14th Floor - Centre Tower 3300 Bloor Street West Safety Authority
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.

| | | re to fully complete this form may result in rejection. g a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i> | | | |
|------|-------------------------------------|---|--------------------------------|----------|---|
| Lice | ence Number | 0076528926-C | | | |
| Chec | k applicable type of pro | pane operations. | | | |
| | ✓ Cylinder | Motor Fill Filling Plant Card/Keyloc | de | | |
| Subr | mit along with this comp | leted application a Facility Site Plan and a Map of the Surrounding Area. | | | |
| | | SECTION A: GENERAL INF | FORMATION | | |
| | | pplies to TSSA for a review for an RSMP under (nd Handling Regulation. | Ontario's <i>Technical Sta</i> | | s and Safety Act, Corporation No., if applicable |
| A | KAWARTHA | LAKES AGRI SERVICES LTD | | | 002236202 |
| | Operator Name (if diff | # ° ° | | | |
| | Telephone No. 705-324-7761 | Fax No. E-mail mpecoskie@agric | cocanada.com | | |
| В | Street No. 2134 | Street Name / 911 Number / Address, if applicable LITTLE BRITAIN ROAD | | 0 | |
| | Town / City or Towns | Material Research (1997) | Province | | Postal Code |
| | LINDS | AY | ONTARIO | | K9V 4R2 |
| C | Mailing address if Street No. | different from above. Street Name / 911 Number / Address, if applicable BOX 400 | | | |
| | Town / City or Townsh | ip / County NELON FALLS | Province ONTARIO | y. | Postal Code K0M 1N0 |
| In | | tainer Refill Centre or Filling Plant | | | |
| | Location of facility. Street No. | Street Name / 911 Number / Address, if applicable | No see al Major la la seculión | | |
| D | 117 | LINDSAY STREET | Nearest Major Intersection | T and G | REEN STREET EAST |
| | Town / City or Townsh | | | i and G | Postal Code |
| | Town / City of Townsh | d 51 | Province | | K0M 1N0 |
| | | FENELON FALLS | ONTARIO | | KOWI TINO |
| | Name of Licence Holde | r | | | |
| - 1 | KA | AWARTHA LAKES AGRI SERVICES LTD | 7.0 | | |
| | Name of a Senior Man | agement person as defined in the regulation holding the Record of Trainin | ng (ROT). | ROT type | e |
| | | MATTHEW PECOSKIE | | | 100-08 |
| 9 | Municipality (or munic | ipalities if the facility or its hazard distance touches multiple borders) | | | |
| | | CITY of KAWARTHA LAKES | | | |
| | 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.

| Printnam | e | Signature | Date (dd-mm-yyyy) |
|--|-----------------------|-----------|-------------------|
| Name of Licence HolderKAWARTHA LAKES | AGRI SERVICES LTD | 101 | 28-11-2011 |
| Name of Senior Management person as defined in Regulation holding the Record of Training | n the ATT PECOSKIE | MARI | |



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

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

| GENERAL INFORMATION | | | | |
|---|--|--|--|--|
| Company Name Alliance Agri - Turf Operator Name (if different from above) | Corporation No. | | | |
| Telephone No. Fax No. E-mail (905-857-2000) 905-857-8215 | | | | |
| Street No. Street Name / 911 Number / Address, if applicable King 5+. W. | Nearest Major Intersection | | | |
| Bolton | Province Postal Code LTE OT3 | | | |
| Mailing address (if different from above) Street No. Street Name / 911 Number / Address, if applicable Box 370 | | | | |
| Town / City or Township / County | Ontario Postal Code L7E 5T3 | | | |
| Information on Container Refill Centre Location of facility (if different from above) Street No. Street Name / 911 Number / Address, if applicable Lindsay St Town / City or Township / County Fencion Falls | Nearest Major Intersection Lindsay + Green St. Province Postal Code Ontario KDM-INO | | | |
| Facility Contact Personnel - Key Contact Name Tracey Semple Telephone No. Fax No. E-mail (105) 887-2701 (105) 887-9583 + Semple@ (Role and responsibilities in emergency. | Store Manager agricocanada.com | | | |
| Assist emergency services as | required. | | | |

