Nº12		Techni Propane Si	
	Failure to fully complete this form may result in reject Meting a false statement may result in a fine or prosec under the <i>Technical Standards and Safety Act</i>		tare group
Check	Ince Number 000158257 k applicable type of propane operations. Cylinder Motor Fill Filling Plant nit along with this completed application a Facility Sile Plan and a Map of the Sur	Card/Kaylock Trounding Area.	
	SECTION A: GEN	NERAL INFORMATION	
	Undersigned applies to TSSA for a review for an RS pans Storage and Handling Regulation. Company Name Central Stampting Ltd. Operator Name (If different from above) Same as above Telephone No. Fax No. Sitest No. Sitest No. Street Name / 911 Number / Address, if applicable 2525 Central Avenue Town / City or Township / County Windsor		Postal Code NBVV 4J8
c	Mailing address if different from above. StreetNo. StreetName / 911 Number / Address, if applicable Town / City or Township / County	Province	Postal Code
		Fluence	
D	formation on Container Refill Centre or Filling Plant Location of facility. Street No. Street Name / 911 Number / Address, if applicable 2525 Central Avenue Town / City or Township / County Windsor	Nearest Major Intersection Tecumseh Road & Central Province Ontario	Postal Code N8W 4J6
	Name of Licence Holder Central Stamping Ltd. Name of a Senior Management person as defined in the regulation holding the Municipality (or municipalities if the facility or its hezard distance touches mul Windsor		ICT lype

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 faise information in this document and I hereby declare that the information I have given here is true and complete.

Print nerre	Signature Date (dd-mmm-yyyy)
Name of Licence Holder_Central Stamping Ltd.	15 Kout Ma 16/17
Name of Senior Management person as defined in the	
Regulation holding the Record of Training Kevin Roath	

FS 09195 (01/17) Page 1 of 15

Hours of operation.

1	CAL	814	NO	
13			7,	•)
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1	CTY.	AUT	2	1

Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416.734.3300 Fax: 416.231.4078 Customer Service: 1.877.682.8772 propanelicensing@ttssa.org www.tssa.org

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

SECTION	A: GENERA	L INFORMATION	(cont'd)

Indicate the year the 1970	he facility was established.	Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. No Significant Modifications
Identify the psig rat	ting and serial number for ea	ich fixed propane storage tank on site.
	PSIG	Serial Number
Tank 1: 25	i0	5563258
Tank2:		
Tank3:		

each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 2,000 USWG

Portable: 0

Mobile: 0

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.

Official Title		
Corporate Manufacturing Manager		
Telephone No. Date (dd-mmm-yyyy) 519-945-1111 ext.1158 G3/16/17		

FS 09195 (01/17) Page 2 of 15 /



Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416.734.3300 Fax: 416.231.4078 Customer Service: 1.877.682.8772 propanelicensing@tssa.org www.tssa.org

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

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

Name of Prop	ane Suppli	er(s)		For	Office Use - Party No.
Superior Genera	I Partner Inc	. o/a Superior Propar	ne		
Street No. Street Name / 911 Number / Address, if applicable 251 Woodlawn Road West					
Town / City or Guelph	Township /	Country		Province Ontario	Postal Code N1H 8J1
Telephone No.	0	Fax No.	Contact Name		
416-527-3551			Tom Duncan, General Man	ager - Ontario	
Geo (22) 10 (2		orter. If same as a . o/a Superior Propa	above, please check box.	FO	r Office Use - Party No.
Street No. 7652	Street N	R. N.	Address, if applicable		
Town / City or Chatham	Township /	Country		Province Ontario	Postal Code N7M 5J5
Telephone No. (905) 979-1129		Fax No.	Contact Name Mac Sutherland, Market Ma	inager	
E-mail sutherIm@Supe	eriorPropane				

Off-site Cylinde	er and/or Mobile Storage	Capacity stored	off-site, in USWG	For Office Use - Party No.	
Street No.	Street Name / 911 Number / /	Address, if applicable		and a star in the second s	
Town / City or	Township / Country		Province	Postal Code	
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.

Official Title Corporate Manufacturing Manager		
Telephone No. 519-945-1111 ext.1158	Date (dd-mmm-yyyy) 3/16/17	
	Corporate Manufacturing Manag Telephone No.	



