



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.

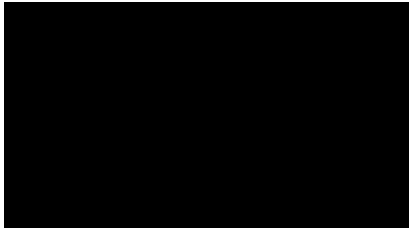
Failure to fully complete this form may result in rejection.  
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 0076475870-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 Praxair Distribution Inc. (Division of Praxair Canada) Ontario Corporation No., if applicable 1816301

Operator Name (if different from above) \_\_\_\_\_

Telephone No. 519-748-3273 Fax No. \_\_\_\_\_ E-mail dayle\_fletcher@praxair.com

**B** Street No. 156 Street Name / 911 Number / Address, if applicable John St

Town / City or Township / County Barrie Province Ontario Postal Code L4N 2L2

**C** Mailing address if different from above.

Street No. 160 Street Name / 911 Number / Address, if applicable Webster Rd

Town / City or Township / County Kitchener Province Ontario Postal Code N2G 4S2

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

Location of facility.

Street No. 156 Street Name / 911 Number / Address, if applicable John St Nearest Major Intersection John St and Anne Blvd

Town / City or Township / County Barrie Province Ontario Postal Code L4N 2L2

Name of Licence Holder Praxair Distribution Inc.

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Duane Pike ROT type Filling propane cylinders. PPO-3

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) City of Barrie

Hours of operation.

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

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

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>Praxair Distribution Inc</u>		<u>July 26, 2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Duane Pike</u>		



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Technical Standards and Safety Act  
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**SECTION A: GENERAL INFORMATION (cont'd)**

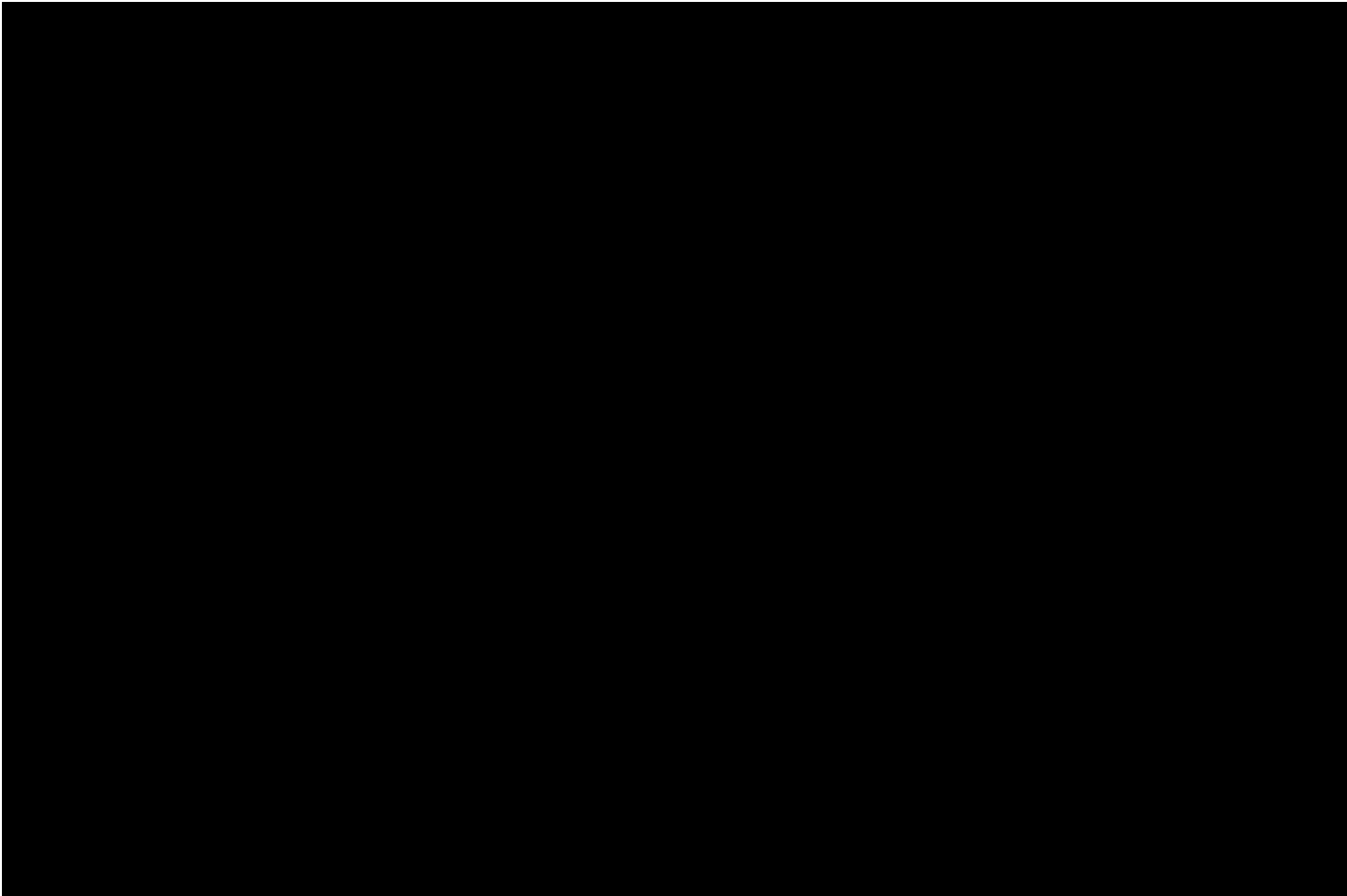
Indicate the year the facility was established. 1963  
Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. No major building modifications