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

| Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete. | | | | |
|--|---|--|--|--|
| Print name of person completing this form. Math Peroskie. | Official Title X (CE PRESIDENT | | | |
| Signature X | Telephone No. Date (dd-mmm-yyyy) (705)324-7761 × 01-09-2010 | | | |

FS 09190 (06/16) Page 2 of 11

14th Floor - Centre Tower 3300 Bloor Street West Safety Authority
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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 1995 | Change of Ste | eel in May 2006. | lefined in s.1, O.Reg 211/01, sind | e establishment. |
|---|--|----------------------------|------------------------------------|------------------|
| Identify the psig rating and serial number fo | r each fixed propane storage tank on s | site. | | |
| PSIG Tank1:250 psig | Serial Number | | | |
| Tank2: | | a magnificant designations | | |
| Tank3: | | | | |
| | | | includes the number of tanklus | secol for |
| Enter capacity of propane in USWG, fixed, | | | | |
| each type (fixed, portable, and mobile) and | the capacity of each tank/vessel, on a | a separate docume | nt. | |
| Fixed:1000 | | Mobile: | 0 | |
| | | | | |
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| Name of person completing this form (please print) | | Official Title | |
|--|---------------|-------------------------------|---------------------------------|
| | MATT PECOSKIE | OWNER | |
| Signature | Juli Duli | Telephone No. 705-324-7761 | Date (dd-mm-yyyy) 28-11-2011 |



14th Floor - Centre Tower 3300 Bloor Street West Safety Authority
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 A: GENERAL INFORMATION (cont'd)

| Indicate the year the facility was established. 1995 | | t modifications, as defined el in May 2006. | I in s.1, O.Reg 211/01, since establishme | ent. |
|--|--------------------------------------|--|---|------|
| Identify the psig rating and serial number for ea | ach fixed propane storage tank on s | ite. | | |
| PSIG Tank1: 250 psig | Serial Number 198-91 | | | |
| Tank2: | | | - | |
| Tank3: | | | | |
| | | | | |
| Enter capacity of propane in USWG, fixed, por | | | les the number of tank/vessel for | |
| each type (fixed, portable, and mobile) and the | e capacity of each tank/vessel, on a | separate document. | | |
| Fixed: 500 | Portable: 5.8 | Mobile. | 0 | |
| Fixeu. | Tottable. | | | |
| | = 2 | | | |
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| Name of person completing this form (please print) | | Official Title | 0 |
|--|---------------|-------------------------------|---------------------------------|
| | MATT PECOSKIE | OWNER | |
| Signature | Mitte Duli | Telephone No. 705-324-7761 | Date (dd-mm-yyyy) 28-11-2011 |

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Technical Standards and www.tssa.org

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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 A: GENERAL INFORMATION (cont'd)

