Level 1 Risk and Safety Management Plan (RSMP)

Technical Standards and www.tssa.org

14th Floor - Centre Tower 3300 Bloor Street West Safety Authority Fax: 416.231.4903

Customer Service: 1.877.682.8772

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 aking a false statement may resu under the <i>Technical Standa</i> | It in a fine or prosecution | | | | |
|-------|--|--|--|--|--------------------|--|--|
| Lice | nce Number | 76644785 | | | | | |
| Check | k applicable type | of propane operations. | | _ | | | |
| | ✓ Cylinder | Motor Fill | Filling Plant Card/Keylock | | | | |
| Subm | nit along with this | completed application a Facility Site Plant | an and a Map of the Surrounding Area. | | | | |
| | | | | | | | |
| | | SEC | CTION A: GENERAL INFO | DRMATION | | | |
| Pro | Company Name | ge and Handling Regulation | review for an RSMP under Or on. | | ds and Safety Act, | | |
| A | | ension System Co. (if different from above) | | | | | |
| | MSSC Canad | | | | | | |
| | Telephone No. 519-354-1100 | Fax No. 519-354-5325 | E-mail N/A | | ſ | | |
| В | Street No. | Street Name / 911 Number / A | Address, if applicable | | | | |
| | 201 | Park Ave. East | | D1 | Postal Code | | |
| | | Fownship / County | | Province | N7M 3V7 | | |
| | Chatham | as If allffarent from above | | OII | 5 | | |
| С | Street No. | ess if different from above. Street Name / 911 Number / | Address, if applicable | | | | |
| | Town / City or T | ownship / County | | Province | Postal Code | | |
| In | Location of fa | | 3000000 | | | | |
| D | Street No. | Street Name / 911 Number / A | Address, ir applicable | Nearest Major Intersection | vot : | | |
| | | Park Ave, East | | Park Ave. E. & ST. George Stre | Postal Code | | |
| | | ownship / County | | Province | N7M 3V7 | | |
| | Chatham | | | On | INTIVI SVT | | |
| | Name of Licence | | A CONTRACTOR OF THE CONTRACTOR | | 1 | | |
| | | nsion System Co. | | | | | |
| | T | | ne regulation holding the Record of Training | The second secon | | | |
| | Tom Drouillard PTI 400-4 (PP0 -3 | | | | | | |
| 1 | Municipality (or municipalities if the facility or its hazard distance touches multiple borders) | | | | | | |
| | Community of Chatham-Kent | | | | | | |
| | Hours of operati | on. | | | | | |

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 Meritor Suspension System Co. | | |
| Name of Senior Management person as defined in the | | |
| Regulation holding the Record of Training Tom Drouillard | | |



Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416.734.3300 Fax: 416.231.4078 Customer Service: 1.877.682.8772 propanelicensing@tssa.org www.tssa.org

Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

Propane Storage and Handling Regulation

| SECTION A: GENERAL INFORMATION (cont'd) | | | | |
|---|-----------------------------------|-------------------------------|--|--|
| ndicate the yea | ar the facility was established. | Indicate the year of any sign | prificant modifications, as defined in s.1, O.Reg 211/01, since establishment. | |
| dentify the palo | g rating and serial number for ea | ch fixed propane storage ta | ik on site. | |
| | P\$IG | Serial Number | | |
| Tank 1: | 250 | 921-04 | | |
| Tank2 | | | of translated in the University Security Securit | |
| Tank3: | | | | |
| nter capacity | of propane in USWG, fixed, par | table, and mobite, and provi | de detailed inventory that includes the number of tank/vessel for | |
| ach type (fixed | d, portable, and mobile) and the | capacity of each tank/vesse | I, on a separate document. | |
| Fived | 2000 USWG | Portable: 408 | Mobile: | |

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) Tom Drow llard | Official Title Maintenance | Manager |
|--|------------------------------|--------------------------------|
| Signature housefinelland | Telephone No. (519) 354-1100 | Date (ed-mmm-yyyy) 12-0ct-2017 |

