



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.

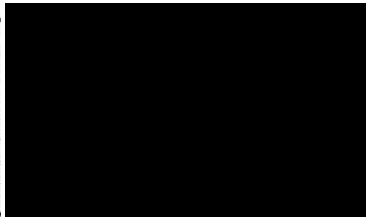
Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 800172482

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.

Company Name MARTINREA FABCO METALLIC INC Ontario Corporation No., if applicable

Operator Name (if different from above)

Telephone No. 519-683-6233 Fax No. 519-683-6120 E-mail Address christine.brewer@martinrea.com

Street No. 1130 Street Name, Lot / Concession No. WELLINGTON ST.

Town / City or Township / County DRESDEN Province ONT. Postal Code NOP 1M0

Mailing address if different from above.

Street No. Street Name, Lot / Concession No.

Town / City or Township / County Province Postal Code

Information on Container Refill Centre or Filling Plant

Location of facility.

Street No. 1130 Street Name, Lot / Concession No. WELLINGTON ST Nearest major intersection HWY 2.1 & WELLINGTON

Town / City or Township / County DRESDEN Province ONT. Postal Code NOP 1M0

Name of Licence Holder MARTINREA FABCO METALLIC INC. - DRESDEN DIVISION

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type 1400-04 PROPANE FILLING

CLIFF WAGNER

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 (mm-dd-yyyy)
Name of Licence Holder <u>MARTINREA DRESDEN</u>		<u>05-09-11</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>CLIFF WAGNER</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

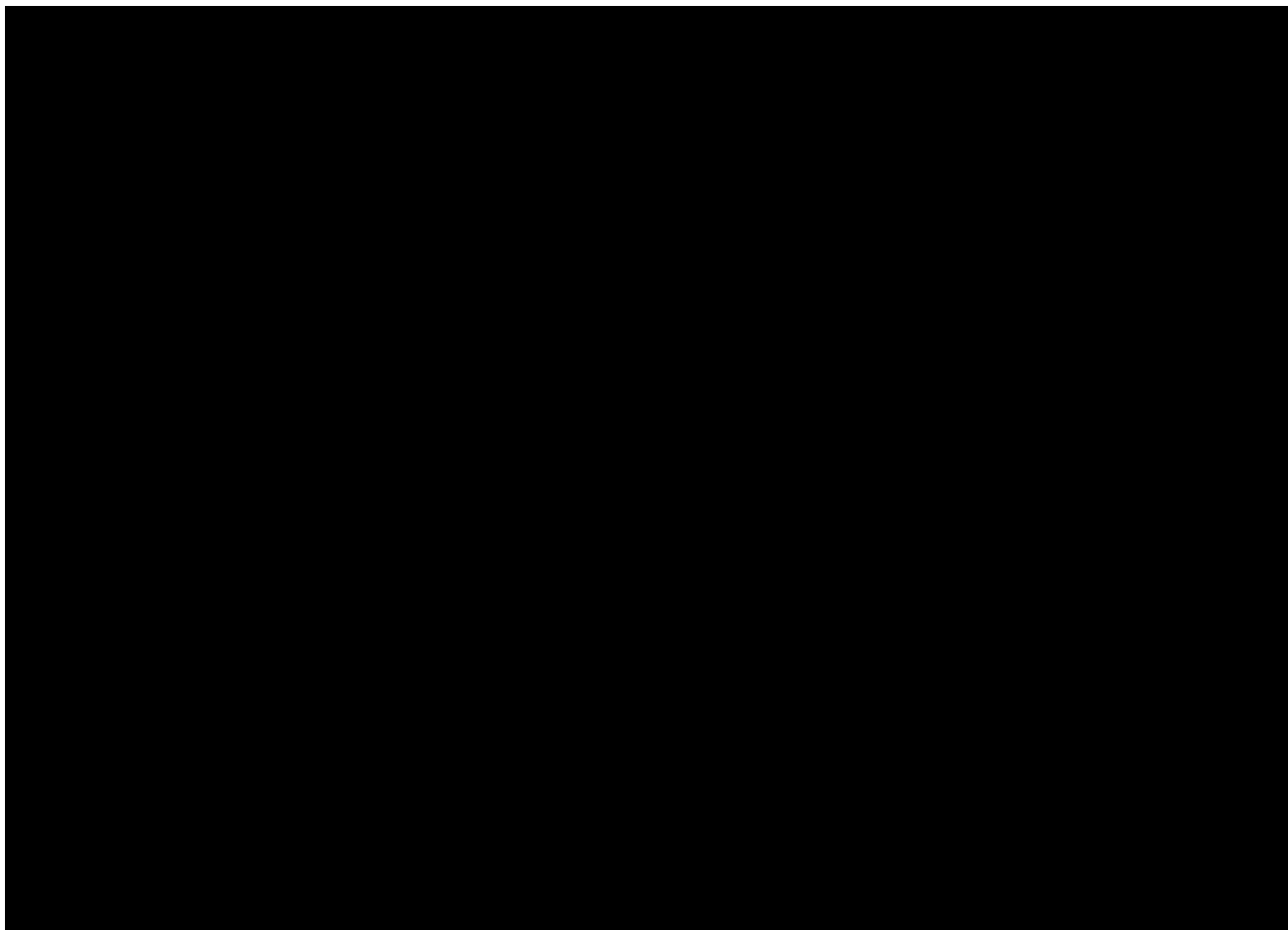
Indicate the year the facility was established. 1992 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. N/A

