



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

28 Nov, 2011

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.

For Office Use Only



SECTION A: GENERAL INFORMATION

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

A Company Name Ontario Corporation No., if applicable

Operator Name (if different from above)

Telephone No. Fax No. E-mail

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

Town / City or Township / County Province Postal Code

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.

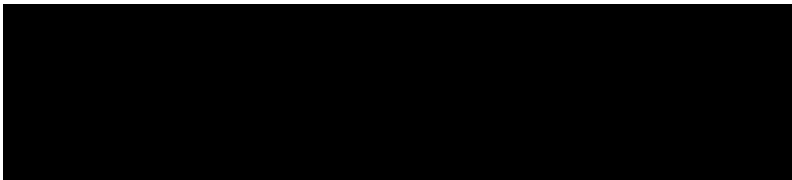
D Street No. Street Name / 911 Number / Address, if applicable Nearest Major Intersection

Town / City or Township / County Province Postal Code

Name of Licence Holder

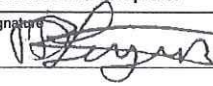
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type

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 <input type="text" value="AIRWAYS TRANSIT SERVICE LIMITED"/>	Signature 	Date (dd-mm-yyyy) <input type="text" value="06-10-2011"/>
Name of Senior Management person as defined in the Regulation holding the Record of Training <input type="text" value="ROSS FERGUSON"/>		

Active Licence Printed



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SECTION A: GENERAL INFORMATION (cont'd)

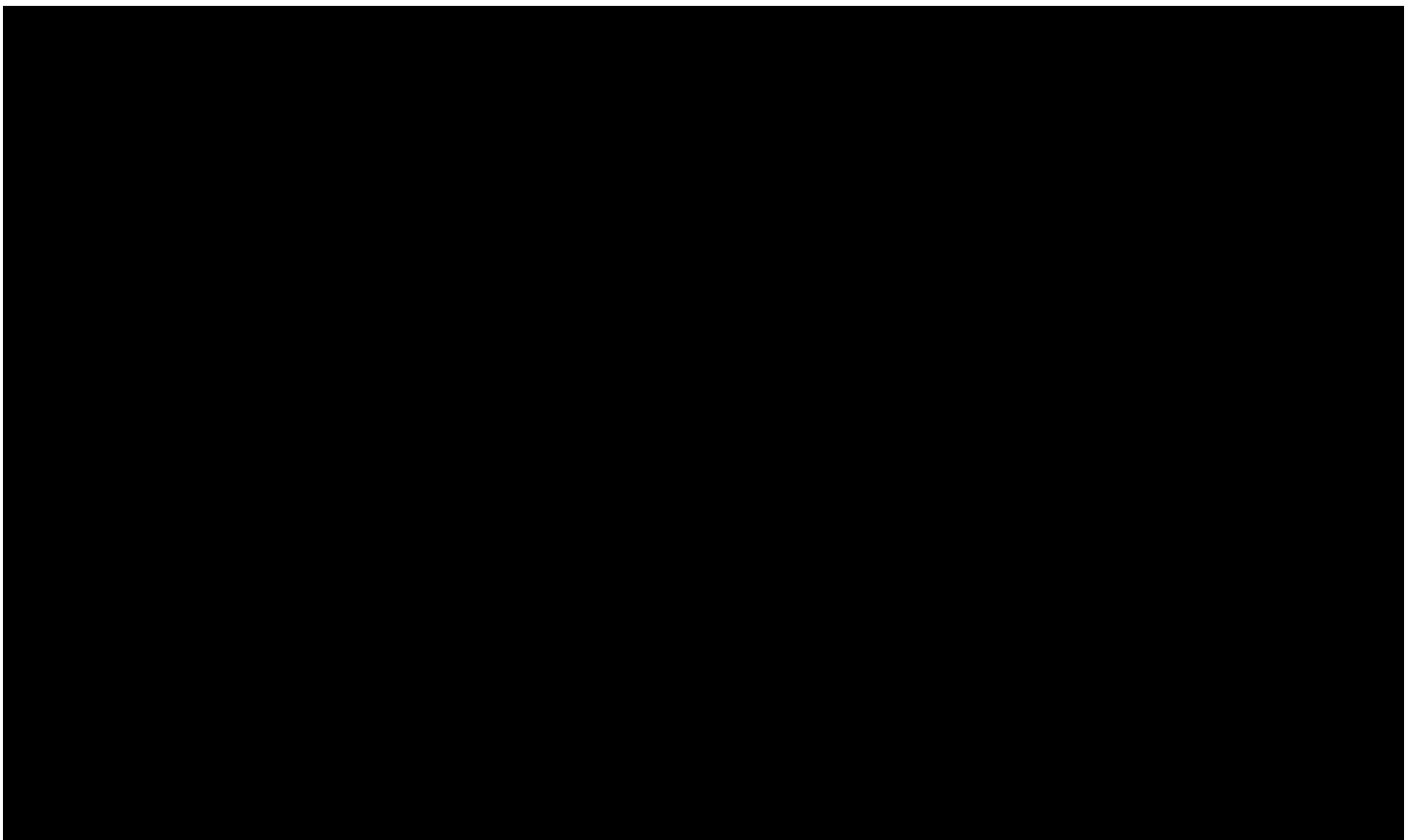
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
 2004 None