FS 09195 (04/17) Page 2 of 15



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Toronto, Onlario M9W 6N9
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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)

| | | Activity Information | | |
|------------------|--------------------------------|-----------------------|------------------------------|---------------------|
| | | | En Cit. | oe Use - Party No. |
| Name of Propa | ne Supplier(s) | | FOLOR | DE USE - Carly 140. |
| owler-Kam | | | | |
| Street No. | 24151 | | | |
| 4151 | St. Clair Rd. | | | |
| Town / City or 1 | Township / Country | | Province | Postal Code |
| hatham | | | ON | N7M5J2 |
| Telephone No. | Fax No. | Contact Name | | |
| 19-351-8000 | 519-352-0 6 41 | Jason Cooper | | |
| E-mail | | | | |
| cooper@dowlerka | am.com | | | |
| | | | | |
| Name of Propa | ne Transporter. If same as abo | ve, please check box. | For Offi | os Use - Party No. |
| | | | | |
| Street No. | Street Name / 911 Number / Ad | ldress. If applicable | | |
| Town / City or | Township / Country | | Province | Postal Code |
| Telephone No. | Fax No. | Contact Name | | |
| E-mail | | | | |
| | | | | |
| Off-site Cylinde | er and/or Mobile Storage | Capacity store | ed off-site, in USWG For Off | ce Use - Party No. |
| Street No. | Street Name / 911 Number / Ad | dress, if applicable | | |
| Town / City or | Township / Country | | Province | Postal Code |
| | ı Fax No. | Contact Name | | |

| Name of person completing this form (please print) Tom Drawilland | Official Title Maintenance | co Marager |
|--|---------------------------------|---------------------|
| Signature Conferelland | Telephone No. (519) 354-1100 | Date (dd-mmin-yyyy) |
| FS 09195 ((04/17) Page 3 of 15 | | |



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Level 1 Risk and Safety Management Plan (RSMP)

Technical Standards and Safety Act

Propane Storage and Handling Regulation

SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN

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

| Description of the maximum volume, types and storage location of other hazardous materials on site, if any. See Hazardous Material (Chatham Plant) Attached listing all Hazardous Material |
|--|
| |
| |
| |
| Description of fire and emergency equipment indicated on facility site map. ABC Fire extinguisher |
| 1- 1 - ABC fire extinguisher located at the Propane Dispenser. |
| 2- ABC fire extinguisher located throughout the facility (Listed on the Site Plan) (Attached) |
| 3- Sprinkler system, Fire Suppression Panel (Listed on the site Plan) Attached) |
| 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. |
| 1- Fusible link on ISC - isolation valve between the tank and the downstream propane dispensing equipment. |
| 2. E-Stop Button- located on the board storage building on west side(see site plan. This shuts down the pump and closes a solenoid valve upstream of hoses |
| 3. Power supply breaker inside the main building. This cuts all power to the propane system - shuts down pump; closes solenoid valve. |
| |
| Maintenance and testing schedule for fire protection controls and devices. Maintenance and testing is undertaken by Superior Propane according to Superior 's Maintenance Standards. Schedule for key equipment is: |
| 1- Pumps - (pumps every 3 months; pump motor: check belts monthly; grease pump every 6 months). |
| 2- ISC valve (test for closure every 6 months) |
| 3- Storage tank Relief Valves - inspected every 2 years; replacement schedule as per provincial regulations. |

| Name of person completing this form (please print) Tom Drouillard | Official Title Maintenance Manager | | |
|---|------------------------------------|-------------------|--|
| Signature | Telephone No. 519-354-1100 | Date (dd-mm-yyyy) | |



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Propane Storage and Handling Regulation