Activity Information

| Name of Propane | Supplier(s) | | | |
|-------------------------------|------------------------------------|----------------------------------|------------------------|--|
| 4 | SPARLING'S PF | ROPANE COMPANY LTD. | | |
| Street No. | Street Name / 911 Number / Addre | ess, if applicable | | |
| 2550 . | HARRIGAN DRI | VE | | |
| Town / City or To | wnship / Country BRECHIN | | Province | Postal Code DNTARIO LOK 1B0 |
| Section of Market | | O Nome | | ottomine Walkers and a state of the state of |
| Telephone No. | Fax No. | Contact Name | MDDELL | |
| 1-888-780-7 | 727 705-484-1156 | MIKE CA | MPBELL | |
| E-mail | | | | |
| mdc@s | parlings.com | | | |
| | | | | |
| Name of Propane | Transporter. If same as above | e, please check box. | | |
| | | | | |
| Street No. | Street Name / 911 Number / Addr | ress, if applicable | | |
| | | | | |
| Town / City or To | wnship / Country | | Province | Postal Code |
| | | | | |
| Telephone No. | Fax No. | Contact Name | | |
| | | | | * |
| E-mail | | • | | |
| | | | | |
| | | | | 6 |
| Off site Culinder | and/or Mobile Storage | . Capacity sto | ored off-site, in USWG | For Office Use - Party No. |
| | una/o. moone oo oo g | NONE | | |
| On-site Cylinder | | l l | | TO THE THE STATE OF SHIP SHAPE SHAPE OF SHAPE |
| - | Street Name / 911 Number / Addr | ess if applicable | | |
| * | Street Name / 911 Number / Address | ess, if applicable | * | |
| Street No. | | ess, if applicable | . Province | ı Poetal Code |
| Street No. | | ess, if applicable | Province | Postal Code |
| Street No. Town / City or To | wnship / Country | | Province | Postal Code |
| Street No. | | ess, if applicable Contact Name | Province | Postal Code |

| Name of person comp | pleting this form (please print) | Official Title | |
|---------------------|----------------------------------|-------------------------------|---------------------------------|
| MATT PECOSKIE | | OWNER | |
| Signature | Hotel Duli | Telephone No. 705-324-7761 | Date (dd-mm-yyyy) 28-11-2011 |



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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. There is a 500 uswg propane storage tank on site used for vapour withdrawl for utilization purposes (building heat). The tank is located on the left side of the |
|--|
| building and has no connection with the dispenser tank. |
| As part of the dispensing facility there is a 20 lb. propane cylinder mounted in the ventilated cabinet used for purging new cylinders. |
| The MSDS sheets for the facility are kept in a marked binder in the store office at the front left corner of the building. |
| Description of fire and emergency equipment indicated on facility site map. There is are 2 6A 80BC fire extinguishers at the propane dispenser. There are an additional 6 fire extinguishers throughout the facility. (2 in the store, 2 |
| in the warehouse, 1 in the back storage building and 1 on the forklift) |
| 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. The internal safety control (ISC) valve in the tank outlet is protected with a fusible link (see pictures). The normally closed valve is pulled open by a cable attached to a lever and can only be in the open position when the cabinet door is open (see pictures). In the event of a fire, the fusible link will melt, |
| allowing the ISC valve to close within the tank. When unattended, the lever is returned to the closed position, thus closing the ISC valve (see pictures). |
| The remote ECO switch terminates power to the propane solenoid valve and pump (see pictures). |
| Maintenance and testing schedule for fire protection controls and devices. The facility is inspected on a monthly basis by the operator and the records are kept on site. The operation of the ISC valve movement and a visual |
| inspection of the condition of the fire extinguishers are part of the monthly inspection. Any deficiencies found in the propane system are reported to |
| Sparling's Propane for immediate attention. The facility is maintained in accordance with the Ontario Fire Code. Sparling's Propane conducts an annual |
| inspection of the entire propane facility. Maintenance records are kept in the office at the front left corner of the building. |

| Name of person completing this form (please | print) | | Official Title | |
|---|---------------|---|-------------------------------|---------------------------------|
| | IATT PECOSKIE | * | OWNER | |
| Signature | to Duli | | Telephone No. 705-324-7761 | Date (dd-mm-yyyy) 28-11-2011 |

Technical Standards and Safety Authori www.tssa.org

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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)

