



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.

<p>Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i></p>	<p>For Office Use Only</p>
<p>Licence Number <u>003B929001-C</u></p> <p>Check applicable type of propane operations.</p> <p><input checked="" type="checkbox"/> Cylinder <input checked="" type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Keylock</p> <p>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	

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.

<p>A Company Name <u>73920 ONTARIO LTD</u></p> <p>Operator Name (if different from above) _____</p> <p>Telephone No. <u>905-835-1190</u> Fax No. <u>905-835-4324</u> E-mail Address _____</p>	<p>Ontario Corporation No., if applicable _____</p>
<p>B Street No. <u>297</u> Street Name, Lot / Concession No. <u>MAIN ST WEST</u></p> <p>Town / City or Township / County <u>PORT COLBORNE</u> Province <u>ON</u> Postal Code <u>L3K 1B07</u></p> <p>Mailing address if different from above. _____</p>	
<p>C Street No. _____ Street Name, Lot / Concession No. _____</p> <p>Town / City or Township / County _____ Province _____ Postal Code _____</p>	

Information on Container Refill Centre or Filling Plant		
Location of facility.		
Street No. <u>297</u>	Street Name, Lot / Concession No. <u>MAIN ST. W</u>	Nearest major intersection _____
Town / City or Township / County <u>Port Colborne</u>	Province <u>ONT</u>	Postal Code <u>L3K 1B07</u>

Name of Licence Holder <u>Tom Jang.</u>	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). _____	ROT type <u>PP0-3</u>
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) <u>port colborne</u>	
Hours of operation.	
Monday: <u>7</u> am <u>10</u> pm	Friday: <u>7</u> am <u>10</u> pm
Tuesday: <u>7</u> am <u>10</u> pm	Saturday: <u>8</u> am <u>10</u> pm
Wednesday: <u>7</u> am <u>10</u> pm	Sunday: <u>8</u> am <u>10</u> pm
Thursday: <u>7</u> am <u>10</u> pm	Holiday: <u>8</u> am <u>10</u> pm



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>TOM JANG</u>	<u>Tom Jang</u>	<u>09092011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>JAMIE JUNG</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

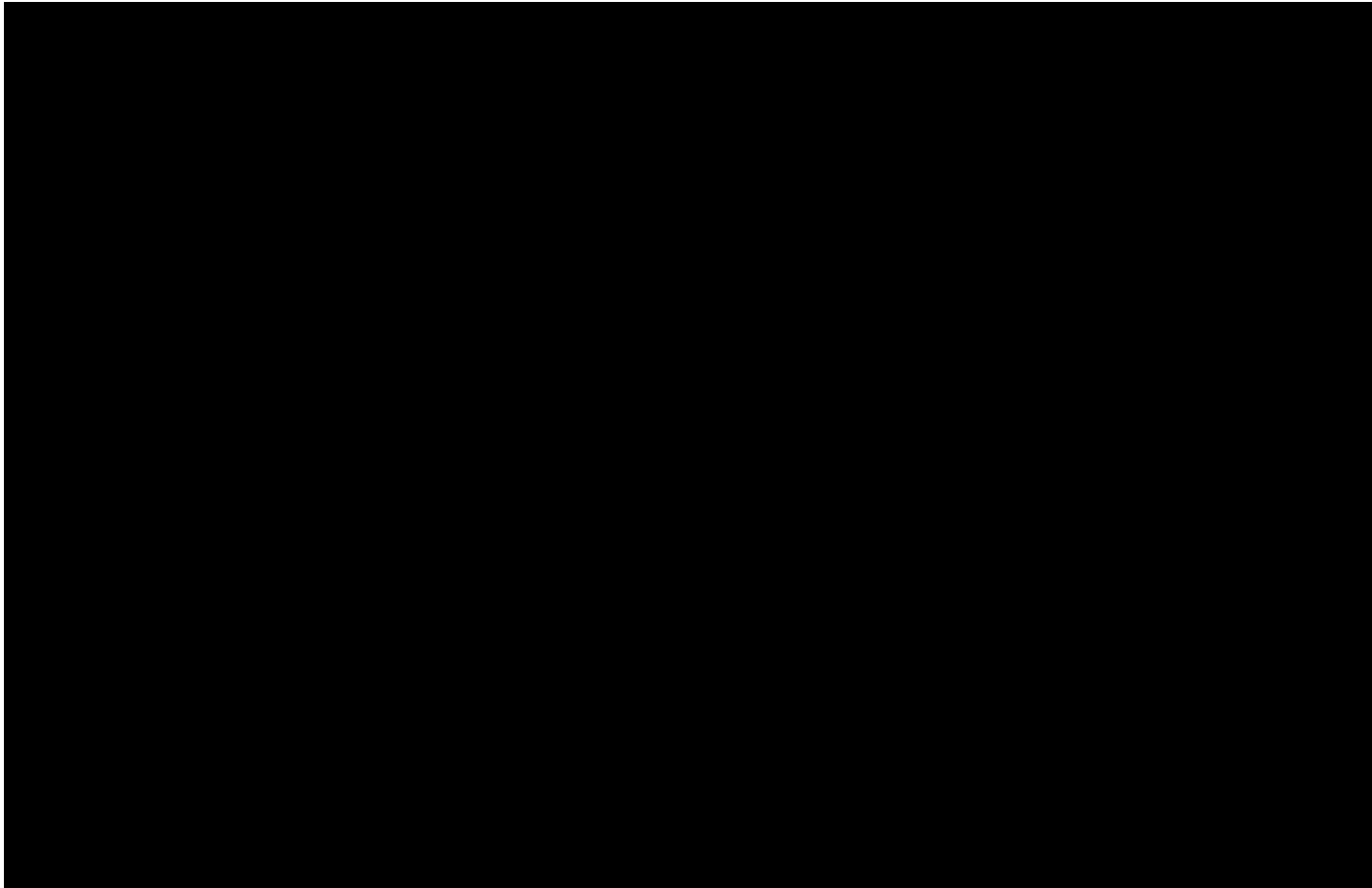
Indicate the year the facility was established. 1985 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>5563193</u>
Tank 2:	<u>N/A</u>	<u>N/A</u>
Tank 3:	<u>N/A</u>	<u>N/A</u>