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

	PSIG	Serial Number
Tank1:	250 psig	257-93
Tank2:	250 psig	256-93
Tank3:		

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: 4000 Portable: 47 Mobile: NONE



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Name of person completing this form (please print) ROSS FERGUSON	Official Title PRESIDENT		
Signature 	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Telephone No. 905-689-4460</td> <td style="width: 40%;">Date (dd-mm-yyyy) 06-10-2011</td> </tr> </table>	Telephone No. 905-689-4460	Date (dd-mm-yyyy) 06-10-2011
Telephone No. 905-689-4460	Date (dd-mm-yyyy) 06-10-2011		



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SECTION A: GENERAL INFORMATION (cont'd)
Activity Information

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

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		Capacity stored off-site, in USWG	For Office Use - Party No.		
		NONE			
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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ROSS FERGUSON		PRESIDENT	
Signature	Telephone No.	Date (dd-mm-yyyy)	
	905-689-4460	06-10-2011	



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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.

A maximum of 4 x 40 lb. propane cylinders are stored on the premises for use in conjunction with the on site vehicle conversion centre. The repair shop has in use: an oxygen-acetylene cart with no spare cylinders stored on site; one bottle of nitrogen for use in the shop with no spare cylinder stored and they use a bottle of R-134 refrigerant on a recovery machine and keep one spare bottle in the shop.

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

One (1) 20BC Fire Extinguisher is located at the dispenser. Nine (9) additional fire extinguishers are located on the premises. There is an emergency cut-off (ECO) switch mounted on the shed as shown in the site plan, that terminates power to a solenoid valve on the liquid piping near the outlet of the tanks and the propane pump.

List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

The internal safety control (ISC) valves in the tank outlets are protected with a fusible link. The normally closed valves are pulled open by a chain and held open at the dispensing location. In the event of a fire, the fusible links will melt, allowing the ISC valves to close within the tank. In the event of an emergency the operator can release the chain, thus closing the ISC valves.


The remote ECO switch terminates power to the propane solenoid valve and pump.

Maintenance and testing schedule for fire protection controls and devices.

The facility is inspected on a monthly basis by the license holder. The operation of the ECO function and the ISC valve movement and a visual inspection of the condition of the fire extinguishers are part of the monthly inspection. Any deficiencies found in the propane system are reported to Sparling's Propane for immediate attention. Sparling's Propane conducts an annual inspection of the entire propane facility.

Fire extinguishers shall be maintained in accordance with the Ontario Fire Code.