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

	PSIG	Serial Number
Tank 1:	250	A4583.6
Tank 2:	250	4583.578
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: 3500      Portable: 1300      Mobile: 0



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Name of person completing this form (please print) <b>CHRIS SPINNEY</b>	Official Title <b>Training &amp; Compliance Specialist</b>	
Signature <i>Chris Spinney</i>	Telephone No. <b>(905) 796-4759</b>	Date (dd-mm-yyyy) <b>08/03/2012</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)**

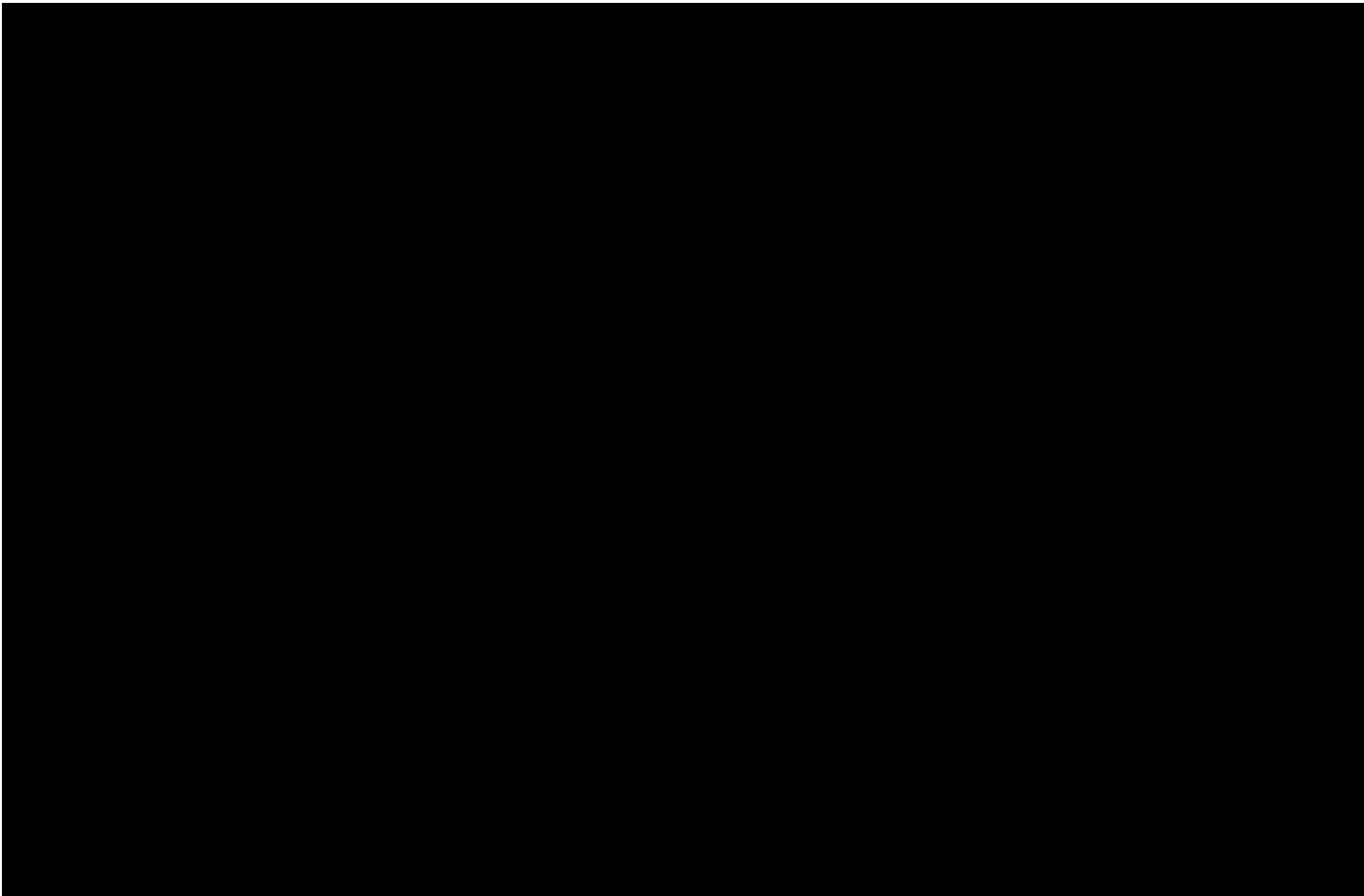
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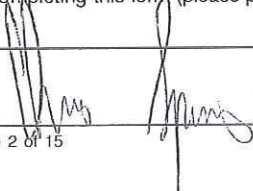
	PSIG	Serial Number
Tank 1:	250	A4583.6
Tank 2:	_____	_____
Tank 3:	_____	_____