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

1. Contacts for Emergency Response

| 1. Facility Contact Personnel - Ke | y Contact | | 5. Facility 24-Hour Contact Per | reon | J |
|--|------------------------|---|---|-------------------------|----------------------------|
| Name Tom Drouilard | F | or Office Use - Party No. | Name Tom Drouillard | | For Office Use - Party No. |
| Official Title Maintenance Manager | | Official Title Maintenance Manager | | | |
| Telephone No. 519-354-1100 X205 | Fax No. 519-354-532 | 5 | Cell No. 519-401-0189 | Fax No. 519-354-5325 | |
| E-mail thomas.drouillard@msscna.com | | | E-mail thomas drouillard@msscna.com | | |
| Role and responsibilities in emergen- | cy | | Role and responsibilities in emerg | ency | |
| Coordinate site response plan (ERP) | | | Coordinate site response plan (ERP | ") | |
| 2. Facility Contact Personnel - A | Itemate Cont | act | 6. Name of Facility Manager | | |
| Name Mike Fife | F | or Office Use - Party No. | Name Gino Negn | | For Office Use - Party No. |
| Official Title Human Resources Manager | | | Official Title Site Manager | | • |
| Telephone No. 519-354-1100 x.204 | Fax No 519-354-532 | 25 | Telephone No. 519-354-1100 x201 | Fax No. 519-354-5325 | |
| E-mail mike fife@msscna.com | | | E-mail gino negri@msscna com | | |
| Role and responsibilities in emergene | су | | Role and responsibilities in emergency | | |
| Coordinate site response plan (ERP) | | Coordinate site response plan (ERP) | | | |
| 3. Local Fire Services - Key Contact | | 7. Propene Supplier Key Contac | t Person | | |
| Name Ken Stuebing | F | or Office Use - Party No. | Name Ken Hooker | SV. | For Office Use - Party No. |
| Official Title Fire Paramedic Chief | E-mail ckfire@chath | nam-kent.ca | Official Title Regional Manager | E-mail khooker@dowl | erkarn com |
| Telephone No. 519-436-3270 | Fax No. | | Telephone No 519-490-4512 | Fax No. | |
| Role and responsibilities in emergenc | у | | Role and responsibilities in emerg | ency | |
| Coordinate Emergency Response | | | Liason with Emergency Services | | |
| Fire Services Address | | | Propane Supplier Address | | |
| Second St. Chathem, ON, N7M5X2 | | 7 | | | |
| 4. Local Fire Services - Alternate (| | J | 8. Municipal Contact | | |
| Name Job Davidson | | or Office Use - Party No. | Name Paul Lancina | | For Office Use - Party No. |
| Official Title Assistant Chief | E-mail ckfire@chath | am-kent.ca | Official Title Director of Building Services | | |
| Telephone No. Fax No. 519-436-3270 | | Telephone No. Fax No. 519-360-1998 519-436-3215 | | | |
| Solo and represelbilities in amerecan | у | | E-mail | | |
| Jore who restousingues in etherBauc | | | | | |
| cordinate Emergency Response | | | | | |
| Role and responsibilities in emergeno cordinate Emergency Response Fire Services Address | | | Municipality Name and Address | | |

| Official Title | Madagax |
|-----------------------------|--------------------------------|
| Telephone No. (5/9)354-1100 | Date (dd-mmm-yyyy) 12-0c7-2017 |
| | Maintenanco Telephone No. |



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 Toronto Ontario M8X 2X4
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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)

2. Additional Safety Measures

| Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements. Emergency Stop Button cuts the power to the dispenser located at the Propane tank, shutting down the solenoid stopping the flow of propane |
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| Name of person completing this form (please print) | Official Title | |
|--|---------------------|-------------------|
| Tom Drouillards | Maintenance Manager | |
| Signature | Telephone No. | Date (dd-mm-yyyy) |
| | 519-354-1100 | |

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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)

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

| Training on Emergency Respo | onse Plan and Procedures provided to facility key contacts. | | | | |
|----------------------------------|--|--|--|--|--|
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: | | | | |
| None | Print Name of Instructor: | | | | |
| 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 Emerg | gency Management Procedures provided to staff. | | | | |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: | | | | |
| None | Print Name of Instructor: | | | | |
| 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 provid | led to certificate holders / persons with Records of Training. | | | | |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: See(Attached Training list) Please Note - a ROT is valid for 3 years | | | | |
| 2010 | Print Name of Instructor: | | | | |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: | | | | |
| | Print Name of Instructor: | | | | |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: | | | | |
| | Print Name of Instructor: | | | | |

| Name of person completing this form (please print) | Official Title | |
|--|---------------------|-------------------|
| Tom Drouillard | Maintenance Manager | |
| Signature | Telephone No. | Date (dd-mm-yyyy) |
| | 519-354-1100 | |



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Technical Standards and Safety Act Propane Storage and Handling Regulation

Level 1 Risk and Safety Management Plan (RSMP)

