



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.

<p style="text-align: center; font-weight: bold; font-size: small;">Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i></p> <p>Licence Number <input style="width: 80%;" type="text" value="0076372556-C"/></p> <p>Check applicable type of propane operations.</p> <p> <input checked="" type="checkbox"/> Cylinder <input checked="" type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Keylock </p> <p style="font-size: x-small;">Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p style="text-align: center; font-weight: bold; font-size: small;">For Office Use Only</p> <div style="border: 1px solid black; height: 80px; width: 100%; background-color: black;"></div>
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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	Ontario Corporation No., if applicable		
Cook's Garage			
Operator Name (if different from above)			
Rod Cook			
Telephone No.	Fax No.	E-mail	
519-323-9181	518-323-9181	cookbus@wightman.ca	
B Street No.	Street Name / 911 Number / Address, if applicable		
380	Main Street South		
Town / City or Township / County		Province	Postal Code
Mount Forest		Ontario	N0G 2L3
Mailing address if different from above.			
C Street No.	Street Name / 911 Number / Address, if applicable		
Same			
Town / City or Township / County		Province	Postal Code

Information on Container Refill Centre or Filling Plant

Location of facility.

D Street No.	Street Name / 911 Number / Address, if applicable		Nearest Major Intersection
380	Main Street South		Main Street and Grant Street
Town / City or Township / County		Province	Postal Code
Mount Forest		Ontario	N0G 2L3

Name of Licence Holder	
Karl Cook Fuels Ltd.	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).	ROT type
Rod Cook	PTI 100-02
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)	
Township of Wellington North	
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 Karl Cook Fuels Ltd		1 2 2012
Name of Senior Management person as defined in the Regulation holding the Record of Training Rod Cook		1 2 2012



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SECTION A: GENERAL INFORMATION (cont'd)

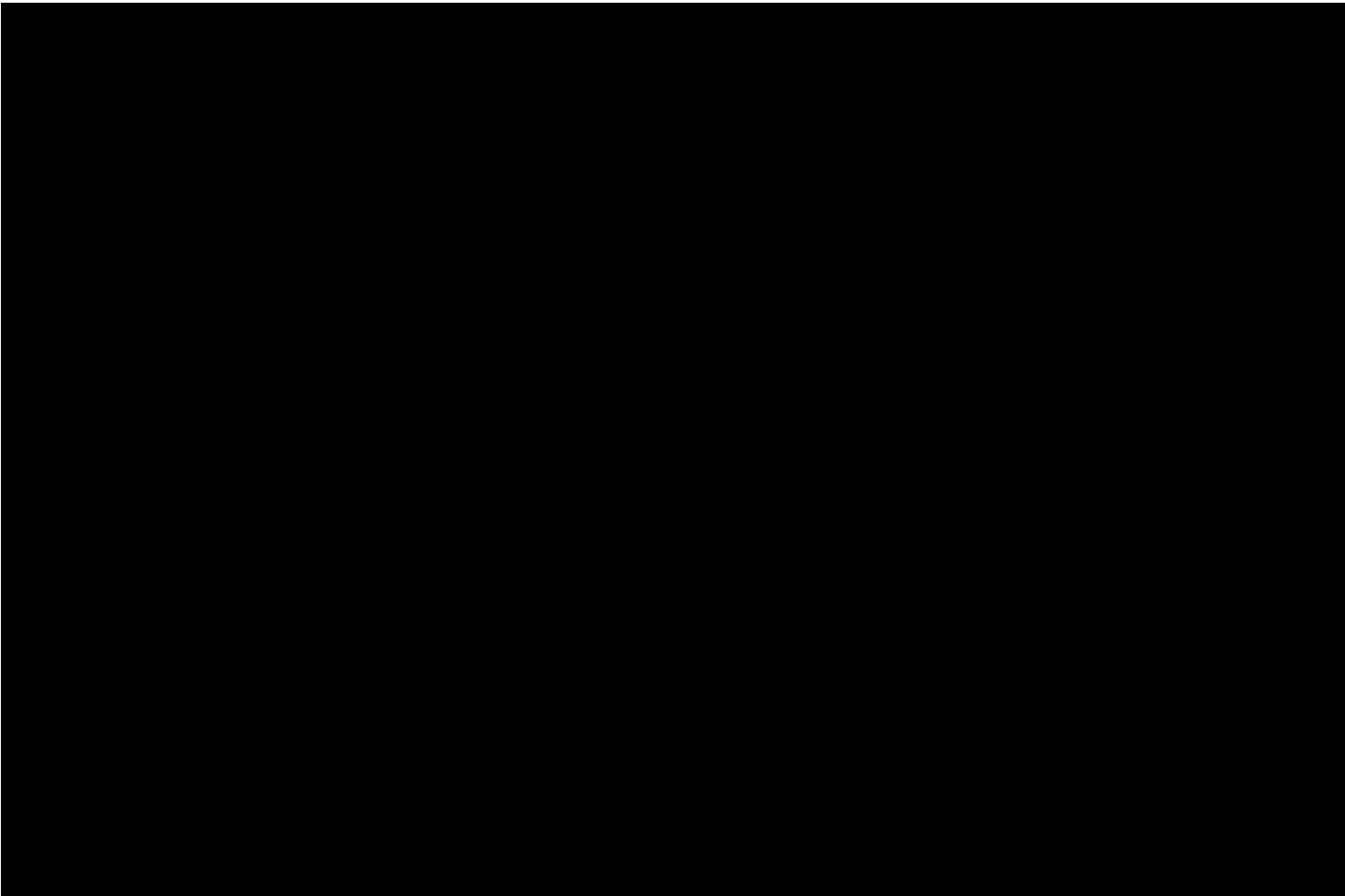
Indicate the year the facility was established. 1992	Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. None
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Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank 1:	250	9J81-25
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: N/A Mobile: N/A



