



Technical Standards and Safety Authority
 www.tssa.org
 14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X2X4
 Fax: 416.231.4903
 Customer Service: 1.877.682.8772

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

This Level 1 RSMP applies to:

- a facility with a total propane storage capacity of 5,000 USWG or less; or
- a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

<p>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>For Office Use Only</p> <div style="background-color: black; width: 100%; height: 100%;"></div>
<p>Licence Number NEW INSTALLATION</p> <p>Check applicable type of propane operations.</p> <p> <input checked="" type="checkbox"/> Cylinder <input type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Keylock </p> <p>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	

SECTION A: GENERAL INFORMATION

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

Company Name		Ontario Corporation No., if applicable	
A WestPier Marine & Industrial Supply Inc.			
Operator Name (if different from above)			
Telephone No. (905)834-7220	Fax No. (905)834-7227	E-mail rhuneault@westpier.ca	
B Street No. 577	Street Name / 911 Number / Address, if applicable Elm St., P.O. Box 367		
Town / City or Township / County Port Colborne	Province ONTARIO	Postal Code L3K 1B7	
Mailing address if different from above.			
C Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / County	Province	Postal Code	
Information on Container Refill Centre or Filling Plant			
Location of facility.			
D Street No. 15	Street Name / 911 Number / Address, if applicable King Street		Nearest Major Intersection Sugarloaf Street and King Street
Town / City or Township / County Port Colborne	Province ONTARIO	Postal Code L3K 4E6	

Name of Licence Holder WestPier Marine & Industrial Supply Inc.	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Rick Huneault Jr.	ROT type 100-08
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) City of Port Colborne	
Hours of operation	<div style="background-color: black; width: 100%; height: 100%;"></div>

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.

Printname	Signature	Date (dd-mm-yyyy)
Name of Licence Holder WestPier Marine & Industrial Supply Inc.		23-10-2013
Name of Senior Management person as defined in the Regulation holding the Record of Training Rick Huneault		



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SECTION A: GENERAL INFORMATION (cont'd)

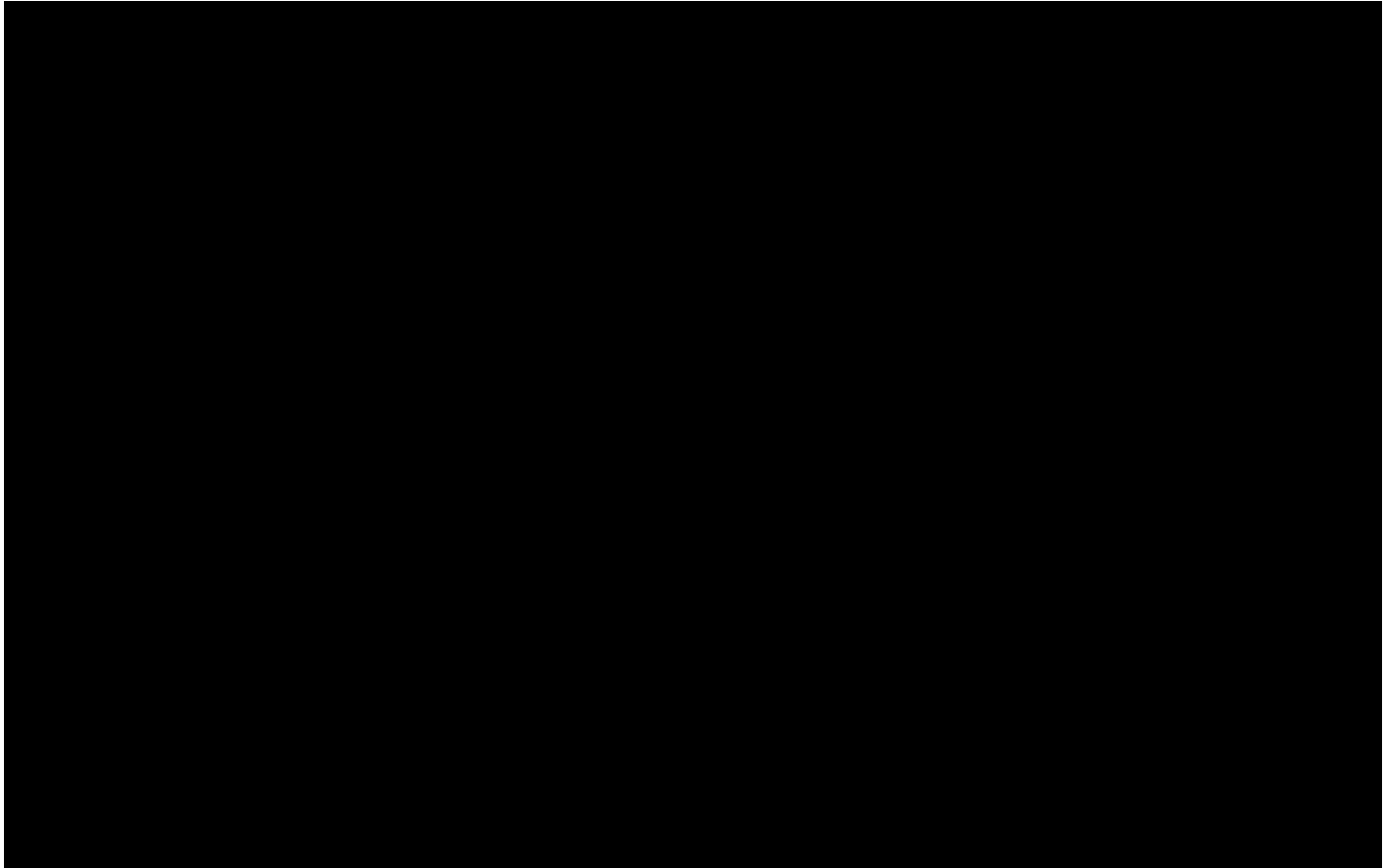
Indicate the year the facility was established. 2005 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. new