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

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. Acetylene - (3) Welding Carts -(Added to facility map page 27)

Oxygen - (3) - Welding Carts - (Added to facility map page 27)

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

Fire HossCabinets - (Added to facility map page 29)

Sprinkler System Installed. - (Added to facility map page 29)

Fire Extinguishers located in strategic locations throughout the facility - (Added to facility map page 29)

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.

Alarm System/Guard Shack - Annuclator Panel (Zone Location Identified) (Added to facility map 29)

Fire Hose Cabinets

Sprinkler System Installed (Tampar Switches Installed) - Fire Suppression throughout this facility

Fire Extinguishers located in stratgeic locations throughtthe facility (Added to facility map 29)

Maintenance and testing schedule for fire protection controls and devices.

See Appendix: (A - page 36)

Fire Suppression - Sprinkler System is tested annually by Vipond Fire Protection. Is tagged and recorded at this time

Fire Extinguishers - Inspected monthly by in house personnel. The inspection tag on the extinguisher is signed monthly and annually by service provider.

Fire Hoses - Inspected Annually by 3rd party Inspection Services.

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) Mr. Ray Gignac	Official Title Corporate Manufacturing Manag	ger
Signature Kay July	Telephone No. 519-945-1111 ext.1158	Date (dd-mmm-yyyy) 3/16/17
FS 09195 (01/17) Page 4 of 15		



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Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

Propane Storage and Handling Regulation

SECTION B:	EMERGE		EPAREDNESS RESI Emergency Response	PONSE PLAN (c	ont'd)	
		7		trad Barran		
1. Facility Contact Personnel - Key Name	the particular of all which have been a set of the	Office Use - Party No.	5. Facility 24-Hour Cont Name	uaci Person	For Office Use - Party No.	
Name Mr. Ray Gignac	For	Unice Use - Marty No.	Security Service		i di cinico oco i algito.	
Official Title Corporate Manufacturing Manager			Official Title			
	Fax No. 519-945-9880		Cell No.	Fax No.		
E-mail rgignac@namco.com			E-mail	*	2011	
Role and responsibilities in emergency Senior Manager in charge			Role and responsibilities in Response Liaison	n emergency		
2. Facility Contact Personnel - Alte	ernate Contec	đ	6. Name of Facility Mana	egor		
Name For Office Use - Party No. Mr. Shane Wadsworth		Name Mr. Ray Gignac		For Office Use - Party No		
Official Title Plant Manager			Official Title Corporate Manufacturing Manager			
Telephone No. Fax No. 519-945-1111 ext.1249 519-945-9880			Telephone No. Fax No. 519-945-1111 Ext_1158 519-945-9880			
E-mail swadsworth@narmco.com			E-mail rglgnac@namco.co, Role and responsibilities in emergency Senior Manager in charge			
Role and responsibilities in emergency Senior Manager In charge						
3. Local Fire Services - Key Contac	it		7. Propane Supplier Key	Contact Person	1 × 1 = +2 + 1	
Name Fire Chief Dave Fields	For	Office Use - Party No.	Name Mac Sutherland		For Office Use - Party No	
Official Title	E-mail dfields@city.w	indsor.on.ca	Official Title Market Manager	E-mail sutherim@	SuperiorPropane.com	
Telephone No.	Fax No. 519-258-1128		Telephone No. (905) 979-1129	Fax No.	Fax No.	
Role and responsibilities in emergency Incident Commander		1	Role and responsibilities in emergency he role of the key contact is to manage the situation by putting in place specific procedures appropriate to the type of emergency. Propane Supplier Address Queens Line, Highway 2 West, Chatham, Ontario, N7M 5J5			
Fire Services Address						
4. Local Fire Services - Alternate Co	ontact		8. Municipal Contact			
Name Deputy Fire Chief Brian McLaughlin		Name For Office Use - Party Valene Critchley		For Office Use - Party No		
Official Title Deputy Chief	E-mail jmcglaughlin@	windsor.on.ca	Official Title City Clerk			
Telephone No.	Fax No. 519-253-1128		Telephone No. 519-255-6200	Fax No. 519-255-60	068	
Role and responsibilities in emergency Incident Commander	1		E-mail vcritchley@city.windsor.on.	ca		
Fire Services Address			Municipality Name and Address Windsor			

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		
Mr. Ray Gignac	Corporate Manufacturing Manag	jer	
Signature .	Telephone No.	Date (dd-mmm-yyyy)	
Kaplig	519-945-1111 ext.1158	3/16/17	

