



Technical Standards and Safety Authority  
www.tssa.org

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

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

This Level 1 RSMP applies to:   
 - a facility with a total propane storage capacity of 5,000 USWG or less; or   
 - a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

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

Licence Number **0000019432-C**

Check applicable type of propane operations:

Cylinder     Motor Fill     Filling Plant     Card/Keylock

Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.



**SECTION A: GENERAL INFORMATION**

The Undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act, Propane Storage and Handling Regulation.*

**A** Company Name: **T.G. Hammond Limited O/A Gra-Ham Energy Ltd** Ontario Corporation No., if applicable: \_\_\_\_\_

Operator Name (if different from above): **Charles Hammond**

Telephone No.: **519-284-3420** Fax No.: **519-284-2522** E-mail: **charlehammond@rogers.com**

**B** Street No.: **5878** Street Name / 011 Number / Address, if applicable: **Line 34**

Town / City or Township / County: **West Perth** Province: **Ontario** Postal Code: **N0K 1N0**

Mailing address if different from above:

**C** Street No.: **Same** Street Name / 011 Number / Address, if applicable: \_\_\_\_\_

Town / City or Township / County: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Information on Container Refill Centre or Filling Plant**

**D** Location of facility:

Street No.: **5878** Street Name / 011 Number / Address, if applicable: **LINE 34** Nearest Major Intersection: **Wollington St. and Huron Rd.**

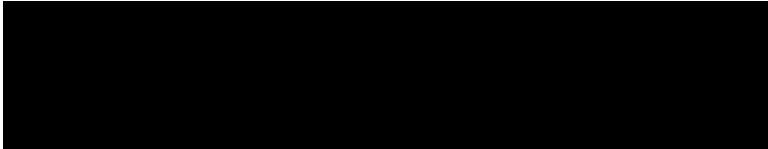
Town / City or Township / County: **Mitchell** Province: **Ontario** Postal Code: **N0K 1N0**

Name of Licence Holder: **Charles Hammond**

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): **Charles Hammond** ROT type: **G1, ICE-P, LP, PM2, PM3, PMH**

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): **Municipality of West Perth**

Hours of operation: **Below is hours of Operation for GOCO store - Propane pumping hours are from 8:00 am - 7:00 pm daily.**



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.

Name of Licence Holder: <b>Charles Hammond</b>	Print name	Signature: <i>Charles Hammond</i>	Date (dd-mm-yyyy): <b>16-01-2012</b>
Name of Senior Management person as defined in the Regulation holding the Record of Training: <b>Charles Hammond</b>	Print name	Signature: <i>Charles Hammond</i>	Date (dd-mm-yyyy): <b>16-01-2012</b>



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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)**