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

	PSIG	Serial Number
Tank 1:	<u>250 psig</u>	<u>102-97</u>
Tank 2:	<u>250 psig</u>	<u>139-01</u>
Tank 3:	<u> </u>	<u> </u>

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: 2x 2000 USWG horizontal Portable: 999 Mobile: None



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Name of person completing this form (please print) <u>Rick Huneault Jr.</u>		Official Title <u>VP of Finance and Operations</u>	
Signature 		Telephone No. <u>(905)834-7220</u>	Date (dd-mm-yyyy) <u>23/10/2013</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) SPARLING'S PROPANE COMPANY LTD.		For Office Use - Party No.	
Street No. 183	Street Name / 911 Number / Address, if applicable INDUSTRIAL BLVD		
Town / City or Township / Country ST. GEORGE		Province ONTARIO	Postal Code N0E 1N0
Telephone No. 1-866-517-1714	Fax No. 519-448-3450	Contact Name Tim Wolfe	
E-mail tew@sparlings.com			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			
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		Capacity stored off-site, in USWG	For Office Use - Party No.
Off-site (licenced for cylinder handling)		1200 USWG approx.	
Street No. 577	Street Name / 911 Number / Address, if applicable Elm Street		
Town / City or Township / Country Port Colborne		Province Ont.	Postal Code L3K 1B7
Telephone No. (905)834-7220	Fax No.	Contact Name Rick Huneault	

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

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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.

Mixed compressed gases stored within same fenced compound. Cylinders stored and secured 20'+ from propane dispenser.

Building contains Bulk lubricants.

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

The emergency shut-off switch (ESO) is located and identified on the north wall of the sea container adjacent to the dispenser which serves as the cylinder filling area. There are four (4) 10A-120 BC (minimum) fire extinguishers located at the facility.

One is located at the propane cylinder filling area. ~~three~~ **(3)** are within the building.

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 normally closed internal safety control (ISC) valve at the tank liquid propane outlet is opened by a mechanical handle. When activated the handle pulls a cable equipped with a fusible link attached to the ISC valve, opening the valve. If the fusible link is exposed to excessive heat, it will melt allowing the ISC valve to close. The ESO disconnects power to the motor and a in line solenoid when pushed to the off position, stopping propane flow when depressed. The ISC is left closed when the facility unattended.

Maintenance and testing schedule for fire protection controls and devices.

The annual maintenance and dispenser inspection is performed by Sparling's Propane. The license holder performs daily recorded visual inspections of the equipment and area. Any deficiencies found are reported to Sparling's Propane for repair immediately. The license holder maintains a record of monthly testing of the ISC valve and the ESO operation. The fire extinguishers are maintained in accordance with the Ontario Fire Code

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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact

Name Rick Huneault	For Office Use - Party No.
Official Title VP of Finance and Operations	
Telephone No. (905)834-7220 c(905) 931-9039	Fax No. (905)834-7227
E-mail rhuneault@westpier.ca	
Role and responsibilities in emergency Assist emergency services as required.	