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: 1750      Portable: 1300      Mobile: 0



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Name of person completing this form (please print) Chris Spinney	Official Title Training & Compliance Specialist
Signature  Rev 2	Telephone No. 905 796 4759
	Date (dd-mm-yyyy) 20/12/2011



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

<b>Name of Propane Supplier(s)</b>		[Redacted]	
Dowler - Karn LIMITED			
Street No.	Street Name / 911 Number / Address, if applicable		
43841	TALBOT LINE		
Town / City or Township / Country		Province	Postal Code
ST. THOMAS		ONTARIO	N5P 3S7
Telephone No.	Fax No.	Contact Name	
519 - 632- 3810	519 - 631 - 4755	DAVID KARN	
E-mail			
davekarn@dowlerkarn.com			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input checked="" type="checkbox"/>		[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			

<b>Off-site Cylinder and/or Mobile Storage</b>	Capacity stored off-site, in USWG	For Office Use - Party No.
Not Applicable		
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	
Chris Spinney	Training & Compliance Specialist	
Signature	Telephone No.	Date (dd-mm-yyyy)
	905 796 4759	28/07/2011



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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN**

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

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

The largest vessel is a 1750 USWG propane tank. Several liquid containers that hold liquid oxygen, liquid nitrogen, liquid argon. There are also several compressed gas cylinders that contain oxygen, acetylene, nitrogen as well as several non-flammable welding gas mixtures

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

Dry chemical class ABC fire extinguishers. There are 10 extinguishers on site. Each delivery truck is equipped with one.

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 building is equipped with smoke detectors that alarm people to smoke or a fire. There is also a security system present that notifies the facility about a unauthorized entry. The propane system is equipped with a emergency stop switch at the point of fill that shuts off the electrical power to the propane pump. The main shutoff valve is controlled by a fusible link that would melt during fire and close the main valve for the liquid withdrawal system.

Maintenance and testing schedule for fire protection controls and devices.

Fire extinguishers are inspected each month by the branch manager. Fire extinguishers are inspected annually by a approved inspection vendor.

Emergency shut-off on the propane system are tested quarterly for operation by the branch manager. The entire propane system is inspected annually by a licensed TSSA contractor. All testing reminders are controlled by in house reminder program. ACMS.

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Signature 	Telephone No. 905 796 4759	Date (dd-mm-yyyy) 28/07/2011



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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 Jim Sorensen	For Office Use - Party No.	Name Craig Moss	For Office Use - Party No.
Official Title Branch Manager		Official Title Driver	
Telephone No. 705 726 0351	Fax No. 705 721 9538	Cell No. 705-623-4135	Fax No.
E-mail jim_sorensen@praxair.com		E-mail	
Role and responsibilities in emergency Evacuation of staff		Role and responsibilities in emergency Evacuation of staff	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Gord Chrysler	For Office Use - Party No.	Name Jim Sorensen	For Office Use - Party No.
Official Title Customer Service Representative		Official Title Branch Manager	
Telephone No. 705 726 0351	Fax No. 705 721 9538	Telephone No. 705 726 0351	Fax No. 705 721 9538
E-mail gord_chrysler@praxair.com		E-mail jim_sorensen@praxair.com	
Role and responsibilities in emergency Assist with evacuation		Role and responsibilities in emergency Assist with evacuation	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Tracy Stevenson	For Office Use - Party No.	Name David Karn	For Office Use - Party No.
Official Title Chief Fire Prevention Officer		Official Title Vice President of Operations	
Telephone No. 705 739 4220	Fax No. 705 728 4439	Telephone No. 519 - 631 - 3810	Fax No. 519 - 631 - 4755
E-mail tstevenson@barrie.ca		E-mail davekarn@dowlerkarn.com	
Role and responsibilities in emergency		Role and responsibilities in emergency Address any customers concerns and support emergency services personnel as required. Implement supplier ERAP when applicable	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Judith Myddelton	For Office Use - Party No.	Name Dawn McAlpine	
Official Title Fire Prevention Officer		Official Title City Clerk	
Telephone No. 705 739-4220	Fax No. 705 728-4439	Telephone No. 705 739 4204 x4421	Fax No. 705 739 4243
E-mail jmyddelton@barrie.ca		E-mail	
Role and responsibilities in emergency		Municipality Barrie, ON	

