



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.

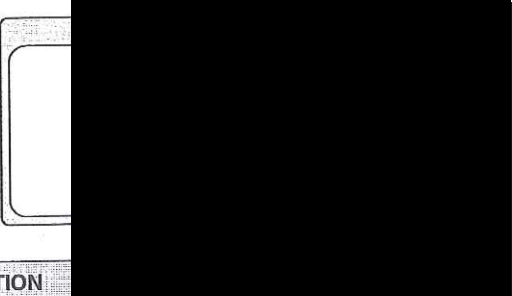
Failure to fully complete this form may result in rejection.
Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number

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.

Company Name Ontario Corporation No., if applicable

A Region of Peel

Operator Name (if different from above)

Telephone No. Fax No. E-mail

905-791-7800 x-3243 905-450-0361 shaun.hewitt@peelregion.ca

B Street No. Street Name / 911 Number / Address, if applicable

10 Peel Centre Drive

Town / City or Township / County Province Postal Code

Brampton Ontario L6T 4B9

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. Street Name / 911 Number / Address, if applicable Nearest Major Intersection

2 Copper Rd. Dixie and Steeles

Town / City or Township / County Province Postal Code

Brampton Ontario L6T 4W5

Name of Licence Holder

Region of Peel

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type

Shaun Hewitt R-ROT#1806 - PPO-3

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

Region of Peel - Brampton

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 <input type="text"/> Region of Peel		08-02-2012
Name of Senior Management person as defined in the Regulation holding the Record of Training <input type="text"/> Shaun Hewitt		08/02/2012



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SECTION A: GENERAL INFORMATION (cont'd)

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

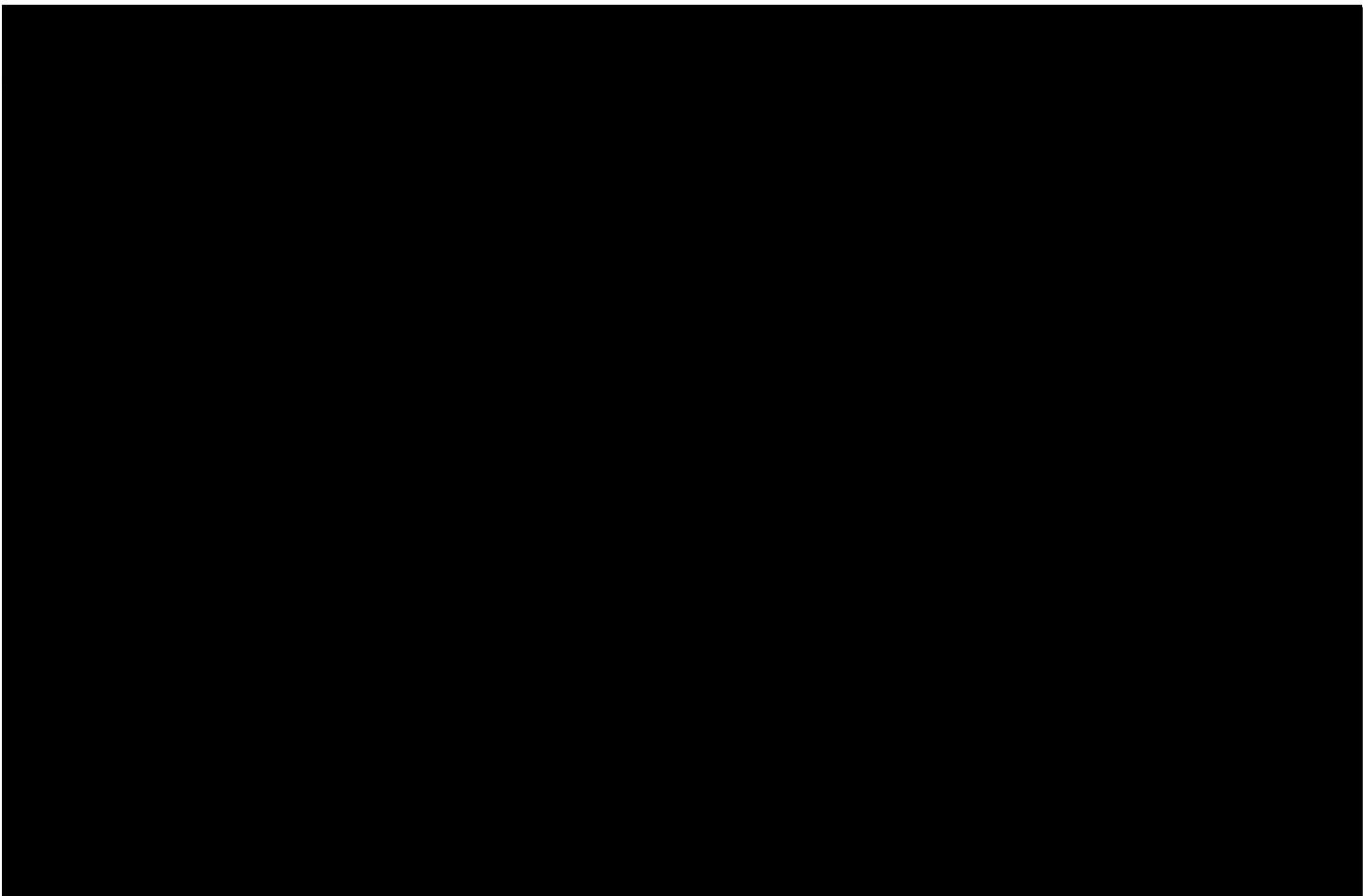
1994

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

	PSIG	Serial Number
Tank 1:	250	391-09
Tank 2:	_____	_____
Tank 3:	_____	_____

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 2000 USWG Portable: 509.84 USWG Mobile: NIL



