



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 000151340

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 B&G Roofing and Sheet Metal Inc. Ontario Corporation No., if applicable 919767

Operator Name (if different from above)

Telephone No. 9055454493 Fax No. 9055241173 E-mail info@bg-roofing.ca

Street No. 240 Street Name / 911 Number / Address, if applicable Regional Road 20

Town / City or Township / County Hannon Province Ontario Postal Code LOR 1P0

Mailing address if different from above.

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.

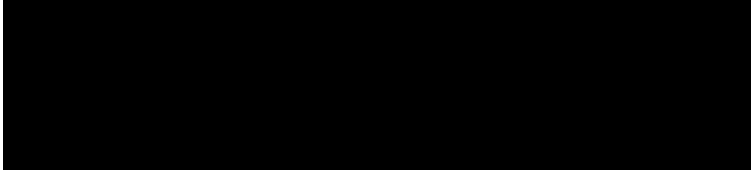
Street No. 240 Street Name / 911 Number / Address, if applicable Regional Road 20 Nearest Major Intersection Upper Centennial & Rymal Road

Town / City or Township / County Hannon Province Ontario Postal Code LOR 1P0

Name of Licence Holder Guy Cruickshanks

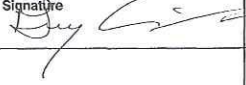
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Kathy Cruickshanks ROT type Filling

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

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.

Name of Licence Holder <u>Guy Cruickshanks</u>	Signature 	Date (dd-mm-yyyy) <u>19-12-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Kathy Cruickshanks</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

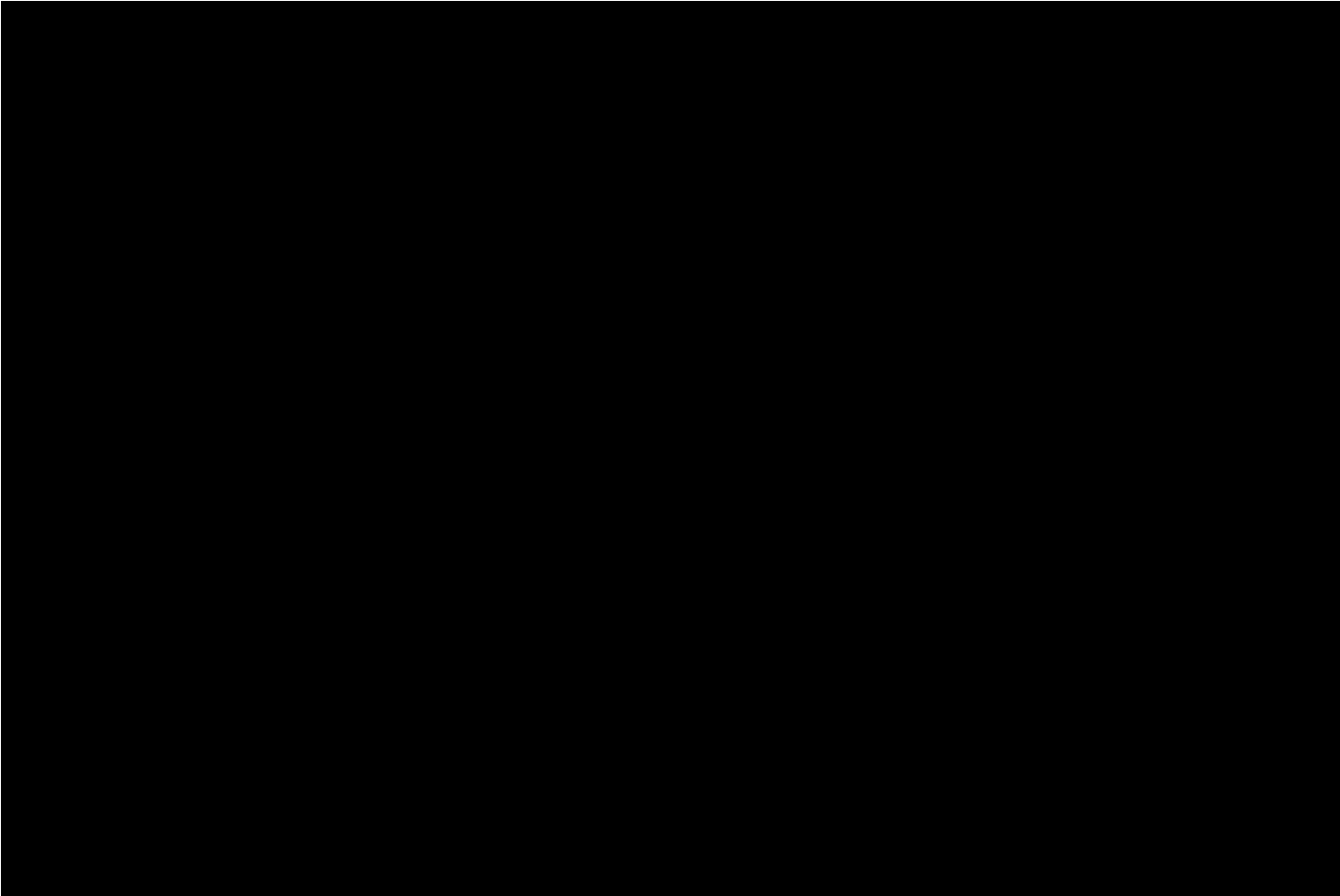
Indicate the year the facility was established. 2009 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>5.780014</u>
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 Portable: _____ Mobile: _____