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Name of person completing this form (please print) Rod Cook	Official Title President
Signature <i>Rod Cook</i>	Telephone No. 519-323-9181
	Date (dd-mm-yyyy) 17 2012



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

Name of Propane Supplier(s) Chalmers Fuels Ltd.		F [REDACTED]	
Street No. 6630	Street Name / 911 Number / Address, if applicable Wellington Road 123 P.O. Box 148		
Town / City or Township / Country Palmerston		Province Ontario	Postal Code N0G 2P0
Telephone No. 519-343-3023	Fax No.	Contact Name Nick Bouwers	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		Fo [REDACTED]	
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			

Off-site Cylinder and/or Mobile Storage None	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		Postal Code
Telephone No.	Fax No.	Contact Name

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

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Signature 	Telephone No. 519-323-9181	



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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.

36 x 1 L - Variable Oil ect. 5W30, 12 x 1 L Transmission Oil, 12 x 1L Power Steering Fluid, 12 x 41.8 gr intake Cleaner, 12 x 400 gr T40

12 x 390 gr Brake Cleaner, 20 x 3.8 L windshield washer fluid, 325 L 15W40 tank, 205 L 5W20 Barrel, 1360L used oil tank, 205 L Antifreeze Barrel

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.

ISC valve on propane tank - Manual valve with automatic override that detects excess flow. It is connected to the manual opening lever with a fusible link.

Maintenance and testing schedule for fire protection controls and devices.


Annual Inspection of Fire Extinguishers

Annual Inspection of weigh scale

Annual Inspection of ISC valve

Daily Inspection done on tank by owner.