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

	PSIG	Serial Number
Tank 1:	<u>250</u> <u>1000 USWG</u>	<u>200953</u>
Tank 2:	_____	_____
Tank 3:	_____	_____

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 1 Portable: _____ Mobile: _____



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Name of person completing this form (please print) <u>CHRISTINE BREWER</u>	Official Title <u>MANUFACTURING, ENGINEERING, MNGR</u>	
Signature <u>CBrewer</u>	Telephone No. <u>519-683-6233</u>	Date (mm-dd-yyyy) <u>05-05-11</u>



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

Name of Propane Supplier(s) <i>SUPERIOR PROPANE</i>			
Street No.	Street Name Lot / Concession No. <i>RR#5 QUEEN'S LINE (7652 HWY 2)</i>		
Town / City or Township / Country <i>CHATHAM</i>		Province <i>ONT</i>	Postal Code <i>N7M 5J5</i>
Telephone No. <i>519-354-5043</i>	Fax No. <i>519-331-6660</i>	Contact Name <i>SUSAN ROY</i> <i>CELL 519-831-7546</i>	
E-mail <i>royse@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>CHRISTINE BREWER</i>	Official Title <i>MNF. ENGR. MGR</i>	
Signature <i>[Signature]</i>	Telephone No. <i>519 683-6233</i>	Date (mm-dd-yyyy) <i>05-05-11</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.

ARGON BULK STORAGE - NORTH SIDE OF BUILDING - Max STORAGE

NITROGEN/OXYGEN/ACETYLENE - WEST SIDE OF BUILDING -
3 MAX / 2 MAX / 4 MAX 4 TANKS

1800m³ / 900m³ / 1552m³ 4 TOTAL STORAGE

CO₂ BULK STORAGE - NORTH SIDE OF BUILDING -

FIRE EXTINGUISHERS - B - LIQUIDS + GREASES ; CARBON DIOXIDE ; ABC

FIRE SYSTEM - WATER PLANT WIDE

TORIT DUST EXTINGUISHERS - DRY CHEMICALS

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.

DAMAR SECURITY SYSTEM - DROP IN WATER PRESSURE SYSTEM, DAMAR CONTACTS

FACILITY COORDINATOR OF ALARM, AND NOTIFIES FACILITY OF ALARM. CONTACTS FIRE/

POLICE SERVICES UPON NON-NOTIFICATION FROM FACILITY.

Maintenance and testing schedule for fire protection controls and devices.

MONTHLY FIRE EXTINGUISHER CHECKS - FIRE ACCESS COMPANY.

YEARLY FIRE ALARM SYSTEM MAINTENANCE TESTING

YEARLY FIRE PROTECTION WATER SUPPLY SYSTEM CHECKING.

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Name of person completing this form (please print) CHRISTINE BREWER	Official Title MANF. ENR MGR
Signature CBrewer	Telephone No. 519-683-6233
	Date (mm-dd-yyyy) 05-05-11