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Name of person completing this form (please print)	Official Title	
Shaun Hewitt	Director - Operations Support, Public Works	
Signature	Telephone No.	Date (dd-mm-yyyy)
	905-791-7800 ext. 3243	08-02-2012



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) Super Save Enterprises Ltd.			For Office Use - Party No.	
Street No. 1840	Street Name / 911 Number / Address, if applicable Gage Court			
Town / City or Township / Country Mississauga			Province Ontario	Postal Code L5S 1S2
Telephone No. 905-673-6575	Fax No. 905-673-9412	Contact Name James Lisson		
E-mail Jlisson@supersave.ca				

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			For Office Use - Party No.	
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 N/A		Capacity stored off-site, in USWG	For Office Use - Party No.	
Street No.	Street Name / 911 Number / Address, if applicable			
Town / City or Township / Country			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) Shaun Hewitt		Official Title Director - Operations Support, Public Works	
Signature 		Telephone No. 905-791-7800 ext. 3243	Date (dd-mm-yyyy) 08-02-2012



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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.

1-Waste Oil Tank below ground at n/e corner of vehicle repair garage - max. volume of 500 gallons. 2-New Oil Storage Tanks above ground at n/w corner of the vehicle repair garage - max. volume of 200 gallons each. Used battery storage located at n/w corner of vehicle repair garage and 2 used tire storage area s located at the n/e side of the property (230 Advance Blvd.). Portable Propane Cylinders located externally on east side of property (2 Copper). Mobile Acetylene cutting/welding torches located in vehicle garage & parts/small equip storage area. WHMIS located in fire safety box at main front entrance.

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

Gas shut off valve - Located on the south/west side of building. Main Water Shut off valve - West wall in parking garage. Main Electrical Shut off - Located in the Electrical Room. Fire Hydrants - Please refer to Fire Site Plan (Appendix A). Fire Department Key box - Main Employee Entrance West Side of building. Siamese Connections - Located to the right of the North Employee Entrance. Fire Extinguishers - Please refer to Fire Site Plan (Appendix A).

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.

Copper Yard is equipped with a Notifier NFS2-640 Fire Alarm System and two Notifier ABF-2B Annunciators, four Wet Zones of Sprinkler System, 50 manual pull stations, 73 bells, 1 water gong, Gas Detection System (CO2 monitoring and Propane Monitoring). 24/7 Fire Monitoring provided by FMC. Upon activation of a pull station fire alarm is activated, a signal is sent to FMC, FMC will notify Fire Department and Region of Peel Central Dispatch.

Maintenance and testing schedule for fire protection controls and devices.

Alarm System and Panels (including standby batteries), Emergency Lighting, Sprinkler Systems, Alarm Testing and Control Valves, System & City Pressure, Pull stations, Voice Communication System and Fire Extinguishers are inspected on a monthly basis by in house crew. All equipment listed above is inspected and tested annually in the month of October by our vendor Classic Fire Protection. All in accordance with the Ontario Fire Code.

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Name of person completing this form (please print) Shaun Hewitt		Official Title Director - Operations Support, Public Works	
Signature 		Telephone No. 905-791-7800 ext. 3243	Date (dd-mm-yyyy) 23-03-2012



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name Shaun Hewitt	For Office Use - Party No.	Name Carl Johnson	For Office Use - Party No.
Official Title Director of Operations Support		Official Title Supervisor, Supply Management	
Telephone No. 905-791-7800 ext. 3243	Fax No. 905-450-0361	Cell No. 905-866-3813	Fax No. 905-450-1723
E-mail shaun.hewitt@peelregion.ca		E-mail carl.johnson@peelregion.ca	
Role and responsibilities in emergency Provides overall direction.		Role and responsibilities in emergency Provides on-site control.	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Brad McDonald	For Office Use - Party No.	Name Cheryl Cook	For Office Use - Party No.
Official Title Manager, Fleet, Facilities and Supply Management		Official Title Property Manager	
Telephone No. 905-791-7800 ext. 3278	Fax No. 905-450-0361	Telephone No. 905-791-7800 ext. 3301	Fax No. 905-450-0361
E-mail brad.mcdonald@peelregion.ca		E-mail cheryl.cook@peelregion.ca	
Role and responsibilities in emergency Alternate to key contact, provides back up overall direction.		Role and responsibilities in emergency 24 Hour on site contact. Executes overall direction.	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Brian Maltby	For Office Use - Party No.	Name James Lisson	For Office Use - Party No.
Official Title Division Chief, Fire Prevention		Official Title Propane Sales Manager	
Telephone No. 905-874-2741	Fax No. 905-874-2735	Telephone No. 905-673-6575	Fax No. 905-673-9412
E-mail brian.maltby@brampton.ca		E-mail jlisson@supersave.ca	
Role and responsibilities in emergency Fire service organization and deployment, emergency medical services, risk management, and emergency service communication standards.		Role and responsibilities in emergency On site/Off site advisor. Responsible for advising chemical properties of materials.	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Matt Pegg	For Office Use - Party No.	Name Peter Fay	For Office Use - Party No.
Official Title Deputy Chief, Fire Prevention		Official Title City Clerk	
Telephone No. 905-874-2723	Fax No. 905-874-2727	Telephone No. 905-874-2172	Fax No. 905-874-2119
E-mail matt.pegg@brampton.ca		E-mail cityclerksoffice@brampton.ca	
Role and responsibilities in emergency Potential Incident Commander		Municipality City of Brampton	

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Name of person completing this form (please print) Shaun Hewitt	Official Title Director - Operations Support, Public Works
Signature 	Telephone No. 905-791-7800 ext. 3243
	Date (dd-mm-yyyy) 23-03-2012



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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.
Here are some measures that Facility Services has taken to exceed the minimum code:

1. The Fire Alarm System at Copper is in the process of being replaced. Although the current system complies with codes and standards, the system will be updated in order to respond to new technologies and utilize new features in order to provide optimal fire protection.
2. The main gas supply line and feeding lines to all heating units will be replaced beginning June 1, 2011.
NOTE: Both of the above mentioned measures are part of the Expansion Project currently underway at the Copper Rd. Facility.
3. The Sprinkler System was upgraded in 2010 in order to provide coverage under all overhead doors when the doors are open. Previously, when an overhead door was in the open position the door would cover the sprinkler systems.
4. Initiates the inspection of all outside lighting annually by a certified Electrician. This process ensures that our facility is adequately lit and safe for after hours operations.
5. Initiates the inspection of all above ground tanks annually. This process ensures that the tanks are inspected in accordance with the Liquid Fuels Handling Code and certification of the tanks is provided by the vendor.