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

4. Emergency Training Plan for Coming Year

| Training on Emergency Re | esponse Plan and Procedures provided to facility key contacts. |) |
|-------------------------------|---|--|
| Target Date (dd-mm-yyyy) | Print Name of Training Provider: Superior Propane or Alternate | Please note: Canadian Propane Gas Association |
| Q1-2012 | Print Name of Instructor: to be arranged | is currently developing the course |
| Target Date (dd-mm-yyyy) | Print Name of Training Provider: | content and it and its provider should be available to |
| | Print Name of Instructor: | teach in the fourth quarter of this year. |
| Target Date (dd-mm-yyyy) | Print Name of Training Provider: | |
| | Print Name of Instructor: | |
| Training on the facility's En | nergency Management Procedures provided to staff. | |
| Target Date (dd-mm-yyyy) | Print Name of Training Provider: Key Contact to train staff | |
| Q1-2012 | Print Name of Instructor: to be arranged | |
| 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 pr | ovided to certificate holders / persons with Records of Training. | |
| Target Date (dd-mm-yyyy) | Print Name of Training Provider: See (Attached Training list) | Please Note - a ROT is valid for 3 years |
| 2012 | Print Name of Instructor: Owner to call if tr | aining is required in 2012 if training is required |
| 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: | |

| Name of person completing this form (please print) | Official Title | |
|--|---------------------|-------------------|
| Tom Drouillard | Maintenance Manager | |
| Signature | Telephone No. | Date (dd-mm-yyyy) |
| | 519-354-1100 | |



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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.

5. Emergency Response Communications Plan

| Warnings and | A | ct | io | ns |
|--------------|---|----|----|----|
|--------------|---|----|----|----|

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).

The operator or Alternate will contact emergency services by calling 911 and will provide warnings outlined in the attached: "Propane Emergency Response

Procedures" placard (to be posted on site and part of the employee training). If it is safe to do so this could involve advising neighbors to evacuate. The

owner/operator may also contact Superior Propane via the emergency number identified in the ERP.

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 owner /operator or alternate should first follow the actions in the ERP provided herein. Stage evacuation, if the release of propane cannot be stopped

by cutting electrical power may be required. Note a specific muster point is not advisable, since a propane plume can blow in any direction.

Actions will be taken by an on duty ROT person(s)

| 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).

When the system is operational. a ROT person will be on duty and be in the propane tank area. This person will be able to visually ascertain any abnormal/accident event and implement the appropriate emergency response actions. When the system is not in operation, the ISC valve (main isolation valve) is closed, and the propane system is unattended. Any accident involving the propane tank during such times will require the intervention of random, nearby individuals.

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

The propane tank system is located in a wide open area that is easily accessible.

The fire access routes are identified in the attached site plan.

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

The critical information required from the license holder is (a) how to shut the system down and (b) the fill level in the tank (if known)

Fill level is relevant from a time-to-BLEVE perspective (a near empty tank will BLEVE sooner than a full tank if there is a fire impingement on the tank).

This information will be provided to the authorities by site Maintenance Manager Tom Drouillard or alternate.

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

(Contact person) 30 to 45 minutes to reach the facility

| Name of person completing this form (please print) Tom Drouillard | Official Title Maintenance Manager | |
|---|------------------------------------|-------------------|
| Signature | Telephone No. | Date (dd-mm-yyyy) |
| | 519-354-1100 | |



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What is the unobstructed distance to the closest water supply that could be used for

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

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

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

21 m fire hydrant

N/A

| | SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd) | | | | |
|------|---|--------------|--------------|--|--|
| | The licence holder will complete Section B in consultation with the local Fire Services. 6. Building and Site Security and Procedures | | | | |
| | C. Dananigana cite cocarity and 1100ccaro | | | | |
| á | Describes a second of the first beautiful and a second of English and a second of the | Yes | No | | |
| 1. | Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)? | ✓ | | | |
| 2. | Is there adequate night lighting at the site? | √ | | | |
| 3. | Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials? | \checkmark | | | |
| 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? | √ | | | |
| 5. | Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? | ✓ | | | |
| 6. | Are weighing systems validated for accuracy? | | \checkmark | | |
| 7. | Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)? | ✓ | | | |
| 8. | Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves) | √ | | | |
| 9. | Is the schedule of maintenance and testing activities retained on site? | ✓ | | | |
| | 7. Water Supply | | = | | |
| | | | | | |
| | | | | | |
| | propane licence holder should work with the local fire department to determine water oly capabilities that are available based on the propane facility's location. | Yes | No | | |
| 10.5 | | | | | |
| 1. | Is a pressurized water system available at the propane facility site? | V | | | |
| 2. | Can the municipal fire department pump 375 GPM (1420 LPM) of water at this | √ | | | |

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) Tom Drouillard | Official Title Maintenance Manager | |
|---|------------------------------------|-------------------|
| Signature | Telephone No. 519-354-1100 | Date (dd-mm-yyyy) |

location?

firefighting activities? (distance in metres only)

3.

