



Technical Standards and Safety
 Authority 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Tel: 416.734.3300
 Fax: 416.234.9169
 Customer Service: 1.877.682.8772
 www.tssa.org

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 Sturgeon Woods Trailer Park LTD. Corporation No. 459114

Operator Name (if different from above)

Telephone No. 1-877-521-4990 Fax No. E-mail sturgeonwoodsrv@gmail.com

B Street No. 1129 Street Name / 911 Number / Address, if applicable Concession C

Town / City or Township / County Leamington Province ON Postal Code N8H3V4

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

Location of facility.


D Street No. 1129 Street Name / 911 Number / Address, if applicable Concession C Nearest Major Intersection Concession C and Point Pelee Dr

Town / City or Township / County Leamington Province ON Postal Code N8H3V4

Name of Licence Holder Sturgeon Woods Trailer Park LTD


Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Mike Gerenda ROT type 100-11

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

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.

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Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>Sturgeon Woods Trailer Park LTD</u>		<u>06-Jun-2017</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Mike Gerenda</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. _____ 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	7183
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: 2000 USWG Portable: 69.6 Mobile: 0

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Name of person completing this form (please print) Mike Gerenda	Official Title Senior Manager
Signature 	Telephone No. 519-325-1408
	Date (dd-mmm-yyyy) 08-06-2017



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

Name of Propane Supplier(s) Dowler-Kam LTD		For Office Use - Party No.	
Street No. 24151	Street Name / 911 Number / Address, if applicable St. Clair Rd		
Town / City or Township / Country Chatham		Province ON	Postal Code N7M5J2
Telephone No. 519-351-8000	Fax No. 519-352-0641	Contact Name Ken Hooker	
E-mail khooker@dowlerkam.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.
 none

Description of fire and emergency equipment indicated on facility site map.
 Fire Extinguishers are located at the dispenser location and in the store. Emergency Stop button is located at the dispenser.

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.
 Fire extinguishers located at the dispenser and in the store, emergency stop at the dispenser.

Maintenance and testing schedule for fire protection controls and devices.
 See Attached Document

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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 <u>Mike Gerenda</u>	For Office Use - Party No.	Name <u>Mike Gerenda</u>	For Office Use - Party No.
Official Title <u>Senior Manager</u>		Official Title <u>Senior Manager</u>	
Telephone No. <u>519-329-5146</u>	Fax No.	Cell No. <u>519-329-5146</u>	Fax No.
E-mail <u>sturgeonwoodsrv@gmail.com</u>		E-mail <u>sturgeonwoodsrv@gmail.com</u>	
Role and responsibilities in emergency		Role and responsibilities in emergency	
Liason to Emergency Services		Liason to Emergency Services	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <u>Sam Mazzella</u>	For Office Use - Party No.	Name <u>Sam Mazzella</u>	For Office Use - Party No.
Official Title <u>President</u>		Official Title <u>President</u>	
Telephone No. <u>519-322-3790</u>	Fax No.	Telephone No. <u>519-322-3790</u>	Fax No.
E-mail <u>sturgeonwoodsrv@gmail.com</u>		E-mail <u>sturgeonwoodsrv@gmail.com</u>	
Role and responsibilities in emergency		Role and responsibilities in emergency	
Liason to Emergency Services		Liason to Emergency Services	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <u>Mike Bradt</u>	For Office Use - Party No.	Name <u>Ken Hooker</u>	For Office Use - Party No.
Official Title <u>Deputy Fire Chief</u>	E-mail	Official Title <u>Regional Manager</u>	E-mail <u>khooker@dowlerkam.com</u>
Telephone No. <u>519-326-6291</u>	Fax No.	Telephone No. <u>519-490-4512</u>	Fax No. <u>519-352-0641</u>
Role and responsibilities in emergency <u>Command Fire Services</u>		Role and responsibilities in emergency <u>Liason with Emergency Services</u>	
Fire Services Address <u>5 Clark Street west. Leamington, ON, N8H1E5</u>		Propane Supplier Address <u>24151 St. Clair Rd. Chatham, ON, N7M5J2</u>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <u>Jim Berthiaume</u>	For Office Use - Party No.	Name <u>Danielle Truax</u>	For Office Use - Party No.
Official Title <u>CHIEF</u>	E-mail <u>QLEAMINGTON.CM@BERTHIAUME</u>	Official Title <u>Planner</u>	
Telephone No. <u>519-326-6291</u>	Fax No. <u>519-326-0332</u>	Telephone No. <u>519-326-5781</u>	Fax No. <u>519-326-2481</u>
Role and responsibilities in emergency <u>Command of Fire Services</u>		E-mail	
Fire Services Address <u>5 Clark Street west. Leamington, ON, N8H1E5</u>		Municipality Name and Address <u>Leamington 111 Erie St. North. Leamington ON, N8H2Z9</u>	

