



Technical Standards and Safety Authority
 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

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.

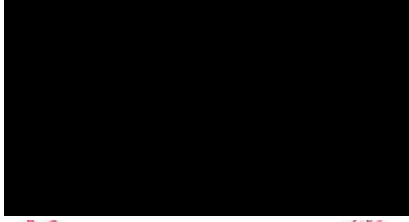
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the Technical Standards and Safety Act

Licence Number: 000076644308

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: **A** Roseson Distributors Inc. Ontario Corporation No., if applicable: 1067684

Operator Name (if different from above): _____

Telephone No.: 613-962-0651 Fax No.: 613-967-9920 E-mail: _____

Street No.: 4026 Street Name / 911 Number / Address, if applicable: Old Hwy #2

Town / City or Township / County: Belleville Province: Ontario Postal Code: K8N 4Z4

Mailing address if different from above.

Street No.: _____ Street Name / 911 Number / Address, if applicable: _____

Town / City or Township / County: _____ Province: _____ Postal Code: _____

Information on Container Refill Centre or Filling Plant

Location of facility.

Street No.: 4026 Street Name / 911 Number / Address, if applicable: Old Hwy #2 Nearest Major Intersection: Haig Road & Hwy #2

Town / City or Township / County: Belleville Province: Ontario Postal Code: K8N 4Z4

Name of Licence Holder: Roseson Distributors Inc.

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Earl Rosebush ROT type: PPO-3

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

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 (dd-mm-yyyy)
Name of Licence Holder: <u>Roseson Distributors Inc.</u>	<u>Earl Rosebush</u>	<u>25-10-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training: <u>Earl Rosebush</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

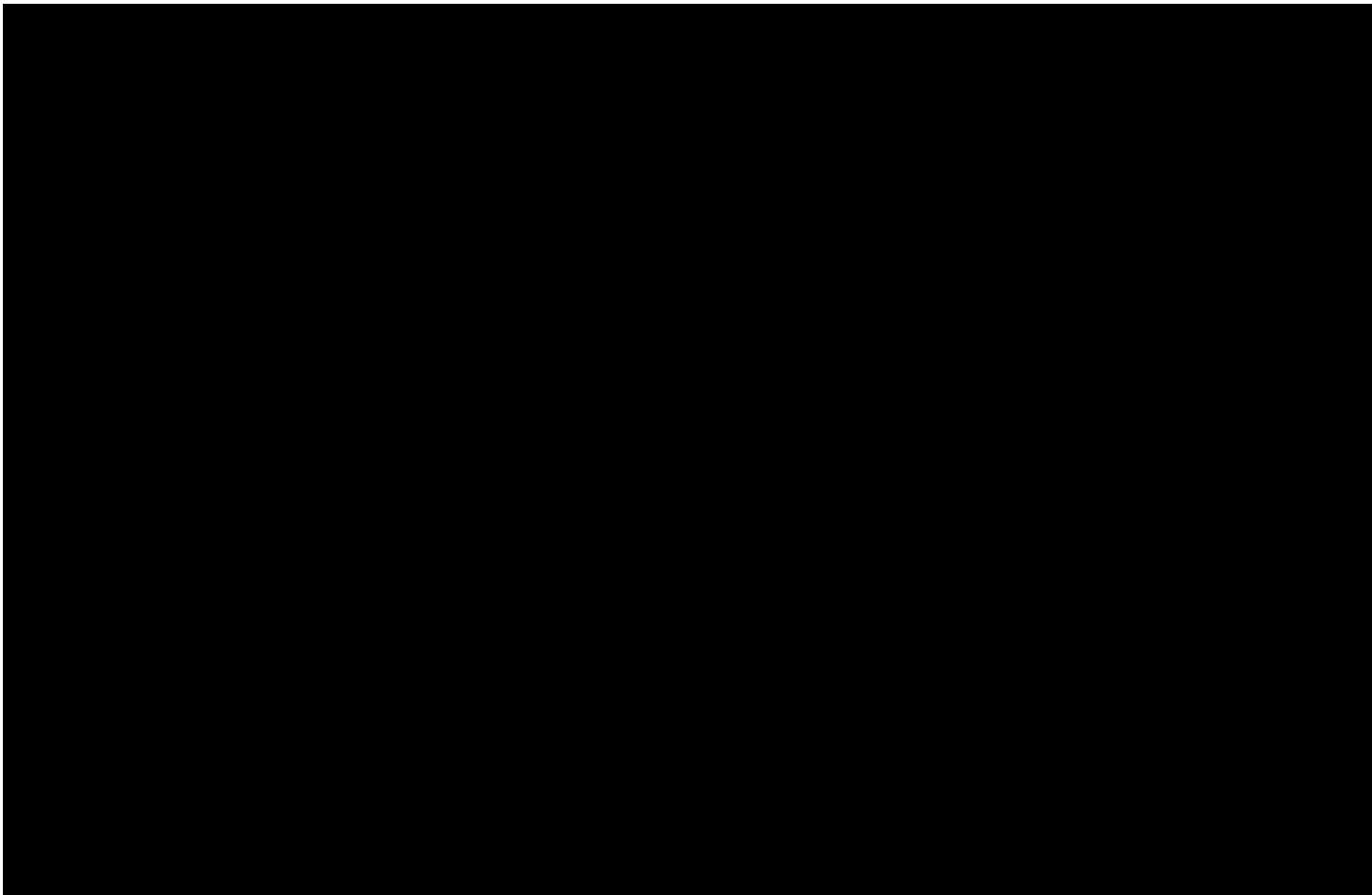
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
unknown 2000