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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 PREPAREDNES | S RESPONSE PLAN (cont'd) |
|---|-------------------------------|
| The licence holder will complete Section Bin consultation | with the local Fire Services. |
| 8. Licence holder and local Fire Servi | ces Review |
| | |
| ad by the Legal Fire Services | Yes No |

| To be completed by the Local Fire Services Has the local fire service had an opportunity to review the Emergency R If not, please explain (e.g., no fire services). | Yes esponse and Preparedness Plan? | s No | | | |
|---|---------------------------------------|-------------------|--|--|--|
| 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-yyy | y) | | | |
| | | | | | |
| LOCAL FIRE SERVICES The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services. | | | | | |
| Print name Local Fire Services Name | Signature | Date (dd-mm-yyyy) | | | |

| Name of person completing this form (please print) Tom Drouillard | Official Title Maintenance Manager | |
|---|------------------------------------|-------------------|
| Signature | Telephone No. 519-354-1100 | Date (dd-mm-yyyy) |



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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

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.
- 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.
- 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) 20-11-2011 | | Capacity of single largest propane storagevessel (USWG) 2000 USWG | | | |
|--|-----------------------|---|-------|--|--|
| Tank setback coordinates. Front: | | e map. Right side property line: | 277 m | | |
| Rear: | | Left side property line: | 23 m | | |
| GPS coordinates of single | largest vessel: 42.40 | 01 -17.1741 | | | |

| Thorony acciding mar me innern | and the great state and a semple state | |
|--|--|-------------------|
| Name of person completing this form (please print) | Official Title | |
| Tom Drouillard | Maintenance Manager | |
| Signature | Telephone No. | Date (dd-mm-yyyy) |
| | 519-354-1100 | |

SECTION C: SUBMISSIONS (cont'd)

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

Table 1: Distance Table

| Water Capacity (litres) | Nominal Water Capacity (USWG) | Distance to 1 psi overpressure (m) |
|----------------------------|----------------------------------|------------------------------------|
| 1,890 | 500 | 155 |
| 3,780 | 1,000 | 195 |
| 4,920 | 1,300 | 213 |
| 6,620 | 1,750 | 235 |
| 7,130 | 1,885 | 241 |
| 7,560 | 2,000 | 246 |
| 18,900 | 5,000 | 333 |

Formula:

 $D = 16.94 \times (1.524 \times C)^{1/3}$

D = Distance to overpressure of 1 psi (meters)

C= Tank Total Capacity in USWG

Parameters:

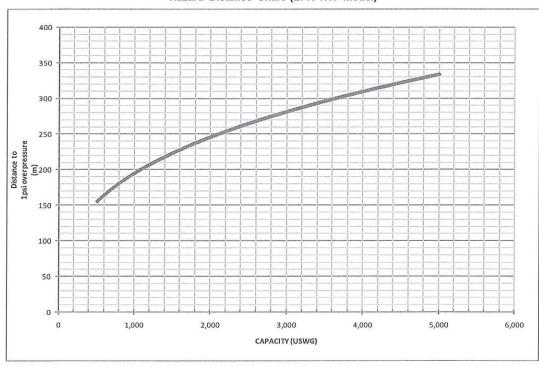
Density of Propane is 0.5033 kg per litre @ 15 C

Assume all vessels are 80% full

1 gallon [US, liquid] = 0.003785411784 cubic meter

1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)



| Name of person completing this form (please print) Tom Drouillards | ng this form (please print) Official Title Maintenance Manager | |
|--|--|-------------------|
| Signature | Telephone No. | Date (dd-mm-yyyy) |
| | 519-354-1100 | |



14th Floor - Centre Tower 3300 Bloor Street West Safety Authority
Fax: 416.231.4903 Customer Service: 1.877.682.8772