5. Facility 24-Hour Contact Person

Name Rick Huneault	For Office Use - Party No.
Official Title VP of Finance and Operations	
Cell No. (905)834-7220 c(905) 931-9039	Fax No. (905)834-7227
E-mail rhuneault@westpier.ca	
Role and responsibilities in emergency Assist emergency services as required.	

2. Facility Contact Personnel - Alternate Contact

Name Darren Boltz	For Office Use - Party No.
Official Title Senior Sales Rep.	
Telephone No. (905)834-7822 c(289)241-2295	Fax No. (905)834-7227
E-mail dboltz@westpier.ca	
Role and responsibilities in emergency Assist emergency services as required.	

6. Name of Facility Manager

Name Same as 1.	For Office Use - Party No.
Official Title	
Telephone No.	Fax No.
E-mail	
Role and responsibilities in emergency	

3. Local Fire Services - Key Contact

Name Thomas B. Cartwright	For Office Use - Party No.
Official Title Fire Chief - Port Colborne Fire & Emergency Services	
Telephone No. 905-834-4512 c 905-651-3724	Fax No. 905-835-1020
E-mail tomcartwright@portcolborne.ca	
Role and responsibilities in emergency Coordinate/advise on Fire Service Response Liaise with Police	

7. Propane Supplier Key Contact Person

Name Tim Wolfe	For Office Use - Party No.
Official Title Branch Manager - Sparling's Propane	
Telephone No. 519-448-4585	Fax No. 519-448-3450
E-mail tevw@sparlings.com	
Role and responsibilities in emergency Key Contact to activate Sparling's Propane ERAP # 2-0220	

4. Local Fire Services - Alternate Contact

Name Michael Bendia	For Office Use - Party No.
Official Title Fire Prevention Officer / Operations Coordinator	
Telephone No. 905-834-4512 c905-651-3773	Fax No. 905-835-1020
E-mail mikebendia@portcolborne.ca	
Role and responsibilities in emergency Coordinate/advise on Fire Service Response Liaise with Police	

8. Municipal Contact

Name Evan Acs	For Office Use - Party No.
Official Title Town Planner	
Telephone No. 905-835-2900	Fax No.
E-mail www.portcolborne.ca	
Municipality City of Port Colborne	

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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) pending install	Print Name of Training Provider: Sparling's Propane
	Print Name of Instructor: Tim Wolfe
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) pending install	Print Name of Training Provider: WestPier Marine & Industrial Supply Inc.
	Print Name of Instructor: Rick Huneault
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) pending install	Print Name of Training Provider: WestPier Marine & Industrial Supply Inc.
	Print Name of Instructor: Rick Huneault
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) 2-11-2013	Print Name of Training Provider: Sparling's Propane
	Print Name of Instructor: Tim Wolfe
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) 2-11-2013	Print Name of Training Provider: Sparling's Propane.
	Print Name of Instructor: Tim Wolfe
Target Date (dd-mm-yyyy) As needed (new hires)	Print Name of Training Provider: WestPier Marine & Industrial Supply Inc.
	Print Name of Instructor: Rick Huneault
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) 2-11-2013	Print Name of Training Provider: Sparling's Propane
	Print Name of Instructor: Tim Wolfe
Target Date (dd-mm-yyyy) As needed (new hires)	Print Name of Training Provider: WestPier Marine & Industrial Supply Inc.
	Print Name of Instructor: Rick Huneault
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).
The on duty operator will notify management or the on duty supervisor of the situation and call 911.

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).

The on duty attendant will advise all employees and customers to evacuate the premises and go to the meeting place at the driveway entrance on King Street. The on duty attendant will take a roll call, confirm emergency services have been contacted and notify one of the facility key contacts if not already on site. This information will be passed on to a key contact or fire services as required. The attendant shall also initiate shut down of Emergency Shut Off system (ESO) immediately. The shut down shall remain in place until clearance is provided by Emergency Services.

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 attendant is responsible for calling 911. Until the key contact is on site or available by phone to communicate with authorities, it will be the responsibility of the on-duty staff to act as the initial liaison with the authorities to provide information regarding the incident/facility.

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

The fire department has 24 hour access to this site, although the dispenser equipment is locked within the compound when unattended.

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

Once emergency services have been notified, the key contact(s) is to be contacted. It is their responsibility to ensure that information is passed on to the authorities.

