



Technical Standards and Safety Authority
www.tssa.org

14th Floor Centre Tower
3300 Bloor Street West
Toronto Ontario M8Z 2X4
Fax: 416.231.4703
Customer Service: 1.877.502.8772

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.

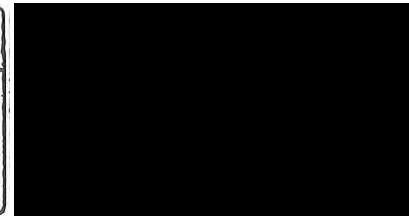
Failure to fully complete this form may result in rejection.
Making a false statement may result in a fine or prosecution
under the Technical Standards and Safety Act

License Number **00163 66003 - C**

Check applicable type of propane operations.

Cylinder Motor Fill Filling Plant Card/Kiosk

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 **GORD HUME INC** Ontario Corporation No., if applicable **259110**
Operator Name (if different from above)

Telephone No. **905 627 1925** Fax No. **905 628 0636** E-mail Address **bnhume@hotmail.com**

B Street No. **1303** Street Name, Lot / Concession No. **HIWAY #5 WEST, RR#1**
Town / City or Township / County **DUNDAS** Province **ONTARIO** Postal Code **L9H 5E1**

Mailing address if different from above.

C Street No. **SAME AS ABOVE** Street Name, Lot / Concession No. **AS ABOVE**
Town / City or Township / County Province Postal Code

Information on Container Refill Centre or Filling Plant
Location of facility.

D Street No. **1303** Street Name, Lot / Concession No. **HIWAY #5 WEST, RR#1** Nearest major intersection **HIWAY #8**
Town / City or Township / County **DUNDAS** Province **ONTARIO** Postal Code **L9H 5E1**

Name of License Holder **GORD HUME INC.**
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). **WILLIAM R. HUME** ROT type **PPO-3 LPG Certificate # 113267**
Municipality (or municipalities if the facility or its nearest distance involves multiple businesses) **HAMILTON**

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 Name of License Holder GORD HUME INC	Signature WR. Hume	Date (dd-mm-yyyy) DEC 30 2010
Name of Senior Management person as defined in the Regulation holding the Record of Training WILLIAM R HUME		



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
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 www.tssa.org

**Application for Renewal of
 Level 1 Propane Licence**
Technical Standards and Safety Act
 Propane Storage and Handling Regulation

GENERAL INFORMATION

Company Name GORD HUME INC.		Corporation No. 259110
Operator Name (if different from above) GORD'S SERVICE STATION		
Telephone No. 905 6271929	Fax No. 905 6274529	E-mail marlene.hume@hotmail.com
Street No. 1303	Street Name / 911 Number / Address, if applicable HIGHWAY #5 WEST	Nearest Major Intersection HWY #5 + #8
Town / City or Township / County RR#1 DUNDAS		Province ONTARIO
Postal Code L9H5E1		
Mailing address (if different from above)		
Street No. / Street Name / 911 Number / Address, if applicable SAME AS ABOVE		
Town / City or Township / County		Province / Postal Code

Information on Container Refill Centre		
Location of facility (if different from above)		
Street No.	Street Name / 911 Number / Address, if applicable SAME AS ABOVE	Nearest Major Intersection
Town / City or Township / County		Province / Postal Code

Facility Contact Personnel - Key Contact	
Name WILLIAM R HUME	Official Title PRESIDENT
Telephone No. 905 6271929	Fax No. 905 6274529
E-mail marlene.hume@hotmail.com	
Role and responsibilities in emergency. LEAD HAND	

You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.

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 of person completing this form. WILLIAM R. HUME	Official Title PRESIDENT	
Signature <i>William R Hume</i>	Telephone No. 905 6271929	Date (dd-mmm-yyyy) 05 11 2016



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

SECTION A: GENERAL INFORMATION (cont'd)

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.