FS 09195 (01/17) Page 5 of 15



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

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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. Se 4.3 - (page 22)

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		
Mr. Ray Gignac	Corporate Manufacturing Manager		
Signature	Telephone No. 519-945-1111 ext.1158	Date (dd-mmm-yyyy) 3/16/17	

FS 09195 (01/17) Page 6 of 15



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

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

3. Record of Emergency Training Provided - For most recent 12-month period.

I raining on Emergency Hes	ponse Plan and Procedures provided to facility key contacts.	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: Tim De Greco	
27-05-2010	Print Name of Instructor: Tim Del Greco	
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 Eme	ergency Management Procedures provided to staff.	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: Tim Del Greco (Emergency)	
27-05-2010	Print Name of Instructor: Tim Del Greco	
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 prov	vided to certificate holders / persons with Records of Training.	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: (Page 46)	
(See Matrix)	Print Name of Instructor:	
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:	

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		
Mr. Ray Gignac	Corporate Manufacturing Manager		
Signature Key Cigni	Telephone No. 519-945-1111 ext.1158	Date (dd-mmm-yyyy) 3/16/17	

FS 09195 (01/17) Page 7/of 15



Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416.734.3300 Fax: 416.231.4078 Customer Service: 1.877.682.8772 propanelicensing@tssa.org www.tssa.org

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

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

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

Name of person completing this form (please print) Mr. Ray Gignac	Official Title Corporate Manufacturing Manager	
Signature	Telephone No. 519-945-1111 ext.1158	Date (dd-mmm-yyyy) 3/14/17
S 09195 (01/17) Page B of/15		, ,,,,,,



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Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

Propane Storage and Handling Regulation

1	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)?	\checkmark			
2.	Is there adequate night lighting at the site?	\checkmark			
З.	Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwarited materials?	1			
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?	\checkmark			
5.	Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	\checkmark			
6.	Are weighing systems validated for accuracy?		\checkmark		
7.	Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?		\checkmark		
8.	Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	\checkmark			
9.	Is the schedule of maintenance and testing activities retained on site?	\checkmark			
	7. Water Supply				
	e propane licence holder should work with the local fire department to determine water ply 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?	\checkmark			
2.	Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	\checkmark			
З.	What is the unobstructed distance to the closest water supply that could be used for				

firefighting activities? (distance in metres only)

What is the unobstructed distance to the closest approved water supply with year 4. round access if there are no hydrants? (distance in metres only)

Yes	No
\checkmark	
\checkmark	
09.362 n	neters
N/A	

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) Mr. RAy Gignac	Official Title Corporate Manufacturing Manager	
Signature Kay Vigin	Telephone No. 519-945-1111 ext.1158	Date (dd-mmm-yyyy) 8/16/17
FS 09195 (01/17) Page 10 of 15		6//

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

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). There is an existing warning system installed in this facility. The system of notification is the audible sound of bells placed strategically around the facility. Public notifications would come by way of Windsor Fire & Rescue and the Windsor Police Services.

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).

See Appendix Attached: 4.3 EMERGENCY PREPAREDNESS PLAN & PROCEDURE - Page 22

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).

See Appendix Attached, 4.3 EMERGENCY PREPAREDNESS PLAN & PROCEDURE - Page 22

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

There is Security presence at the guard shack located at Somma Ave. on a (24 hr), (7) days a week

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

This will be accomplished through the corporate officers and through the Human Resources Department

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

There is a security guard at the gate house on Somma Ave. on a (24 hr), (7) days a week. The facility manager can be on site in (15) minutes.

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	
Mr. Ray Gignac	Corporate Manufacturing Manager	
Signature	Telephone No.	Date (dd-mmm-yyyy)
Kay	519-945-1111 ext.1158	3/16/17

FS 09195 (01/17) Page 9 of 15

TSSA

 Technical
 14th Floor - Centre Tower

 Standards and
 3300 Bloor Street West

 Safety Authority
 Toronto Ontario M8X2X4

 www.tssa.org
 Customer Service: 1.877.682.8772

Pravilie OFOTION D. ENERGENCY AND DEEDADEDNESS DESDONSE DI AN (constid)	
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	
Yes No	
To be completed by the Local Fire Services Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	, 1
	1
not, please explain (e.g., no fire services).	
	~
See attached - Appendix A-2 (2 pac	apa
et unaque - Appendix n. = (2 pao	19
o be completed by the Licence Holder	
n response to the above comments, the following action(s) is required:	
·	
licence holder will respond to the Local Fire Services comments by:	
(dd-mm-yyyy)	
LOCAL FIRE SERVICES	
he undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.	
Andreade Jong - Windsor Fire + Signature Wather 19	(dd-mm-yyyy)
Local Fire Services Name Rescue Services	-05-201

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.