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

15 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>35 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>not applicable</u> |

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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

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

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

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

Fire services comments, if any:

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	Signature	Date (dd-mm-yyyy)
Local Fire Services Name		

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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) 27/09/2013	Capacity of single largest propane storage vessel (USWG) 2000 uswg
Tank setback coordinates. Indicate placement on the map.	
Front: W 50'	Right side property line: S 49'
Rear: E 120'	Left side property line: N 37'
GPS coordinates of single largest vessel: 42.52'48.75"N / 79.15'01.08"W	

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SECTION C: SUBMISSIONS (cont'd)

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

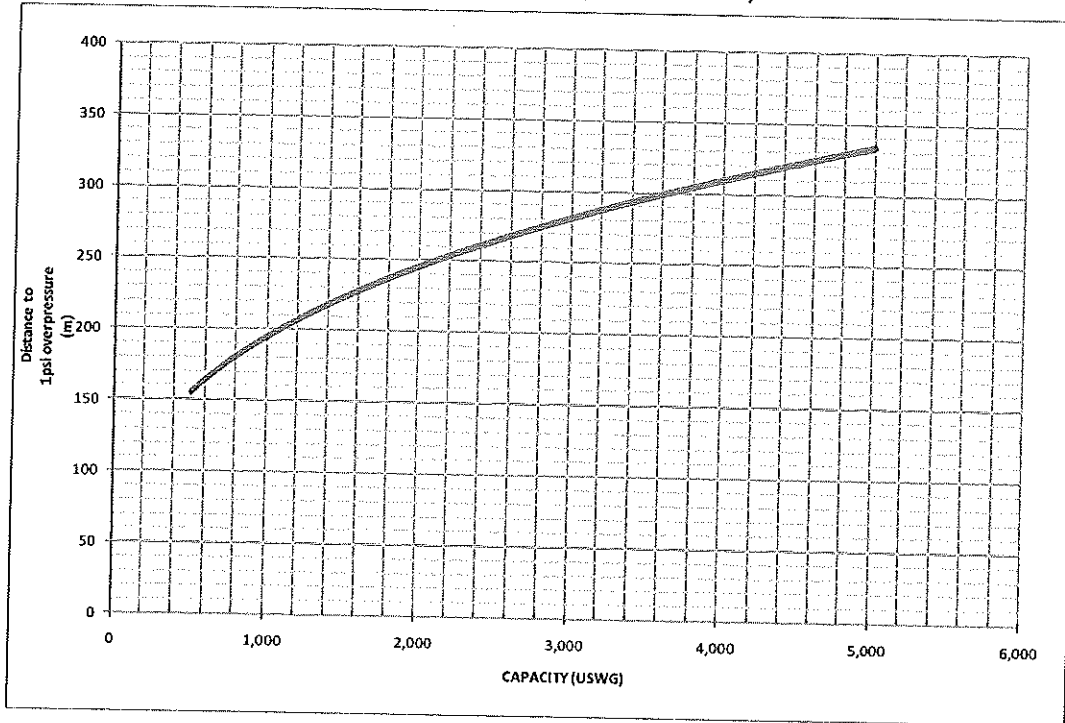
Table 1: Distance Table

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

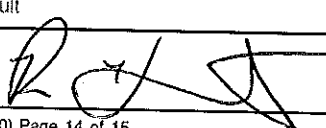
As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

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: City of Port Colborne - Township Shed/Public Works Address: 11 King Street City: Port Colborne Province Ontario Postal Code _____			X		31 m
				X	41 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Allied Marine and Industrial Address: 118 West Street City: Port Colborne Province Ontario Postal Code _____			X		250 m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ 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) Rick Huneault	Official Title VP of Finance and Operations
Signature 	Telephone No. (905)834-7220
	Date (dd-mm-yyyy) 23-10-2013



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X2X4
Fax: 416.231.4903
Customer Service: 1.877.682.8772

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

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	12	354
# 40	11.75		
# 33.3	9.62	65	625
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity	979 uswg		