1. Contacts for Emergency Response

| 1. Facility Contact Personnel - Key | Contact | | 5. Facility 24-He | our Contact Perso | n | |
|---|----------------|----------------------------|------------------------------|------------------------|----------------------|----------------------------|
| Name TRACEY SEMPLE | | For Office Use - Party No. | Name TRACEY S | EMPLE | | For Office Use - Party No. |
| Official Title STORE MANAGER | | | Official Title | RE MANAGER | | |
| Telephone No. 705-887-2701 | Fax No. 705 | 5-887-9583 | Cell No. 705-87 | 9-5297 | Fax No. 705-887- | 9583 |
| E-mail tsemple@agricocanada.com | | | E-mail tsemple(| @agricocanada.com | (Home # 705-8 | 87-3926) |
| Role and responsibilities in emergency | / | | Role and respons | sibilities in emergend | y · | |
| Assist emergency services as required | (see page ! | 5a) | Assist emergency | services as required | (see page 5a) | |
| 2. Facility Contact Personnel - Alt | ernate Co | ntact | 6. Name of Facil | ity Manager | | |
| Name MATTHEW PECOSKIE | | For Office Use - Party No. | Name TRACEY S | EMPLE | | For Office Use - Party No. |
| Official Title OWNER | | | Official Title STOR | RE MANAGER | | |
| Telephone No. 705-324-7761 (Cell 705-879-1630) | Fax No. | 705-324-7767 | Telephone No. 705-887-270 |)1 | Fax No. 705-887-9 | 9583 |
| E-mail mpecoskie@agricocanada.cor | m | | E-mail tsemple@ | agricocanada.com | | |
| Role and responsibilities in emergency | | | | ibilities in emergend | :y | |
| Assist emergency services as required (| see page 5 | āa) | Assist emergency | services as required | (see page 5a) | |
| 3. Local Fire Services - Key Contact | t | | 7. Propane Supp | lier Key Contact P | erson | |
| Name MARK PANKHURST | | For Office Use - Party No. | Name MIKI | E CAMPBELL | | For Office Use - Party No. |
| Official Title FIRE CHIEF | | | Official Title REG | SIONAL MANAGER | | |
| Telephone No. 705-324-9411 | Fax No. 705 | -878-3463 | Telephone No. 1-888- | 780-7727 | Fax No. 705-48 | 4-1156 |
| E-mail mpankhurst@city.kawarthalakes. | .on.ca | | E-mail mdo | @sparlings.com | | |
| Role and responsibilities in emergency | W | | Role and respons | ibilities in emergenc | у | |
| Manage Emergency Response | | | Key Contact to acti | vate Sparling's Prop | ane ERAP # 2-02 | 220 |
| 4. Local Fire Services - Alternate Co | ontact | | 8. Municipal Con | ıtact | | |
| Name RON RAYMER | | For Office Use - Party No. | Name JUDY | CURRINS | | |
| Official Title DEPUTY FIRE CHIEF | | | Official Title CITY CLER | K | | |
| Telephone No. 705-324-9411 | Fax No. 705 | -878-3463 | Telephone No. 705-324-9 | 9411 | Fax No. 705-324 | -8110 |
| E-mail rraymer@city.kawarthalak | es.on.ca | ж | E-mail | urrins@city.kawartha | 27. 50 | |
| Role and responsibilities in emergency | | | Municipality | | | |
| Manage Emergency Response | | | Tr. Subsection | TY of KAWARTHA L | AKES | |

| Name of person comple | eting this form (please print) | | Official Title | |
|-----------------------|--------------------------------|----|-------------------------------|---------------------------------|
| | MATT PECOSKIE | 94 | OWNER | |
| Signature | Hette Duli | | Telephone No. 705-324-7761 | Date (dd-mm-yyyy) 28-11-2011 |



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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 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. A sign is affixed to the dispenser that identifies Sparling's Propane as the supplier of fuel as well as the 24/7 Sparling's Propane emergency response |
|--|
| contact number (1-888-780-7727). |
| The dispenser cabinet is locked and closed when the business is not open and unattended thus closing the ISC valve. |
| Monthly inspections of the facility are completed and recorded by the operator. Any deficiencies found are corrected or reported immediately to |
| Sparling's Propane. |
| There is an additional fire extinguisher at the dispenser and six (6) additional fire extinguishers available on the premises. |
| See the Emergency Response Procedure listed in Tab 8. |
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| Name of person completing this form (please print) | | Official Title | | |
|--|---------------|----------------|---------------|---------------------------------|
| | MATT PECOSKIE | 9 | OWNER | |
| Signature | Margo 1. | | Telephone No. | Date (dd-mm-yyyy) 28-11-2011 |
| | flat on | | 705-324-7761 | 26-11-2011 |