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Name of person completing this form (please print) Reuben Dye	Official Title Office Manager
Signature 	Telephone No. 905 545 4493
	Date (dd-mm-yyyy) 18-01-2012



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)				[Redacted]	
Praxair					
Street No.	Street Name / 911 Number / Address, if applicable				
171	Brockley Drive				
Town / City or Township / Country				Province	Postal Code
Hamilton				Ontario	L8N 1M9
Telephone No.	Fax No.	Contact Name			
800 451-2444	905 560-4118	Marcel Zinn			
E-mail					

Name of Propane Transporter. 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					

Off-site Cylinder and/or Mobile Storage		Capacity stored off-site, in USWG	For Office Use - Party No.
N/A			
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	
Reuben Dye	Office Manager	
Signature	Telephone No.	Date (dd-mm-yyyy)
	905 545 4493	20-12-2011



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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.
gasoline tanks - 3000L gasoline tank in gas shack 69 M from propane

Diesel tanks 3000L diesel fuel 75 M from propane

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

Fire extinguisher near tank

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.


Tank has fusible link,

Prepared site emergency plan, all personnel who are filling have been trained and certified

Maintenance and testing schedule for fire protection controls and devices.

Monthly extinguisher check and yearly inspection through authorized dealer

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Signature 	Telephone No. 905 545 4493	Date (dd-mm-yyyy) 20-12/2011



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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 Guy Cruickshanks		Name Guy Cruickshanks	For Office Use - Party No.
Official Title President		Official Title President	
Telephone No. 905 545-4493	Fax No. 905 524-1173	Cell No. 905 971-5167 or 905 545-4493	Fax No. 905 524-1173
E-mail info@bg-roofing.ca		E-mail info@bg-roofing.ca	
Role and responsibilities in emergency supervision & coordination of all aspects		Role and responsibilities in emergency supervision & coordination of all aspects	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Kathy Cruickshanks	For Office Use - Party No.	Name Reuben Dye	For Office Use - Party No.
Official Title Secretary/Treasurer		Official Title Office Manager	
Telephone No. 905 545-4493	Fax No. 905 524-1173	Telephone No. 905 545-4493	Fax No. 905 524-1173
E-mail info@bg-roofing.ca		E-mail info@bg-roofing.ca	
Role and responsibilities in emergency supervision & coordination of all aspects		Role and responsibilities in emergency coordinate with licence holder	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Frank Biancucci	For Office Use - Party No.	Name Marcel Zin	For Office Use - Party No.
Official Title Chief	E-mail frank.biancucci@hamilton.ca	Official Title Service	E-mail
Telephone No. 905 546-2424	Fax No.	Telephone No. 905 971-4042	Fax No. 905 560-4118
Role and responsibilities in emergency liason		Role and responsibilities in emergency consultant	
Fire Services Address 189 King Street East, Dundas		Propane Supplier Address 171 Brockley Drive, Hamilton, ON L8N 1M9	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Carla McCracken	For Office Use - Party No.	Name Rose Caterini	
Official Title Emergency Management Coordinator	E-mail carla.mccracken@hamilton.ca	Official Title City Clerk	
Telephone No. 905 546-2424 EX 5787	Fax No. 905 546-3387	Telephone No. 905 546-2489	Fax No. 905 546-2095
Role and responsibilities in emergency liason		E-mail rose.caterini@hamilton.ca	
Fire Services Address 729 Upper Sherman Avenue		Municipality Name and Address City of Hamilton, 1 Main St. W., 1st Floor, Hamilton, ON L8P 4Y5	

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	Date (dd-mm-yyyy) 18-01-2012



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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.