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

	PSIG	Serial Number
Tank 1:	250	251-98
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: 2000 USWG Portable: 157.2 Mobile: _____



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Name of person completing this form (please print) Derek Rosebush		Official Title Operations Manager
Signature 	Telephone No. 613-962-0651	Date (dd-mm-yyyy) 25-10-2011



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)		[Redacted]	
GM Petroleum (PRIMAX)			
Street No.	Street Name / 911 Number / Address, if applicable		
8707	Dufferin St. Unit # 10, Suite 149		
Town / City or Township / Country		Province	Postal Code
Vaughan		Ontario	L4J 0A6
Telephone No.	Fax No.	Contact Name	
416-580-1079		Mike Martin	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
Primemax Energy Inc.			
Street No.	Street Name / 911 Number / Address, if applicable		
2558	Cedar Creek Road		
Town / City or Township / Country		Province	Postal Code
Ayr		Ontario	NOB 1E0
Telephone No.	Fax No.	Contact Name	
519-740-8209	519-740-1015	Mike Taylor	
E-mail			
Primemax@primemaxenergy.com			

Off-site Cylinder and/or Mobile Storage		Capacity stored off-site, in USWG	For Office Use - Party No.
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

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

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Name of person completing this form (please print)		Official Title	
Derek Rosebush		Operations Manager	
Signature		Telephone No.	Date (dd-mm-yyyy)
		613-962-0651	25-10-2011



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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.

Unleaded Gasoline - 22,000L & 13,000L Underground Storage Tanks, Diesel Fuel 13,000L Underground Storage Tanks

Stove Oil - 1250L Above Ground Storage Tank For Retail

Heating Oil - 2 X 910L Above Ground Storage Tank For Heating

Propane - 2 X 420lbs Cylinder For Heating

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

Fire Extinguishers - to extinguish small fires

Emergency Shutoff - to eliminate power to propane pumping system

ISC Cable Door - can be shut to close the Internal Safety Control Valve and eliminate product flow from the tank

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.


Fusible link located on the Internal Safety Control Valve to eliminate product flow during a fire

Maintenance and testing schedule for fire protection controls and devices.

Fire Extinguishers - certified annually by Brown's Fire Protection Services

Propane System - annual inspections by Westside Services

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Signature 		Telephone No. 613-962-0651	Date (dd-mm-yyyy) 25-10-2011



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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 Derek Rosebush	For Office Use - Party No.
Official Title Operations Manager	
Telephone No. 613-962-0651	Fax No. 613-967-9920
E-mail derek@rosebushfuels.com	
Role and responsibilities in emergency	

5. Facility 24-Hour Contact Person

Name Derek Rosebush	For Office Use - Party No.
Official Title Operations Manager	
Cell No. 613-922-4273	Fax No. 613-967-9920
E-mail derek@rosebushfuels.com	
Role and responsibilities in emergency	

2. Facility Contact Personnel - Alternate Contact

Name Earl Rosebush	For Office Use - Party No.
Official Title President	
Telephone No. 613-962-0651	Fax No. 613-967-9920
E-mail earl@rosebushfuels.com	
Role and responsibilities in emergency	