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Name of person completing this form (please print) Shaun Hewitt		Official Title Director - Operations Support, Public Works	
Signature 		Telephone No. 905-791-7800 ext. 3243	Date (dd-mm-yyyy) 08-02-2012



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

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

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

Training Date (dd-mm-yyyy) 16-06-2011	Print Name of Training Provider: Region of Peel
	Print Name of Instructor: Angelo Anguelov
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) 11-01-12	Print Name of Training Provider: Region of Peel
	Print Name of Instructor: Angelo Anguelov
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:

Site specific training provided to certificate holders / persons with Records of Training.

Training Date (dd-mm-yyyy) 15-11-2010	Print Name of Training Provider: Region of Peel
	Print Name of Instructor: Sean Lonergan - Training Certificate #1-661
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) Graham Hewitt		Official Title Director - Operations Support, Public Works	
Signature 		Telephone No. 905-791-7800 ext. 3243	Date (dd-mm-yyyy) 08-02-2012



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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) 16-06-2012	Print Name of Training Provider: Region of Peel
	Print Name of Instructor: Angelo Anguelov
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) 11-01-2013	Print Name of Training Provider: Region of Peel
	Print Name of Instructor: Angelo Anguelov
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) 20-02-2012	Print Name of Training Provider: Region of Peel
	Print Name of Instructor: Sean Lonergan - Training Certificate #1-661
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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Signature 		Telephone No. 905-791-7800 ext. 3243	Date (dd-mm-yyyy) 08-02-2012



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

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

5. Emergency Response Communications Plan

Warnings and Actions

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate). In the event of a fire, the building's Supervisory staff is responsible for activating the fire alarm system and to provide assistance to occupants evacuating the building. Please refer to Appendix B, Fire Safety Plan, Section 5-3 - Emergency Procedures for Supervisory Staff, for further details. Upon noticing a propane leak the ROT Holder will shout a verbal warning and ensure all persons are evacuated from the building and yard. Please refer to Appendix C, Fire Team Information Booklet, Page 11 for further details.

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 Buildings Supervisory staff will ensure the fire alarm has been activated and call 911 to advise the Brampton Fire Department of the emergency. Supervisory staff will then begin initiating the evacuation plan for employees. Please refer to Appendix B, Fire Safety Plan, Section 5-8 - Emergency Procedures for On-Site Supervisors, for further details.

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).

Buildings Supervisory staff are required to check the annunciator panel for the location of the fire and immediately dial 911 and advise them of the emergency. Please refer to Appendix B, Fire Safety Plan, Section 5-3 - Emergency Procedures for Supervisory Staff, for further details. Upon noticing a propane leak the ROT Holder will shout a verbal warning and ensure all persons are evacuated from the building and yard. The ROT will then call 911. Please refer to Appendix C, Fire Team Information Booklet, Page 11 for further details.

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

The Fire Department has a key box located adjacent to the main front entrance which provides access to all doors at Copper. There is a second key box located on the fence adjacent to the Copper Rd. gate. Please refer to Appendix B, Fire Safety Plan, Section 4-1 - Firefighters Access, for further details.

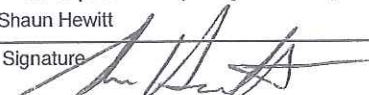
Describe how the licence holder will ensure continual flow of updated information to authorities.

It is the Buildings Supervisory staff who must ensure continual flow of updated information. Please refer to Appendix B, Fire Safety Plan, Section 5-3 - Emergency Procedures for Supervisory Staff, for further details.

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

All designated stand-by staff follow our practice of responding to a site within one (1) hour.

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Name of person completing this form (please print) Shaun Hewitt	Official Title Director - Operations Support, Public Works		
Signature 	<table border="1"> <tr> <td> Telephone No. 905-791-7800 ext. 3243 </td> <td> Date (dd-mm-yyyy) 23-03-2012 </td> </tr> </table>	Telephone No. 905-791-7800 ext. 3243	Date (dd-mm-yyyy) 23-03-2012
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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

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

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) | | 100 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) | | 150 metres _____ |

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Signature 		Telephone No. 905-791-7800 ext. 3243	Date (dd-mm-yyyy) 08-02-2012



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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services	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>PLEASE SEE THE ATTACHED "FIRE SERVICE INFORMATION FORM REVIEW AND COMMENTS FOR LEVEL 1 RSMP".</i>		
To be completed by the Licence Holder		
In response to the above comments, the following action(s) is required: <i>Recommendations from the Fire Chief have been taken into account and revisions have been made. Please see Appendix F for additional details.</i>		
Licence holder will respond to the Local Fire Services comments by:		<i>23/03/2012</i> <small>(dd-mm-yyyy)</small>

LOCAL FIRE SERVICES		
The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.		
Local Fire Services Name	Signature	Date (dd-mm-yyyy)
<i>BRIAN MALBY</i>	<i>Brian Malby</i>	<i>13.03.2012</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>Alan Hewitt</i>	Official Title Director - Operations Support, Public Works	
Signature <i>Alan Hewitt</i>	Telephone No. 905-791-7800 ext. 3243	Date (dd-mm-yyyy) 08-02-2012



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SECTION C: SUBMISSIONS

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

Facility Site Plan.

