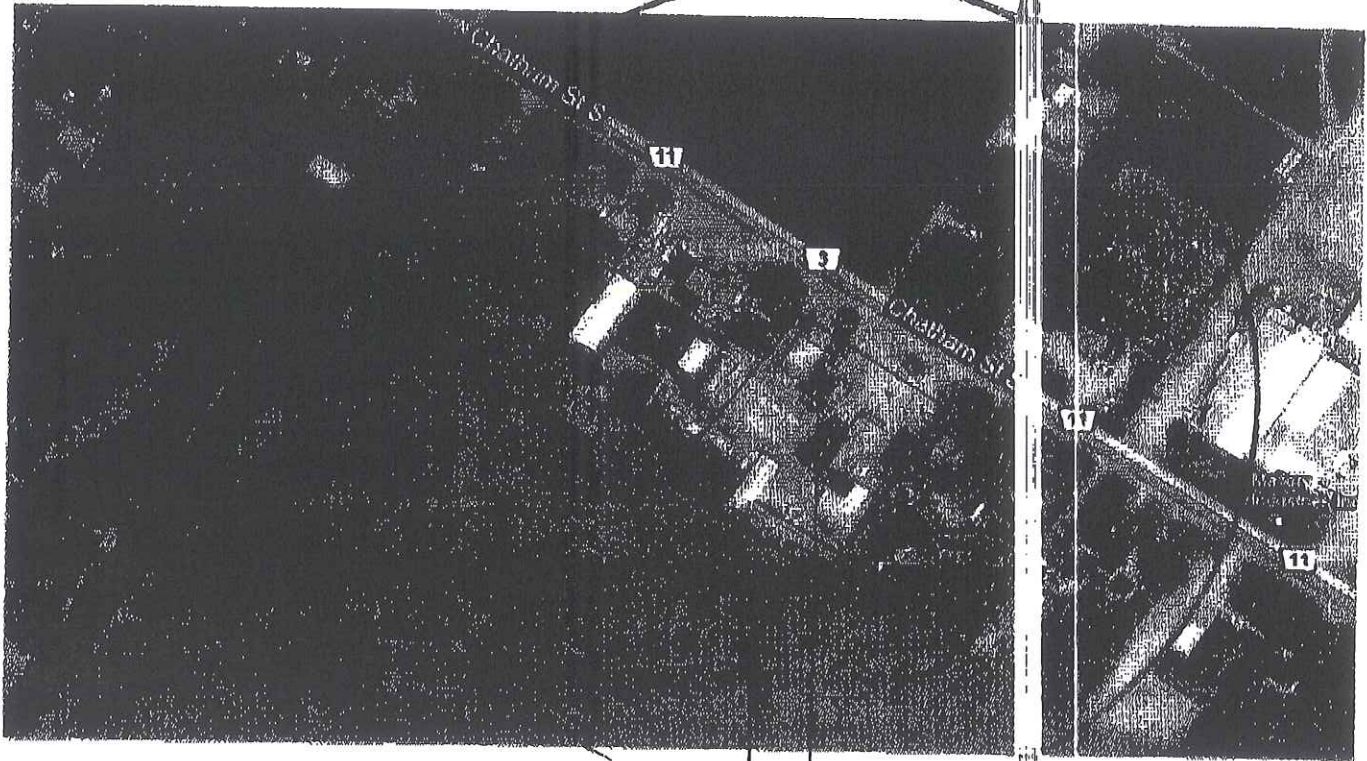
To see all the details that are visible on the screen, use the "Print" link next to the map.



→ 600 ft radius from centre of tank



To see all the details that are visible on the screen, use the "Print" link next to the map.



LAT N 42° 19.7953  
LON W 081° 59.1411

TANK SETBACK:

FRONT: 72 feet RIGHT SIDE PROP LINE: 56 feet  
REAR: 136 feet LEFT SIDE PROP LINE: 114 feet

MUNICIPALITY OF CHATHAM-KENT  
Judy Smith  
519-352-8111 (phone)  
519-436-3137 (fax)

(195 meters)  
→ 600 ft radius from centre of tank (1000 uswg)

TOWN + COUNTRY LUMBER  
264 CHATHAM ST. S. (P.O. Box 310)  
BLENHEIM, ONTARIO  
N0P 1A0.  
519-676-5426 (phone)  
519-676-8609 (fax)

PROPERTY LINES

\* service request # 611-2216



\* as of January 13/2011

TOWN & COUNTRY LUMBER (RETAIL BUSINESS) (CYLINDER FILL)

264 CHATHAM STREET SOUTH - P.O. BOX 310

BLENHEIM, ONTARIO

NO P 1 A O.

MUNICIPALITY OF CHATHAM-KENT

phone ~ 519-676-5426

fax ~ 519-676-8609

CONTACT PERSONS - GREG FEDUR (OWNER)

- KIM WARD (HEALTH & SAFETY REPRESENTATIVE)  
(FACILITY MANAGER)

Google

To see all the details that are visible on the screen, use the Print link next to the map.