6. Name of Facility Manager

Name Derek Rosebush	For Office Use - Party No.
Official Title Operations Manager	
Telephone No. 613-962-0651	Fax No. 613-967-9920
E-mail derek@rosebushfuels.com	
Role and responsibilities in emergency	

3. Local Fire Services - Key Contact

Name Scott Bush	For Office Use - Party No.
Official Title Fire Prevention Officer	E-mail sbush@city.belleville.on.ca
Telephone No. 613-962-2010	Fax No. 613-969-7047
Role and responsibilities in emergency	

7. Propane Supplier Key Contact Person

Name Mike Martin	For Office Use - Party No.
Official Title Sales	E-mail
Telephone No. 416-580-1079	Fax No.
Role and responsibilities in emergency	

Fire Services Address
181 Pinnacle Street, Belleville, ON K8N 3A5

Propane Supplier Address
8707 Dufferin St., Unit # 10, Suite 149, Vaughan, ON, L4J 0A6

4. Local Fire Services - Alternate Contact

Name Rhéaume Chaput	For Office Use - Party No.
Official Title Director / Fire Chief	E-mail rchaput@city.belleville.on.ca
Telephone No. 613-771-3075	Fax No. 613-969-7047
Role and responsibilities in emergency	

8. Municipal Contact

Name Rhéaume Chaput	
Official Title Director / Fire Chief	
Telephone No. 613-771-3075	Fax No. 613-969-7047
E-mail rchaput@city.belleville.on.ca	

Fire Services Address
181 Pinnacle Street, Belleville, ON K8N 3A5

Municipality Name and Address
181 Pinnacle Street, Belleville, ON K8N 3A5

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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.

N/A

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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) 19-12-2011	Print Name of Training Provider: Earl Rosebush Fuels
	Print Name of Instructor: Derek Rosebush
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) 19-12-2011	Print Name of Training Provider: Earl Rosebush Fuels
	Print Name of Instructor: Derek Rosebush
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) 19-12-2011	Print Name of Training Provider: Earl Rosebush Fuels
	Print Name of Instructor: Derek Rosebush
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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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) 01-06-2012	Print Name of Training Provider: Earl Rosebush Fuels
	Print Name of Instructor: Derek Rosebush
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) 01-06-2012	Print Name of Training Provider: Earl Rosebush Fuels
	Print Name of Instructor: Derek Rosebush
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) 01-06-2012	Print Name of Training Provider: Earl Rosebush Fuels
	Print Name of Instructor: Derek Rosebush
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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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).
Service station attendant will verbally warn other staff, customers and anyone else in the immediate vicinity to evacuate the area.

The service station attendant will then call 911.

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).

After 911 call the service station attendant will close off the entrance to the lot with safety cones. Head count will be taken at the northeast corner of the lot.

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).

The service station attendant will call 911 using the phone in the kiosk. The service station attendant will then contact the 24 hour emergency contact person.

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

The tank is located in the north west corner of the lot and can be accessed from the road, or through the two entrances to the lot. The tank is not in a fenced area so it is readily accessible at any time of day, whether or not the facility is open or closed.

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

The service station attendant will be able to give emergency persons information about the site during business hours and the 24 hour emergency contact will be able to give emergency responders information over the phone and on site once he arrives.

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

20 min

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Name of person completing this form (please print)

Derek Rosebush

Signature

Official Title

Operations Manager

Telephone No.

613-962-0651

Date (dd-mm-yyyy)

25-10-2011



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

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

6. Building and Site Security and Procedures

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

7. Water Supply

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

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	<u>1100 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>1100 m</u>	

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Name of person completing this form (please print) Derek Rosebush	Official Title Operations Manager
Signature 	Telephone No. 613-962-0651
	Date (dd-mm-yyyy) 25-10-2011



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

The licence holder will complete Section B in consultation with the local Fire Services.
8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

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

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Fire services comments, if any:

1. Develop and display fire safety plan for office, 2. Fire extinguisher training for staff, 3. Provide ROT's for staff, 4. Change municipal contact to Fire Chief
5. Provide documentation for emergency training, 6. Provide lockout procedure, 7. Provide filling procedure from OPA manual
8. Provide annual inspection report from Westside Services

To be completed by the Licence Holder

In response to the above comments, the following action(s) is required:

1. Working with Scott Bush FPO to develop, 2. Scott Bush FPO to provide training in June/12, 3. Provided, 4. Done, 5. Done, 6. Done, 7. Done, 8. Done