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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name GLEN PEACOCK		Name ON-SITE DISPATCH OFFICE (24 hour)	For Office Use - Party No.
Official Title SERVICE MANAGER		Official Title	
Telephone No. 905-689-4460	Fax No. 905-689-5556	Cell No.	Fax No.
E-mail glenp@airwaystransit.com Home # 905-526-7748 Cell # 905-317-5410		E-mail	
Role and responsibilities in emergency Assist Emergency Services		Role and responsibilities in emergency Assist Emergency Services	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name TED SIMUNOVIC	For Office Use - Party No.	Name GLEN PEACOCK	For Office Use - Party No.
Official Title MECHANIC		Official Title SERVICE MANAGER	
Telephone No. 905-689-4460	Fax No. 905-689-5556	Telephone No. 905-689-4460	Fax No. 905-689-5556
E-mail None Home # 905-309-5887		E-mail glenp@airwaystransit.com Home # 905-526-7748 Cell # 905-317-5410	
Role and responsibilities in emergency Assist Emergency Services		Role and responsibilities in emergency Assist Emergency Services	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name ROB SIMONDS	For Office Use - Party No.	Name TIM WOLFE	For Office Use - Party No.
Official Title FIRE CHIEF		Official Title REGIONAL MANAGER	
Telephone No. 905-546-2424 ext 3346	Fax No. March 7, 2011	Telephone No. 1-866-517-1714	Fax No. 519-448-3450
E-mail robsimonds@hamilton.ca		E-mail tew@sparlings.com	
Role and responsibilities in emergency Coordinate/advise on Hamilton's Fire Response; liaise with Police		Role and responsibilities in emergency Key Contact to activate Sparling's Propane ERAP # 2-0220	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name DAVID CUNLIFFE	For Office Use - Party No.	Name ROSE CATERINI	
Official Title DEPUTY FIRE CHIEF		Official Title CITY CLERK	
Telephone No. 905-546-2424 ext 3340	Fax No.	Telephone No. 905-546-2424 ext 540	Fax No. 905-546-2095
E-mail dcunliffe@hamilton.ca		E-mail rosecaterini@hamilton.ca	
Role and responsibilities in emergency Coordinate/advise on Hamilton's Fire Response; liaise with Police		Municipality CITY of HAMILTON	

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2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

There are additional nine (9) fire extinguisher located on the premises of the dispenser.

A sign is affixed to the dispenser that identifies Sparling's Propane as the supplier of fuel as well as the 24/7 Sparling's Propane emergency response contact number (1-866-517-1714).

Monthly inspections of the facility are completed and recorded by the site operator. Any deficiencies found are corrected or reported immediately to Sparling's Propane.

See the Emergency Response Procedure listed in Tab 8.

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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)	Print Name of Training Provider: SEE ADDITIONAL PAGE ADDED FOR AN EXPLANATION OF TRAINING
	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 Emergency Management Procedures provided to staff.

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 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)	Print Name of Training Provider:
	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:

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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)	Print Name of Training Provider: SEE ADDITIONAL PAGE ADDED FOR AN EXPLANATION OF TRAINING
	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:

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

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:
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)	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 employee encountering an emergency situation is to call 911 and advise the on duty dispatcher who will confirm call to 911 was placed. The on duty dispatcher will announce an evacuation order over the P.A system advising all persons to leave the premises and go to the emergency meeting place at the south-west corner of the property, as identified on the site plan.

Also see Emergency Response Procedures (ERP) in Tab 8.

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 ERP is to be followed. See above for P.A. announcement.

Key contacts for the site are to be notified when safe to do so. The on duty dispatcher will track all actions to pass along to the attending key contact and/or emergency responders.

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).

Any employee encountering an emergency situation is to call 911 and advise the on duty dispatcher who will confirm a call to 911 was placed.

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

This facility is open 24 hours/day, 7 days/week with someone always on site.

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

The on duty dispatcher will assume the responsibility of a key contact until a key contact is on site. The key contact or on duty dispatcher will meet the emergency responders on scene. The on duty dispatcher will track actions and relay this information to key contacts and/or emergency responders.

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

20 minutes, however there is always a dispatcher on site

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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 type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Water Supply

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	<u>Hydrant 180 metres</u>	
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only)	<u>N/A</u>	

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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services	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)		
N/A		
Fire services comments, if any:		
SEE APPENDIX 'A'		
To be completed by the Licence Holder		
In response to the above comments, the following action(s) is required:		
SEE ADDITIONAL PAGE FOR RESPONSE		
The licence holder will respond to the Local Fire Services comments by:		23-01-2012
		<small>(dd-mm-yyyy)</small>

LOCAL FIRE SERVICES

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

<i>FRANK BIANCUCCI</i> Print name	<i>[Signature]</i> Signature	Dec 10/11 Date (dd-mm-yyyy)
Local Fire Services Name		

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SECTION C: SUBMISSIONS

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

Facility Site Plan.

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

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

Map of Surrounding Area.