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	Date (dd-mm-yyyy) 1 2 2012



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name Rod Cook	For Office Use - Party No.	Name Rod Cook	For Office Use - Party No.
Official Title President		Official Title President	
Telephone No. 519-334-3822	Fax No. 519-323-9181	Cell No. 519-323-8648	Fax No. 519-323-9181
E-mail cookbus@wighman.ca		E-mail cookbus@wighman.ca	
Role and responsibilities in emergency See Schedule one "supervisor Responsibilities."		Role and responsibilities in emergency See Schedule one "supervisor Responsibilities."	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Glenn Ryckman	For Office Use - Party No.	Name Rod Cook	For Office Use - Party No.
Official Title Mechanic		Official Title President	
Telephone No. 519-323-4482	Fax No. 519-323-9181	Telephone No. 519-334-3822	Fax No. 519-323-9181
E-mail None		E-mail cookbus@wighman.ca	
Role and responsibilities in emergency Alternate Supervisor See Schedule one "supervisor Responsibilities."		Role and responsibilities in emergency See Schedule one "supervisor Responsibilities."	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Ron MacEachern	For Office Use - Party No.	Name Nick Bouwers	For Office Use - Party No.
Official Title Fire Chief	E-mail rmaceachern@wnfiredept.com	Official Title President	E-mail
Telephone No. 519-323-1441	Fax No.	Telephone No. 519-343-3023	Fax No. 519-343-3354
Role and responsibilities in emergency Fire Responder & Incident Commander		Role and responsibilities in emergency Start ERAP if necessary	
Fire Services Address 381 Main Street North, Mount Forest, Ontario N0G 2L0		Propane Supplier Address Chalmers Fuels 6630 Hwy. 23 Box 148, Palmerston, Ontario N0G 2P0	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Jason Benn	For Office Use - Party No.	Name Lorraine Heinbuch	Party No.
Official Title Fire Prevention Officer	E-mail jbenn@wnfiredept.com	Official Title CAO	
Telephone No. 519-313-6483	Fax No. 519-848-6656	Telephone No. 519-848-3620 ext 32	Fax No. 519-848-3551
Role and responsibilities in emergency Alternate Fire Responder		E-mail lheinbuch@wellington-north.com	
Fire Services Address 381 Main Street North, Mount Forest, Ontario N0G 2L0		Municipality Name and Address Township of Wellington North, 7490 Side Rd 7 West, Kenilworth, Ont. N0G 2E0	

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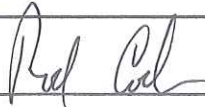
SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

None

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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) 25-11-2011	Print Name of Training Provider: Propane Training Inst.
	Print Name of Instructor: Dave Kennedy
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) 25-11-2011	Print Name of Training Provider: Karl Cook Fuels Limited
	Print Name of Instructor: Rod Cook
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) 25-11-2011	Print Name of Training Provider: Karl Cook Fuels Limited
	Print Name of Instructor: Rod Cook
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) 25-11-2012	Print Name of Training Provider: Karl Cook Fuels Limited
	Print Name of Instructor: Rod Cook
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) 25-11-2012	Print Name of Training Provider: Karl Cook Fuels Limited
	Print Name of Instructor: Rod Cook
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) 25-11-2012	Print Name of Training Provider: Karl Cook Fuels Limited
	Print Name of Instructor: Rod Cook
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).

See Schedule One

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 One

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 One

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

Propane tank is locked with a padlock. Fire services is equiped with bold cutters to remove padlock from propane tank.

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

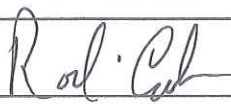
See Schedule One

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

Rod Cook - 20 Minutes

Glen Ryckman - 20 Minutes

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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>29 Meters</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>N/A</u>

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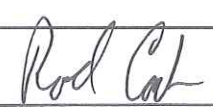
The licence holder will complete Section B in consultation with the local Fire Services.

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services	Yes	No
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If not, please explain (e.g., no fire services).		
<hr/> <hr/>		
Fire services comments, if any:		
<hr/> <hr/>		
To be completed by the Licence Holder		
In response to the above comments, the following action(s) is required:		
<hr/> <hr/>		
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>WELLINGTON NORTH FIRE SERVICES</i> Local Fire Services Name	Signature 	Date (dd-mm-yyyy) <i>1 2 2012</i>

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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) 29-12-2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 50' 15.24m	Right side property line: 124' 37.8m
Rear: 16' 4.9m	Left side property line: 50' 15.24m
GPS coordinates of single largest vessel: <u>43°58'44.08"N 80°43'50.43"W</u>	