1984

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

	PSIG	Serial Number
Tank 1:	250	# 7104
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: 2,000 Portable: NIL Mobile: NIL

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) WILLIAM R HUME	Official Title OPERATION MGR - OWNER
Signature W.R. Hume	Telephone No. 905 627 1929
	Date (dd-mm-yyyy) DEC 30 2010



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Level 1 Risk and Safety Management Plan (RSMP)
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SECTION A: GENERAL INFORMATION (cont'd)
Activity Information

Name of Propane Supplier(s)		[REDACTED]	
PRIMEX ENERGY INC. PROPANE SALES & TRANSPORTATION			
Street No.	Street Name Lot / Concession No.		
2558	CEDAR CREEK ROAD		
Town / City or Township / Country		Province	Postal Code
AYR CANADA		ONTARIO	NOB 1EO
Telephone No.	Fax No.	Contact Name	
519 740-8209	519 740-1015	STEVEN SYMS CERTIFICATE # 0741128G 2LP	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		[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	Capacity stored off-site, in USWG	For Office Use - Party No.
NIL		
Street No.		Street Name Lot / Concession No.
Town / City or Township / Country		Province
Telephone No.	Fax No.	Contact Name

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

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	
WILLIAM R HUME	OPERATION MANAGER - OWNER.	
Signature	Telephone No.	Date (dd-mm-yyyy)
W.R. Hume	905 627 1929	DEC 30 2010



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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.

NO OTHER HAZARDOUS ~~AT~~ ABOVE GROUND TANKS ON SITE.
HEATING OIL TANK REMOVED - REPLACED WITH NATURAL -
GAS HEATING.

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

FIRE EXTINGUISHERS AT APPROX EVERY 10M LOCATION.
3 SPILL KITS ON SITE

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.

NO FIRE ALARM.

Maintenance and testing schedule for fire protection controls and devices.

FIRE INSPECTION BY YEARLY - APPROX EVERY 6MO.
(1) BY CITY FIRE & (2) INSURANCE Co.
FIRE OUT FIRE PROTECTION INC. % BRAD ROGERS
225 5th CONCESSION RD EAST, WATERDOWN (HAMILTON) ONTARIO
LOR 2H1 905 690 4211 brogers@fire-out.ca.
W.W.W. fire-out.ca. PAGER 905-543-5111

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	
WILLIAM R. HUME	OP MANAGER - OWNER.	
Signature	Telephone No.	Date (dd-mm-yyyy)
William R Hume	905 627 1929	15 FEB 2011



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact Name: WILLIAM R HUME For Office Use - Party No. Official Title: OWNER - V. PRES. Telephone No.: 905 627 1929 Fax No.: 905 628 0636 E-mail: bnhume@hotmail.com Role and responsibilities in emergency: LEAD HAND - CALL IN E.M.S.		5. Facility 24-Hour Contact Person Name: SAME AS # 1 For Office Use - Party No. Official Title: Cell No. Fax No. E-mail: Role and responsibilities in emergency:	
2. Facility Contact Personnel - Alternate Contact Name: MARLENE A. HUME For Office Use - Party No. Official Title: OWNER - SEC/TRES. Telephone No.: 905 627 1929 Fax No.: 905 628 0636 E-mail: bnhume@hotmail.com Role and responsibilities in emergency: CALL IN EMS IF NCESS.		6. Name of Facility Manager Name: WILLIAM OR MARLENE HUME For Office Use - Party No. Official Title: OWNERS Telephone No.: 905 627 1929 Fax No.: 905 628 0636 E-mail: bnhume@hotmail.com Role and responsibilities in emergency: MANAGE THE SITE	
3. Local Fire Services - Key Contact Name: Captain Mike Thompson For Office Use - Party No. Official Title: Captain - Station # 27 Telephone No.: 905 546 2424 ex 3326 Fax No. E-mail: michael.thompson@sympatico.ca Role and responsibilities in emergency: CAPTAIN OF FLAMBOROUGH FIRE STATIONS CITY OF HAMILTON		7. Propane Supplier Key Contact Person Name: DON HARKNESS For Office Use - Party No. Official Title: CUSTOMER SERVICE REP Telephone No.: 519 740 8209 Fax No.: 519 740 1015 E-mail: OR 1 800 377 1666 Role and responsibilities in emergency: TECH SUPPORT	
4. Local Fire Services - Alternate Contact Name: Daniel Cree For Office Use - Party No. Official Title: Firefighter Cree Prevention Officer Telephone No.: 519 647 9702 Fax No. E-mail: dct.s.governor@sympatico.ca Role and responsibilities in emergency: prevention		8. Municipal Contact Name: CITY OF HAMILTON Official Title: LEAD HAND ON CITY Telephone No.: 905 546 CITY Fax No.: 905 643 7250 E-mail: Municipality: HAMILTON ONTARIO	