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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 GLEN HARRY	For Office Use - Party No.	Name GLEN HARRY	For Office Use - Party No.
Official Title MAINTENANCE MANAGER		Official Title	
Telephone No. 519-683-6233	Fax No. 519-683-6420	Cell No. 226-268-4374	Fax No.
E-mail glen.harry@martinrea.com		E-mail	
Role and responsibilities in emergency SITE CONTROLLER		Role and responsibilities in emergency SITE CONTROLLER	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name FRED BOWERS	For Office Use - Party No.	Name STEVE SHAW	For Office Use - Party No.
Official Title MAINTENANCE SUPERVISOR		Official Title GENERAL MANAGER	
Telephone No. 519-683-6233	Fax No. 519-683-6420	Telephone No. 519-683-6233	Fax No. 519-683-6420
E-mail fred.bowers@martinrea.com		E-mail steve.shaw@martinrea.com	
Role and responsibilities in emergency SITE CONTROLLER		Role and responsibilities in emergency PLANT GENERAL MANAGER	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name BRAD TUCKWELL	For Office Use - Party No.	Name SUSAN ROY	For Office Use - Party No.
Official Title FIRE CHIEF		Official Title SALES	
Telephone No. cell work 519-359-4041 / 519-683-2572	Fax No. 519-683-1868	Telephone No. 519-354-5043	Fax No. 519-351-6660
E-mail		E-mail roys@superiorpropane.com	
Role and responsibilities in emergency FIRE CHIEF - CONTROLLER		Role and responsibilities in emergency NONE CELL 519-831-7546	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name AL PRAY	For Office Use - Party No.	Name JUDY SMITH	
Official Title DEPUTY FIRE CHIEF		Official Title MUNICIPAL CLERK	
Telephone No. 519-683-2572	Fax No. 519-683-1868	Telephone No. 519-360-1998	Fax No. 519-436-3204
E-mail		E-mail	
Role and responsibilities in emergency DEPUTY FIRE CHIEF		Municipality CHATHAM-KENT	

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Name of person completing this form (please print) CHRISTINE BREWER	Official Title MAINT ENGR MNGR
Signature CBrewer	Telephone No. 519-883-6233
	Date (mm-dd-yyyy) 05-05-11



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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.

THE INCIDENT OR SITE CONTROLLER WILL ORDER THE NATURAL GAS FEED VALVE TO THE BUILDING BE CLOSED.
THE INCIDENT CONTROLLER WILL ENSURE THAT FLOOR CAPTAINS HAVE CHECKED-IN AND THAT NO ONE IS LEFT IN THE BUILDING.
IF SOMEONE IS MISSING, CONTROLLER WILL NOTIFY THE FIRE CHIEF.

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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) 03-08-2011	Print Name of Training Provider: SOUTHWEST SAFETY SOLUTIONS
	Print Name of Instructor: WILL LAPP
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy) 16-04-2011	Print Name of Training Provider: SOUTHWEST SAFETY SOLUTIONS
	Print Name of Instructor: WILL LAPP
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) 26-04-2011	Print Name of Training Provider: PROPANE TRAINING INSTITUTE
	Print Name of Instructor: CHAD OULDS
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) CHRISTINE BREWER	Official Title MAINT ENG MGR
Signature CBrewer	Telephone No. 519-683-6233
	Date (mm-dd-yyyy) 05-06-11



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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) <i>PRIOR TO</i> <i>03-08-2014</i>	Print Name of Training Provider: <i>SOUTHWEST SAFETY SOLUTIONS</i>
	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) <i>PRIOR TO</i> <i>16-04-2014</i>	Print Name of Training Provider: <i>SOUTHWEST SAFETY SOLUTIONS</i>
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) <i>PRIOR TO</i> <i>26-04-2014</i>	Print Name of Training Provider: <i>PROPANE TRAINING INSTITUTE</i>
	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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Signature <i>CBrewer</i>	Telephone No. <i>519-683-6233</i> Date (mm-dd-yyyy) <i>05-06-11</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.

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).

WARNING IS GIVEN BY SITE CONTROLLER OR SHIFT SUPERVISOR, THE WARNING WILL BE GIVEN AFTER SITE CONTROLLER ASSESSMENT EITHER TO PUT SMALL FIRES OUT; OR TO EVACUATE BUILDING DUE TO EXPLOSION OR LARGER FIRES. THE WARNING WILL BE BROADCAST THROUGH PLANK PAGE SYSTEM FOR PERSONNEL TO EVACUATE BUILDING + MEET IN DESIGNATED LOCATION.

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).

EVACUATION IS ANNOUNCED BY SITE CONTROLLER OR SHIFT SUPERVISOR, WHEN AN ASSESSMENT HAS BEEN COMPLETED. ANNOUNCEMENT STATES TO LEAVE BY NEAREST EXIT AND GO TO MEETING PLACE LOCATED BY WELLINGTON ST. IN IDENTIFIED EVACUATION AREAS.

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).

INCIDENT CONTROLLER OR SHIFT SUPERVISOR WILL INITIATE EVACUATION PROCEDURE AND HAVE RECEPTIONIST OR DESIGNATE CALL EMERGENCY RESPONSE.

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

FIRE DEPARTMENT CAN ACCESS PROPANE AREA THROUGH WELLINGTON ST AUTO NORTH ACCESS PAVED ROAD ON MARTINEAU PROPERTY. ACCESS ALSO THROUGH CAN-GEN WAREHOUSE / EMPTY LOT, ~~AT~~ NORTH OF PROPANE TANK.

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

THROUGH YEARLY EMERGENCY EVACUATIONS, INVOLVING LOCAL FIRE CHIEF.