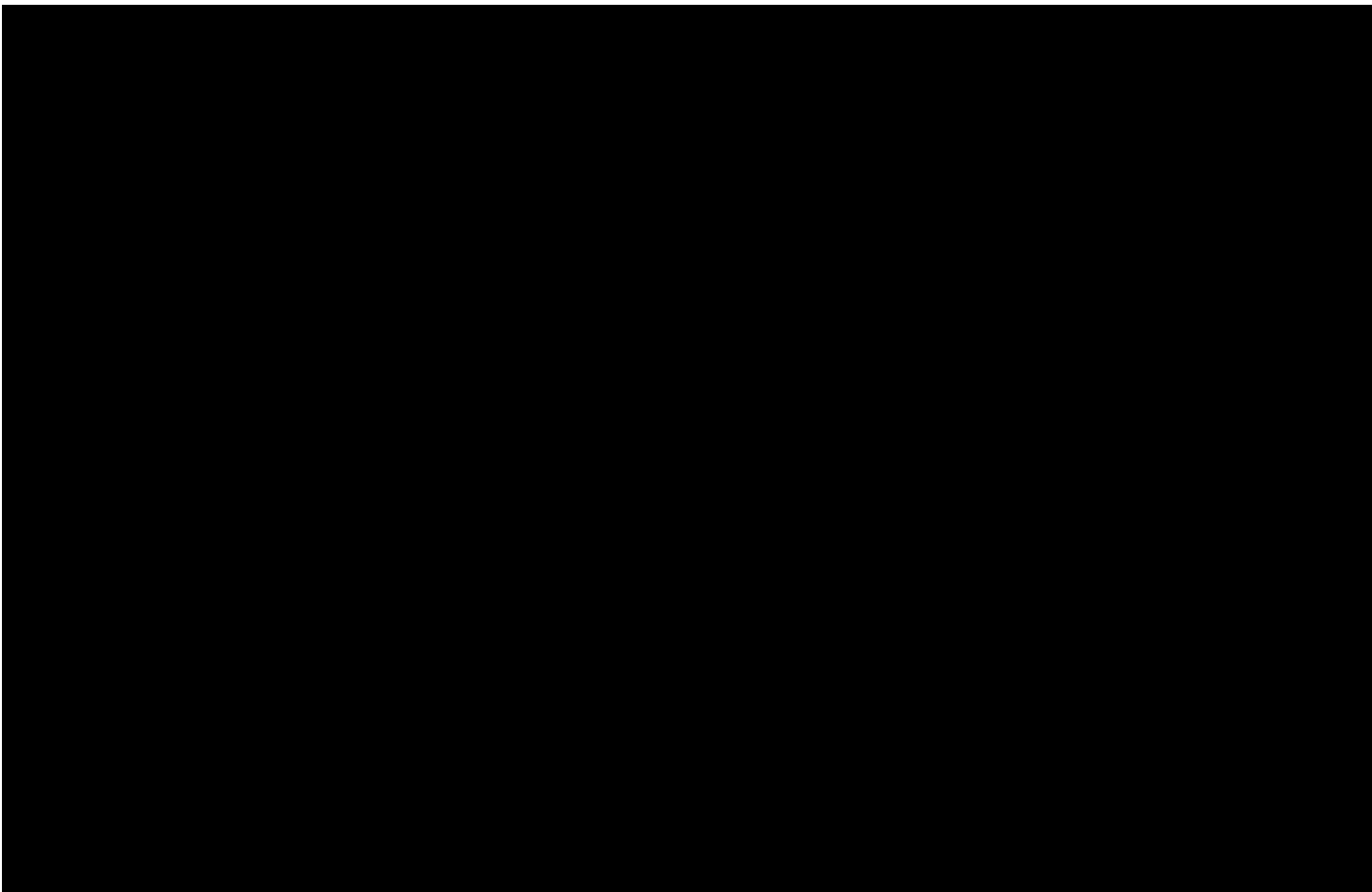
Indicate the year the facility was established. 1990      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. None

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>5.888863</u>
Tank 2:	<u>250</u>	<u>5.924793</u>
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 x 2000 USWG      Portable: 87.6 USWG      Mobile: N/A



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Name of person completing this form (please print) <u>Charles Hammond</u>	Official Title <u>Owner</u>	
Signature 	Telephone No. <u>519-284-3420</u>	Date (dd-mm-yyyy) <u>16-01-2012</u>



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

<b>Name of Propane Supplier(s)</b>			
T.G. Hammond Limited O/A Gra-Ham Energy Ltd			
Street No.	Street Name / 911 Number / Address, if applicable		
88	Queen Street		
Town / City or Township / Country		Province	Postal Code
St. Marys		Ontario	N4X 1A9
Telephone No.	Fax No.	Contact Name	
519-284-3420	519-284-4161	Charles Hammond	
E-mail			
charliehammond@rogers.com			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input type="checkbox"/>			
McRobert Fuels Limited			
Street No.	Street Name / 911 Number / Address, if applicable		
4755	Egremont Dr.		
Town / City or Township / Country		Province	Postal Code
Strathroy		Ontario	N7G 3H3
Telephone No.	Fax No.	Contact Name	
519-246-1019	519-246-1160	B. Sanders	
E-mail			
bsanders@mcrobertfuels.com			

<b>Off-site Cylinder and/or Mobile Storage</b>	Capacity stored off-site, in USWG	For Office Use - Party No.
N/A		
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	
Charles Hammond	Owner	
Signature	Telephone No.	Date (dd-mm-yyyy)
	519-284-3420	16-01-2017





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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.