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

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

Map of Surrounding Area.

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

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

Required Mapping Information from Updated Site Plan

Date Map Prepared (dd-mm-yyyy) May 2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 130 m from south gate	Right side property line: 118 m from east fence
Rear: 40 m from north fence	Left side property line: 120 m from west gate
GPS coordinates of single largest vessel:	Latitude 43.6899 / Longitude 79.7006

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) Shaun Hewitt	Official Title Director - Operations Support, Public Works
Signature 	Telephone No. 905-791-7800 ext. 3243
	Date (dd-mm-yyyy) 08-02-2012



Technical Standards and Safety Authority
www.issa.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 C: SUBMISSIONS (cont'd)
Applicant must include a Facility Site Plan and Map of Surrounding Area

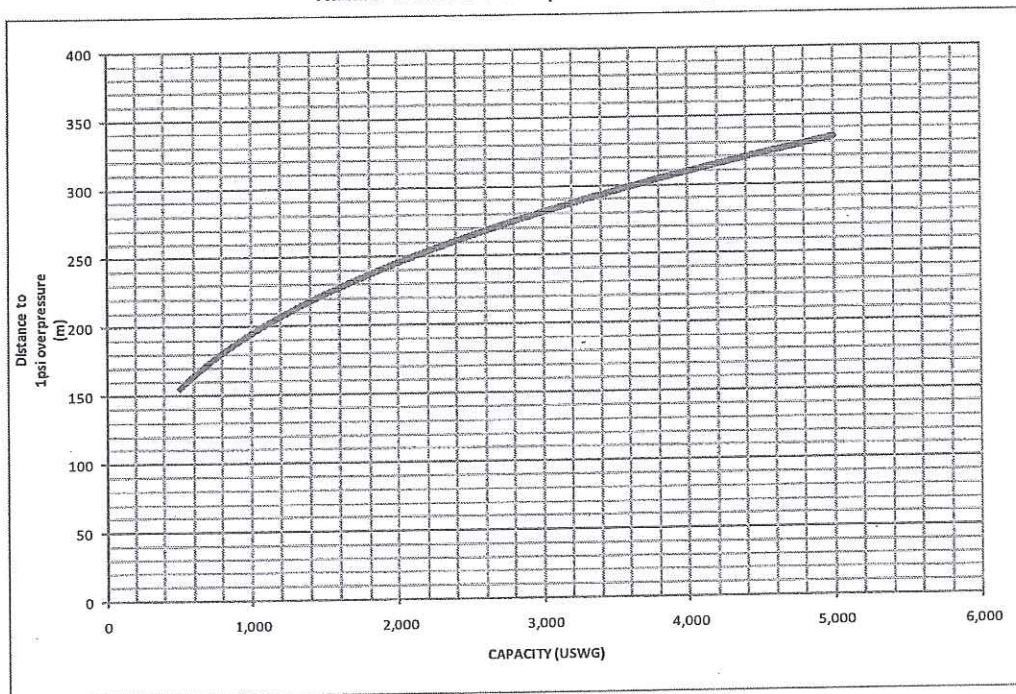
Table 1: Distance Table

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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Signature 	Telephone No. 905-791-7800 ext. 3243	Date (dd-mm-yyyy) 08-02-2012



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14th Floor - Centre Tower
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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: Municipality of Peel NOTE: Please Refer to Appendix D for further details and a map of the area. Address: 25 Wilkinson Rd. City: Brampton Province Ontario Postal Code L6T 2C5				21	111 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: N/A Address: _____ City: _____ Province _____ Postal Code _____	0				N/A m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Region of Peel Address: 2 Copper Rd. City: Brampton Province Ontario Postal Code L6T 4W5			9		2 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: N/A Address: _____ City: _____ Province _____ Postal Code _____	0				N/A m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: N/A Address: _____ City: _____ Province _____ Postal Code _____	0				N/A m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: N/A Address: _____ City: _____ Province _____ Postal Code _____	0				N/A m

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

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Name of person completing this form (please print) Snaun Hewitt	Official Title Director - Operations Support, Public Works
Signature 	Telephone No. 905-791-7800 ext. 3243
	Date (dd-mm-yyyy) 08-02-2012



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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	3	88.5
# 40	11.75		
# 33.3	9.62	2	19.24
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity 107.74			

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
N/A	N/A	N/A
Total Tank Capacity		