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

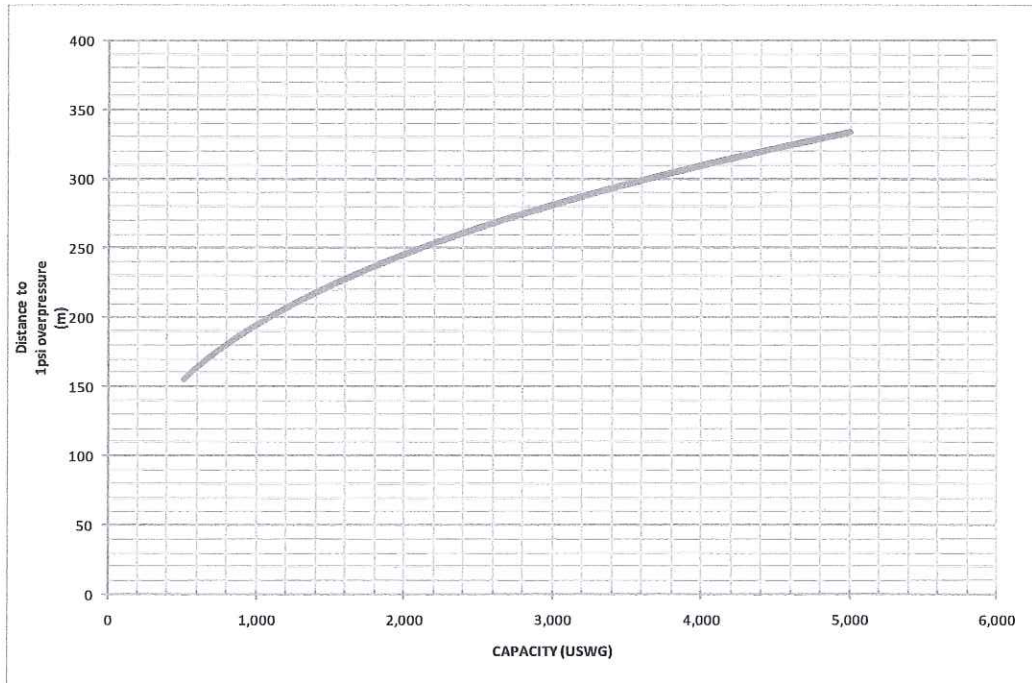
Table 1: Distance Table

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: Park Address: Parkside Drive City: Mount Forest Province Ontario Postal Code NOG 2L3		X			80 m
Residential building units specifically permanent single family dwellings Name: [REDACTED] Address: [REDACTED] City: [REDACTED]				X	28 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: North Wellington Co-Operative Services Address: 404 Main Street East City: Mount Forest Province Ontario Postal Code NOG 2L3				X	37 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: None Address: _____ City: _____ Province _____ Postal Code _____	X				0 m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: St. Mary Catholic Elementary School Address: 390 Parkside Drive City: Mount Forest Province Ontario Postal Code NOG 2L3		X			118 m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: None Address: _____ City: _____ Province _____ Postal Code _____	X				0 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) Rod Cook	Official Title President
Signature 	Telephone No. 519-323-9181
	Date (dd-mm-yyyy) 12 2012



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

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		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	0
Total Tank Capacity	0
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	0

Cooks Bus Lines Ltd Mount Forest, Ontario



Main St Waterloo St. John St. **Property Line** Miller St. Parkside Dr. York St. Queen St. Fergus St.

Location	380 Main St., Mount Forest, Ont, N0G 2L3
Prepared	March 2011
Tank Size	2000 USWG Horizontal tank
Radius	246 m
Tank Set Backs	Front = 39m, Back = 5m, Left = 15m, Right = 38m,
GPS Coordinates	43°58'44.08"N 80°43'50.43" W
Municipality 1	Township of Wellington North
Chief Administrative Clerk	Lorraine Heinbuck
Address	P.O. Box 125, 7490 Sr. 7 West, Kenilworth, Ont., N0G 2E0
Phone	(519) 848-3620 ext 32
Fax	(519) 848-3551