40 x 3.64 L - Windshield washer fluid, 40 x 150 ml - gas line antifreeze, 60 x 1 L 5W30, 10W40, 15W40, 20W50, 10 x 150 ml - Transmission fluid,

12 x - 350 ml power steering, 12 x 350 ml brake fluid

1 X 25,000 L - ethanol underground tank. 1 x 25,000 L - Premium gas underground tank, 1 x 45,400 L - Regular gas underground tank

1 x 45,400 L - Diesel underground tank

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

See site map

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 on pull chain. If propane transfer system is exposed to fire the link will melt and the tank valve will automatically close.

Excess flow valve will automatically close if propane flow exceeds maximum flow rate of 50 gallons per minute.

Maintenance and testing schedule for fire protection controls and devices.

Annual testing of Fire extinguishers

Daily Inspection done by manager on propane tanks

Yearly Inspection of propane tank and ISC valve done by propane supplier

Annual Inspection of weigh scales

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Signature 	Telephone No. 519-284-3420
	Date (dd-mm-yyyy) 16-01-2012



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

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name Charles Hammond		Name Doug Kindervater	
Official Title Owner		Official Title Manager	
Telephone No. 519-284-3420	Fax No. 519-284-2522	Cell No. 519-280-8642	Fax No. 519-348-8307
E-mail charliehammond@rogers.com		E-mail dckwings@hotmail.com	
Role and responsibilities in emergency See Schedule 1 - Supervisor Responsibilities for complete listing of roles and responsibilities		Role and responsibilities in emergency See Schedule 1 - Supervisor Responsibilities for complete listing of roles and responsibilities	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Doug Kindervater		Name Doug Kindervater	
Official Title Manager		Official Title Manager	
Telephone No. 519-348-4582	Fax No. 519-348-8307	Telephone No. 519-348-4582	Fax No. 519-348-8307
E-mail dckwings@hotmail.com		E-mail dckwings@hotmail.com	
Role and responsibilities in emergency See Schedule 1 - Supervisor Responsibilities for complete listing of roles and responsibilities		Role and responsibilities in emergency See Schedule 1 - Supervisor Responsibilities for complete listing of roles and responsibilities	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Walter Anderson	For Office Use - Party No.	Name Charles Hammond	For Office Use - Party No.
Official Title Fire Chief	E-mail wanderson@westperth.com	Official Title Owner	E-mail charliehammond@rogers.com
Telephone No. 519-348-9031	Fax No. 519-348-8935	Telephone No. 519-284-3420	Fax No. 519-284-4161
Role and responsibilities in emergency Coordinating Emergency Response		Role and responsibilities in emergency Activate ERAP if necessary - See Schedule 1	
Fire Services Address 169 Saint David Street, Mitchell, Ontario, N0K 1N0		Propane Supplier Address Gra Ham Energy Ltd, 88 Queen St, St. Marys, Ontario, N4X 1A9	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Phil Graul	For Office Use - Party No.	Name Will Jaques	
Official Title Deputy Chief	E-mail pgraul@westperth.com	Official Title CAO	
Telephone No. 519-348-9031	Fax No. 519-348-8935	Telephone No. 519-348-8429 Ext 225	Fax No. 519-348-8935
Role and responsibilities in emergency Alternate Coordinating Emergency Response		E-mail wjaques@westperth.com	
Fire Services Address 169 Saint David Street, Mitchell, Ontario, N0K 1N0		Municipality Name and Address Municipality of West Perth, 169 Saint David Street, Mitchell, Ontario, N0K 1N0	

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Name of person completing this form (please print) Charles Hammond		Official Title Owner
Signature 		Date (dd-mm-yyyy) 16-01-2012
Telephone No. 519-284-3420		





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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.