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

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

| Training on Emergency Res | sponse Plan and Procedures provided to facility key contacts. | | | |
|--|---|--|--|--|
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: KAWARTHA LAKES AGRI SERVICES LTD | | | |
| 01-05-2011 | Print Name of Instructor: TRACEY SEMPLE | | | |
| 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 Em | ergency Management Procedures provided to staff. | | | |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: KAWARTHA LAKES AGRI SERVICES LTD | | | |
| 01-05-2011 Print Name of Instructor: TRACEY SEMPLE | | | | |
| 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 pro | vided to certificate holders / persons with Records of Training. | | | |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: KAWARTHA LAKES AGRI SERVICES LTD | | | |
| 01-05-2011 | Print Name of Instructor: TRACEY SEMPLE | | | |
| 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: | | | |

| Name of person completing this form (please print) | | Official Title | | |
|--|---------------|----------------|-------------------------------|---------------------------------|
| | MATT PECOSKIE | × . | OWNER | |
| Signature | Mille Duli | | Telephone No. 705-324-7761 | Date (dd-mm-yyyy) 28-11-2011 |



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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)

4. Emergency Training Plan for Coming Year

| Training on Emergency Res | sponse Plan and Procedures provided to facility key contacts. |
|-------------------------------|---|
| Target Date (dd-mm-yyyy) | Print Name of Training Provider: KAWARTHA LAKES AGRI SERVICES LTD |
| 01-05-2012 | Print Name of Instructor: TRACEY SEMPLE |
| 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 Em | ergency Management Procedures provided to staff. |
| Target Date (dd-mm-yyyy) | Print Name of Training Provider: KAWARTHA LAKES AGRI SERVICES LTD |
| 01-05-2012 | Print Name of Instructor: TRACEY SEMPLE |
| Target Date (dd-mm-yyyy) | Print Name of Training Provider: KAWARTHA LAKES AGRI SERVICES LTD |
| As Needed (new hires) | Print Name of Instructor: TRACEY SEMPLE |
| Target Date (dd-mm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |
| On-site specific training pro | vided to certificate holders / persons with Records of Training. |
| Target Date (dd-mm-yyyy) | Print Name of Training Provider: KAWARTHA LAKES AGRI SERVICES LTD |
| 01-05-2012 | Print Name of Instructor: TRACEY SEMPLE |
| Target Date (dd-mm-yyyy) | Print Name of Training Provider: KAWARTHA LAKES AGRI SERVICES LTD |
| As Needed (new hires) | Print Name of Instructor: TRACEY SEMPLE |
| Target Date (dd-mm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |

| Name of person comp | oleting this form (please print) | | Official Title | |
|---------------------|----------------------------------|---|-------------------------------|---------------------------------|
| | MATT PECOSKIE | × | OWNER | |
| Signature | Hotel Duli | | Telephone No. 705-324-7761 | Date (dd-mm-yyyy) 28-11-2011 |



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

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

5. Emergency Response Communications Plan

| Warnings and Actions | |
|---|---|
| Describe who gives warnings to whom, and how and when the on duty operator will call 911 and notify management of the situation | ne warning will be given (including public notification as appropriate). |
| Also see the Emergency Response Procedures listed in Tab 8. | |
| | " |
| activating the evacuation plan, if necessary). | is issued (including details of a meeting place in a safe identified area and vacuate the premises and instruct persons to report to the pre-assigned meeting place |
| behind the car wash directly across the street. | |
| In the event of a catastrophic failure persons inside the hazard distance | e will be advised to move outside the hazard radius. |
| 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 on-duty operator is to call 911. Once at the meeting place, the | operator will confirm with a key contact that emergency services were notified. The |
| operator will relay information to emergency services until a key co | ntact is on site who will assume responsibility. |
| Describe provisions for fire department entry when there are no of the there is no fence around the dispenser. | operations or staffing at the propane site. |
| Describe how the licence holder will ensure continual flow of updated. The operator will assume the responsibility of tracking information until emergency services updated. | red information to authorities. a key contact is present. The key contact will then assume responsibility for keeping |
| How long will it take the facility liaison person to respond to the Ten (10) minutes | ne site. |
| | |