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Name of person completing this form (please print) Chris Spinney	Official Title Training & Compliance Specialist	Date (dd-mm-yyyy) Nov 21 / 11 / 2011
Signature 	Telephone No. 905 796 4759	



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Name Jim Sorensen	For Office Use - Party No.	Name Craig Moss	For Office Use - Party No.
Official Title Branch Manager		Official Title Driver	
Telephone No. 705 726 0351	Fax No. 705 721 9538	Cell No. 705-623-4135	Fax No.
E-mail jim_sorensen@praxair.com		E-mail	
Role and responsibilities in emergency Evacuation of staff		Role and responsibilities in emergency Evacuation of staff	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Gord Chrysler	For Office Use - Party No.	Name Jim Sorensen	For Office Use - Party No.
Official Title Customer Service Representative		Official Title Branch Manager	
Telephone No. 705 726 0351	Fax No. 705 721 9538	Telephone No. 705 726 0351	Fax No. 705 721 9538
E-mail gord_chrysler@praxair.com		E-mail jim_sorensen@praxair.com	
Role and responsibilities in emergency Assist with evacuation		Role and responsibilities in emergency Assist with evacuation	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Tracy Stevenson	For Office Use - Party No.	Name David Karn	For Office Use - Party No.
Official Title Chief Fire Prevention Officer		Official Title Vice President of Operations	
Telephone No. 705 739 4220	Fax No. 705 728 4439	Telephone No. 519 - 631 - 3810	Fax No. 519 - 631 - 4755
E-mail tstevenson@barrie.ca		E-mail davekarn@dowlerkarn.com	
Role and responsibilities in emergency		Role and responsibilities in emergency Address any customers concerns and support emergency services personnel as required. Implement supplier ERAP when applicable	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name	For Office Use - Party No.	Name Dawn McAlpine	For Office Use - Party No.
Official Title		Official Title City Clerk	
Telephone No.	Fax No.	Telephone No. 705 739 4204 x4421	Fax No. 705 739 4243
E-mail		E-mail	
Role and responsibilities in emergency		Municipality Barrie, ON	

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Name of person completing this form (please print) Chris Spinney	Official Title Training & Compliance Specialist
Signature 	Telephone No. 905 796 4759
	Date (dd-mm-yyyy) 28/07/2011



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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.

Emergency communication tools used at the facility

1. Air horn. Used to alert inside and outside staff of an on-site emergency and the need to evacuate the facility. Three areas have a air horn for notification;  
>>>>>> Loading dock. Office/store. Propane filling station. Operating instructions.;Press and hold button to activate.

2. Public Address system. P.A. Used to alert inside and outside staff of an on-site emergency and the need to evacuate the facility. Every phone is capable of activating the P.A. system. Operating instructions; Press Page button.

3. Verbal notification. Used to alert inside and outside staff of an on-site emergency and the need to evacuate the facility.

General Emergency Information

Call 911

Escape route and assembly area. Plan a route away from the fire, vapour cloud or explosion

Proceed to nearest exit

Assembly area #1; Southeast corner of property as close as possible to roadway. Collection area #2; Business across the street. Greengo recycling..

Electrical disconnects for entire building are located in cylinder warehouse. Next to dock, south wall.