\sim			
	ne of person completing this form (please print)	Official Title	·
T		CORPORATE MARK	HACTURING ML.
Sig	gnature	Telephone No.	Date (dd-mm-yyyy)
	another 1	519)566-4179	5/25/11
FS (09195 (11/10) Page 11 of 15		, , , , , , , , , , , , , , , , , , , ,

Fire Department Commentary – Propane RSMP

2525 Central Avenue. (Central Stamping – NARMCO GROUP)

Page 4

Q – Any hazardous materials located close to tank not identified or negated.

A – There are no hazardous materials stored near the 2000uswg tank on the property identified.

Q – Storage Tanks to be identified as being located by large vessel are not identified. A – Added to facility map 4.4 (Page 27, 28, 29)

Q – Welding Tank to be identified as being located on interior of the structure.

A – Tanks have been identified and are stored in the area noted as the TOOL ROOM.

Q – Fire extinguishers identified in photo on page 8 of appendix document not identified on noted (page 29) map.

A – Added to map on (page 29).

Q – Fire hose cabinets / sprinkler system / fire extinguishers are not identified as being located on the interior of the structure.

A – Sprinkler System identified on map facility map 4.1 (page 29)

A – Hose Cabinets identified on map (page 29)

A – Fire Extinguishers identified on map (page 29)

Q – Emergency Shut Off Switch identified in photo on (page 9) of appendix document is not identified A – Added to map on (page 27).

Q – Location of MSDS sheets not identified

A - Located on facility map 4.1 (page 17) – Guard Shack.

Page 5

Q – A 24 hour facility contact person has not been identified.

A – As noted on 4.2 FIRE DEPARTMENT INFORMATION (page 18). The Senior Manager in charge at the plant at the time will assume the role of the Emergency Liaison in the event of an emergency. This is also identified and written in the corporate plan and identified in 4.3 EMERGENCY PREPAREDNESS PLAN (page 22).

Page 6

Q – A person responsible to initiate a system that will account for all staff and visitors has not been provided.

A – As noted on 4.2 FIRE DEPARTMENT INFORMATION (page 18). The Senior Manager in charge at the plant at the time will assume the role of the Emergency Liaison in the event of an emergency. This is also identified and written in the corporate plan and identified in 4.3 EMERGENCY PREPAREDNESS PLAN (page 22).

Q – A person responsible or procedure on how to activate the emergency stop button has not been provided.

A – All those and only those persons trained and qualified to fill, purge, or transfer propane are familiar with the emergency response procedures in the event of an emergency. See ROT certificates / Training Matrix on (page 46).

Q - A description of the actions that should be taken to control a transfer hose leak, propane piping leak or a fire under or around the propane vessel including the steps to limit the consequences has not been provided.

A – This information can be found in **5.0 Immediate Mitigation Actions** on (page 30)

Q – All information provided through (page 21) of appendix document is pertaining to interior of plant – nothing relating to the exterior vessel.

A – This information can be found in **4.3 Emergency Preparedness Plan & Procedure,** on (page 22) starting with **OTHER EMERGENCY PROCEDURES.**

Q – Extraction Team is for "in plant" use – nothing relating to the exterior vessel. Windsor Fire & Rescue would not utilize the team for anything but information.

A – This team was mentioned for just this purpose.

Q – Spill containment team – nothing regarding their capabilities or responsibilities in regards to their actions in the event of propane episode.

A – The Spill Containment policy and procedure is noted in Appendix "D". There is no PROPANE specific direction in this policy.

Q – A safe meeting place outside the hazard distance has not been identified.

A – This will be decided and designated by Incident Command or a Senior Manager. There are many factors that could and would for safety reasons change this collection area. An area has been identified and is noted on the HAZARD DISTANCE MAP on (page 5)

Q – A description of how to activate the emergency stop button has not been provided.