| Name of person complet | ing this form (please print) | | Official Title | |
|------------------------|------------------------------|-----|-------------------------------|---------------------------------|
| | MATT PECOSKIE | 120 | OWNER | |
| Signature | Mitte Duli | | Telephone No. 705-324-7761 | Date (dd-mm-yyyy) 28-11-2011 |

TSSA

3.

7.

Technical Standards and Safety Authority Fax: 416.231.4903 www.tssa.org

purged and other hazardous materials)?

the propane cylinders are filled?(e.g., QCC valves)

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Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty,

Are quality assurance procedures in place to ensure that all valves are closed after

What is the unobstructed distance to the closest approved water supply with year

round access if there are no hydrants? (distance in metres only)

Is the schedule of maintenance and testing activities retained on site?

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

n/a

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 Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)? Is there adequate night lighting at the site? Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials? 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? Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? Are weighing systems validated for accuracy?

| | 7. Water Supply | | |
|------------|---|--------------|-------------|
| | | | |
| The sup | 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 |
| ١. | 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 | |
| 3. | What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only) | 26.5 met | res Hydrant |

| Name of person cor | mpleting this form (please print) MATT PECOSKIE | Official Title OWNER | |
|--------------------|--|-------------------------------|---------------------------------|
| Signature | Mitte Deli | Telephone No. 705-324-7761 | Date (dd-mm-yyyy) 28-11-2011 |

TSSA

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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.

| 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 If not, please explain (e.g., no fire services). | Yes Response and Preparedness Plan? √ | No |
| | | |
| Fire services comments, if any: See following two pages. | | 4 |
| To be completed by the Licence Holder In response to the above comments, the following action(s) is required | l: | |
| See two pages following fire service comments. | | |
| The licence holder will respond to the Local Fire Services comment | s by: | |
| | (do nim yyyy) | |
| LOCAL FII | RE SERVICES | |
| The undersigned has reviewed Section B of the Risk and Safety | Management Plan Fire Services. | |
| Print name | Signature | Date (dd-mm-yyyy) 25-01-2012 |
| Local Fire Services Name Pat Twohey, Assistant Fire Chief | 1 | |

| Name of person completi | ng this form (please print) MATT PECOSKIE | Official Title OWNER | |
|-------------------------|--|-------------------------------|---------------------------------|
| Signature | MARCO 1. | Telephone No. 705-324-7761 | Date (dd-mm-yyyy) 28-11-2011 |



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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.
- The maximum volume, types and storage location of hazardous materials.
- Location of permanent structures on site.
- Access and egress points and location of barriers.
- 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.
- GPS co-ordinates of the single largest vessel.
- 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

| ight side property line: 3.6 metres |
|-------------------------------------|
| eft side property line: 35.6 metres |
| |

| Name of person completing this form (please print) MATT PECOSKIE | ž | Official Title OWNER | |
|---|---|-------------------------------|------------------------------|
| Signature Matter Duli | | Telephone No. 705-324-7761 | Date (dd-mm-yyyy) 28-11-2011 |



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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:

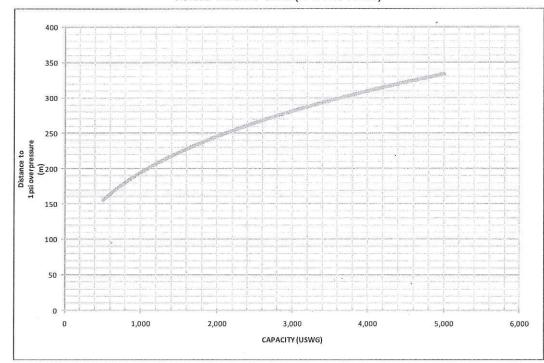
Density of Propane is 0.5033 kg per litre @ 15 C

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)



| Name of person compl | eting this form (please print) | | Official Title | |
|----------------------|--------------------------------|------|-------------------------------|---------------------------------|
| | MATT PECOSKIE | · 32 | OWNER | |
| Signature | Hette Duli | | Telephone No. 705-324-7761 | Date (dd-mm-yyyy) 28-11-2011 |



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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 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 | |
|--|--|---|---|------|---|-------------|
| | AND Name and Address of Stocks Ballaning of Foliate | 0 | 1 | 2-10 | 11+ | Feature |
| Name: | buildings or parks or golf courses ProvincePostal Code | x | | | | m |
| Residenti | al building units specifically permanent single family dwellings condominiums and apartments. | 9 | | | х | 40 m |
| Commerce Name: Address: City: | The Beer Store 125 Lindsay Street Fenelon Falls Province Ontario Postal Code KOM 1N0 | | | х | | <u>11</u> m |
| Name: | ial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Province Postal Code | x | | | | m |
| | institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health s, and prisons. Fenelon Falls Independent Living Association 70 Murray Street Fenelon Falls Province Ontario Postal Code KOM 1N0 | | x | | | m |
| Name: | y responders specifically fire stations, ambulance stations, and police stations. Province Province Postal Code | x | | | | m |

| Name of person completing this form (please print) | | Official Title | | |
|--|---------------|----------------|----------------------------|---------------------------------|
| | MATT PECOSKIE | * | OWNER | |
| Signature | Jote Duli | | Telephone No. 705-324-7761 | Date (dd-mm-yyyy) 28-11-2011 |

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



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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 | 1 | 5.8 |
| # 10 | 2.9 | | |
| # 5 | 1.5 | | |

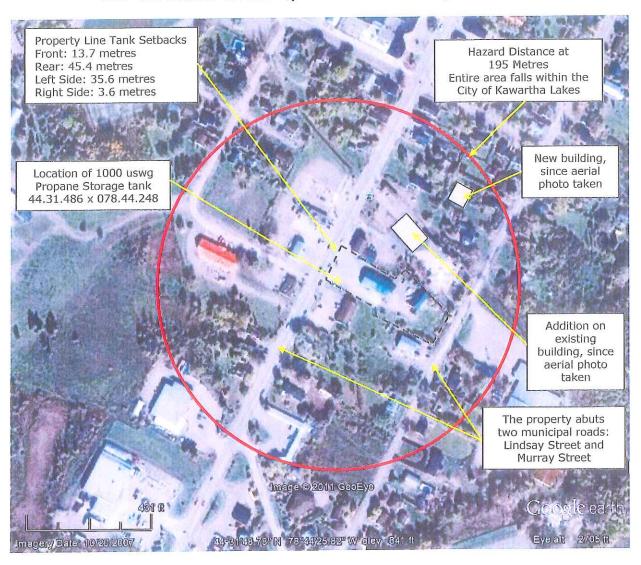
Tanks Stored On-site Not Connected for Use

| Tank Size In USWG | Quantity | Total Volume in USWG |
|-------------------|----------|--|
| | | |
| · · | | 8 |
| | | |
| | 1 V 30 | |
| | | Ti de la companya de |
| | | |
| | | |
| | | |