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

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

Required Mapping Information from Updated Site Plan

Date Map Prepared (dd-mm-yyyy) 06-10-2011	Capacity of single largest propane storage vessel (USWG) 4000 uswg (2 x 2000)
Tank setback coordinates. Indicate placement on the map.	
Front: 128 metres	Right side property line: 55 metres
Rear: 30 metres	Left side property line: 53 metres
GPS coordinates of single largest vessel: North 43.18.635 x West 079.55.293	

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SECTION C: SUBMISSIONS (cont'd)

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

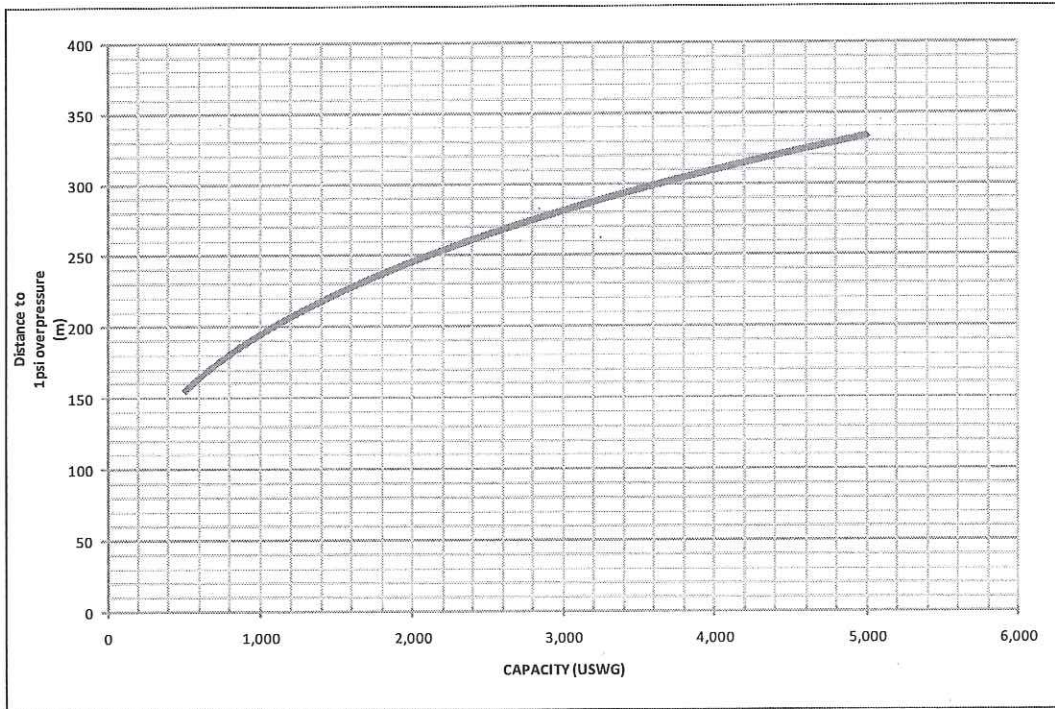
Table 1: Distance Table

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)



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) ROSS FERGUSON		Official Title PRESIDENT	
Signature 		Telephone No. 905-689-4460	Date (dd-mm-yyyy) 06-10-2011



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
Customer Service: 1.877.682.8772

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

SECTION C: SUBMISSIONS (cont'd)

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

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

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>Focus Environmental Group Inc.</u> Address: <u>16 Highway 5 East</u> City: <u>Hamilton</u> Province <u>Ontario</u> Postal Code <u>L9H 7P2</u>				x	<u>241</u> m
[REDACTED]			x		<u>88</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Hamilton Wentworth Community Centre</u> Address: <u>27 North Wentworth Drive</u> City: <u>Hamilton</u> Province <u>Ontario</u> Postal Code <u>L9H 7L5</u>		x			<u>96</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</u> 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				<u>0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</u> m

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

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Name of person completing this form (please print) <u>ROSS FERGUSON</u>	Official Title <u>PRESIDENT</u>
Signature 	Telephone No. <u>905-689-4460</u> Date (dd-mm-yyyy) <u>06-10-2011</u>



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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		
# 40	11.75	4	47
# 33.3	9.62		
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity	47		