[Video surveillance on site.](#)

[Bulldog security for GOCO station](#)

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Name of person completing this form (please print) Charles Hammond	Official Title Owner
Signature 	Telephone No. 519-284-3420
	Date (dd-mm-yyyy) 16-01-2012



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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) 08-01-2012	Print Name of Training Provider: <b>Beatty Petroleum Consulting Inc.</b>
	Print Name of Instructor: <b>Alex Beatty</b>
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) 08-01-2012	Print Name of Training Provider: <b>Gra Ham Energy Ltd.</b>
	Print Name of Instructor: <b>Charles Hammond</b>
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) 08-01-2012	Print Name of Training Provider: <b>Gra Ham Energy Ltd.</b>
	Print Name of Instructor: <b>Charles Hammond</b>
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) <b>Charles Hammond</b>	Official Title <b>Owner</b>
Signature 	Telephone No. <b>519-284-3420</b>
	Date (dd-mm-yyyy) <b>16-01-2012</b>



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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) 08-01-2013	Print Name of Training Provider: Gra Ham Energy Ltd.
	Print Name of Instructor: Charles Hammond
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) 08-01-2013	Print Name of Training Provider: Gra Ham Energy Ltd.
	Print Name of Instructor: Charles Hammond
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) 08-01-2013	Print Name of Training Provider: Gra Ham Energy Ltd.
	Print Name of Instructor: Charles Hammond
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) Charles Hammond	Official Title Owner
Signature 	Telephone No. 519-284-3420
	Date (dd-mm-yyyy) 16-01-2012





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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).

See Schedule 1

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 Schedule 1