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

GLENN HARRY, 1HR 10MIN.

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Signature CBrewer	Telephone No. 519-683-6233
	Date (mm-dd-yyyy) 05-05-11



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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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 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>231 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>-</u>	

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Signature <i>CBrewer</i>	Telephone No. <i>519-683-6233</i>	Date (mm-dd-yyyy) <i>05-05-11</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:

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.

Local Fire Services Name	Print name <i>C-K FIRE STATION #6 PERSON</i>	Signature <i>[Signature]</i>	Date (dd-mm-yyyy) <i>04/04/11</i>
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Signature <i>[Signature]</i>	Telephone No. <i>514-883-6233</i>
	Date (mm-dd-yyyy) <i>05-05-11</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 (mm-dd-yyyy)	Capacity of single largest propane storage vessel (USWG)
03-10-2011	1000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 449' 6.25"	Right side property line: 475' 11.5"
Rear: 44' 2"	Left side property line: 13' 11.5"
GPS coordinates of single largest vessel: +42.351 N ; +82.178 W	

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Name of person completing this form (please print)	Official Title	
CHRISTINE BREWER	HAUF. ENG. MNGR	
Signature	Telephone No.	Date (mm-dd-yyyy)
C Brewer	519-683-6233	05-05-11



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

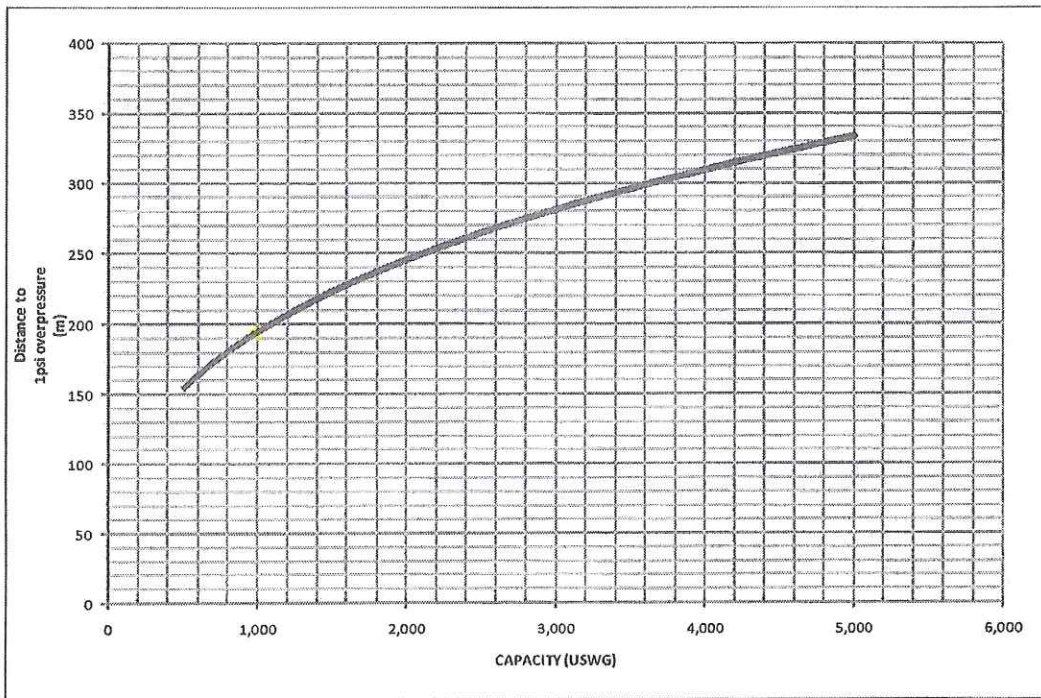
Table 1: Distance Table

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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Name of person completing this form (please print) CHRISTINE BREWER	Official Title MNF ENGR MNG
Signature CBrewer	Telephone No. 519-683-6233 Date (mm-dd-yyyy) 05-05-11



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www.tssa.org

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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