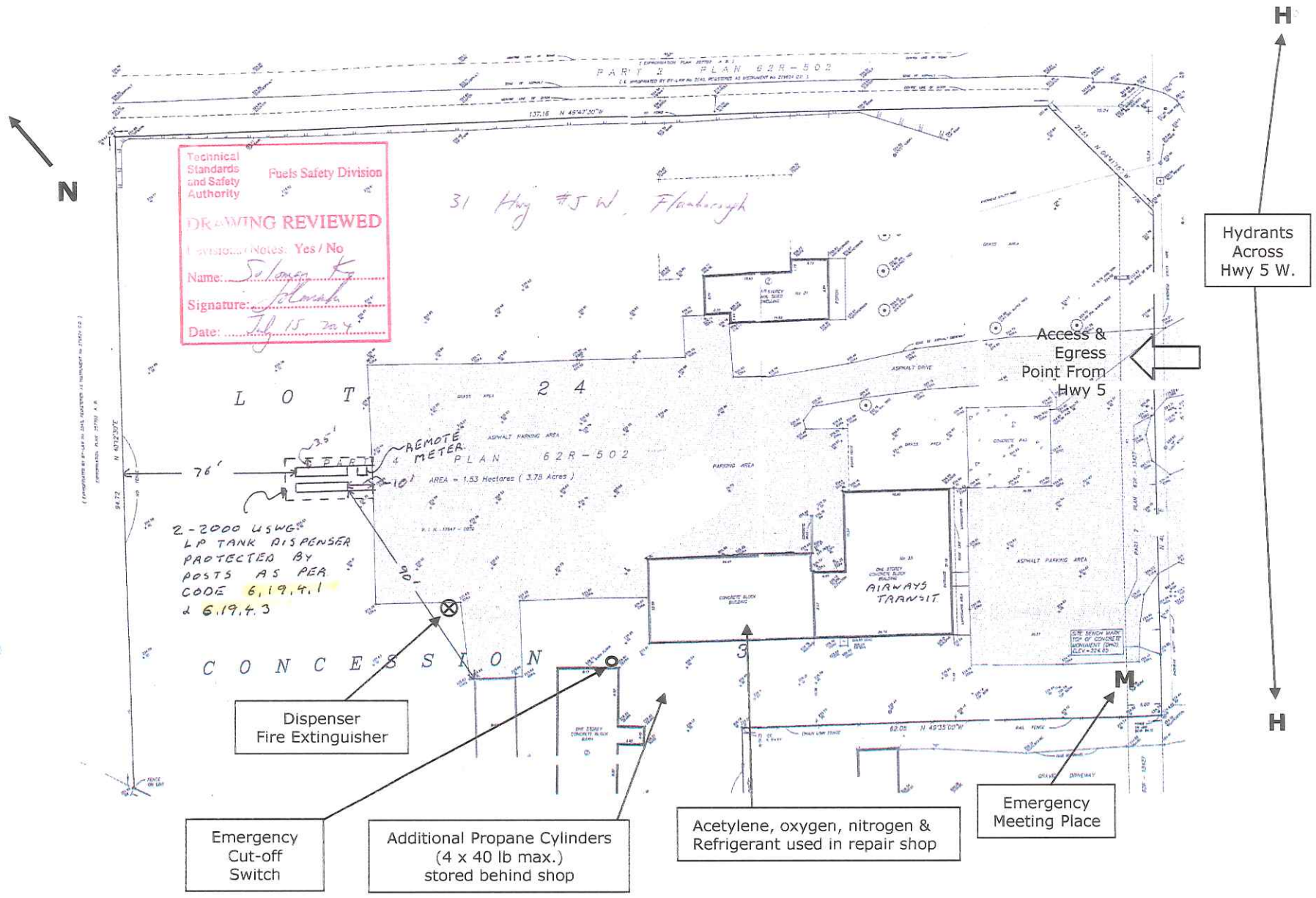
Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	47
Total Tank Capacity	0
Total Portable Capacity	47