A – All those and only those persons trained and qualified to fill, purge, or transfer propane are familiar with the emergency response procedures and button operations in the event of an emergency. See ROT certificates / Training Matrix on (page 46).

Q – No information provided on emergency shut-off switch if there is a power outage. Is there any back up power?

A – This information is noted on (page 36) in the **CORPORATE PLAN FOR POWER BLACKOUTS** in **3.2 Narmco Emergency Plan**. There is a back-up generator for this site and the propane facility is not noted a part of the emergency generator services.

Page 9

Q – No direction of how warning is to be given from outside yard area at / near vessel. A – In the event that a warning or evacuation is necessary, this direction would be ordered by the Incident Command on scene and would be supported by Police Services.

Q – No identification of who is activating the warning system, and what if any directions are given. A – This is identified in **4.3 EMERGENCY PREPAREDNESS PLAN** on (page 22) under the heading of **EVACUTION ALARM** – where is notes that the SENIOR MANAGEMENT will active this alarm. The directions to employees are given on the pages following.

Q – How the people on site are evacuated has not been identified.

A – This is identified in **4.3 EMERGENCY PREPAREDNESS PLAN** on (page 22) under the heading of **EVACUTION ALARM** – where is notes that the SENIOR MANAGEMENT will active this alarm. The directions to employees are given on the pages following.

Q – No specific information / procedures regarding and propane events.

A – This is identified in **4.3 EMERGENCY PREPAREDNESS PLAN** on (page 24) under the heading of **LARGE SCALE EVENTS** – where is notes that the SENIOR MANAGEMENT will give directions as per the procedure written. The directions to employees are given on the pages following.

Q – No specific information given how and what information is provided to the emergency services. A - This information is given in **4.2 FIRE DEPARTMENT INFORMATION** (page 18).

Q – No information provided as to who would contact Windsor Police Services to alert / notify residents in hazard area. Windsor Fire & Rescue has no part in evacuation of residents.

A – This would be accomplished with the initial call to 911 and the evacuation would be ordered by the incident Commander on scene.

Q - The declaration at the bottom of the page has not been completed – signed, endorsed, telephone number and dated.

A – This has been rectified.

<u>Page 14</u>

Q - Residential unit's section - page reference is missing. Information is incomplete, and not found in document.

A – This can be included in the document. This information is confidential and not available without request.

Completed on May 31st , 2011 and forwarded to the TSSA on that date.

Raymond Roy E.P.C. Services 519-563-7060

APPENDIX A - 2

May 19, 2011

FIRE SERVICE COMMENTARY - PROPANE RSMP 2525 CENTRAL (CENTRAL STAMPING-NARMCO GROUP)

Additional Fire Service Comments:

P.4

- Any hazardous materials located close to tank not identified or negated
- Storage cage containing additional tanks located by large vessel are not identified
- Welding tanks to be identified as being located on interior of the structure
- Fire extinguisher identified in photo on page 8 of appendix document not identified on noted page 26 map
- Fire hose cabinets/sprinkler system/ fire extinguishers are not identified as being located on interior of structure
- Emergency shut off switch identified in photo on page 8 of appendix document is not identified
- Location of MSDS sheets not identified

P.5

A 24 hour facility contact person has not been identified

P.6

- A person responsible to initiate a system that will account for all staff and visitors has not been provided
- A person responsible or procedure on how to activate the emergency stop button has not been provided
- A description of the actions that should be taken to control a transfer hose leak, propane piping leak or a fire under or around the propane vessel including the steps to limit the consequences has not been provided
- All information provided through page 21 of appendix document is pertaining to interior of plant –nothing relating to the exterior vessel
- Extraction team is for 'in plant' use nothing relating to the exterior vessel.
 Windsor Fire & Rescue would not utilize this team for anything but information.
- Spill containment team- nothing regarding their capabilities or responsibilities in regards to their actions in the event of a propane episode
- A safe meeting place outside the hazard distance has not been identified
- A description of how to activate the emergency stop button has not been provided
- No information provided on emergency shut off switch if there is a power outage-is there any backup power

Con't...