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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) 08-04-2011	Print Name of Training Provider: Praxair Distribution. Location Emergency Response Plan. 3.1.01
	Print Name of Instructor: Chris Spinney
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) 08-04-2011	Print Name of Training Provider: Praxair Distribution. Location Emergency Response Plan. 3.1.01
	Print Name of Instructor: Chris Spinney
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) 08-04-2011	Print Name of Training Provider: Praxair Distribution. Location Emergency Response Plan. 3.1.01
	Print Name of Instructor: Chris Spinney
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

4. Emergency Training Plan for Coming Year

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Target Date (dd-mm-yyyy) 01-04-2012	Print Name of Training Provider: Praxair Distribution. Location Emergency Response Plan. 3.1.01
	Print Name of Instructor: Chris Spinney
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

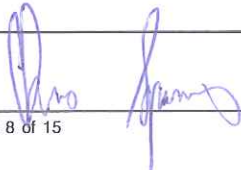
Training on the facility's Emergency Management Procedures provided to staff.

Target Date (dd-mm-yyyy) 01-04-2012	Print Name of Training Provider: Praxair Distribution. Location Emergency Response Plan. 3.1.01
	Print Name of Instructor: Chris Spinney
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Target Date (dd-mm-yyyy) 01-04-2012	Print Name of Training Provider: Praxair Distribution. Location Emergency Response Plan. 3.1.01
	Print Name of Instructor: Chris Spinney
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).  
 Key or alternate contacts give warnings to staff by using the emergency communication tools. The warning is given when an on-site emergency occurs that could impact the safety of employees or visitors to the site.

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).

Escape route and assembly area. Plan a route away from the fire, vapour cloud or explosion

Proceed to nearest exit

Assembly area #1; Southeast corner of property as close as possible to roadway. Collection area #2; Business across the street. Greengo recycling.

Key or alternate contacts coordinate all actions.

**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).

An immediate call is placed to 911 Emergency Services by any Praxair staff. At assembly area a head count is taken and then it is determined if a call has been placed to 911 Emergency Services. Additional response resources are specified in the Location Emergency Response Plan.

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

All contact information for key and alternate contacts has been provided to Fire Services.

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

All information will be communicated through Barrie Fire Dept. Incident Command.

An annual review of the Location Emergency Response Plan is completed each year. The plan instructs the reviewer to forward updated information to

Fire Services.

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

10 - 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)		115 metres
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)		N/A

**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) Chris Spinney	Official Title Training & Compliance Specialist
Signature 	Telephone No. 905 796 4759
	Date (dd-mm-yyyy) 28/07/2011



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

**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**

<b>To be completed by the Local Fire Services</b>	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).		
Fire services comments, if any:		
<i>None</i>		
<b>To be completed by the Licence Holder</b>		
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.

FIRE CHIEF JOHN LYNN Local Fire Services Name <i>BARRIE FIRE &amp; EMERGENCY SERVICE</i>	Signature <i>[Signature]</i>	Date: (dd-mm-yyyy) <i>29/07/2011</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) Chris Spinzey	Official Title Training & Compliance Specialist	
Signature <i>[Signature]</i>	Telephone No. 905 796 4759	Date (dd-mm-yyyy) <i>29/07/2011</i>



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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 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:

pg 4 -- Where is the emergency stop button located (there are two?). Please indicate their locations on the Fire Services Plot Plan.

pg 9 -- Include direction regarding who initiates the TERP response and at what point in the emergency.

**To be completed by the Licence Holder**

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

\*\* Fire services has reviewed the Plan and indicated the two comments listed above. A signed copy of this page will be provided to Praxair within the next week and forwarded to TSSA at that time.

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		

**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) Chris Spinney	Official Title Training & Compliance Specialist	
Signature 	Telephone No. 905 796 4759	Date (dd-mm-yyyy) 28/07/2011



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

**SECTION C: SUBMISSIONS**

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

**Facility Site Plan.**

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

**Map of Surrounding Area.**

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below.

**Required Mapping Information from Updated Site Plan**

Date Map Prepared (dd-mm-yyyy)	Capacity of single largest propane storage vessel (USWG)		
28-10-2010	1750		
Tank setback coordinates. Indicate placement on the map.			
Front:	184 ft	<u>56m</u>	Right side property line: 50 ft <u>15m</u>
Rear:	127 ft	<u>39m</u>	Left side property line: 62 ft <u>19m</u>
GPS coordinates of single largest vessel:		<u>Lat. 44.1716. Long. -77.4419</u>	

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Name of person completing this form (please print)	Official Title	
Chris Spinney	Training & Compliance Specialist	
Signature	Telephone No.	Date (dd-mm-yyyy)
	905 796 4759	28/07/2011



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**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