Total Cylinder Capacity	107.74
Total Tank Capacity	
Total Portable Capacity	

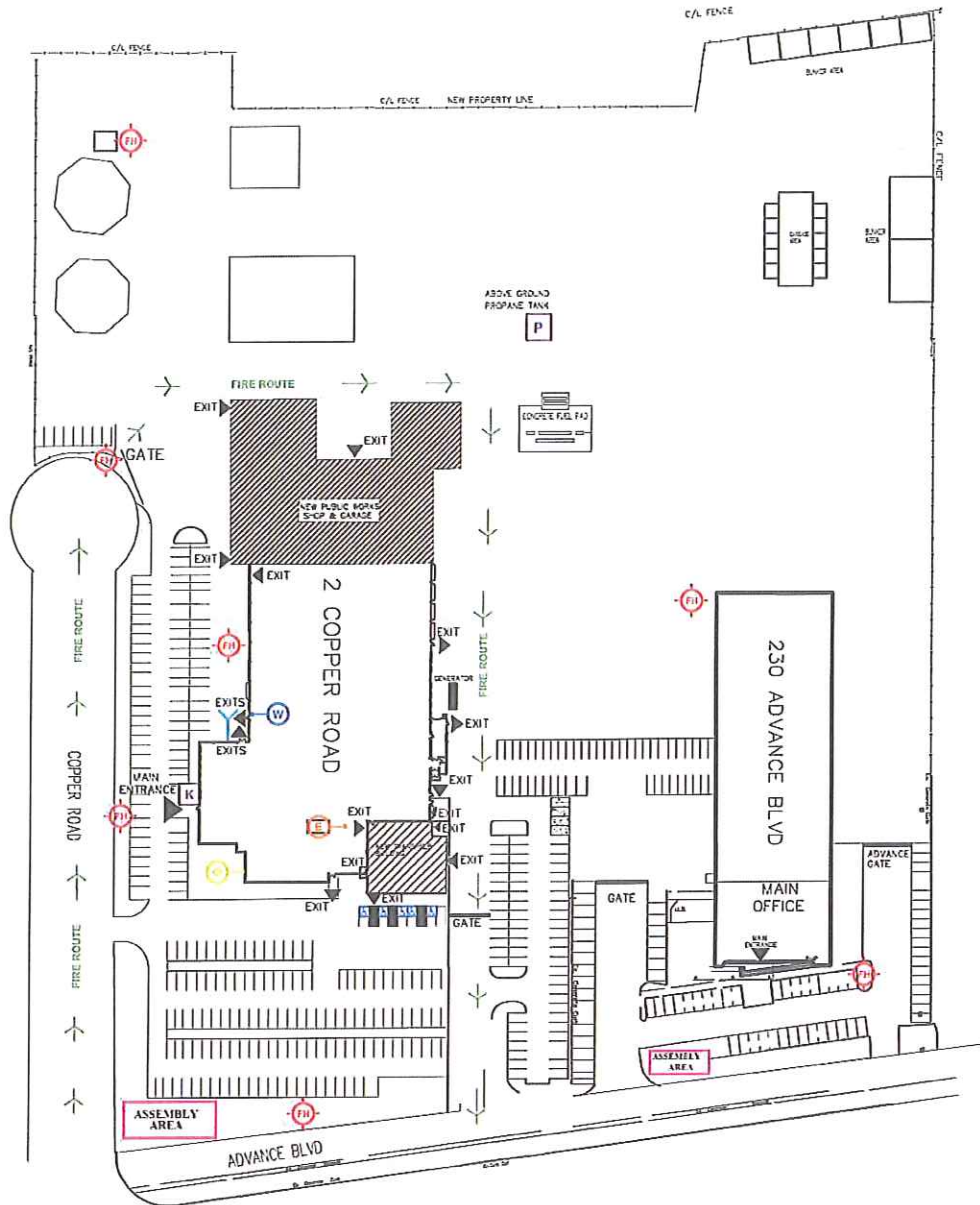
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Signature 	Telephone No. 905-791-7800 ext. 3243	Date (dd-mm-yyyy) 08-02-2012

APPENDIX A

FIRE SITE PLAN

2 COPPER ROAD
230 ADVANCE BLVD

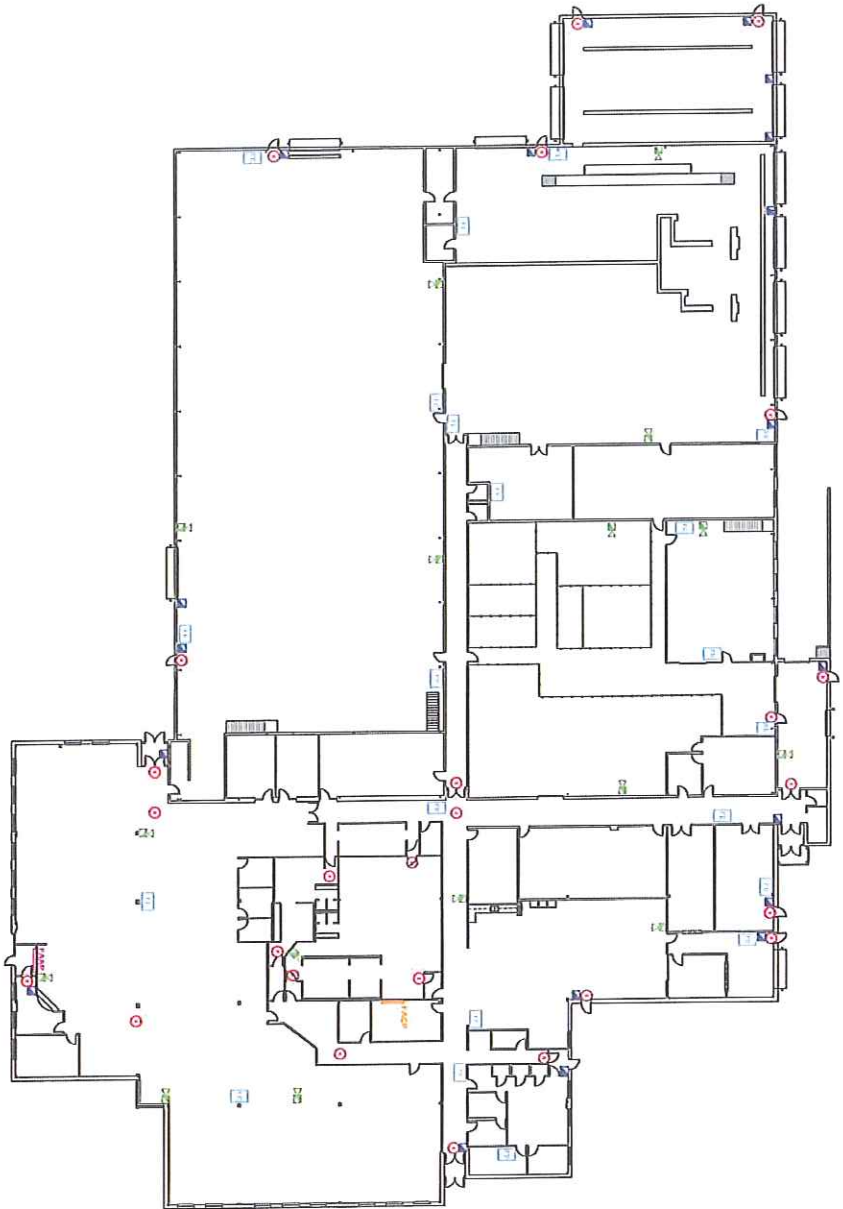


LEGEND

	GAS SHUT OFF VALVE		MAIN WATER SHUT OFF
	FIRE HYDRANT		MAIN ELECTRICAL SHUT OFF
	ENTRANCE / EXIT		SIAMESE CONNECTIONS
	FIRE DEPT. KEY BOX		FIRE ROUTE
	ABOVE GROUND PROPANE TANK		EVACUATION ASSEMBLY AREA