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Name of person completing this form (please print) WILLIAM R HUME	Official Title OPR. MANAGER + SITE OWNER
Signature <i>W. R Hume</i>	Telephone No. 905 627 1929
	Date (dd-mm-yyyy) 15 FEB 2011



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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 WILLIAM R HUME	For Office Use - Party No.	Name SAME AS # 1	For Office Use - Party No.
Official Title OWNER - V. PRES.		Official Title	
Telephone No. 905 627 1929	Fax No. 905 628 0636	Cell No.	Fax No.
E-mail bnhume@hotmail.com		E-mail	
Role and responsibilities in emergency LEAD HAND - CALL IN E.M.S.		Role and responsibilities in emergency	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name MARLENE A. HUME	For Office Use - Party No.	Name WILLIAM OR MARLENE HUME	For Office Use - Party No.
Official Title OWNER - SEC/TRES.		Official Title OWNERS	
Telephone No. 905 627 1929	Fax No. 905 628 0636	Telephone No. 905 627 1929	Fax No. 905 628 0636
E-mail bnhume@hotmail.com		E-mail bnhume@hotmail.com	
Role and responsibilities in emergency CALL IN EMS IF NESS.		Role and responsibilities in emergency MANAGE THE SITE	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name	For Office Use - Party No.	Name DON HARKNESS	For Office Use - Party No.
Official Title		Official Title CUSTOMER SERVICE REP	
Telephone No.	Fax No.	Telephone No. 519 740 8209	Fax No. 519 740 1015
E-mail		E-mail OR 1800 377 1666	
Role and responsibilities in emergency		Role and responsibilities in emergency TECH SUPPORT	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name	For Office Use - Party No.	Name CITY OF HAMILTON	For Office Use - Party No.
Official Title		Official Title LEAD HAND ON DUTY	
Telephone No.	Fax No.	Telephone No. 905 546 CITY	Fax No. 905 643 7250
E-mail		E-mail	
Role and responsibilities in emergency		Municipality HAMILTON ONTARIO	

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Name of person completing this form (please print) WILLIAM. R HUME	Official Title OPER. MANAGER + SITE OWNER
Signature W. R Hume	Telephone No. 905 627 1929
	Date (dd-mm-yyyy) 15 FEB 2011



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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.

- (1) FRONT END LOADER ON SITE 24-7
- (2) LARGE IRRIGATION POND ON PROPERTY FOR FIRE WATER RESERVE
- (3) ~~OWNER~~ OWNER RESIDES ON SITE
- (4) SECURITY CAMERAS & ALARM ON SITE

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Name of person completing this form (please print) WILLIAM. R. HUME.		Official Title OP. MANAGER - OWNER.	
Signature W. R. Hume		Telephone No. 905 627 1929	Date (dd-mm-yyyy) 15 FEB 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) 15 FEB 2011	Print Name of Training Provider:
	Print Name of Instructor: WILLIAM. R. HUME
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider: SAME AS ABOVE
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider: SAME AS ABOVE
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

CERTIFICATE HOLDER TRAINING.

F.S.N. TRAINING.

MICHEAL FARAH - SENIOR INSTRUCTOR.

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Name of person completing this form (please print) WILLIAM. R. HUME	Official Title OP. MANAGER - OWNER.
Signature W. R. Hume	Telephone No. 905 627 1929
	Date (dd-mm-yyyy) 15 FEB 2011



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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) FEB 15 2011	Print Name of Training Provider: WILLIAM R. HUME
	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) FEB 15 2011	Print Name of Training Provider: WILLIAM R. HUME
	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) FEB 15 2011	Print Name of Training Provider: WILLIAM R. HUME
	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) WILLIAM R. HUME	Official Title OP. MANAGER- OWNER.
Signature W.R. Hume	Telephone No. 905 627 1929
	Date (dd-mm-yyyy) 15 FEB 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).

MANAGER ON DUTY TO COORDINATE STAFF - SECURE THE AREA.
CALL TO EMS.

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 MEETING POINT AT SOUTH EAST ENTRANCE.
EMS TO BE DISPATCHED.
2ND EMERGENCY PHONE AVAILABLE AT SOUTH EAST ENTRANCE

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).

EMERGENCY PHONE AVAILABLE 24.7.