The licence holder will respond to the Local Fire Services comments by: 19-12-2011
(dd-mm-yyyy)

LOCAL FIRE SERVICES

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

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name <u>Breanne Chaput</u>	<u>[Signature]</u>	<u>26-Jan-2012</u>

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Name of person completing this form (please print) Derek Rosebush	Official Title Operations Manager
Signature <u>[Signature]</u>	Telephone No. 613-962-0651
	Date (dd-mm-yyyy) 25-10-2011



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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-mm-yyyy)	Capacity of single largest propane storage vessel (USWG)		
24-05-2011	2000 USWG		
Tank setback coordinates. Indicate placement on the map.			
Front: 30'	9.14 m	Right side property line: 168.5'	51.36 m
Rear: 122'	37.19 m	Left side property line: 25'	7.62 m
GPS coordinates of single largest vessel:	N44.170132 W77.325817		

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Name of person completing this form (please print)	Official Title	
Derek Rosebush	Operations Manager	
Signature	Telephone No.	Date (dd-mm-yyyy)
	613-962-0651	25-10-2011



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SECTION C: SUBMISSIONS (cont'd)

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

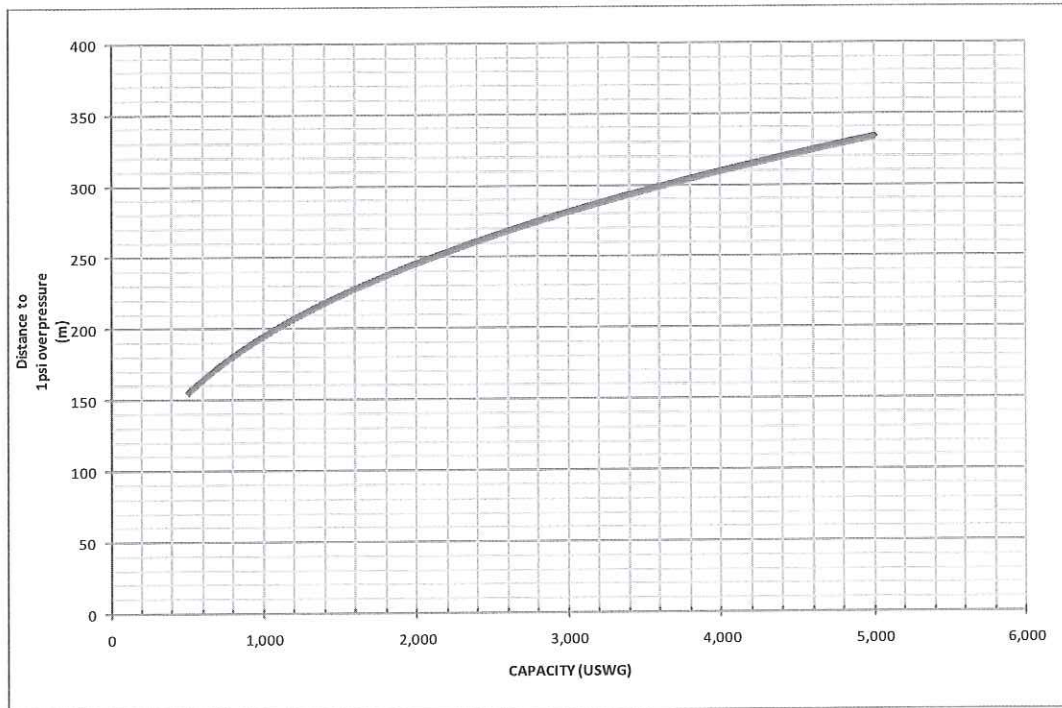
Table 1: Distance Table

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

Formula: $D = 16.94 \times (1.524 \times C)^{1/3}$
 D = Distance to overpressure of 1 psi (meters)
 C = Tank Total Capacity in USWG

Parameters: Density of Propane is 0.5033 kg per litre @ 15 C
 Assume all vessels are 80% full
 1 gallon [US, liquid] = 0.003785411784 cubic meter
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)





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SECTION C: SUBMISSIONS (cont'd)

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

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

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]			X		18 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Stan's Fix-It Shop Ltd</u> Address: <u>4018 Old Hwy #2</u> City: <u>Belleville</u> Province <u>Ontario</u> Postal Code <u>K8N 4Z4</u>		X			18 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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