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: N/A Mobile: N/A



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Name of person completing this form (please print) <u>Tom Jung</u>	Official Title <u>Owner</u>	
Signature <u>Tom Jung</u>	Telephone No. <u>905-835-1196</u>	Date (dd-mm-yyyy) <u>9-9-2011</u>



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

Name of Propane Supplier(s) <i>Superior propane</i>		For Office Use - Party No. [REDACTED]	
Street No. <i>3089</i>	Street Name Lot / Concession No. <i>Regional Rd 12</i>		
Town / City or Township / Country <i>Smithville</i>		Province <i>ONT</i>	Postal Code <i>L0R 2A0</i>
Telephone No. <i>877-873-1740</i>	Fax No. <i>905-945-0577</i>	Contact Name <i>MAC Suthealand</i>	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No. [REDACTED]	
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 <i>N/A</i>	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>TOM JUNG</i>	Official Title <i>owner</i>	
Signature <i>Tom Jung</i>	Telephone No. <i>(905) 835-1196</i>	Date (dd-mm-yyyy) <i>9-09-2011</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.

Three underground Gasoline tanks with total capacity of 9,000 liters.

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

Fire extinguishers One in propane tank Dispenser Cabinet, One in GAS BAR, 3 in Gasoline pump 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.

1. Fusible Link on ISC VALVE.
2. Emergency stop push Button Mounted on Bullard.
3. Power supply Breaker in GAS BAR - shuts off pump & closes solenoid.

Maintenance and testing schedule for fire protection controls and devices.

Maintenance and Test under taken By superior propane. According to superior propane's Maintenance standard. Schedule for key equipment is pump (3 month) ISC VALVE (6 month) PRVS (two years)

Replacement as per provincial Regulation) ALSO site tests its Emergency stop button once per month.

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Name of person completing this form (please print)	Official Title	
TOM Jung	Owner	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Tom Jung</i>	905 835 1196	09-09-2011



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact

Name: TOM JUNG For Office Use - Party No. _____
Official Title: Owner
Telephone No. (905) 835-1196 Fax No. (905) 835-8392
E-mail: _____

Role and responsibilities in emergency:
Co-ordinate site response

5. Facility 24-Hour Contact Person

Name: JAMIE JUNG For Office Use - Party No. _____
Official Title: _____
Cell No. 289-969-4115 Fax No. (905) 835-8392
E-mail: KYUNGOKMIN@HOTMAIL.COM

Role and responsibilities in emergency:
Co-ordinate site response.