P.9

- No direction of how warning is to be given from outside yard area at/near vessel
- No identification of who is activating the warning system, and what if any directions are being given
- How the people on the site are evacuated has not been identified
- No specific information/ procedures regarding any propane events
- No specific information given how and what information is provided to the emergency services
- No information provided as to who would contact Windsor Police Services to alert/notify residents in hazard area. Windsor Fire & Rescue has no part in evacuation of residents

P.11

 The declaration at the bottom of the page has not been completed – signed, endorsed, telephone number and dated

P.14

- Residential unit's section- page reference is missing. Information is incomplete, and not found in document
- Remainder of page completed incorrectly

All infill information provided on TSSA document is difficult to read due to very light print.

This review and comments have been made by reviewer: Andrea DeJong Fire Prevention Officer, Windsor Fire & Rescue Services 815 Goyeau St Windsor, ON N9A 1H7 519-253-3016 x274



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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-r	nm-yyyy)	Capacity of single largest propane	storagevessel (USWG)	
MARCI	+ 2011	2000 USWG		
Tank setback coordinates.	Indicate placement on t	the map.		
Front:	138.705 m (east)	Right side property line:	96.513 (north)	
	80.136 (west)	Left side property line:	107.589 (south)	
GPS coordinates of single largest vessel: 42.2985 / -82.9780				

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.

lame of person completing this form (please print)	Official Title	ficial Title		
Mr. Tony Turton	Corporate Manufacturing M	Corporate Manufacturing Manager		
Signature	Telephone No. 519-945-1111 Ext 253	Date (dd-mm-yyyy) 13 / 05 / 2011		



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SECTION C: SUBMISSIONS (cont'd)

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

Table 1: Distance Table

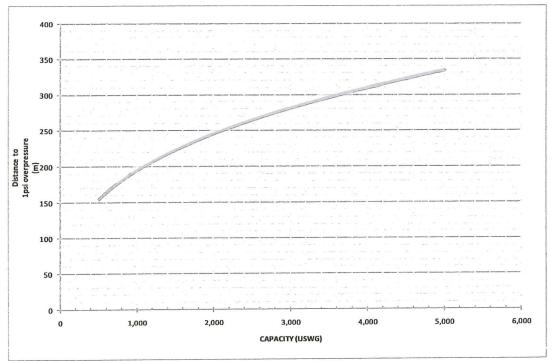
Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

Formula: D= 16.94 x (1.524 x 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)



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

.vame of person completing this form (please print)	Official Title Corporate Manufacturing Manager		
Signature	Telephone No. 519-945-1111 Ext 253	Date (dd-mm-yyyy) 13 / 05 / 2011	



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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		* Number of Buildings and Features (mark with an "X")			Distance from Tank to Closest Building or
AND Name and Address of Closest Building or Feature	0	1	2-10	-	Feature
Industrial buildings or parks or golf courses Name: Address: City: Province Province Code			х		<u>175.137</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: Address: City:				x	<u>94.941</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Lifestyles Fitness Centre ^ddress: 2437 Central Ave _ity: Windsor Province Ontario Postal Code		X			<u>252.919</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: HTA Address:	0				m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name:Address:Address:ProvincePostal Code	0				m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name:	0				m

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

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Name of person completing this form (please print)	Official Title		
Mr. Tony Turton	Corporate Manufacturing Manager		
Signature	Telephone No.	Date (dd-mm-yyyy)	
	519-945-1111 Ext 253	13 / 05 / 2011	

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SECTION C: SUBMISSIONS (cont'd)

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

Portable Storage Additional Information Sheet

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

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
N / A		

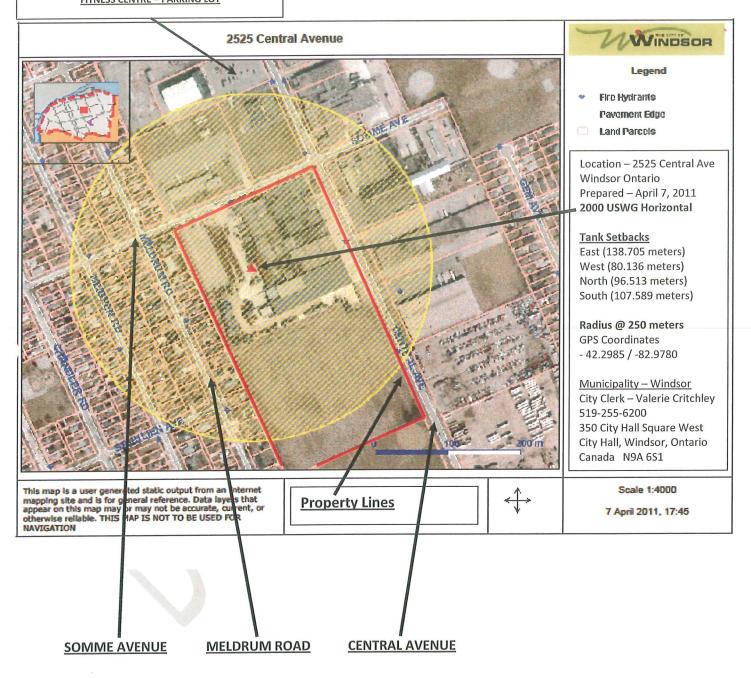
Total Cylinder Capacity	N/A
Total Tank Capacity	NIA 2000 USW6.
Total Portable Capacity	N/A