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	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>FINLEY TRANSPORT LTD - INDUSTRIAL</u> ① Address: <u>612 WELLINGTON ST</u> City: <u>DRESDEN</u> Province <u>ONTARIO</u> Postal Code <u>N0P 1M0</u>			X		<u>105.2</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>MCBRAYNE'S FEEDS SUPPLY - RETAIL</u> ② Address: <u>1203 NORTH ST</u> City: <u>DRESDEN</u> Province <u>ONT</u> Postal Code <u>N0P 1M0</u>			X		<u>126.2</u> m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>DRESDEN AREA CENTRAL SCHOOL</u> ③ Address: <u>941 NORTH ST</u> City: <u>DRESDEN</u> Province <u>ONT</u> Postal Code <u>N0P 1M0</u>			X		<u>197.7</u> m **
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. (7) [Redacted]			X		63.1 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. (B) [Redacted]			X		121.9 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
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Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments (a) [Redacted]			X		<u>126.0</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
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Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted] (M)			X		151.4 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
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Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]			X		143.0 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
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Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]			X		<u>134.6</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
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	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
R _____ specifically permanent single family dwellings, condominiums, and apartments. (14) [Redacted]					126.2 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
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Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted] (15)		X			177.8 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
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	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. (16) [Redacted]			X		109.4 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
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	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. (17) [Redacted]			X		<u>105.2</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
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Signature <u>CBrewer</u>	Telephone No. <u>519-683-6233</u>	Date (mm-dd-yyyy) <u>05-05-11</u>



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	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. (1A) [Redacted]			X		<u>100.9</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
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Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. (19) [Redacted]			X		<u>138.8</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
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Signature CBrewer	Telephone No. 514-683-6233 Date (mm-dd-yyyy) 05-05-11



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www.tssa.org

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

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

SECTION 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 _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]			X		<u>134.6</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ 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) CHRISTINE BREWER	Official Title MANF. ENG. MGR	
Signature CBrewer	Telephone No. 597-683-6233	Date (mm-dd-yyyy) 05-05-11

14/26



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Name of person completing this form (please print) CHRISTINE BREWER	Official Title MAINF ENGR MGR	
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Signature C Brewer	Telephone No. 519-683-6233 Date (mm-dd-yyyy) 05-05-11



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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	7	67.34 USWG
# 30	8.8	-	
# 20	5.8	-	
# 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	
Total Tank Capacity	
Total Portable Capacity	

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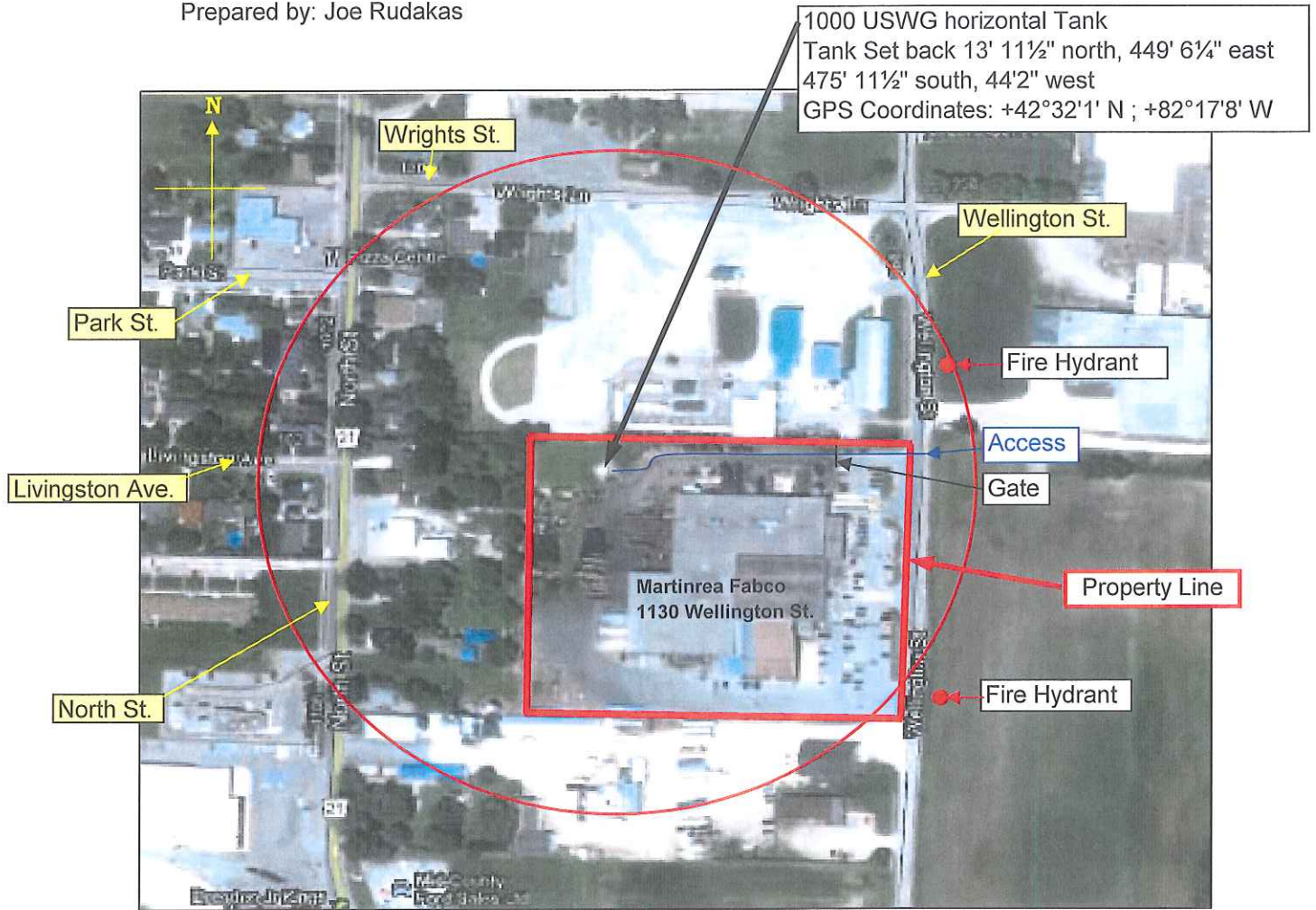
Name of person completing this form (please print) <i>CHRISTINE BREWER</i>	Official Title <i>MAN. ENG. MGR</i>	
Signature <i>CBrewer</i>	Telephone No. <i>519-683-6233</i>	Date (mm-dd-yyyy) <i>05-05-11</i>