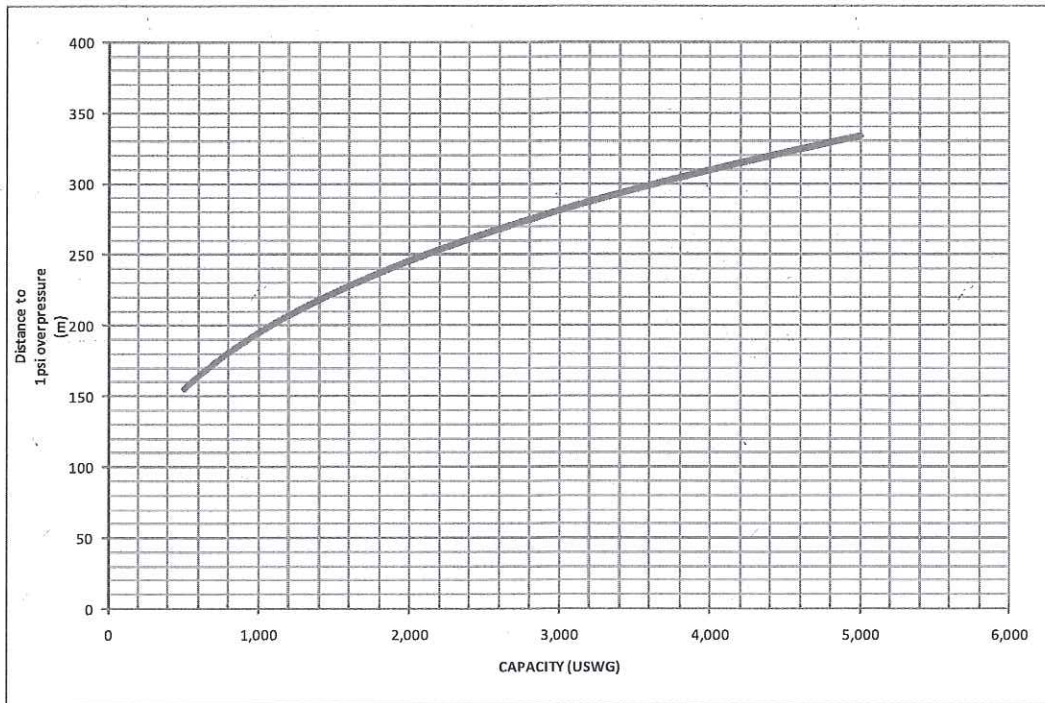
Table 1: Distance Table

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>J Plumbing</u> Address: <u>148 John St.</u> City: <u>Barrie</u> Province <u>ON</u> Postal Code <u>L4N 2L2</u>			X		70 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>L&amp;M Machine</u> Address: <u>152 John St</u> City: <u>Barrie</u> Province <u>ON</u> Postal Code <u>L4N 2L2</u>				X	20 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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Name of person completing this form (please print) Chris Spinney	Official Title Training & Compliance Specialist	
Signature 	Telephone No. 905 796 4759	Date (dd-mm-yyyy) 28/07/2011



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**Level 1 Risk and Safety Management Plan (RSMP)**  
*Technical Standards and Safety Act*  
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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	0	0
# 100	29.5	28	826
# 40	11.75	6	70.5
# 33.3	9.62	136	1308.3
# 30	8.8	7	61.6
# 20	5.8	9	52.2
# 10	2.9	0	
# 5	1.5	0	
<b>Total Cylinder Capacity 2319</b>			

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

Tank Size In USWG	Quantity	Total Volume in USWG
1000	1	1000
1750	1	1750
<b>Total Tank Capacity 2750</b>		

<b>Total Cylinder Capacity</b>	2319
<b>Total Tank Capacity</b>	1750
<b>Total Portable Capacity</b>	

**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) Chris Spinney	Official Title Training & Compliance Specialist	
Signature 	Telephone No. 905 796 4759	Date (dd-mm-yyyy) 28/07/2011

# Risk and Safety Management Plan

## PUBLIC RECEPTORS WITHIN HAZARD DISTANCE



GPS co-ordinates of tank — Lat 44.1716 Long. -77.4419  
 Tank Capacity — 1750 USWG  
 Setback Front: 194 ft. 4 in.  
 Rear: 135 ft. 6 in.  
 West: 72 ft 9 in  
 East: 51 ft. 11 in

**LEGEND**

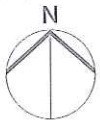
- Industrial Building
- Retail/Commercial
- Residential Area
- Road
- Creek
- Railway Spur