**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 Schedule 1

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

Propane cage is locked with a padlock. Fire Departments are equipped with bolt cutters on their trucks to remove padlocks.

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

See Schedule 1

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

Doug Kindervater - 3 Minutes

Charles Hammond - 30 minutes

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Name of person completing this form (please print) Charles Hammond	Official Title Owner	
Signature 	Telephone No. 519-284-3420	Date (dd-mm-yyyy) 12-01-2012



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**Level 1 Risk and Safety Management Plan (RSMP)**  
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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>65 Metres</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>65 Metres</u>	

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Signature 	Telephone No. 519-284-3420	Date (dd-mm-yyyy) 16-01-2012





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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.

Print name <i>Walter Anderson</i> Local Fire Services Name	Signature 	Date (dd-mm-yyyy) 23 02 12
--	--	-------------------------------

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Name of person completing this form (please print) Charles Hammond	Official Title Owner	
Signature 	Telephone No. 519-284-3420	Date (dd-mm-yyyy) 28-02-2012



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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**

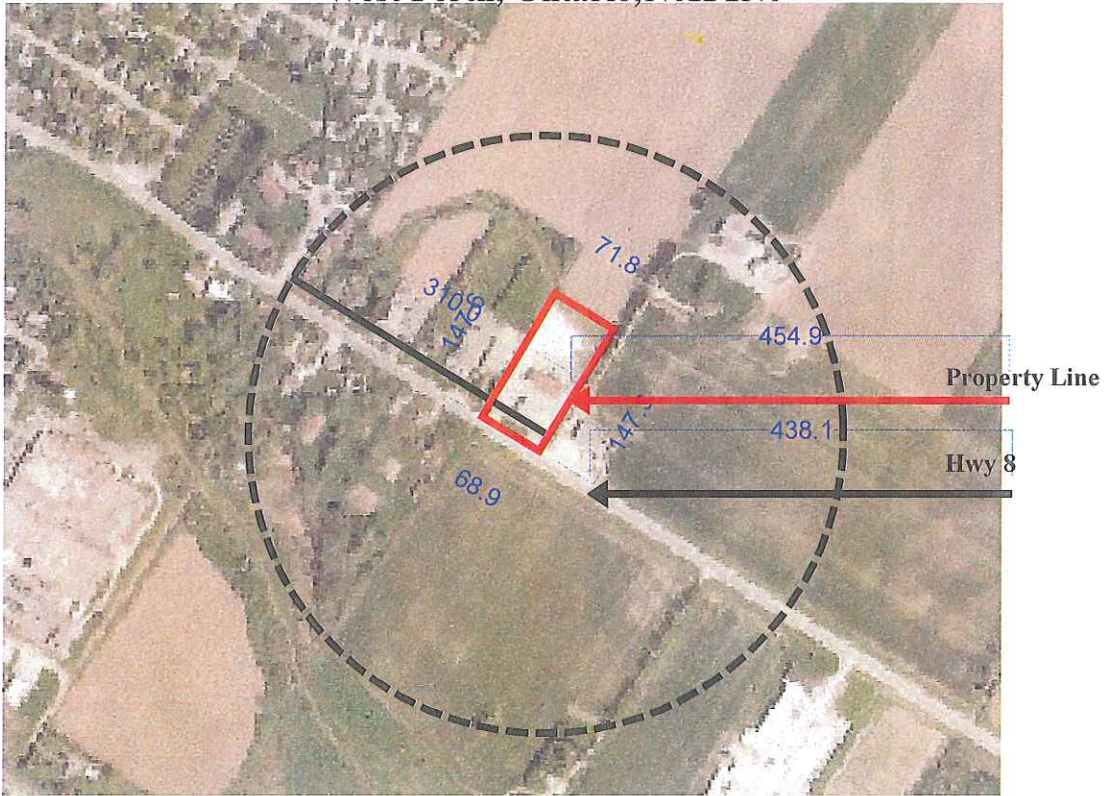
Date Map Prepared (dd-mm-yyyy) 15 Dec 2011	Capacity of single largest propane storage vessel (USWG) 2 X 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 50' 15.24m	Right side property line: 35' 10.67m
Rear: 410' 124.97m	Left side property line: 225' 68.58m
GPS coordinates of single largest vessel: 43°27'43.95N 81°11.02.58"W	