Martinrea Fabco Dresden

Location: 1130 Wellington St., Dresden Ont. N0P 2C0

Prepared: Mar. 9, 2012

Prepared by: Joe Rudakas

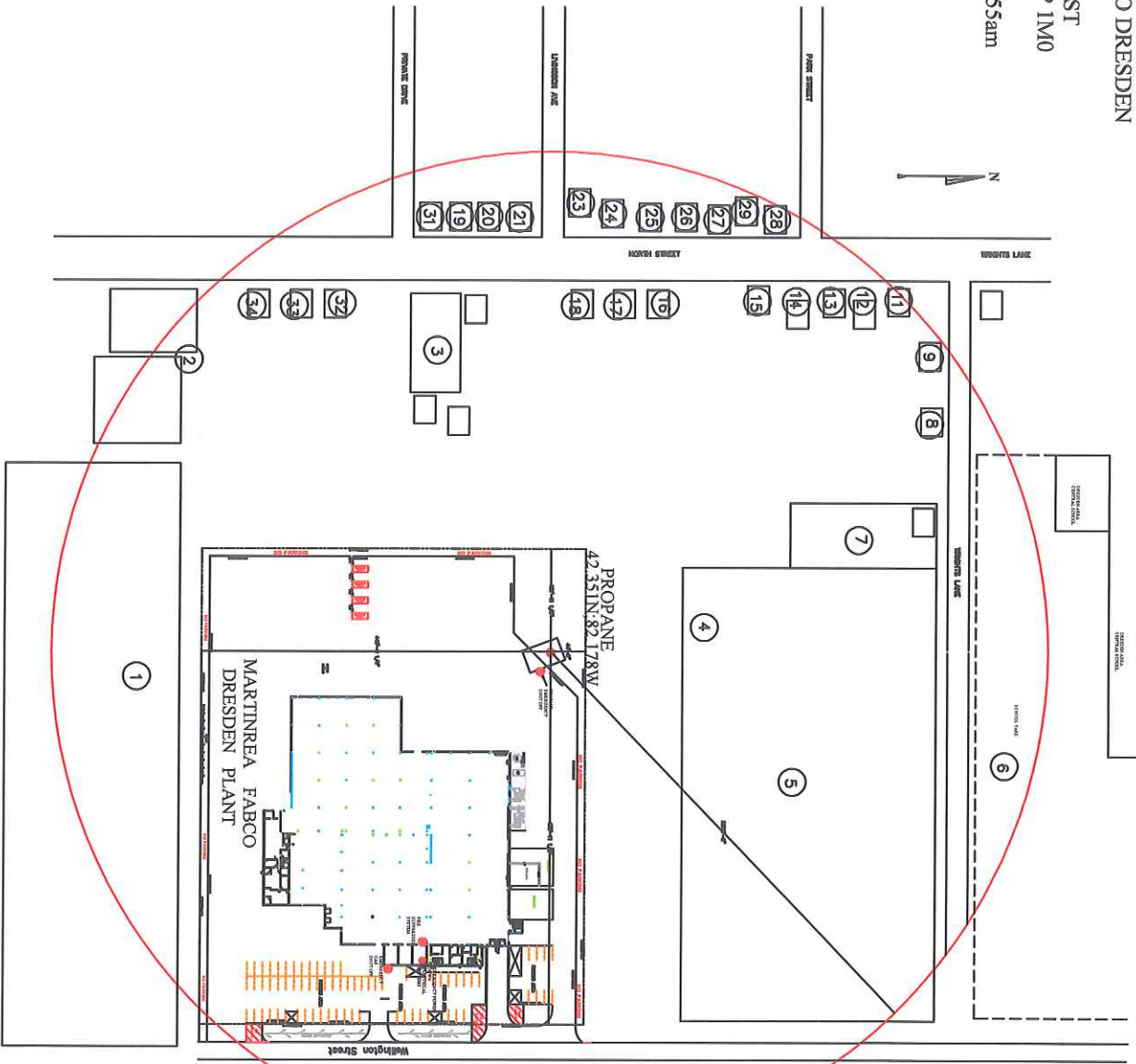


Municipality of Chatham Kent

Municipal Clerk: Judy Smith

Address: Chatham-Kent Civic Centre, 315 King St. W, Chatham Ont. N7M 1E9