**PRAXAIR, 156 JOHN ST**  
**Barrie, ON**

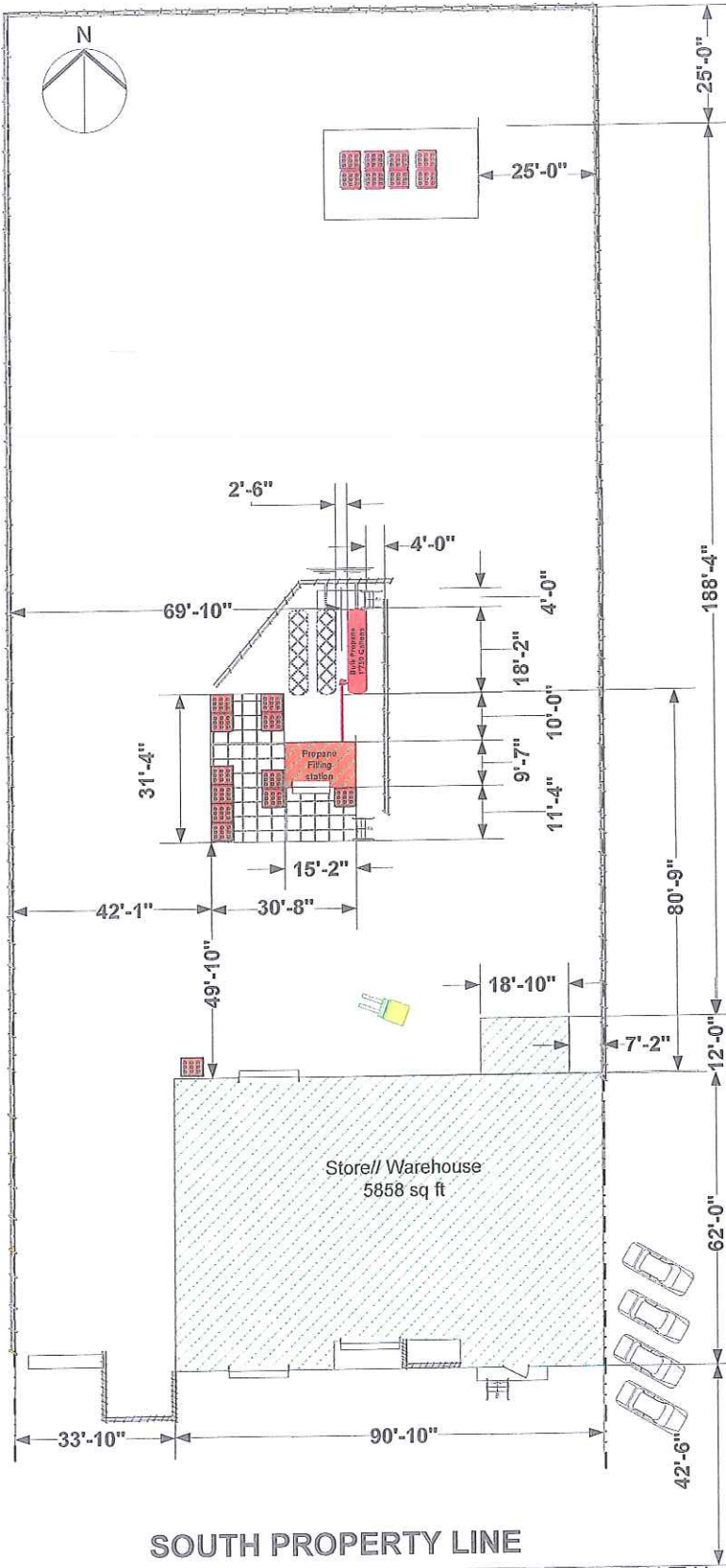
Scale: 1:4 632  
 Prepared Jan 14, 2011

NORTH PROPERTY LINE



WEST PROPERTY LINE

EAST PROPERTY LINE



**Cylinder Storage**

**Fixed Storage Tank**

GPS co-ordinates of tank: Lat. 44.1716 Long. -77.4419

Tank Capacity: 1750 USWG  
 Setback Front: 194 ft. 4 in.  
 Rear: 135 ft. 6 in.  
 West: 72 ft. 9 in.  
 East: 51 ft. 11 in.