[Large empty lined area for describing additional safety measures]

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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) 15-09-2011	Print Name of Training Provider: Praxair
	Print Name of Instructor: Marcell Zin
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) 21-09-2011	Print Name of Training Provider: B&G Roofing and Sheet Metal Inc.
	Print Name of Instructor: Kathy Cruickshanks
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) 15-09-2011	Print Name of Training Provider: Praxair
	Print Name of Instructor: Marcell Zin
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) 01-03-2012	Print Name of Training Provider: B&G Roofing and Sheet Metal Inc.
	Print Name of Instructor: Kathy Cruickshanks
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) 01-03-2012	Print Name of Training Provider: B&G Roofing and Sheet Metal Inc.
	Print Name of Instructor: Kathy Cruickshanks
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) as required for new employees	Print Name of Training Provider:
	Print Name of Instructor:
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).
Any persons smelling a potential propane leak will proceed as per Emergency Plan

Notification to Fire Department/911 to be made immediately

Where possible, residents will be called on door to door in immediate area for any warnings

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).

In event of emergency, all persons on site are to meet in the Emergency Meeting Area as outlined on accompanying drawing to await further instruction

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).

Upon becoming aware of situation by observing or report from others, licence holder will designate will call 911 and if possible, make himself available

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

The fire department has access to the property and there is continually unrestricted access between road entry and tank

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

Licence holder or authorized personnel will ensure any information within our means is provided to authorities upon request

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

All persons on property will be trained with the same emergency response plan. Upon awareness of any emergency, 911 will be called and the licence

holder has provided a contact number to reach. Time will be dependant upon location of facility personnel becoming aware and 911 response.

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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 type="checkbox"/>	<input checked="" 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)	65	_____
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)	65	_____

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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

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

Yes

No

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

Fire Chief who is handling this has a large backlog to complete and is on vacation until after the new year

Fire services comments, if any:

To be completed by the Licence Holder

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

set meeting with fire chief

The licence holder will respond to the Local Fire Services comments by: 21-01-2012

(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 Frank Biancucci		

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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) 20-12-2011	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: 251M	Right side property line: 59M
Rear: 194M	Left side property line: 57M
GPS coordinates of single largest vessel:	43.165653,-79.754045

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SECTION C: SUBMISSIONS (cont'd)