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Signature 	Telephone No. <u>519-329-5146</u>
	Date (dd-mmm-yyyy) <u>08-06-2017</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.
 Minimum Code and Standards are Met

[Large empty lined area for describing additional safety measures]

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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-mmm-yyyy) 15-06-2017	Print Name of Training Provider: In House
	Print Name of Instructor: Mike Gerenda
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy) 15-06-2017	Print Name of Training Provider: In House
	Print Name of Instructor: Mike Gerenda
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-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-mmm-yyyy) Based on 3 Year Expiry	Print Name of Training Provider: Canadian Propane Association
	Print Name of Instructor: Dowler-Karn
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-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-mmm-yyyy) TBD	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) TBD	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-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-mmm-yyyy) TBD	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-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).

In house Emergency Coordinator will be the point person for any Emergencies. A verbal announcement will be made to all customers and staff onsite in the event of an emergency. Steps in the ERP will be put into action (See attached doc)

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).

In the Event that a warning has been issued. The authorities will be contacted via 911 and all the employees and customers evacuated will meet at the meeting point as per the ERP. If safe to do so, the main hydro will be shut off (propane switch is clearly marked on the hydro panel). All is detailed in the ERP

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).

In the event of a suspected leak, fire or explosion the emergency coordinator is to immediately call 911 once employees and customers have been ushered to safety. All steps and details are listed in the ERP

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

Fire Services have full access to the site. Upon arrival, fire services will take over. In a pro-active manner, Sturgeon Woods Trailer Park will provide site and contact information with a copy of the ERP to the fire services when the RSMP is reviewed

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

In the case of an emergency, this will be done via land line or cell phone if safe to do so. Upon arrival fire services will take over

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

Approximately 2 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 type="checkbox"/>	<input checked="" type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	400m _____	
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)	400m _____	

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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

Yes No

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

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:

None Required

The licence holder will respond to the Local Fire Services comments by:

09/06/2017
 (dd-mmm-yyyy)

LOCAL FIRE SERVICES

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

Print name	Signature	Date (dd-mmm-yyyy)
Local Fire Services Name <i>LEAMINGTON FIRE SERVICES</i>	<i>Jim Beuthin</i>	<i>09/06/2017</i>

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Name of person completing this form (please print) <i>Mike Gerenda</i>	Official Title <i>Senior Manager</i>
Signature <i>[Signature]</i>	Telephone No. <i>519-359-5146</i> Date (dd-mmm-yyyy) <i>09/06/2017</i>



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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-mmm-yyyy) 08-Jun-2017	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: 148' <u>45.11 m</u>	Right side property line: 2132' <u>650m</u>
Rear: 151' <u>46 m</u>	Left side property line: 420' <u>128 m</u>
GPS coordinates of single largest vessel: <u>42.0°30.15"N,82.33'59.31w</u>	

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Signature 	Telephone No. <u>519-325-1408</u>	Date (dd-mmm-yyyy) <u>08-Jun-2017</u>



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SECTION C: SUBMISSIONS (cont'd)