2. Facility Contact Personnel - Alternate Contact

Name: JAMIE JUNG For Office Use - Party No. _____
Official Title: _____
Telephone No. (905) 835-8392 Fax No. _____
E-mail: KYUNGOKMIN@HOTMAIL.COM

Role and responsibilities in emergency:
Co-ordinate site Response

6. Name of Facility Manager

Name: TOM JUNG For Office Use - Party No. _____
Official Title: Owner
Telephone No. (905) 835-1196 Fax No. (905) 835-8392
E-mail: _____

Role and responsibilities in emergency:
Co-ordinate site Response

3. Local Fire Services - Key Contact

Name: Thomas B. Cartwright For Office Use - Party No. _____
Official Title: Fire Chief
Telephone No. 905-834-4512 Fax No. 905-835-1020
E-mail: firechief@portcolborne.ca

Role and responsibilities in emergency:
See Fire Service Information Form (Attached)

7. Propane Supplier Key Contact Person

Name: MAC SUTHELAND For Office Use - Party No. _____
Official Title: Manager
Telephone No. 905 919-1129 Fax No. (905) 945-0599
E-mail: sutherlm@superiorpropane.com

Role and responsibilities in emergency:

4. Local Fire Services - Alternate Contact

Name: Mike Bendia For Office Use - Party No. _____
Official Title: Fire Prevention officer
Telephone No. 905-834-4512 Fax No. 905-835-1020
E-mail: mike.bendia@portcolborne.ca

Role and responsibilities in emergency:
See Fire Service Information Form (Attached)

8. Municipal Contact

Name: Ashley Grigg For Office Use - Party No. _____
Official Title: _____
Telephone No. (905) 835-2901 Fax No. (905) 835-2939
E-mail: _____

Municipality: _____

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Name of person completing this form (please print) <u>TOM JUNG</u>	Official Title <u>Owner</u>
Signature <u>Tom Jung</u>	Telephone No. <u>405-835-1196</u> Date (dd-mm-yyyy) <u>9-09-2011</u>



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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 stop push button ^{is North end Building} which trips the Dispenser pump and closes the solenoid ~~the~~ VALVE upstream of the Hoses
- Fusible link will melt in a fire and cause the spring loaded ISC to close
 - Emergency stop push button mounted on billboard will shut off power to the propane equipment when pushed. ROT holder should do this when there is an emergency situation
 - Maintenance & Testing Records - ensure that Maintenance & Testing Record are kept and made available for TSSA & Fire Service.

⊙ SMALL LEAKS

- CLOSE ALL VALVES - clear people from the immediate area.
- CALL superior propane. shut off power to dispensers and Motor.

⊙ SMALL FIRE

- Clear people from immediate area.
- Do not extinguish fire unless fuel feeding the fire can be shut off.
- Close tank valve to stop flow of propane.
- Apply water to tank and piping exposed to heat.

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Name of person completing this form (please print) Tom Jung		Official Title Owner	
Signature Tom Jung		Telephone No. (905) 835-1196	Date (dd-mm-yyyy) 09-09-2011



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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) <u>Mar 21, 2011</u>	Print Name of Training Provider: <u>TOM JUNG</u>
	Print Name of Instructor: <u>TOM JUNG</u>
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) <u>Mar. 21. 2011</u>	Print Name of Training Provider: <u>TOM JUNG</u>	<u>Ontario propane Association</u>
	Print Name of Instructor: <u>TOM JUNG</u>	<u>< R-ROT # 38167</u>
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) <u>Mar. 16, 2011</u>	Print Name of Training Provider: <u>TOM JUNG</u>
	Print Name of Instructor: <u>TOM JUNG</u>
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) <u>TOM JUNG</u>	Official Title <u>Owner</u>
Signature <u>Tom Jung</u>	Telephone No. <u>905-835-1196</u>
	Date (dd-mm-yyyy) <u>9-09-2011</u>



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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)	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.

Target Date (dd-mm-yyyy) Mar. 21, 2012	Print Name of Training Provider: TOM JUNG
	Print Name of Instructor: Tom Jung
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)	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:

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Name of person completing this form (please print) TOM JUNG	Official Title Owner
Signature Tom Jung	Telephone No. (905) 835-1196
	Date (dd-mm-yyyy) 09-09-2011



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

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

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).

- operator to call 911 & superior propane - Immediate
- will also call key contacts if possible.

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).

OPERATOR TO Hit stop. call 911
OPERATOR TO Evacuate ~~all~~ to Meeting place. ALL STAFF & CUSTOMERS have been accounted for and if safe to do so, operator will notify surrounding neighbours.
• Evacuation plan will be done as part of the PTI 911-62 training.

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).