MARTINREA FABCO DRESDEN
 SITE ID: 10302585
 1130 WELLINGTON ST
 DRESDEN, ONT N0P 1M0
 MARCH 10, 2011 11:55am



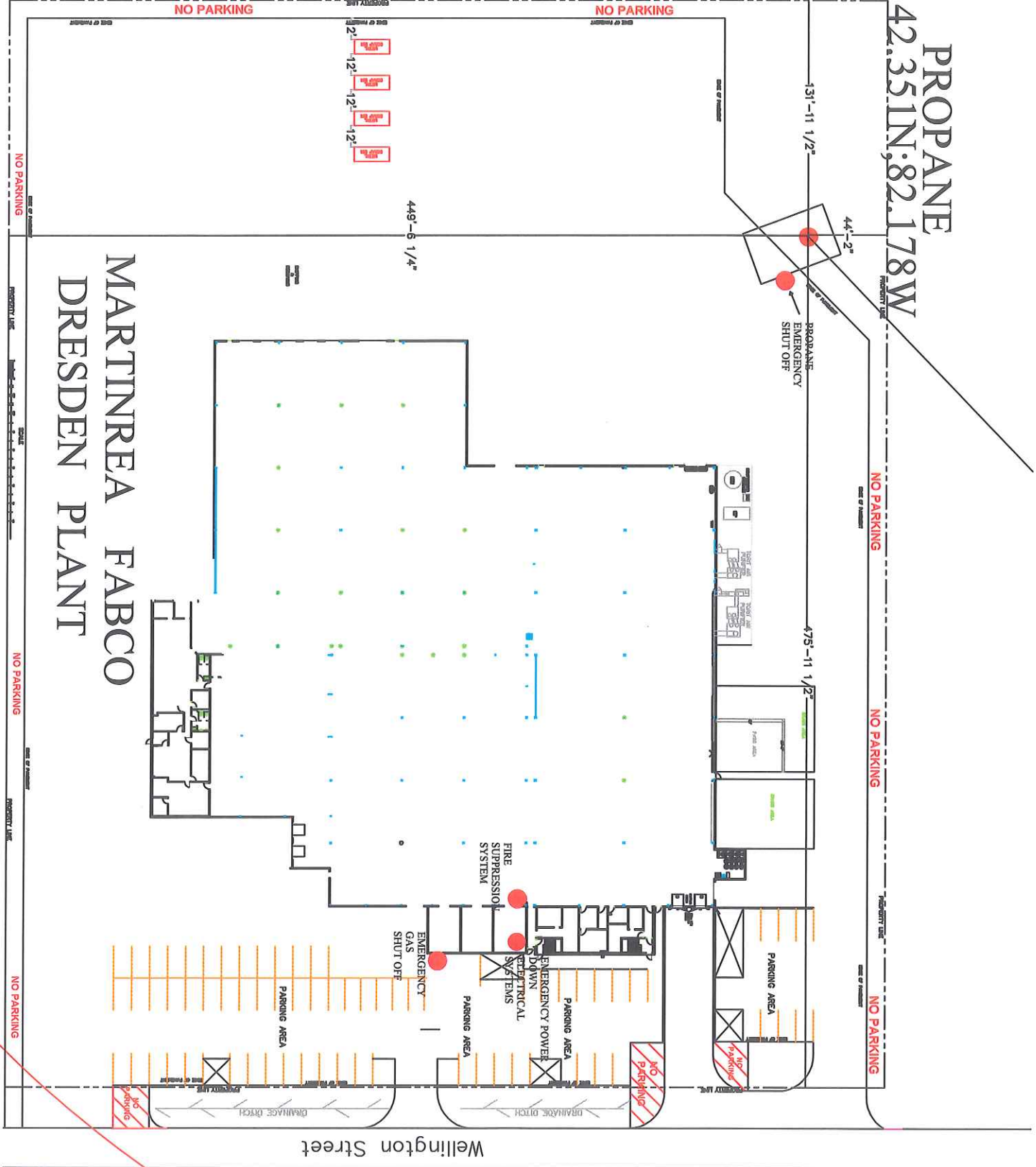
● FIRE HYDRANT

MARTINREA FABCO DRESDEN DIVISION
 FACILITY SITE PLAN MAP
 03/02/2011

Chowen 05-05-11

PROPANE
42.351N, 82.178W

MARTINREA FABCO
DRESDEN PLANT