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

STAFF RESIDE ON SITE, AVAILABLE 24.7

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

ANY CHANGES WILL BE PASSED ONTO EMS.

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

ON SITE 24.7 RESIDENCE IS ON SAME PROPERTY.

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Name of person completing this form (please print) WILLIAM. R. HUME	Official Title OPERATION MANAGER - OWNER.
Signature W.R. Hume	Telephone No. 905 627 1929
	Date (dd-mm-yyyy) DEC 30 2010



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

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

6. Building and Site Security and Procedures

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Water Supply

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

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)		<u>150 METER</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>150 METER</u>

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Name of person completing this form (please print) WILLIAM R. HUME	Official Title OPERATION MANAGER / OWNER.	
Signature <i>W. R. Hume</i>	Telephone No. 905 627 1929	Date (dd-mm-yyyy) DEC 30 2010



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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.

<p>REVIEWED WITH Local Fire Services Name</p>	<p>Print name JENNIFER ROBERTS (LYNDEN STATION) Signature ROBERT TOWNSEND (HAMILTON STATION)</p>	<p>Date (dd-mm-yyyy) FEB 15 2011</p>
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<p>Name of person completing this form (please print) William R HUME</p>	<p>Official Title OPERATION MAN. + SITE OWNER.</p>	
<p>Signature William R Hume</p>	<p>Telephone No. 9056271929</p>	<p>Date (dd-mm-yyyy) FEB 15 2011</p>



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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) 15 FEB 2011	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: 42.5 METERS	Right side property line: 182.5 METER.
Rear: 210 METERS.	Left side property line: 83 METER.
GPS coordinates of single largest vessel: _____	

AN COPY OF TOPIGRAPHICAL SURVEY COMPLETED BY A.T. MCLAREN LTD OF HAMILTON ONTARIO HAS BEEN SUBMITTED TO T.S.S.A. PREVIOUSLY IN 2010 .

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) WILLIAM R. HUME	Official Title OPERATION MGR. + PROPERTY OWNER.	
Signature William R. Hume	Telephone No. 905 627 1929	Date (dd-mm-yyyy) 15 FEB 2011



Technical Standards and Safety Authority
www.tssa.org

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

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

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

Facility Site Plan.

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

Map of Surrounding Area.

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board) (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below.

Required Mapping Information from Updated Site Plan

Date Map Prepared (dd-mm-yyyy)	Capacity of single largest propane storage vessel (USWG)
15 FEB 2011	2000
Tank setback coordinates. Indicate placement on the map.	
Front: 42.5 METERS	Right side property line: 182.5 METER.
Rear: 210 METERS.	Left side property line: 88 METER.
GPS coordinates of single largest vessel: 43.185345, - 90.038857	

AN COPY OF TOPOGRAPHICAL SURVEY COMPLETED BY A.T. MCLAREN RD
OF HAMILTON ONTARIO HAS BEEN SUBMITTED TO T.S.S.A.

PREVIOUSLY IN 2010.

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Name of person completing this form (please print)	Official Title
WILLIAM R. HUME	OPERATION MGR + PROPERTY OWNER.
Signature	Telephone No.
<i>William R. Hume</i>	905 627 1929
	Date (dd-mm-yyyy)
	15 FEB 2011



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Fax: 416.231.4078
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**Application for Renewal of
 Level 1 Propane Licence**
Technical Standards and Safety Act
 Propane Storage and Handling Regulation

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>M.T.O. PATROL YARD (SALT) STORAGE</u> Address: <u>494 WESTOVER RD YARD# 12182</u> City: <u>R.R. #1 DUNDAS</u> Province <u>ONTARIO</u> Postal Code <u>L9H5E1</u>					<u>500</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]					<u>175</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>CATHYS COUNTRY KITCHEN - (BUILDING OWNED BY US)</u> Address: <u>1305 HWY # 5 WEST RR#1</u> City: <u>DUNDAS</u> Province <u>ONTARIO</u> Postal Code <u>L9H5E1</u>					<u>70</u> m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>NO HOTEL, CAMPGROUND OR RESORTS</u> Address: <u>NEAR SITE</u> City: _____ Province _____ Postal Code _____					<u>0</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>NONE IN THIS AREA.</u> Address: _____ City: _____ Province _____ Postal Code _____					<u>0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>NO EMERGENCY RESPONDERS IN CIRCLE.</u> Address: <u>PROPERTY BORDERS TO THE NORTH BY SPENCER CREEK</u> City: <u>RIVER</u> Province _____ Postal Code _____					<u>0</u> m

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

You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.