OPERATOR OR POT. HOLDER
Immediate call 911 After Emergency shut down is hit.
SECOND CALL IS TO SUPERIOR PROPANE

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

open site, No Access Restrictions

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

VIA Phone from Remote Location

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

Immediate. MAXIMUM 5 MINUTES

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Name of person completing this form (please print)	Official Title	
Tom Tung	owner	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Tom Tung</i>	(905) 835-1196	9-9-2011



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

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

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 type="checkbox"/>	<input checked="" type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Water Supply

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

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input 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>50 m</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>N/A</u>

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Tom Jung		owner	
Signature	Telephone No.	Date (dd-mm-yyyy)	
	(905) 835-1196	09-09-2011	



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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes

No

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

Fire services comments, if any:

See Fire Service information Form (Attached)

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 <i>Port Colborne Fire</i>	<i>M Bendue</i>	<i>20/10/2011</i>

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Name of person completing this form (please print) <i>Tom Jung</i>	Official Title <i>owner</i>
Signature <i>Tom Jung</i>	Telephone No. <i>(905) 835-1196</i>
	Date (dd-mm-yyyy) <i>09-09-2011</i>



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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)	Capacity of single largest propane storage vessel (USWG)
09-09-2011	2000
Tank setback coordinates. Indicate placement on the map.	
Front: 13.5 25.5'	Right side property line: 39.5 44.5'
Rear: 7.8 19.5'	Left side property line: ? 6'
GPS coordinates of single largest vessel: N 42.09951° W 79.25468°	

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Name of person completing this form (please print)	Official Title	
TOM JUNG	Owner	
Signature	Telephone No.	Date (dd-mm-yyyy)
TOM JUNG	(905) 835-1196	09-09-2011



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SECTION C: SUBMISSIONS (cont'd)

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

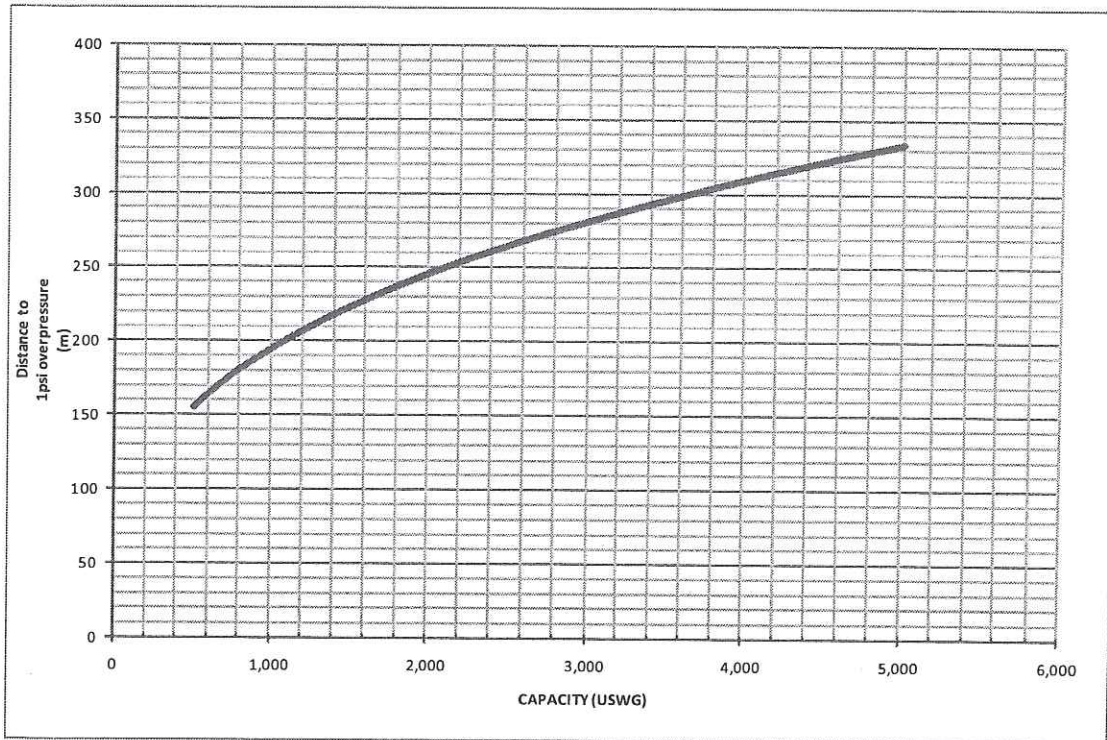
Table 1: Distance Table

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)



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)	Official Title	
TOM JUNG	owner	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Tom Jung</i>	(905) 835-1196	09-09-2011

Amendment 11

SR # 652672



Technical Standards and Safety Authority
www.tssa.org

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

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

SECTION C: SUBMISSIONS (cont'd)