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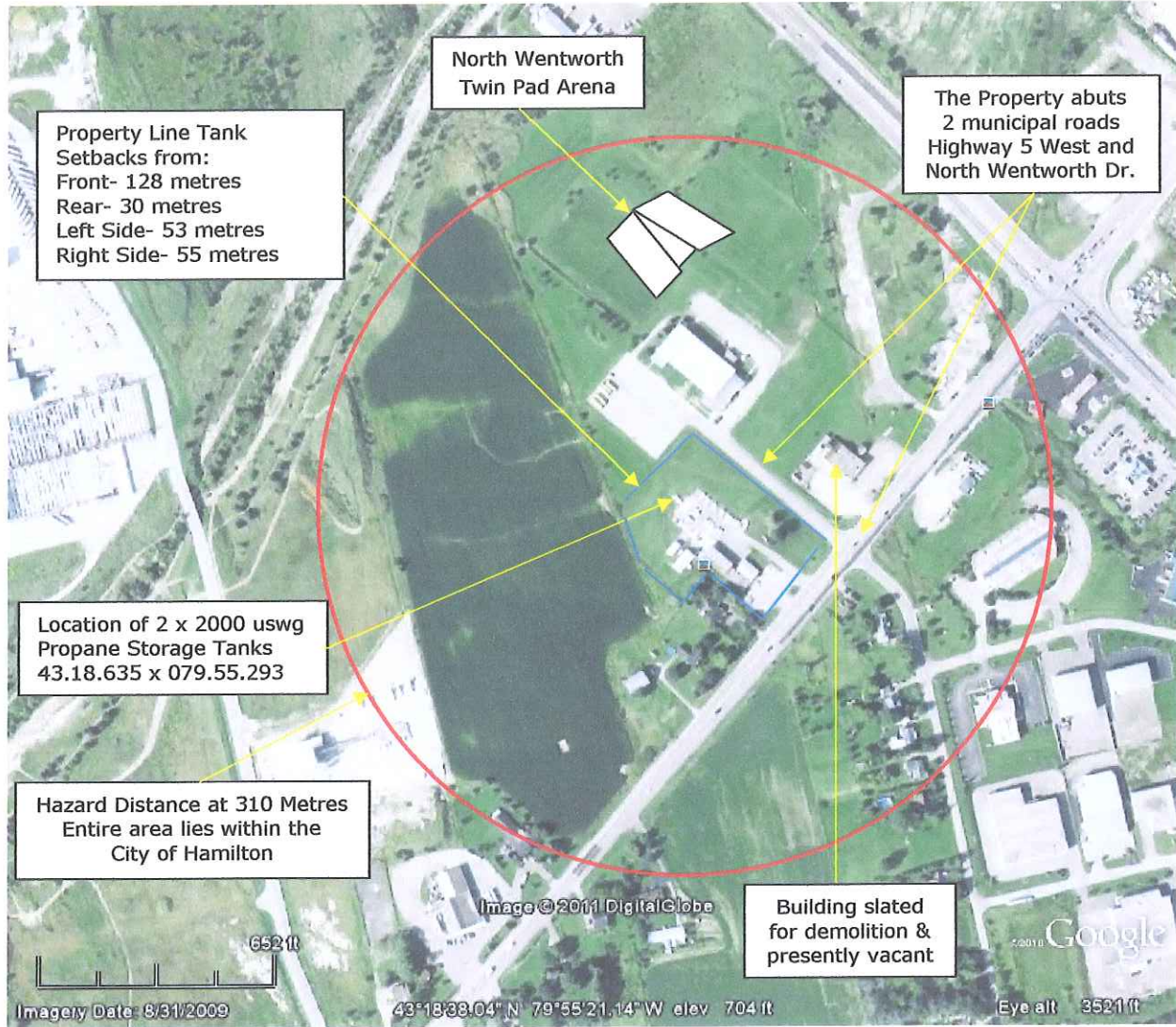
Name of person completing this form (please print) ROSS FERGUSON	Official Title PRESIDENT	
Signature 	Telephone No. 905-689-4460	Date (dd-mm-yyyy) 06-10-2011



SITE PLAN for AIRWAYS TRANSIT SERVICE, 35 HIGHWAY # 5 WEST, HAMILTON

AERIAL MAP OF AIRWAYS TRANSIT SERVICE LIMITED

35 HIGHWAY # 5 WEST, HAMILTON, ONTARIO



Facility Address:
35 Highway # 5 West, Hamilton, Ontario

Municipal Contact Information:
Rose Caterini
City Clerk, City of Hamilton
rosecaterini@hamilton.ca
905-546-2424 ext 5409

Date Map Prepared:
October 6, 2011
Amended:
June 19, 2012 (Addition of North Wentworth Twin Pad Arena)