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

SECTION 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 Building and Features (mark with an "X") | | (") | Distance from Tank to Closest Building or | |
|---------------------|--|--|---|------|---|---------|
| # | This ratio and radiood of discout saliding of rotation | 0 | 1 | 2-10 | 11+ | Feature |
| Industrial Name: | buildings or parks or golf courses Commercial buildings | | | | | 25 |
| Address: | Park Ave east | | | х | | m |
| City: | Chatham Province On Postal Code N7M 3V7 | | | | | |
| Residentia | al building units specifically permanent single family dwellings, condominiums, and apartments. | | | | | |
| | | | | | × | m |
| | | | | | | |
| Commerc Name: | al building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. | | | | | |
| Introduces | Total | × | | | | m |
| City: | Province Postal Code | | | | | |
| Commerc | al building units - continuous occupancy specifically hotels, campgrounds, and resorts. | | | | | |
| Name: | None | X | | | | 0m |
| Address: | | ^ | | | | |
| City: | ProvincePostal Code | | | | | |
| | institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health | | | | | |
| Name: | s, and prisons. None | × | | | | m |
| Address: | | | | | | |
| City: | Province Postal Code | | | | | |
| Emergend | y responders specifically fire stations, ambulance stations, and police stations. None | | | | | 0 |
| Address: | | X | | | | m |
| City: | Province Postal Code | | | | | |

| Name of person completing this form (please print) Tom Drouillard | Official Title Maintenance Manager | | |
|---|------------------------------------|-------------------|--|
| Signature | Telephone No. 519-354-1100 | Date (dd-mm-yyyy) | |

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



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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 | 0 | 0 |
| # 100 | 29.5 | 0 | 0 |
| # 40 | 11.75 | 0 | 0 |
| # 33.3 | 9.62 | 40 | 384.8 |
| # 30 | 8.8 | 0 | 0 |
| # 20 | 5.8 | 4 | 23.2 |
| # 10 | 2.9 | 0 | 0 |
| # 5 | 1.5 | 0 | 0 |

Tanks Stored On-site Not Connected for Use

| Tank Size In USWG | Quantity | Total Volume in USWG |
|-----------------------|----------|----------------------|
| 0 | 0 | 0 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Tank Capacity 0 | | |

| Total Cylinder Capacity | 408 USWG |
|-------------------------|-------------------------------|
| Total Tank Capacity | 2000 USWG Propane refill tank |
| Total Portable Capacity | 408 USWG |

Declaration: I am aware that it is an offence to give false information in this document and

| Thereby declare that the information rhave give | in here is true and complete. | |
|---|---------------------------------------|-------------------|
| Name of person completing this form (please print) Tom Drouillard | Official Title Maintenance Manager | |
| Signature | Telephone No. 519-354-1100 | Date (dd-mm-yyyy) |

RSMP Section "B": Emergency & Preparedness Procedures Response Plan

Maintenance & Testing Schedule for Fire Protection Equipment

(Part 6 of the Ontario Fire Code)

| Equipment | Check | Inspection | Test |
|--------------|---------|--------------------------------|-------------------------------|
| Extinguisher | Monthly | Monthly OFC: Div B 6.2.7.2. | Annual OFC: Div 8 6.2.7.1. |

Fire Code Definitions:

Check means visual observation to ensure the device or system is in place and not obviously damaged.

Inspection means physical examination to determine that the device or system will apparently perform in accordance with its intended function.

Test means the operation of a device or system to ensure that it will perform in accordance with its intended operation or function.



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

14th Floor - Centre Tower 3300 Bloor Street West Taranta Ontario M8X2X4 Eustomer Service: 1.877.682.8772 Level 1 Risk and Safety Management Plan (IISMe) Technical Standards and baleng Act Propana Store pasa di tan ing Pagulagan

SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (CONTO)