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

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

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
[REDACTED]				X	<u>19</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Bridgetts Laundromat</u> Address: <u>285 main st W</u> City: <u>Pt Colborne</u> Province <u>Ont</u> Postal Code _____			X		<u>19</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>TOM JUNG</u>	Official Title <u>owner</u>	
Signature <u>Tom Jung</u>	Telephone No. <u>905-835-1196</u>	Date (dd-mm-yyyy) <u>21/3/12</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		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	12	69.6
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

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

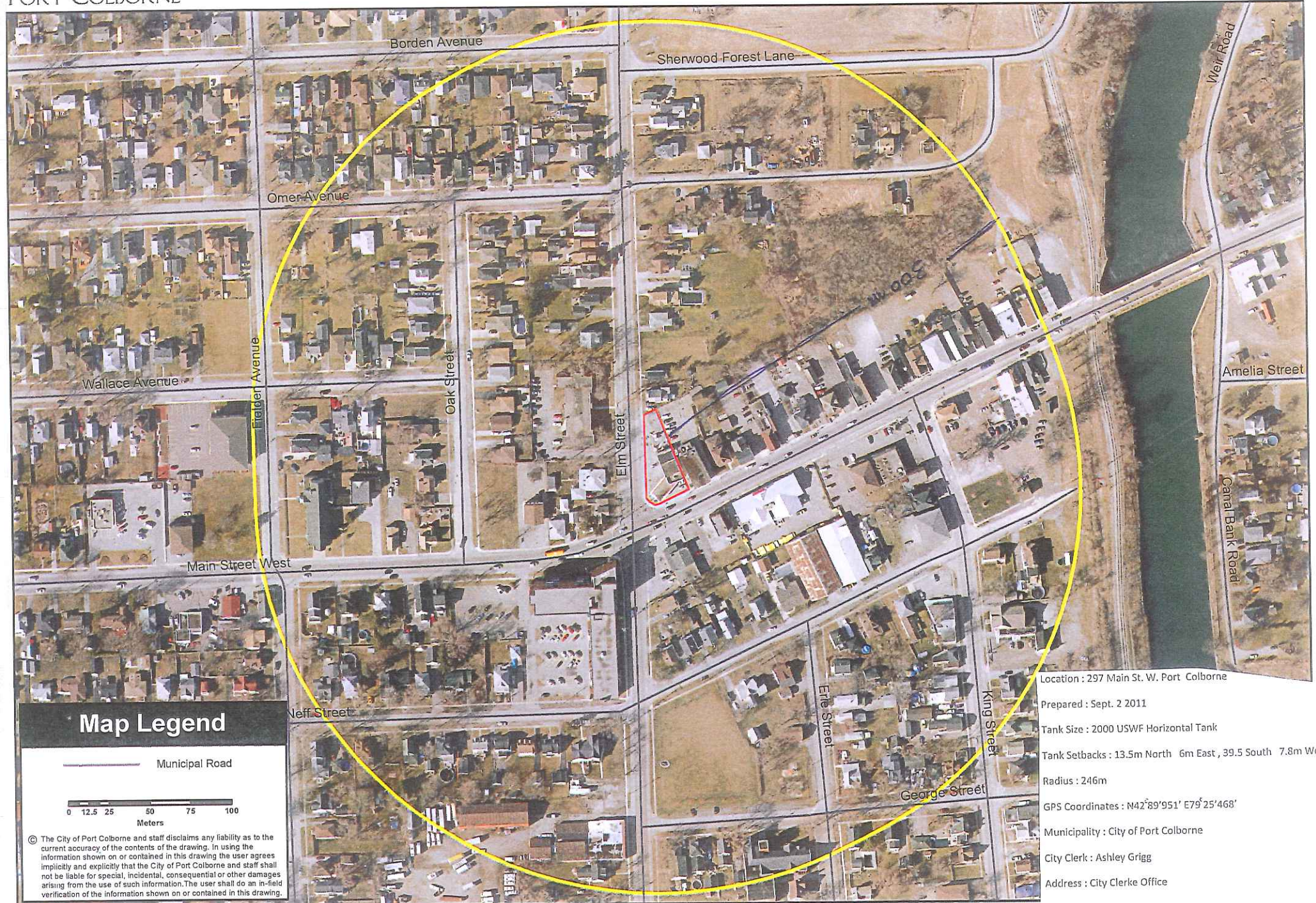
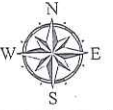
Total Cylinder Capacity	69.6
Total Tank Capacity	
Total Portable Capacity	69.6

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)	Official Title	
TOM JUNG	Owner	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>[Signature]</i>	(905) 835-1196	09-09-2011



Main Street West and Elm Street



Map Legend

— Municipal Road



© The City of Port Colborne and staff disclaims any liability as to the current accuracy of the contents of the drawing. In using the information shown on or contained in this drawing the user agrees implicitly and explicitly that the City of Port Colborne and staff shall not be liable for special, incidental, consequential or other damages arising from the use of such information. The user shall do an in-field verification of the information shown on or contained in this drawing.