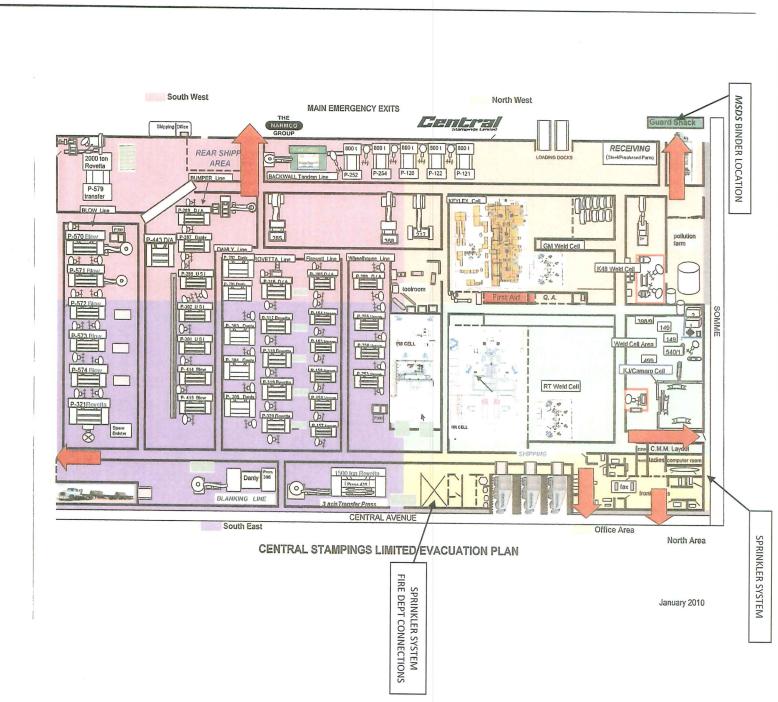
Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

ame of person completing this form please	print)	Official Title Corporate Manufacturing Manager		
Signature		Telephone No. 519-945-1111 Ext 253	Date (dd-mm-yyyy) 13 / 05 / 2011	