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 of person completing this form. <u>WILLIAM R. HUME</u>	Official Title <u>PRESIDENT</u>	
Signature <u>William R Hume</u>	Telephone No. <u>905 627 1929</u>	Date (dd-mmm-yyyy) <u>05 11 2016</u>



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CAPACITY INFORMATION

A. Fixed Tanks

	PSIG	Serial Number	Capacity
Tank 1:	250	# 7104	2,000
Tank 2:			
Tank 3:			
Total Fixed Capacity:			

B. Portable Storage

NIL

Cylinder Size	Capacity in USWG	Quantity	Total Capacity in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			Line A

Tanks Stored On-site Not Connected for Use

NIL

Tank Size In USWG	Quantity	Total Capacity in USWG
NIL		
Total Tank Capacity		Line B

Total Portable Capacity. Line A plus Line B: _____

C. Mobile Tanks

NIL

Type	Tank Size In USWG	Quantity	Total Capacity in USWG
Tankers			
Cargo Liners			
Total Mobile Tank Capacity			NIL

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Print name of person completing this form.	Official Title	
WILLIAM. R. HUME	PRESIDENT	
Signature	Telephone No.	Date (dd-mmm-yyyy)
William R Hume	905 627 1929	05 11 2016



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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.

WE DO NOT PROVIDE OFF SITE OR MOBILE STORAGE

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Print name of person completing this form. WILLIAM R. HUME	Official Title PRESIDENT	
Signature <i>William R Hume</i>	Telephone No. 905 627 1929	Date (dd-mmm-yyyy) 05 11 2016



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SECTION C: SUBMISSIONS (cont'd)