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

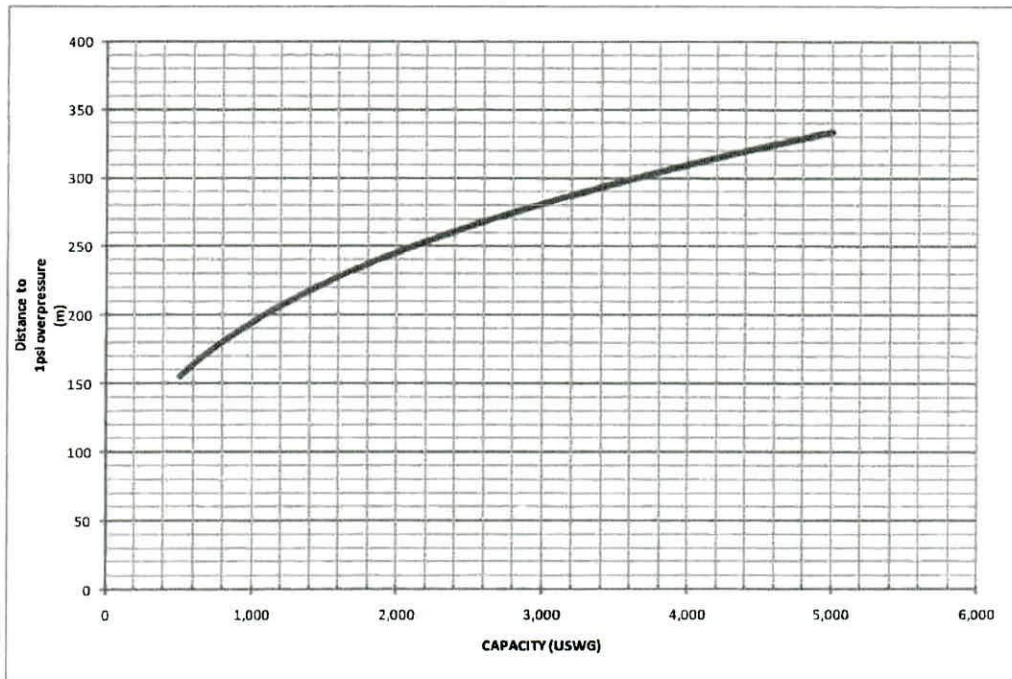
Table 1: Distance Table

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: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Sturgeon Woods Store</u> Address: <u>1129 Mersea Rd C</u> City: <u>Leamington</u> Province <u>ON</u> Postal Code <u>N8H3V4</u>			x		<u>60</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>Sturgeon Woods Trailer Park</u> Address: <u>1129 Mersea Rd. C</u> City: <u>Leamington</u> Province <u>ON</u> Postal Code <u>N8H3V4</u>				x	<u>12-90</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m

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

Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Name of person completing this form (please print) <u>Mike Gerenda</u>	Official Title <u>Senior Manager</u>
Signature 	Telephone No. <u>519-329-5146</u> Date (dd-mmm-yyyy) <u>08-06-2017</u>



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Tel: 416.734.3300
 Fax: 416.234.9169
 Customer Service: 1.877.682.8772
 www.tssa.org

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		
# 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			69.6

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	69.6
Total Tank Capacity	0
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	69.6

Sturgeon Woods Trailer Park

1129 Concession C
Leamington ON, N8H3V4
519-322-3790



Location: 1129 Concession C, Leamington ON, N8H3V4
Prepared: June 07 2017

Municipality: Leamington
Danielle Truax
Manager of Planning Services
519-326-5761

Tank Setbacks from Property Line
North: 151 Feet
South: 156 Feet
East: 13 Feet
West: 166 Feet

Radius: 246m

GPS Coordinates of Tank:

42°0'30.15"N, 82°33'59.31"W

Sturgeon Woods Trailer Park

1129 Concession C
Leamington ON, N8H3V4
519-322-3790



Location: 1129 Concession C, Leamington ON, N8H3V4
Prepared: June 07 2017

Municipality: Leamington
Danielle Truax
Manager of Planning Services
519-326-5761

Emergency Evacuation Area:



Tank Setbacks from Property Line

North: 151 Feet
South: 156 Feet
East: 13 Feet
West: 166 Feet

Radius: 246m

GPS Coordinates of Tank:

42°0'30.15"N, 82°33'59.31"W