2.0 CENTRAL STAMPING – HAZARD DISTANCE (250 meters)

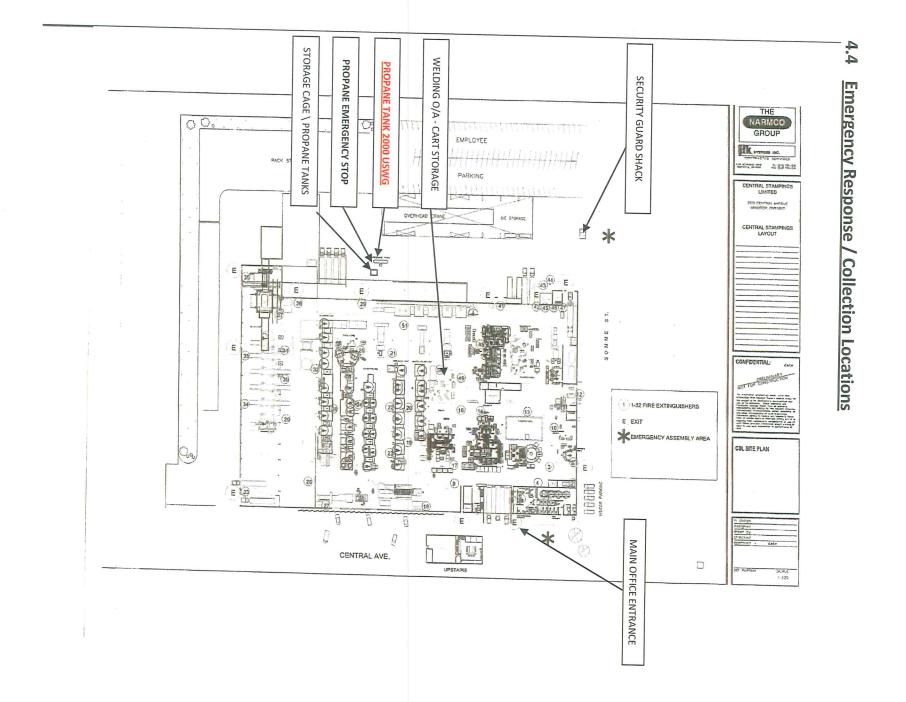
EVACUATION SITE – OUTSIDE HAZARD DISTANCE FITNESS CENTRE – PARKING LOT





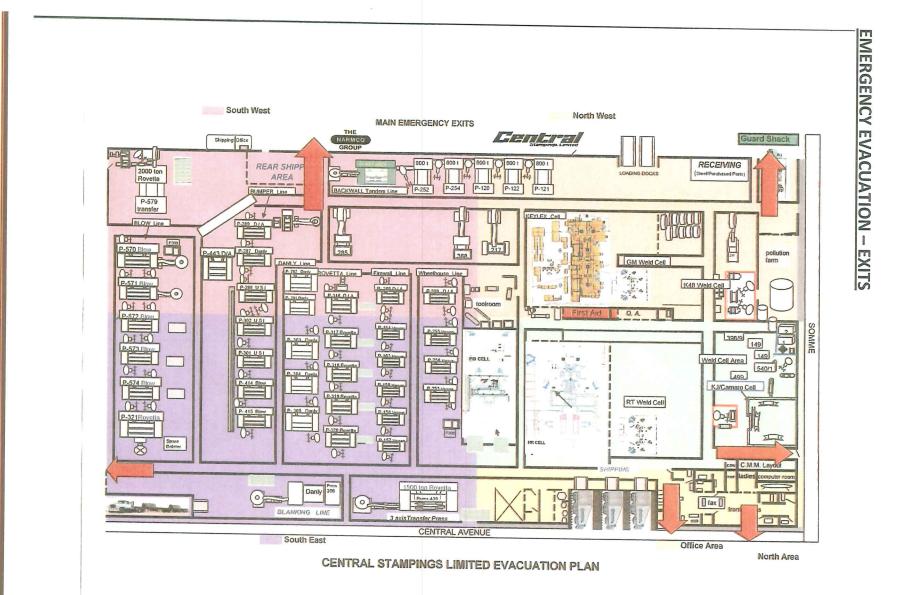
4.1 EVACUATION MAP – NOTING ALL EMERGENCY EXITS

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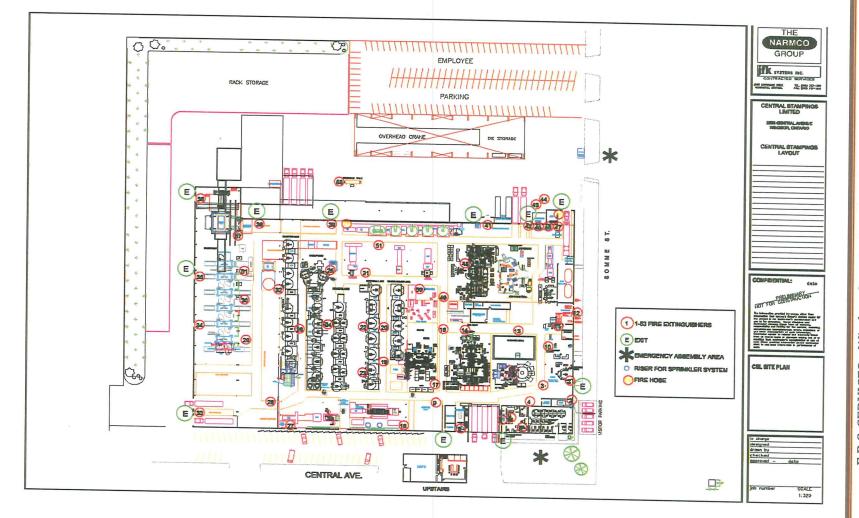
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