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

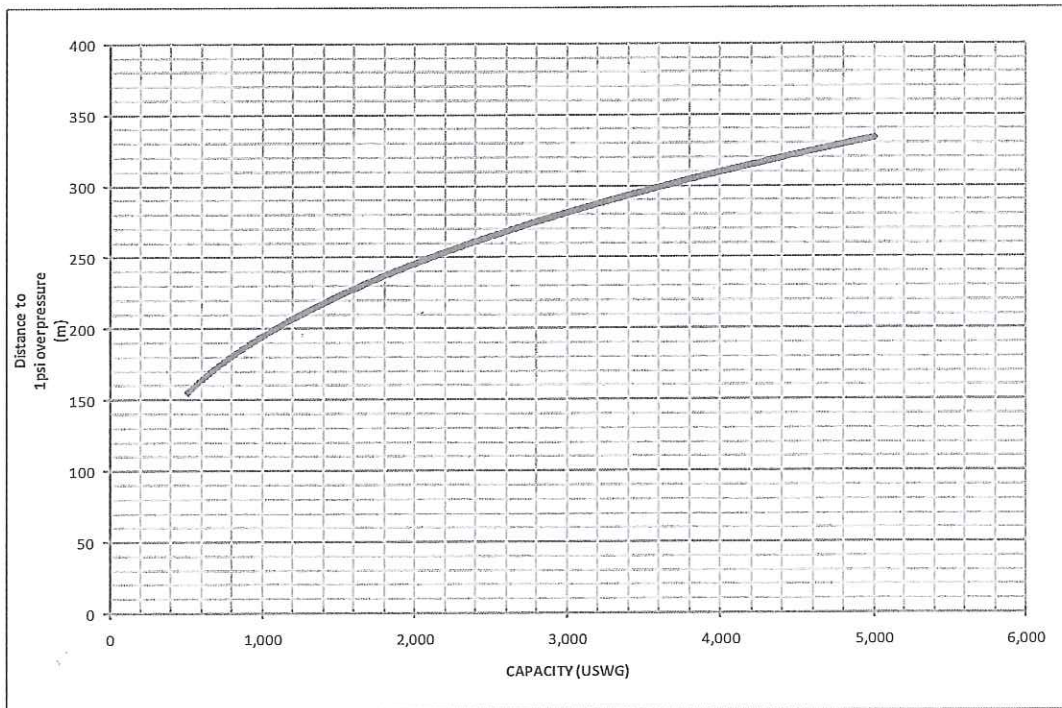
Table 1: Distance Table

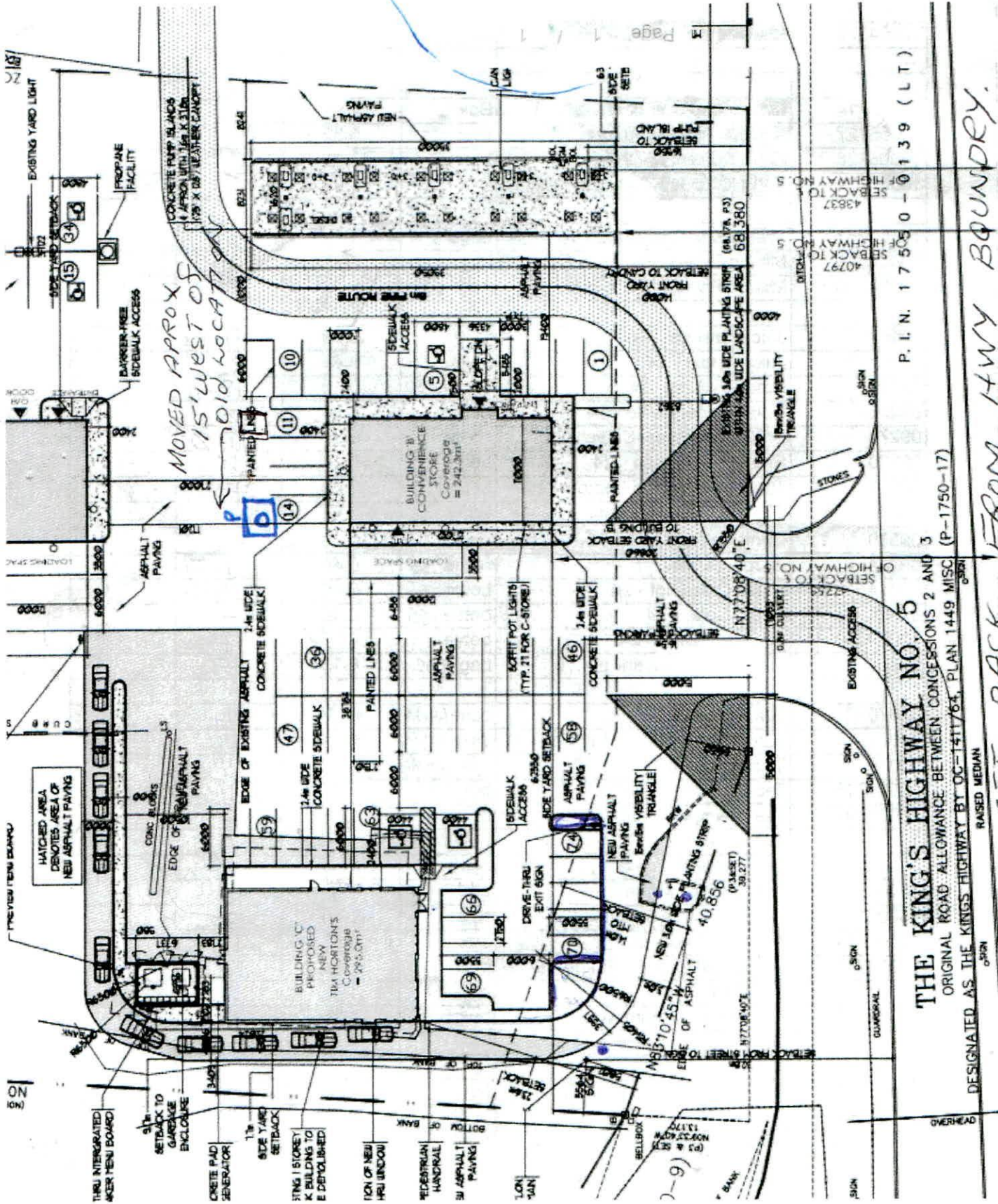
Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

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)





P. I. N. 175050-0139 (LT)

THE KING'S HIGHWAY NO. 5
ORIGINAL ROAD ALLOWANCE BETWEEN CONCESSIONS 2 AND 3
DESIGNATED AS THE KING'S HIGHWAY BY O.C. 1411763, PLAN 1449 MISC. (P-1750-17)

SAME SET BACK FROM HWY BOUNDARY.

20

20

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