2 COPPER ROAD
FIRE & LIFE SAFETY DEVICES
GROUND FLOOR PLAN

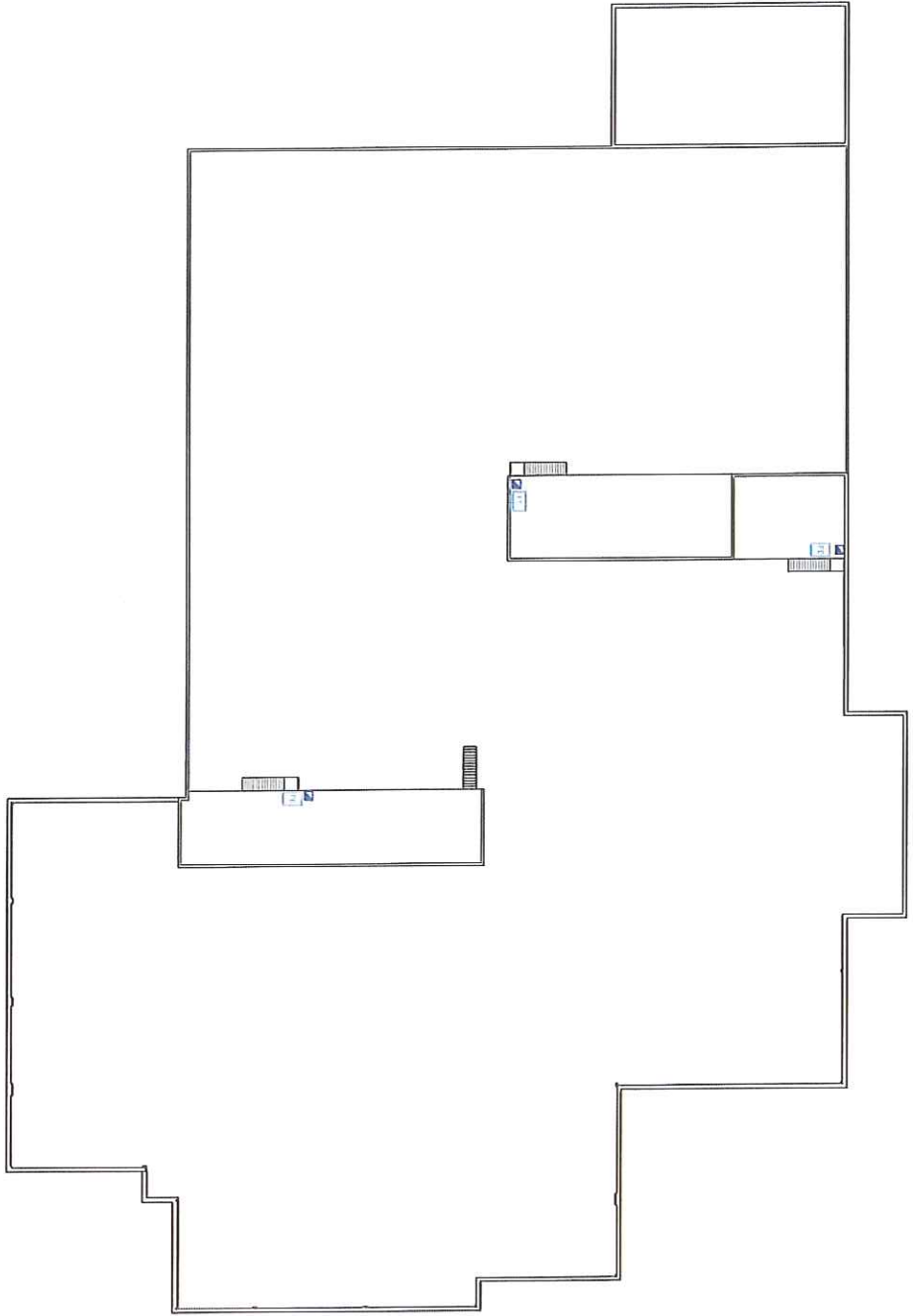


LEGEND

- | | | | |
|---|-------------------|---|-------------------------------------|
|  | FIRE EXTINGUISHER |  | FIRE ALARM BELL |
|  | EXIT SIGN |  | FIRE ALARM CONTROL PANEL (FACP) |
|  | PULL STATION |  | FIRE ALARM ANNUNCIATOR PANEL (FAAP) |