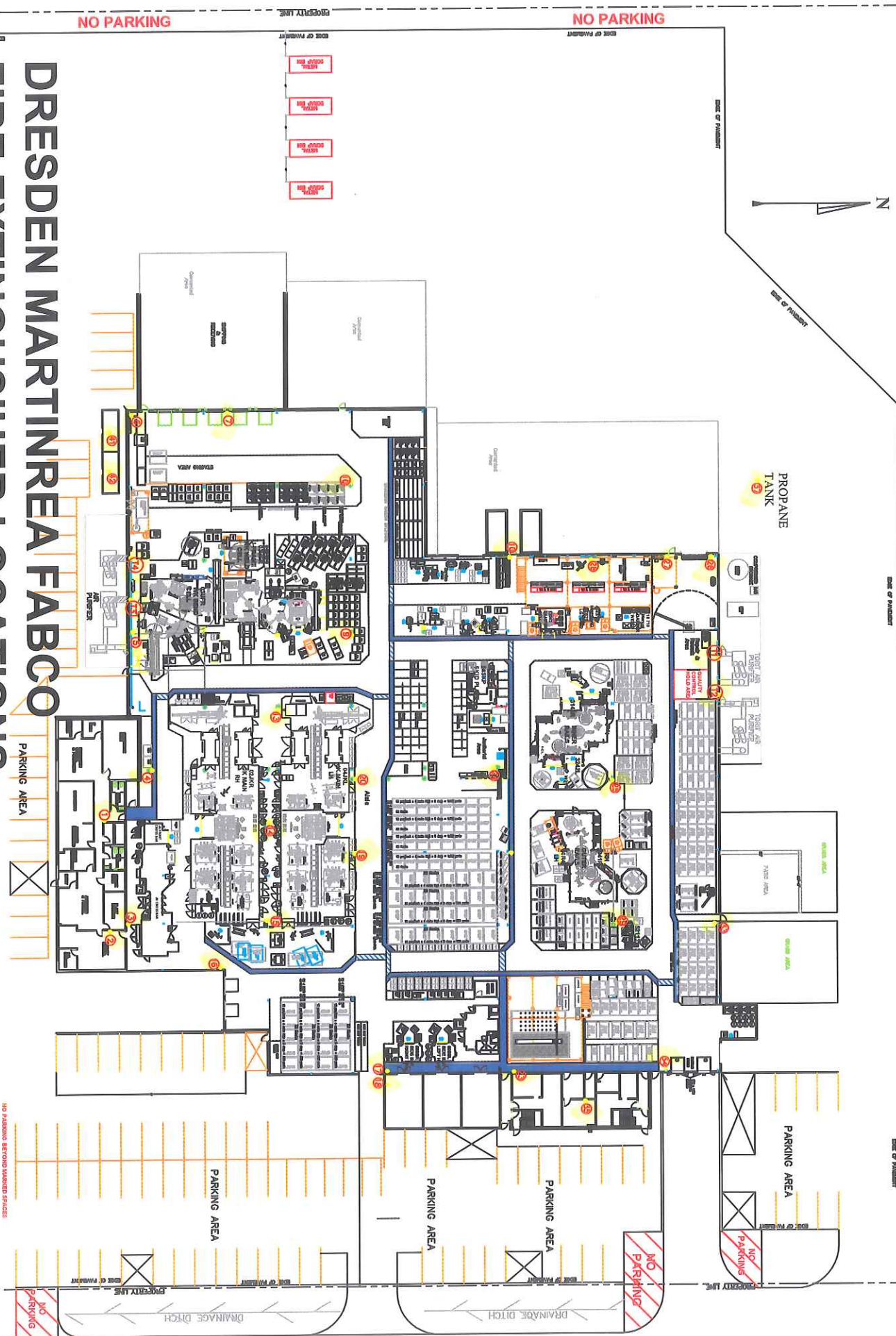


Corener 05-05-11

Wellington Street



PROPERTY LINE NO PARKING NO PARKING NO PARKING NO PARKING



- 10000
- 10000
- 10000
- 10000

DRESDEN MARTINEIRA FABCO

FIRE EXTINGUISHER LOCATIONS

MARCH 2011

NO PARKING NO PARKING NO PARKING NO PARKING NO PARKING