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

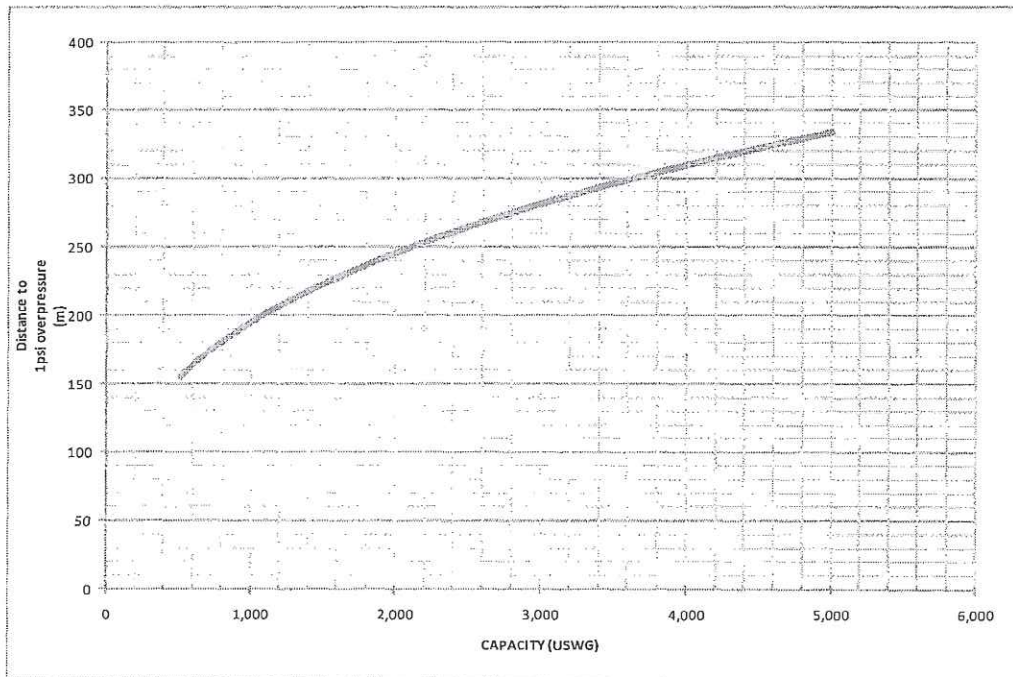
Table 1: Distance Table

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

Formula: $D = 16.94 \times (1.524 \times C)^{1/3}$
 D = Distance to overpressure of 1 psi (meters)
 C = Tank Total Capacity in USWG

Parameters: Density of Propane is 0.5033 kg per litre @ 15 C
 Assume all vessels are 80% full
 1 gallon [US, liquid] = 0.003785411784 cubic meter
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)





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2012 Application for Renewal of Level 1 Propane Licence
Technical Standards and Safety Act
Propane Storage and Handling Regulation

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: B&G Roofing and Sheet Metal Inc. Address: 250 Regional Road 20 City: Hannon Province Ontario Postal Code L0R 1P0			x		50 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: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ 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".

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

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

Print name of person completing this form. Reuben Dye	Official Title Office Manager
Signature 	Telephone No. (905) 545-4493
	Date (dd-mm-yyyy) 22-08-2012



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

WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	
# 100	29.5	30	885
# 40	11.75	5	58.75
# 33.3	9.62	0	
# 30	8.8	0	
# 20	5.8	15	87
# 10	2.9	0	
# 5	1.5	0	
Total Cylinder Capacity 1030.75			

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
1000	1	1000
Total Tank Capacity 1000		

Total Cylinder Capacity	1030.75
Total Tank Capacity	1000
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	2030.75

Municipal Clerk:
 Rose Caterini
 City Clerk
 1 Main St. W., 1st Floor
 Hamilton, ON L8P 4Y5
 Telephone: (905) 546-2489



LEGEND

-  Single Largest Vessel
-  Property Line
-  Emergency Meeting Area
-  Fire Extinguisher
-  Table 1 Radius*

* Encompasses Hannon
 in the City of Hamilton

Notes

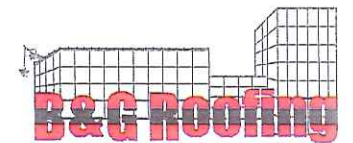
Address:
 240 Regional Road 20
 Hannon, ON L0R 1P0

Single largest propane storage
 vessel:

Capacity: 2000 USWG

GPS Coordinates:
 43.165653,-79.754045

Setback from:
 Front: 251M
 Right Side Property Line: 59M
 Left Side PProperty Line: 57M
 Rear: 194M