Location : 297 Main St. W. Port Colborne

Prepared : Sept. 2 2011

Tank Size : 2000 USWF Horizontal Tank

Tank Setbacks : 13.5m North 6m East , 39.5 South 7.8m West

Radius : 246m

GPS Coordinates : N42°89'951' E79°25'468'

Municipality : City of Port Colborne

City Clerk : Ashley Grigg

Address : City Clerke Office

Location : 297 Main St. W. Port Colborne

Prepared : Sept. 2 2011

Tank Size : 2000 USWF Horizontal Tank

Tank Setbacks : 13.5m North 6m East , 39.5 South 7.8m West

Radius : 246m

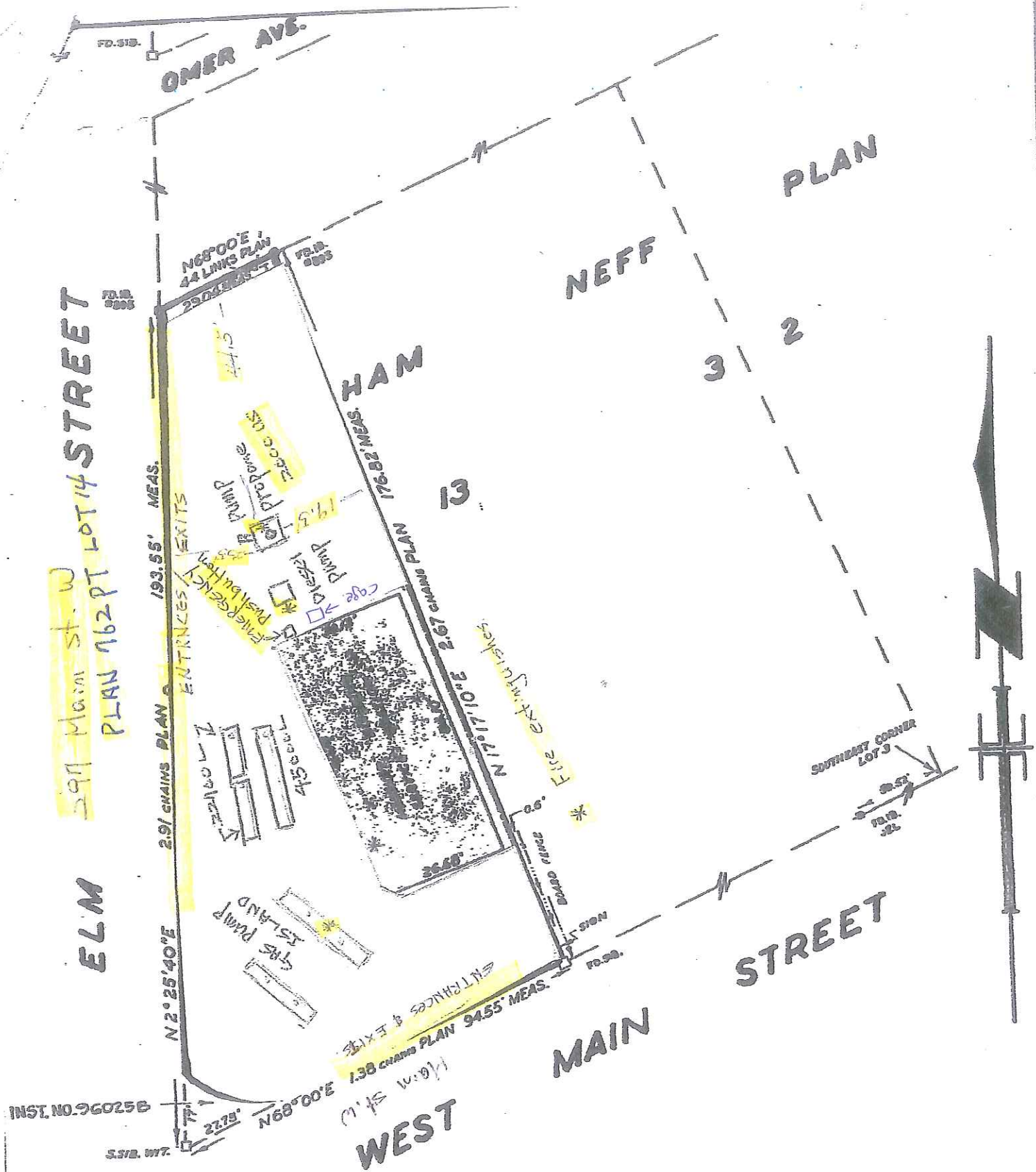
GPS Coordinates : N42°89'95.1" E79°25'46.8"