SOUTH PROPERTY LINE

156 JOHN ST

**PRAXAIR  
FACILITY  
LAYOUT  
BARRIE  
ONTARIO**

**PRAXAIR BUSINESS CONFIDENTIAL**  
 PRAXAIR TECHNOLOGY CENTER - TONAWANDA, NEW YORK

TYPE OF PLANT  
 PROPANE FILLING FACILITY

TITLE  
 FACILITY LAYOUT  
 PRAXAIR BARRIE, ONTARIO  
 156 JOHN ST,  
 LAN 2L2

MODEL NAME : STDPF01	DRAWN BY MP	CHECKED	SITE IDENTIFICATION	
	REVIEWED	APPROVED	PROJECT NUMBER	
SCALE NONE	DATE 10-18-2010	SHEET F01	TOTAL 1	
SIZE B	DRAWING NUMBER MP-BAR-3	ALTERATIO N	K	

## Fire Services Plot Plan Praxair Distribution, 156 John St. Barrie, ON





73'

52'

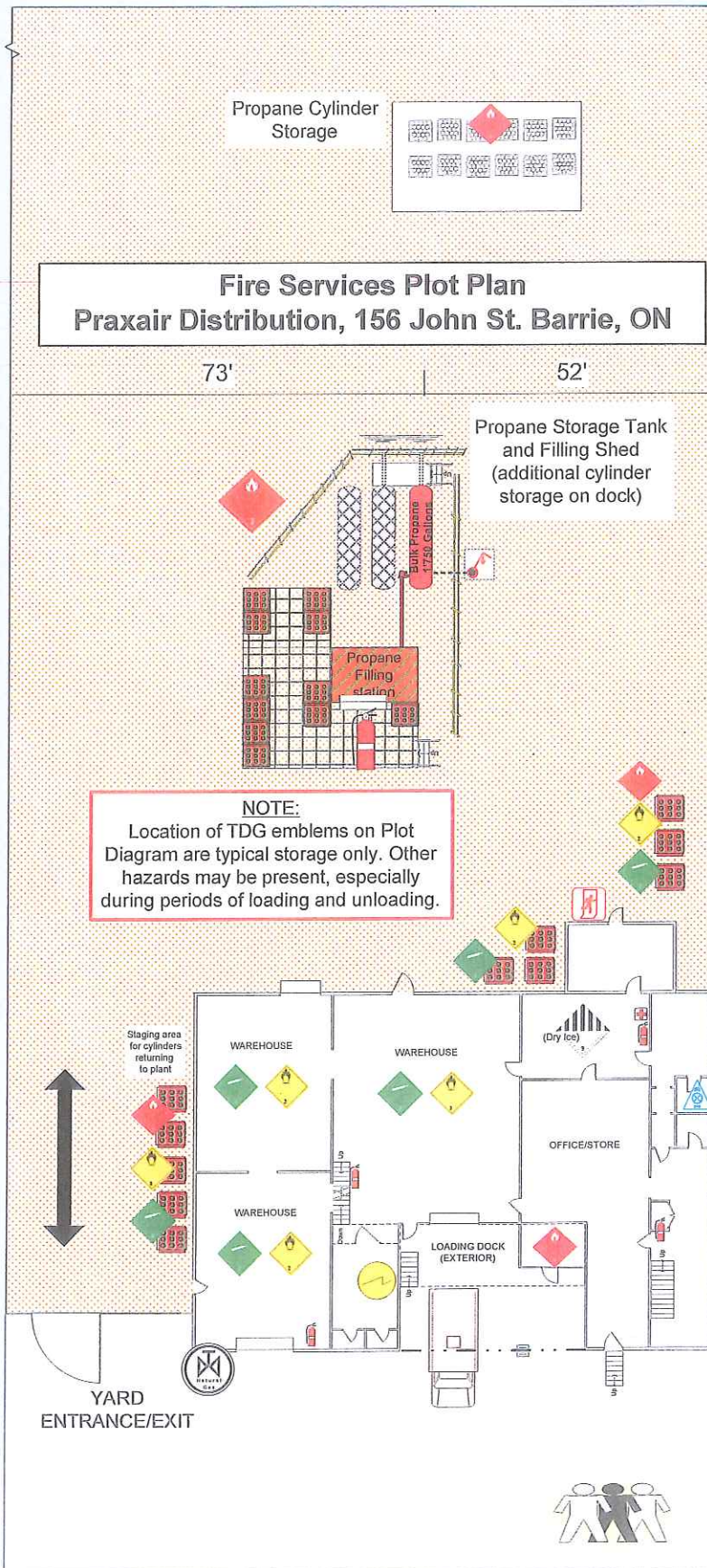
135'

194'

### Legend

-  Fire Exit
-  Fire Extinguisher
-  Fire Hydrant
-  Evacuation Area
-  Electrical Panel
-  Water Shutoff
-  Natural Gas Shutoff
-  Propane Tank Valve
-  Propane Bulk Tank 1750 USWG
-  Propane tanks (out of service & empty)

**NOTE:**  
Location of TDG emblems on Plot Diagram are typical storage only. Other hazards may be present, especially during periods of loading and unloading.



← Additional Hydrant is 325 feet west on South side

John St.

Closest Hydrant is 90ft E on South Side →