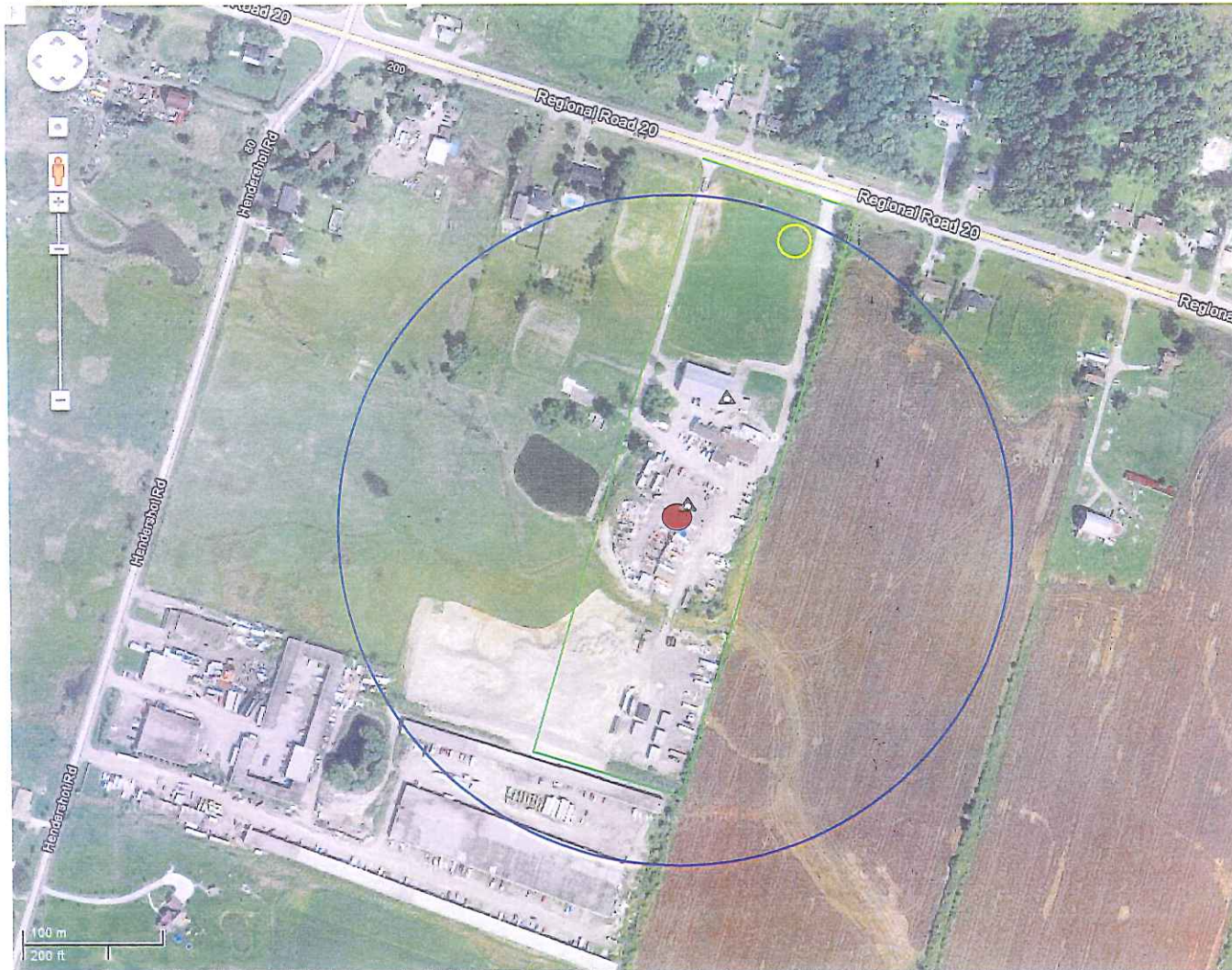
Customer TSSA

DWG. By RD

Date January 18, 2012

Scale N.T.S

This drawing is the property of B&G Roofing.
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Emergency Response Procedure for Propane Leak

Propane gas is 15 times heavier than air, and therefore tends to accumulate at the lowest levels in the building. In an enclosed area, the gas will tend to fill up the room from the lowest point upward, and if a source of ignition is reached, can explode and cause fire. Propane can be detected by the odour (rotten egg smell) of the Ethyl Mercaptan which is added to it for leak detection purposes.

EMERGENCY PROCEDURES FOR PROPANE LEAK

- If, on entering the facilities, you detect the smell of propane:
- Remain Calm
- Do Not Touch Any Electrical Switches
- Put on appropriate personal protective equipment
- If possible, ventilate the area by means of natural ventilation (doors, windows, etc.)
- When the room has been well ventilated, check for source of the leak using soapy water on valves, fittings, etc.
- If the faulty equipment cannot be removed from the building or area, or the leak cannot be controlled, Evacuate the building and outside area
- Call the fire department Dial (Emergency Phone Number) **911**

Know Your Location: (240 Regional Road 20, Hannon, ON L0R 1P0)

South Side Between Hendershot Road and Woodburn Road

- Ensure patrons are moving toward front of property at highway. Assist persons with a disability.
- If safe to do so, check all change rooms, first aid rooms, washrooms.
- Report to evacuation post. Location Front of property at highway as indicated on Emergency Plan
- Consult with fire department personnel upon arrival.
- Do not admit anyone other than fire department personnel back into the facility until advised by them it is safe to do so.
- Call your immediate supervisor

Dial: 905-971-5167

Alternate: 905-971-5168

- Do not release any information to the press. See "Media Communications"
- Fill out incident report