Name of person completing this form (please print) Derek Rosebush	Official Title Operations Manager
Signature 	Telephone No. 613-962-0651
	Date (dd-mm-yyyy) 25-10-2011



Technical Standards and Safety Authority
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

WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8	6	52.8
# 20	5.8	18	104.4
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			157.2

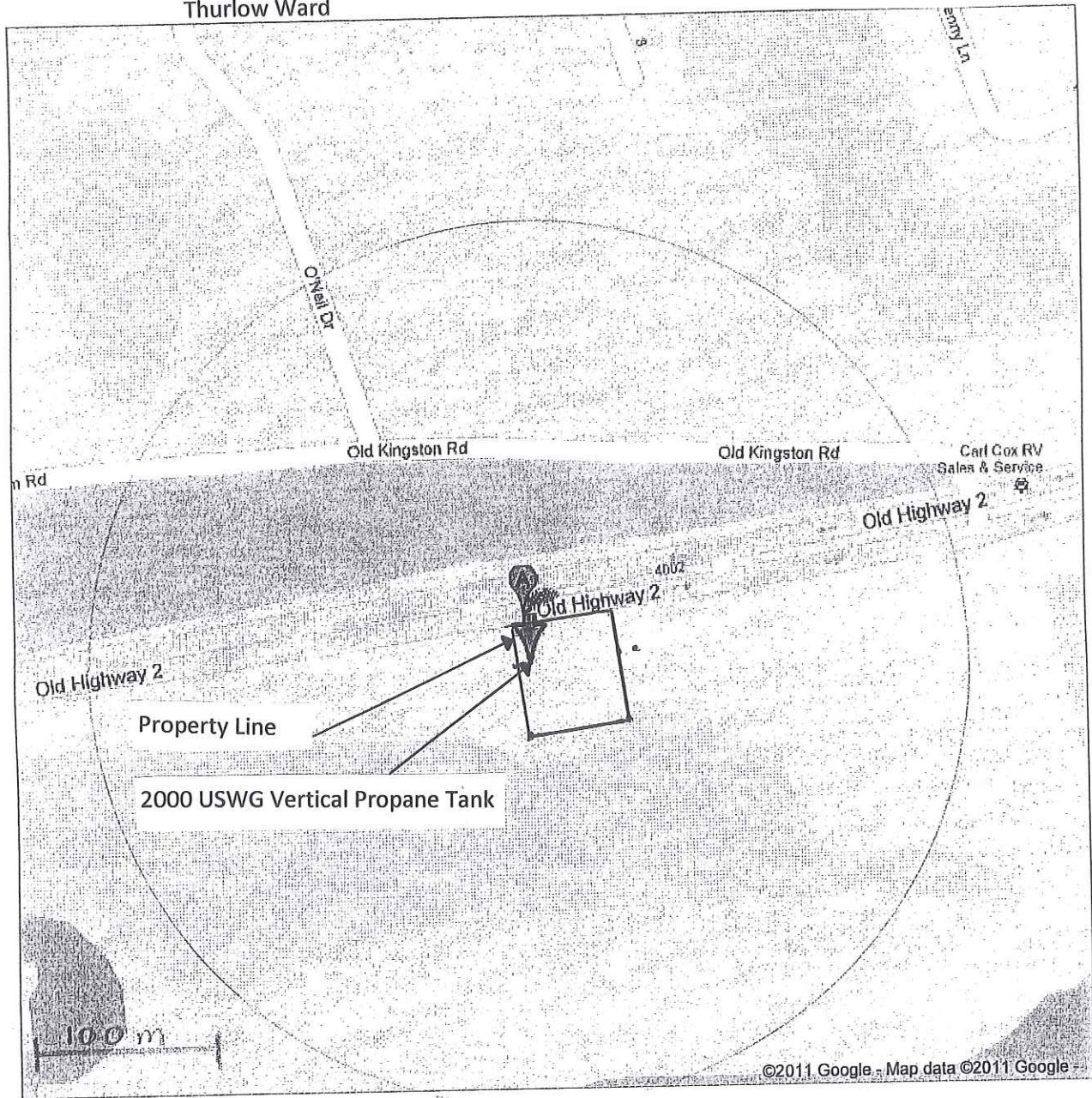
Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	
Total Tank Capacity	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	157.2

Location: 4026 Old Hwy #2
Belleville, Ontario
K8N 4Z4
Municipality of Belleville
Thurlow Ward