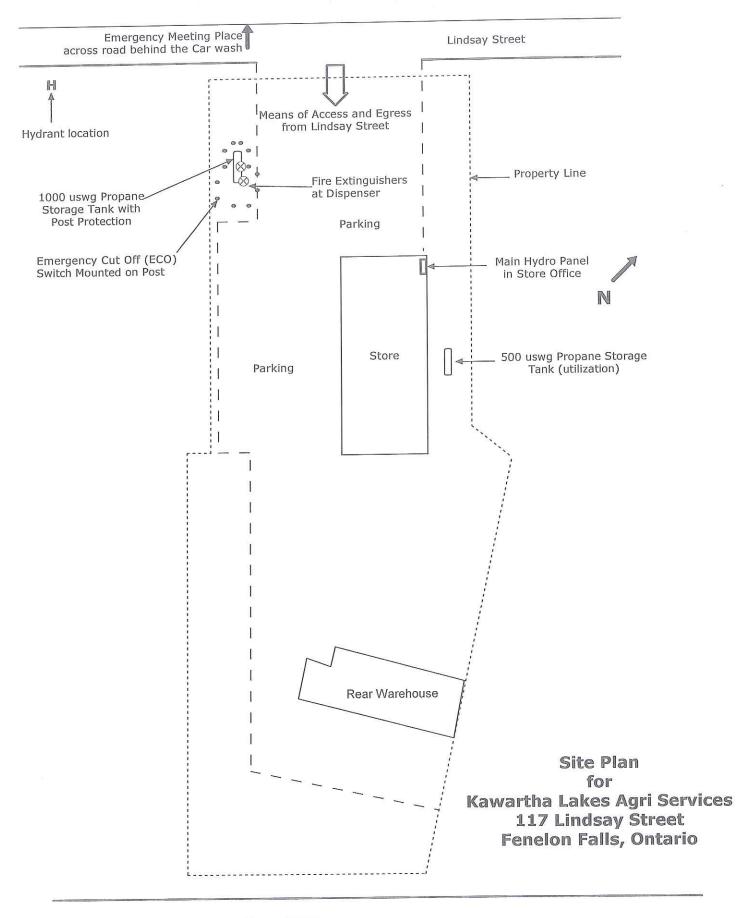
| Total Cylinder Capacity | 5.8 | |
|-------------------------|-----|--|
| Total Tank Capacity | 0 | |
| Total Portable Capacity | 5.8 | |

| Name of person completing this form (please print) MATT PECOSKIE | | Official Title OWNER | |
|---|------------|-------------------------------|---------------------------------|
| Signature | Mitto Duli | Telephone No. 705-324-7761 | Date (dd-mm-yyyy) 28-11-2011 |

AERIAL MAP of KAWARTHA LAKES AGRI SERVICES 117 LINDSAY STREET, FENELON FALLS, ONTARIO



| Facility Address: 117 Lindsay Street, Fenelon Falls, Onta | ario |
|--|--------------------|
| Municipal Contact Information: | Date Map Prepared: |
| Judy Currins | |
| 1 st Floor, City Hall | Nov 28, 2011 |
| 26 Francis Street | |
| Lindsay, Ontario | |



SITE PICTURES OF PROPANE DISPENSER, KAWARTHA AGRI SERVICES LTD. 117 LINDSAY STREET, FENELON FALLS, ONTARIO



Dispenser with cabinet open during business hours



Emergency Cut Off Switch (ECO)



Lever holding Internal Safety Control (ISC) valve open

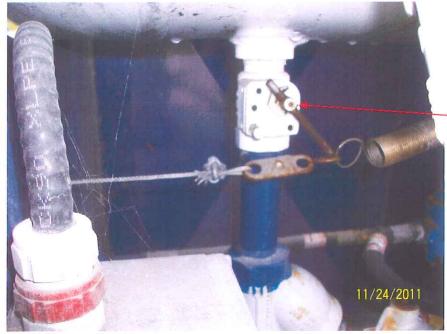


ISC valve held in open position

Fusible Link in cable pull system



Lever in closed position allowing ISC to close



ISC valve in closed position



Lever in open position preventing cabinet door closure



Cabinet door in closed position with ICS valve off.