2 COPPER ROAD
FIRE & LIFE SAFETY DEVICES
MEZZANINE FLOOR PLAN



LEGEND



FIRE EXTINGUISHER



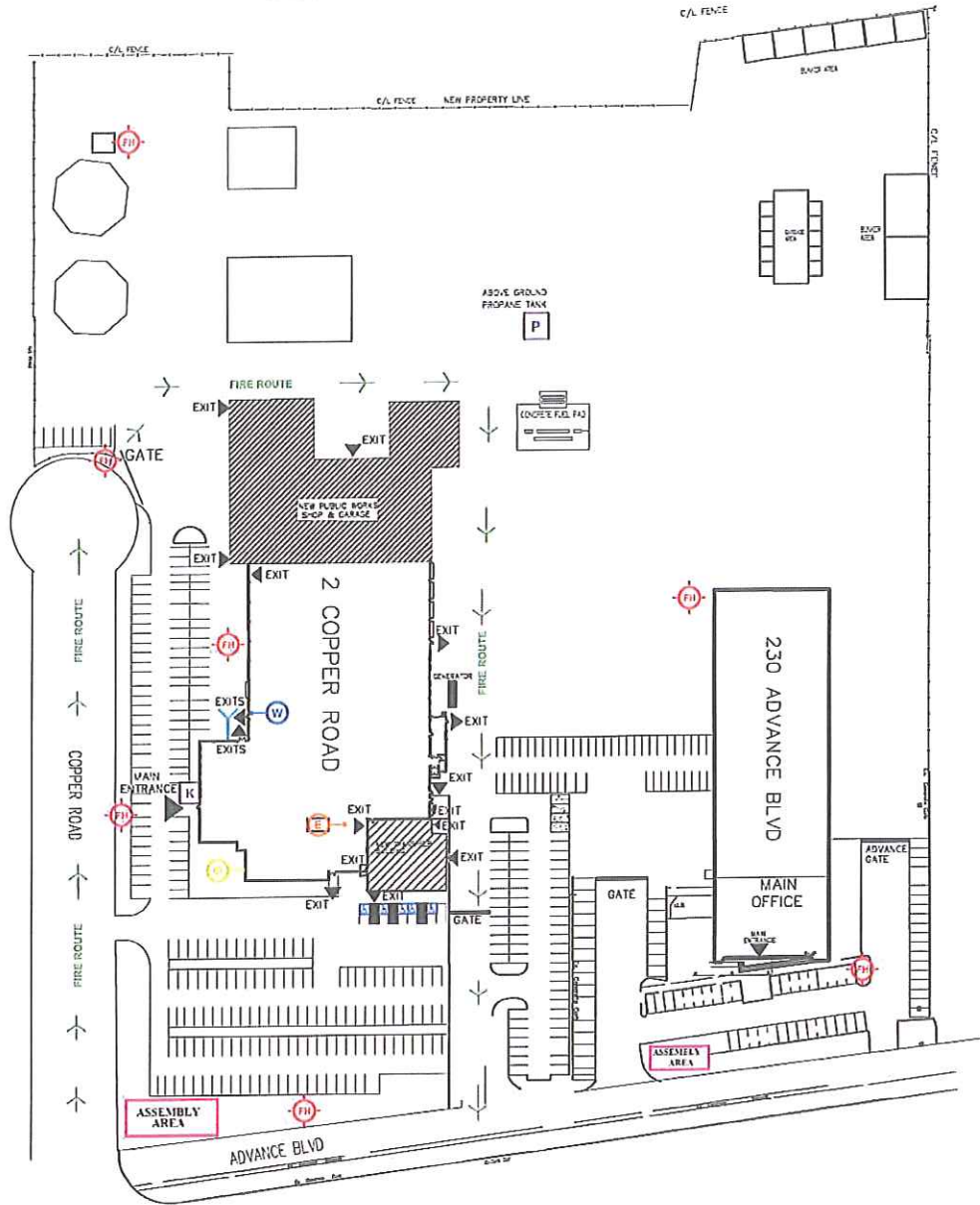
PULL STATION



APPENDIX A

FIRE SITE PLAN

2 COPPER ROAD
230 ADVANCE BLVD

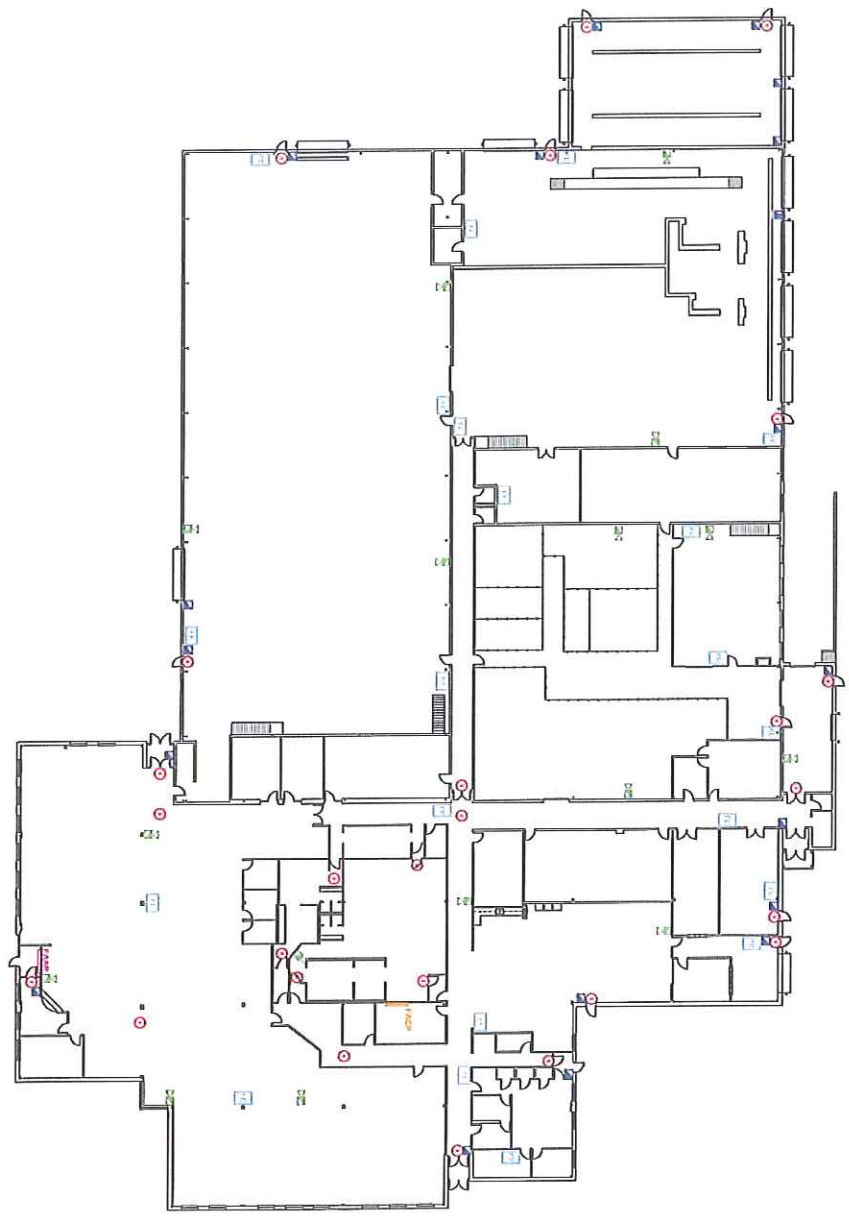


LEGEND

GS	GAS SHUT OFF VALVE	W	MAIN WATER SHUT OFF
FH	FIRE HYDRANT	E	MAIN ELECTRICAL SHUT OFF
	ENTRANCE / EXIT		SIAMESE CONNECTIONS
K	FIRE DEPT. KEY BOX		FIRE ROUTE