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Signature 	Telephone No. 519-284-3420
	Date (dd-mm-yyyy) 16-01-2012



**310 Radius Map  
GOCO  
West Perth, Ontario, N0K 1N0**



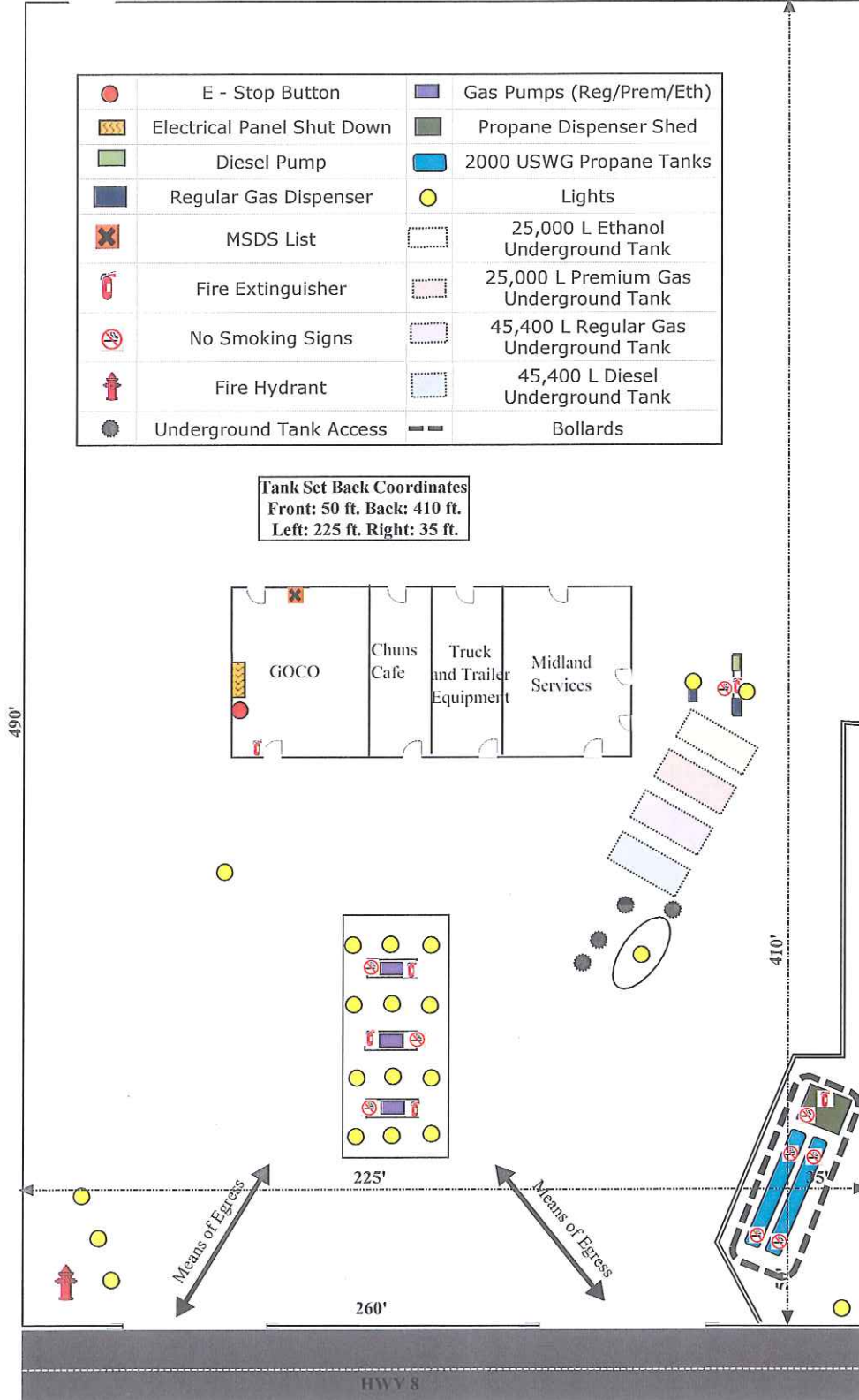
Location	5872 Line 34, West Perth, Ontario, N0K 1N0
Prepared	05 Dec 2011
Largest Tank	2 x 2000 USWG Horizontal Propane Tank
Tank Set Backs	Front = 50' / Back = 410' Left = 225' / Right = 35'
Radius	310 Metre Radius
GPS Coordinates	43°27' 43.95"N 81°11' 02.58"W
Municipality 1	West Perth
CAO	Will Jaques
Address	169 Saint David Street, Mitchell, Ontario, N0K 1N0
Phone FAX	519-348-8429 Ext 225 519-348-8935
Municipality 2	Perth County
CAO	Bill Arthur
Address	1 Huron Street, 2nd Level, Stratford, Ontario, N5A 5S4
Phone FAX	519-271-0531 Ext 110 519-271-6265