Municipality : City of Port Colborne

City Clerk : Ashley Grigg

Address : City Clerke Office

66 Charlotte St. Port Colbrne L3K 3C8



I HEREBY CERTIFY THAT:-
 1. THIS SURVEY AND PLAN ARE CORRECT AND IN ACCORDANCE WITH THE SURVEYS ACT AND THE REGISTRY ACT AND THE REGULATIONS MADE THEREUNDER.
 2. THE SURVEY WAS COMPLETED ON THE 28TH DAY OF SEPT. 19 72.

Edward Lanthier
 EDWARD LANTHIER

ONTARIO LAND SURVEYOR

297 Main Street West

Fire Service Information Form

Review and Comments for Level 1 RSMP

Date: October 2011

Reviewed By: Michael Bendia, Fire Prevention Officer

Note:

Some versions of Adobe Reader will not allow users to save this file after completion. Use compatible versions of Adobe software when possible.

The following information is being provided by the local fire service having jurisdiction for the propane facility referenced within the Level 1 RSMP submission. The fire service is providing the information under the requirements of O. Reg. 211/01 and exercising its authority for review and comment. The following comments are being provided to the propane operator;

Municipal Information	
Municipality / Region	City of Port Colborne, Region of Niagara
Address	66 Charlotte Street
Address	
City	Port Colborne
Postal Code	L3K 3C8
Clerk	Ashley Grigg
Phone	905-835-2900 ext - 106
Fax	905-835-5746
Email	ashleygrigg@portcolborne.ca
Alternate (if applicable)	
Phone	
Fax	
Email	

Municipal Fire Department Information	
Fire Department Name	Port Colborne Fire & Emergency Services
Address	3 Killaly Street West
Address	
City	Port Colborne
Postal Code	L3K 6H1
Fire Chief	Thomas B. Cartwright
Phone	905-834-4512
Cell	905-651-3724
Fax	905-835-1020
Email	firechief@portcolborne.ca
Alternate Contact	Michael Bendia, Fire Prevention Officer
Phone	905-834-4512
Cell	905-651-3773
Fax	905-835-1020
Email	mikebendia@portcolborne.ca

Fire Service Response Details	
The fire service should identify how many fire stations are located in the municipality and reference an approximate distance to the closest municipal fire station for response. Municipal resources should be shown in this table since the contacted fire service may not be available to respond at all times.	
How many fire stations are within the municipality?	1
What is the approximate distance to the propane facility from the closest municipal fire station (Km)?	1.3 klms
The fire service should provide the average response time for their first arriving crew from the closest responding station, including stations under agreement. The time noted should be used as an ordinary response time as other factors that increase response time are not predictable. The time to assemble a full complement of crews means that the fire service has established all operational tasks and staffing and resources are available to support the operational assignments. Average times should be noted as factors that influence response setup are not predictable.	
What is the approximate First Response time? (First arriving crew to complete scene assessment)	3.5 mins
What is the expected time to assemble a full complement of crews to support operations (approx. minutes)? (All apparatus and crews arrive, operational assignments provided)	10 mins

Fire Service Equipment					
Provide a list of all fire service apparatus that will be responding to this specific propane site should an event occur. List apparatus as pumpers, tankers or aerial devices. Combination units should be shown for the intended use as a pumper or tanker. Note: Apparatus shown in this section are for information purposes only. Unforeseeable situations such as maintenance or other emergency responses may limit apparatus availability. Total pump capacity may be limited by the water supply available or the number of apparatus available. Operations may require pumpers to be assigned to water supply and the site.					
Truck ID (P1, T1 or L1)	Pumper	Tanker	Elevating Device	Pump Capacity (GPM or LPM)	Water Capacity (Gal or Litres)
Engine #1	X			1050 gpm	600 gallons
Engine #2	x			1250 gpm	600 gallons
Rescue #1	x			1250 gpm	800 gallons
Tanker #1	x	x		1250 gpm	2000 gallons
Ladder #1	x		x	1250 gpm	420 gallons
Total Pump Capacity available (units)					6050 gpm
Total Mobile Water Capacity available on trucks (units)					4420 gallons

Fire Service Response Considerations

The engineer must consider your fire protection services capabilities when determining a mitigation strategy in the RSMP. It will be important to provide accurate information about response capabilities and training to ensure the RSMP closes any identified response gaps.