The licence holder will complete Section B in consultation with the local First Services. 8 Licence holder and local Fire Services Be

| To be completed by the Local Fire Services Has the local fire service had an opportunity to review the Emergency Response and Preparedment Phan? If not, please explain (e.g., no fire services). Fire services comments, if any: And CHECLED LOWER HAS BEYEL SUPPLED 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: LOCAL FIRE SERVICES The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services. Print name Storage St | C. ENGILE HUNGS CRU | TOCAL FIRE SETVICES FIEW | | | |
|--|---|---------------------------------|------------------|---|-----------------------|
| If not, please explain (e.g., no fire services). Fire services comments, if any: And Comments, if any: For 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: LOCAL FIRE SERVICES The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services. Print name Signature Local Fire Services | To be completed by the Local Fire Services Has the local fire service had an opportunity to review the Emergency | Response and Proparedness Plan? | | | e listages |
| Fire services comments, if any: And Policial Decrees Hards Berger Scale Decrees 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: LOCAL FIRE SERVICES The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services. Print name Signature: 1000 1000 1000 1000 1000 1000 1000 10 | | | | | |
| 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: LOCAL FIRE SERVICES The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services. Print name Signature Signature 1922 1923 1924 1925 1926 1927 192 | | | | | |
| he licence holder will respond to the Local Fire Services comments by: LOCAL FIRE SERVICES he undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services. Print name Signature | * | EN SUPPLIED | | | |
| LOCAL FIRE SERVICES the undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services. Print name Signature Signature Fire Services | To be completed by the Licence Holder n response to the above comments, the following action(s) is required: | | NOTICE III | NO 00 404 NAMES OF | 9 V. F. 1 |
| LOCAL FIRE SERVICES he undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services. Print name Signatury Signatury 11550 mt 1550 gray your | | | | in an an in | |
| he undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services. Print name Signature Signature | he licence holder will respond to the Local Fire Services comments | by: | (1 yy.2) | | 52 E |
| he undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services. Print name Signature Signature | | | 980 | 2 C | 5, 100, 100, 100, 100 |
| Print name Signatury: 1 1920: 1112 1622 1922 1923 1923 1923 1923 1923 1923 19 | | | 17460 1 10 1 2 1 | | ** |
| 1 that the facility by | ne thidersigned has reviewed Section B of the Risk and Safety M | anagement Plan Fire Services. | | | |
| | | Signature | | | y viry) |
| | | | | | |
| | | | | | |
| | | | | | |

| Name of person completing this form (please print) | Official Tale | | | |
|--|--|--|--|--|
| Tom Droutland | Maintenunce Managor | | | |
| Signature // /// | Telephone No. | | | |
| Lengthand land | 519-354-1100 | | | |
| FS 03195 (11/10) Page 11 ct/15 | the annual content of the first of the content of t | | | |



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. 6. Building and Site Security and Procedures Yes No Does the propane location have controlled access to limit unnecessary risk and entry 1. 1 (lock out procedures)? Is there adequate night lighting at the site? 2. Are procedures in place that ensure access routes, aisles, storage area, filling areas 3. and the grounds are kept clear from unwanted materials? Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane? Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? Are weighing systems validated for accuracy? 6. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)? Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves) Is the schedule of maintenance and testing activities retained on site? 9. 7. Water Supply The propane licence holder should work with the local fire department to determine water Yes No supply capabilities that are available based on the propane facility's location. 1 Is a pressurized water system available at the propane facility site? Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location? What is the unobstructed distance to the closest water supply that could be used for 21 m fire hydrant firefighting activities? (distance in metres only) What is the unobstructed distance to the closest approved water supply with year N/A round access if there are no hydrants? (distance in metres only)

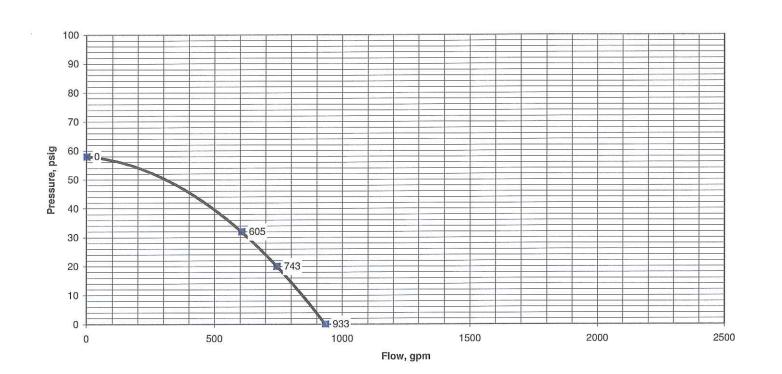
> Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