P	ABOVE GROUND PROPANE TANK		EVACUATION ASSEMBLY AREA



**2 COPPER ROAD
FIRE & LIFE SAFETY DEVICES
GROUND FLOOR PLAN**

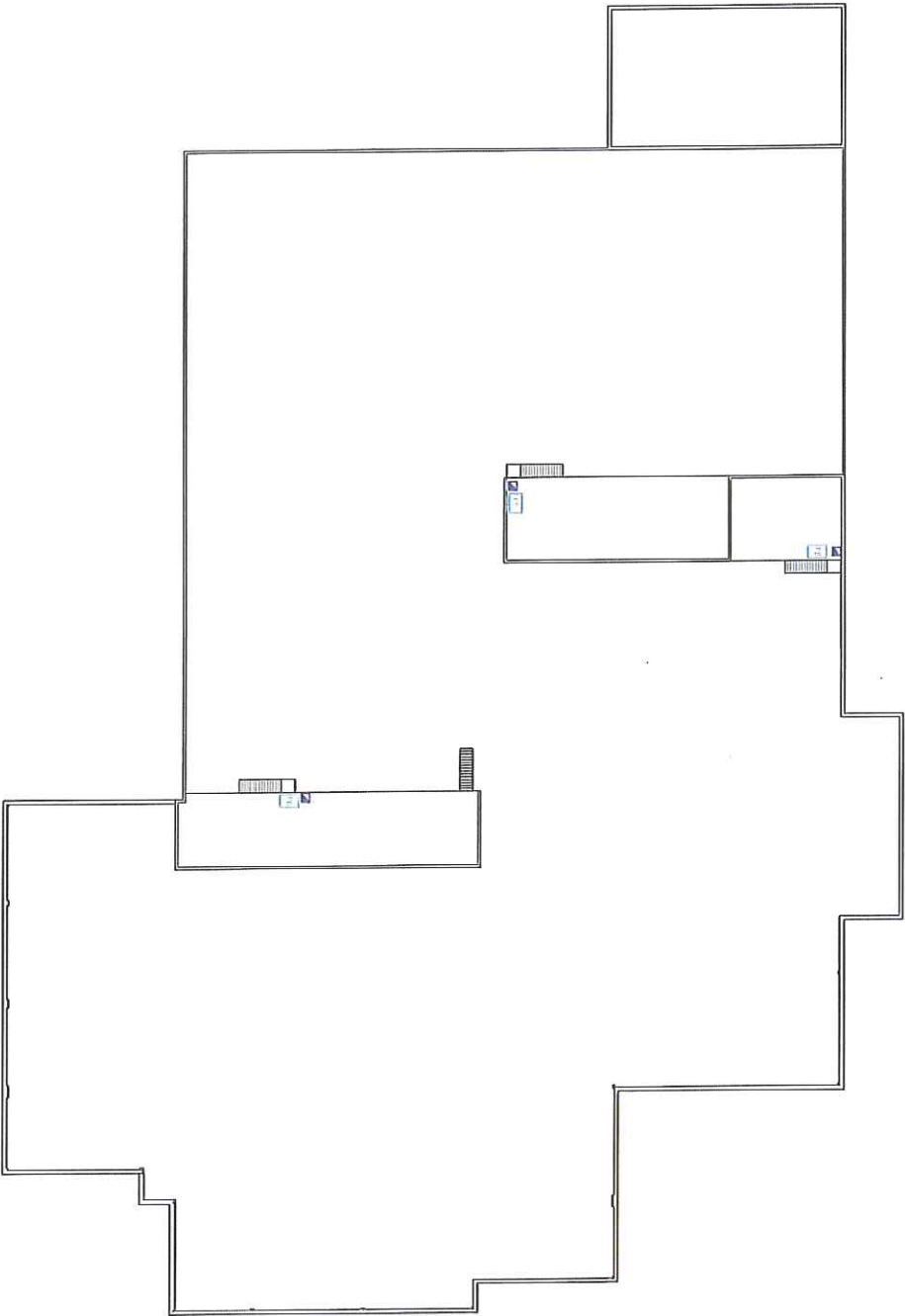


LEGEND

-  FIRE EXTINGUISHER
-  EXIT SIGN
-  PULL STATION
-  FIRE ALARM BELL
-  FIRE ALARM CONTROL PANEL (FACP)
-  FIRE ALARM ANNUNCIATOR PANEL (FAAP)



2 COPPER ROAD
FIRE & LIFE SAFETY DEVICES
MEZZANINE FLOOR PLAN



LEGEND



FIRE EXTINGUISHER



PULL STATION