Current Level of HAZMAT training that the fire service has obtained

3 Technicians, Operations all others

Provide fire service operation details that a propane company could expect from your fire service in the event of a propane leak or fire.

(Example of Service Operations:

Dispatch protocols will have a 1st response alarm of 3 response locations including apparatus XYZ, establish water supply with apparatus abc, our fire service has awareness level training, will establish safety zones, control fire within training and operational limitations, fight fire from a safe distance, will await technical support from propane operator.)

First alarm response will consist of Engine #1, Engine #2, Rescue #1, Ladder #1, Car 1 & Car 2 from headquarters. Initial response will create safety zone and establish a water supply to fight a fire from a safe distance. Port Colborne Fire has mutual aid agreements with all fire Departments in the Niagara Region which will allow for the ability to request additional resources if required.

Port Colborne Fire is part of the Niagara Regional CBRNE Team, a propane leak or propane fire will initiate activation of the Regional Team.

Await technical support from the propane operator and the Niagara Regional CBRNE Team.

Car #1 - Fire Chief is responsible for coordination of fire services during an emergency and will be the liaison with property owner. Also administrator of fire department and advisor to municipal council. Car #2 -Fire Prevention Officer / Operations Coordinator Acts in the Fire Chief's role in his absence.

List all intervention capabilities that the fire service can provide.

(Provide specific details that identify mitigation actions the fire service will perform for this specific site)

Eliminate all ignition sources.

Assist in the evacuation of nearby residents and arrange for shelter of the evacuated residents.

Apply water spray to reduce or divert possible vapour cloud.

Prevent spreading of vapours through sewers, and shut down nearby ventilation systems.

Assist Niagara Regional CBRNE Team and propane operator with hazard mitigation.

Water Supply Comments

Check the appropriate response that best suits the water flow situation identified by your fire department.

Note: This information should also be shown in the Level 1 RSMP (page 10 of 15).

The fire service has the capability to pump and maintain a continuous flow rate of 375 GPM at the referenced facility.



The fire service DOES NOT have the capabilities to pump 375 GPM at the propane facilities location. The propane operator requires a level of fire protection services beyond the capabilities of the municipal fire department and will be responsible to assess other safety strategies beyond municipal fire protection.



Fire Service Comments for Level 1 RSMP Section B Emergency Response and Preparedness Plan

Section B- Page 4

Location of on site material safety data sheets not identified.

Information identified on page 4 of RSMP not identified on site map.

No description of how emergency controls operate is provided or who is responsible to activate these controls.

No maintenance and testing records provided for review.

Section B1-Page 5

No roles and responsibilities with regards to the operator(s) identified.

No information provided that operators received instruction in emergency procedures or portable fire extinguishers.

No information provided with regards to actions to be taken to control a leak in the transfer hose or propane piping or to deal with a small fire.

No person identified to be responsible to account for staff or customers or any details with regards to a meeting place outside the hazard area.

Should include a list of duties staff is expected to perform and where necessary coordinate with emergency services.

Section B2-Page 6

More information required on this emergency stop button. Is this an additional emergency stop or the one referenced on page 4.

NO

Additional Fire Service Comments:

Section B3-Page 7

Name of training providers and instructors not identified.

Did the Emergency Response Training address the following topics?

- situations such as hose leaks, propane piping leaks or a fire under or around the propane tank.
- procedures for filling, storing and transfers.
- actions to be taken when an emergency situation is identified and causes for a propane leak or fire.
- the uses of portable fire extinguishers.

Emergency Management Procedures

- Procedure for notification of staff
- process for initiating the warning and actions as well as the communication with emergency response authorities.

Section B4-Page 8

No information with regards to future training has been identified.

Section B5-Page 9

Very little information was provided on how the operator will address the issues of multiple commercial and residential buildings within the warning area of this site including a large residential apartment building directly across the street. Also no evacuation procedure for people on site or a safe area for anyone evacuated.

An external evacuation plan is warranted for this facility.

Section B6-Page 10

Documentation is requested to support the following.

- procedures that record the inspection of hoses and inspection requirements for filling systems.
- procedures that include the process to isolate and purge any overfilled propane cylinders.
- procedures in place to ensure that all valves are closed after the propane cylinders are filled.
- maintenance & test records

Section C

Appears to be incomplete.

Additional Fire Service Comments:

[Empty box for additional fire service comments]

20/10/2011
Date

Michael Bendia
Print Name

M Bendia
Signature