**Site Map**  
**Gra-Ham Energy Ltd**  
**GOCO**  
**West Perth, Ontario**

	E - Stop Button		Gas Pumps (Reg/Prem/Eth)
	Electrical Panel Shut Down		Propane Dispenser Shed
	Diesel Pump		2000 USWG Propane Tanks
	Regular Gas Dispenser		Lights
	MSDS List		25,000 L Ethanol Underground Tank
	Fire Extinguisher		25,000 L Premium Gas Underground Tank
	No Smoking Signs		45,400 L Regular Gas Underground Tank
	Fire Hydrant		45,400 L Diesel Underground Tank
	Underground Tank Access		Bollards

**Tank Set Back Coordinates**  
 Front: 50 ft. Back: 410 ft.  
 Left: 225 ft. Right: 35 ft.







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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

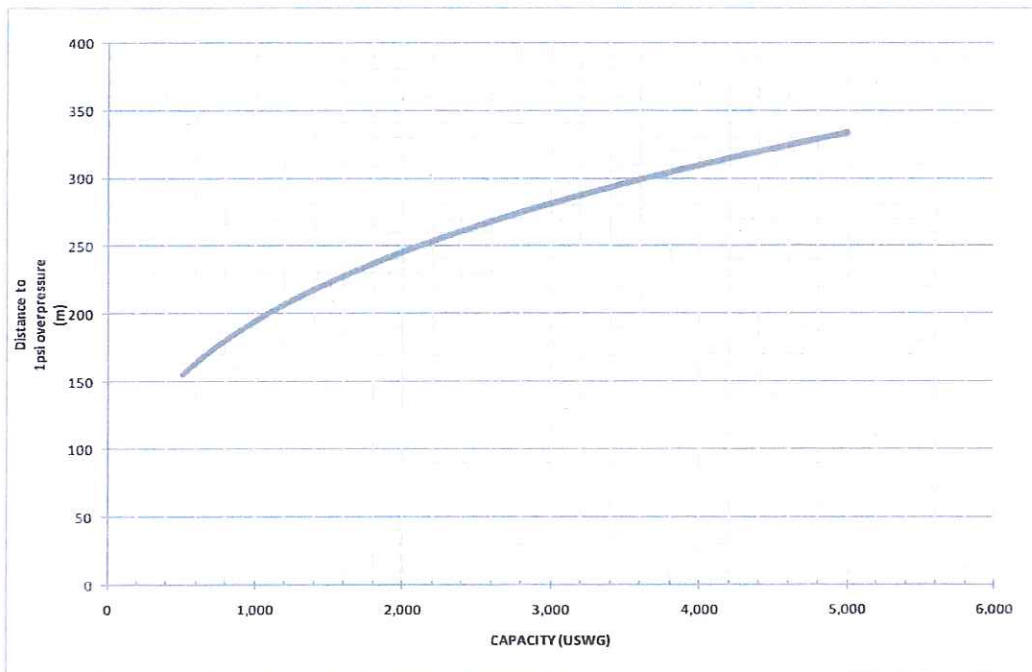
Table 1: Distance Table

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: <u>Frank Kelly and Sons Garage Limited</u> Address: <u>RR#3</u> City: <u>Mitchell</u> Province <u>Mitchell</u> Postal Code <u>NOK 1N0</u>		x			<u>30</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]				x	<u>106</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Tim Hortons</u> Address: <u>235 Ontario St</u> City: <u>Mitchell</u> Province <u>Mitchell</u> Postal Code <u>NOK 1N0</u>		x			<u>112</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</u> m

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

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

Name of person completing this form (please print) <u>Charles Hammond</u>	Official Title <u>Owner</u>
Signature 	Telephone No. <u>519-284-3420</u>
	Date (dd-mm-yyyy) <u>16-01-2012</u>





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**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	6	34.8
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			87.6 USWG

**Tanks Stored On-site Not Connected for Use**

Tank Size In USWG	Quantity	Total Volume in USWG
<b>Total Tank Capacity</b>		

<b>Total Cylinder Capacity</b>	87.6 USWG
<b>Total Tank Capacity</b>	NONE
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	87.6 USWG

<b>POLICY:</b>	<b>RISK AND SAFETY MANAGEMENT PLAN POLICIES AND PROCEDURES</b>
<b>NAME:</b>	<b>CLOSED VALVES</b>
<b>PURPOSE:</b>	Because some valves do not bleed off propane vapours when the valve is left in the open position and because Transportation of Dangerous Goods states that all valves must be in the closed position when transporting there must be verification that QCC and or OPD valves are not shipped with the valve in the open position and in order to comply with the new regulations for RSMP Level 1.
<b>DATE:</b>	05 Dec 2011
<b>PROCEDURES:</b>	<p>Explanation:</p> <p><b>QCC Valves:</b> These valves are identified (picture below), as they are equipped with both external ACME threads and internal POL threads.</p>  <p><b>OPD Valves:</b> This valve has the <b>Overfill Protection Device</b> installed internally and while that is not visible what sets this valve apart from other cylinder valves is that the hand wheel is a triangular, non-removable wheel stamped with the letters OPD.</p>  <p>After completing the filling process, the R.O.T. holder is instructed to close all valves and disconnect the hose, check for leaks and plug or cap the cylinder valves if the cylinder is less than 45 pounds (20 kilograms).</p> <p><b><u>AFTER PLUGGING OR CAPPING PLEASE TURN/CHECK THE VALVE HANDLE AGAIN TO ENSURE THE VALVE IS IN THE CLOSED POSITION!</u></b></p>

I have been trained on the above policy and procedures and will comply with the above when filling cylinders for propane.

_____ PRINT NAME	_____ SIGNATURE
_____ NAME OF TRAINER	_____ SIGNATURE
	_____ DATE TRAINED



**IN THE EVENT OF AN EMERGENCY SITUATION  
YOU MUST:**