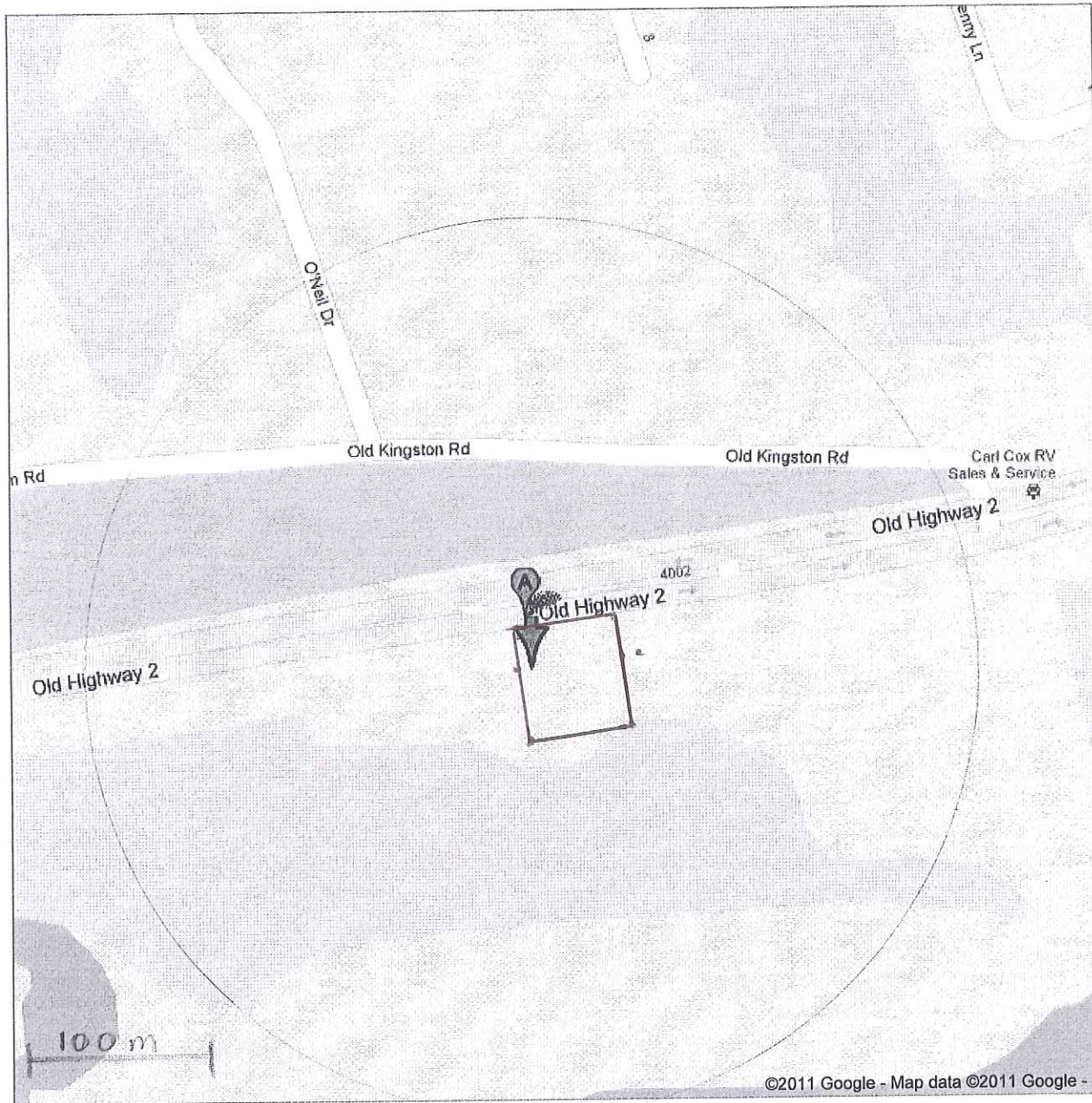
City Clerk: Julie C. Oram
169 Front St.
Belleville, Ontario
K8N 2Y8
613-967-3271



Tank Setbacks: Front 30', Rear 122', Right Side 168.5', Left Side 25'
Radius 246m
GPS Coordinates N44.170132, W77.325817

Google

Address 4002-4032 County Road 2
Belleville, ON K8N 5V9



Facility Site Plan
 OLCO Gas Station
 4026 Old Hwy 2
 Belleville, Ontario
 K8N 4Z4
 Municipality of Belleville