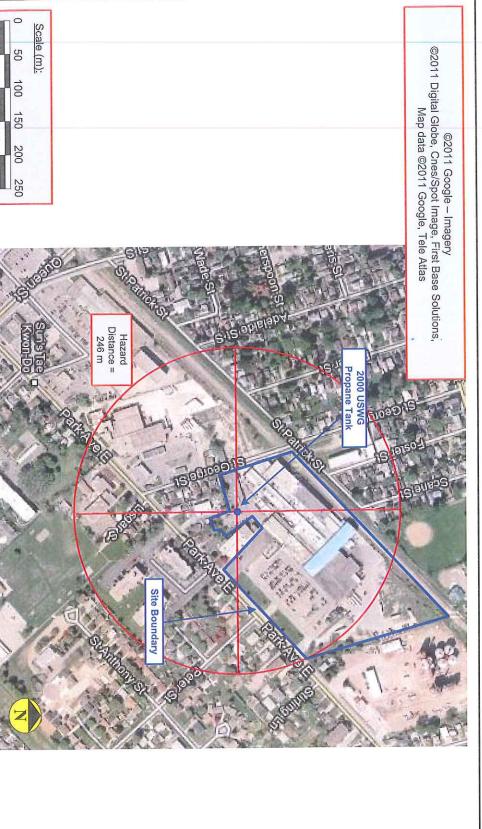
| Name of person completing this form (please print) | Official Title | Official Title | | | |
|--|----------------------------|--------------------------------|--|--|--|
| Tom Drouillard | Maintenance Manager | Maintenance Manager | | | |
| Signature Komblowlland | Telephone No. 519-354-1100 | Date (dd-mm-yyyy) 08 -06 -2012 | | | |

FS 09195 (11/10) Page 10 of 15

WATER FLOW TEST REPORT

| HYDRANT # | & LOCATION | Meritor Chatham | Hydrant . | A (by main | Offices) | _ | DATE: | 6/5/2012 |
|--|--------------|-----------------------|-------------|-------------|-------------|----------|---------------|----------|
| TEST BY: | Wallace Ke | ent Sprinkler Systems | Day or Week | : Wednesday | TIME OF DAY | 1.00 PM | MIN. OF FLOW: | 5 |
| WATER SUP | PLIED BY: | Municipal | | | | | | |
| PURPOSE OF TEST: Owner Request | | | | | _ | | | |
| DATA | | | | | | - | | |
| FLOW HYI | DRANT(S) | | A1 | | A2 | | А3 | |
| | SIZE OPENIN | IG: | 2.5 | _ | | - | | |
| | COEFFICIEN | T; | 0.9 | _ | | ns. | | |
| | PITOT READ | ING: | 13 | _ | | <u>.</u> | * | |
| | GPM: | | 605 | | 0 | _ | 0 | |
| TOTAL FLOW | V DURING TES | ST: | 605 | _GPM | | | | |
| STATIC REAL | DING: | 58 | PSI | | RESIDUAL: | 32 | _PSI | |
| RESULTS: | AT 20 PSI RE | SIDUAL | 743 | _GPM | | AT 0 PSI | 933 | GPM |
| ESTIMATED | CONSUMPTIC | DN: | 302 | 5 GAL. | | | | |
| REMARKS: Hydrant is Class B type. Color code hydrant Orange. | | | | | | | | |





Setback Distance

Northwest: 95 m Southeast: 37 m Northeast: 277 m Southwest: 23 m

to Site Boundary

Capacity of Propane Storage Tank = 2000 USWG

GPS Co-ordinates = 42.4001, -82.1741

Denoted by circle centred on tank; radial distance = 246 m

City of Chatham-Kent

Judy Smith Municipal Contact

315 King Street West, P.O. Box 640, Chatham, ON, City Clerk, City of Chatham-Kent

email: judy.smith@chatham-kent.ca Tel: 519-360-1998 Fax: 519-436-3237

Map of Surrounding Area

201 Park Avenue East, Chatham, ON, N7M 3V7 MSSC Canada Inc.

Parts of Park Lots 7, 8 & 9 (Harwich) and Park Lot 3 and Part Park Lot 2 on registered Plan No.236 being designated as Part 2 on Plan of Reference No. 24R-3612, and Part of Park Lots 4 & 5 (Harwich) and Lots 21 to 26 inclusive on registered Plan No.336, being designated as Part 1 on Reference Plan 24R-3612, City of Chatham, County of Kent

Drawn by: S. Oliverio

Date: November 20, 2011