Tanks Stored On-site Not Connected for Use

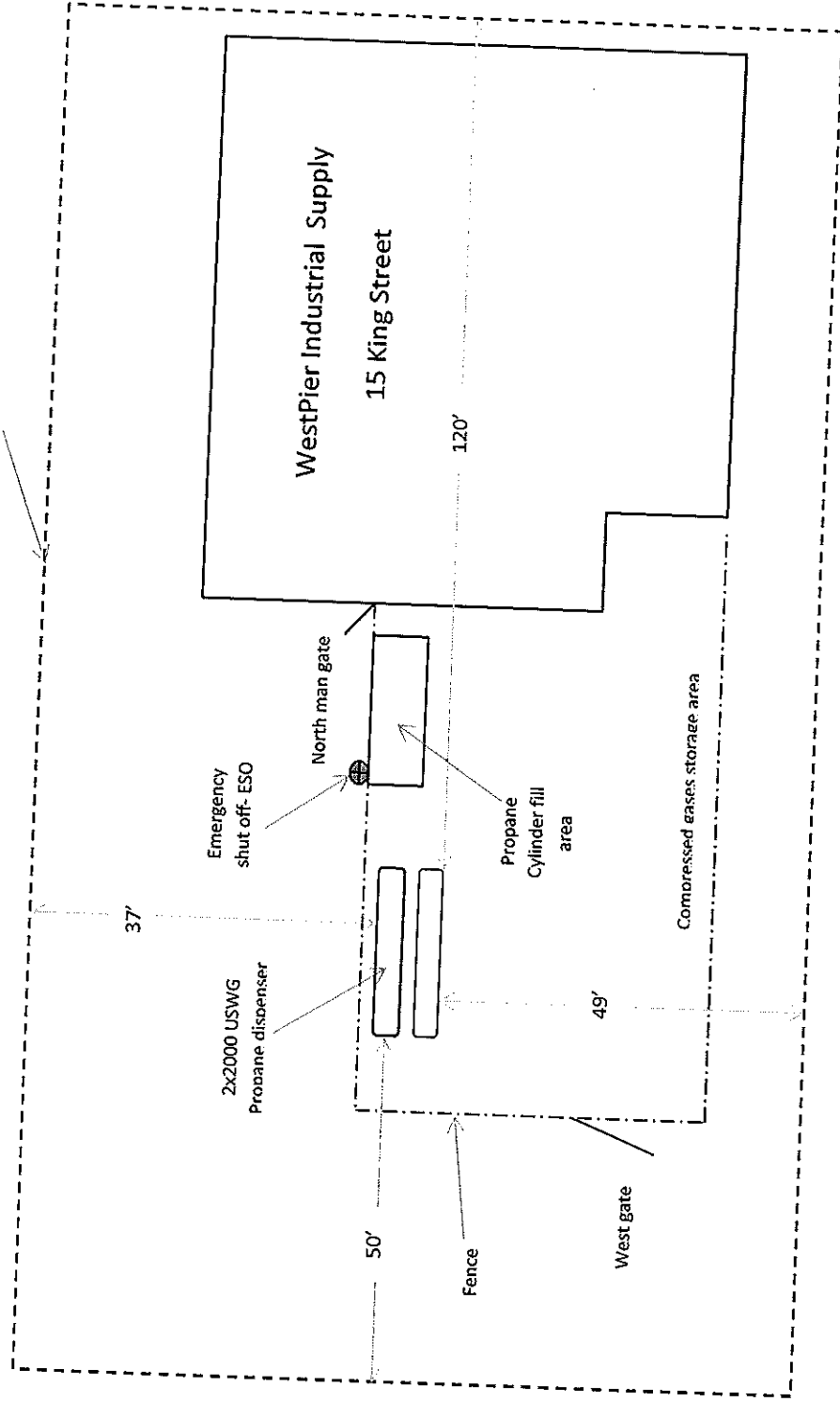
Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity	No Tanks are stored on site	

Total Cylinder Capacity	979 uswg
Total Tank Capacity	
Total Portable Capacity	979 uswg

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Name of person completing this form (please print) Rick Huneault		Official Title VP of Finance and Operations	
Signature 		Telephone No. (905)834-7220	Date (dd-mm-yyyy) 23-10-2013

West Pier Site Plan



King Street

Fire hydrant

AERIAL MAP of

West Pier Marine and Industrial Supply

Port Colborne, Ont.



<p>Facility Address: 15 King Street, Pt.Colborne , Ontario</p>	<p>Legal Description: Conc.1 ,PART LOT 28</p>
<p>Municipal Contact Information: Evan Acs Town Planner City of Port Colborne 66 Charlotte Street, Port Colborne, Ont. L3K 3C8 Phone: 905-835-2900 www.portcolborne.ca</p>	<p>Date Map Prepared: August 30/2013</p>



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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:

See enclosed comment form

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	Signature	Date (dd-mm-yyyy)
Local Fire Services Name <i>Michael Bendia</i>	<i>[Signature]</i>	<i>21/11/2013</i>

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) <i>Rick Huneault</i>	Official Title VP of Finance and Operations
Signature <i>[Signature]</i>	Telephone No. (905)834-7220
	Date (dd-mm-yyyy) <i>23-10-2013</i>