# T S S A Safety Authority www.tssa.org

14th Floor - Centre Tower 3300 Bloor Street West Toronto Ontario MBX 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

www.tssa.org Fax: 416.231.4903
Customer Service: 1.877.682.8772

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 USWG of portable propane storage capacity on

Failure to fully complete this form may result in rejection.

Making a false statement may result in a fine or prosecution

Making a false statement may result in a fine or prosecution under the Technical Standards and Safety Act Licence Number 0033666001-C Check applicable type of propane operations. Filling Plant Card/Keylock Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area. SECTION A: GENERAL INFORMATION The Undersigned applies to TSSA for a review for an RSMP under Ontario's Technical Standards and Safety Act, Propane Storage and Handling Regulation. Company Name Ontario Corporation No., if applicable A Woodland Park Ltd Operator Name (if different from above) Same Telephone No. Fax No. E-mail 519-422-1161 519-422-2720 info@woodlandpark.on.ca В Street No. Street Name / 911 Number / Address, if applicable Sauble Falls PKWY RR# 1 Town / City or Township / County Postal Code Province NOA 2GO Sauble Beach On Mailing address if different from above. Street No. Street Name / 911 Number / Address, if applicable Town / City or Township / County Postal Code Information on Container Refill Centre or Filling Plant Location of facility Street No. Street Name / 911 Number / Address, if applicable Nearest Major Intersection D 47 Sauble Falls PKWY RR# 1 Main Street Cty Rd # 8 & Sauble Falls PKWY Town / City or Township / County Postal Code Province NOA 2G0 On Sauble Beach Name of Licence Holder Woodland Park Lld Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type Peter MacDermid OPA ROT # 1853 (PPO-3) Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Town of South Bruce Peninsula Hours of operation.

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

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

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder Woodland Park Ltd		
Name of Senior Management person as defined in the	D. 11 1 . 1	2// - 12
Regulation holding the Record of Training Peter MacDennid	Teter Mcellerne	1 24-01-12



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

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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)

licate the year the facility was established 78	. Indicate the year of any signi None	ificant modifications, as defined in s.1, O.Reg 211/01, since establishment
entify the psig rating and serial number for	each fixed propane storage tank	on site.
PSIG	Serial Number	
Tank1: 250	5275157	
Tank2:		
Tank3:		
ter capacity of propane in USWG, fixed, p	ortable, and mobile, and provide	detailed inventory that includes the number of tank/vessel for
ch type (fixed, portable, and mobile) and	the capacity of each tank/vessel,	on a separate document.
Fixed: 1000 USWG	Portable: 0	Mobile: 0

Name of person completing this form (please print)	Official Title	
Peter MacDermid	Co-Owner	
Signature /	Telephone No.	Date (dd-mm-yyyy)
Leter Max Dervis	519-422-1161	24-01-12



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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 A: GENERAL INFORMATION (cont'd)

Woodland Road East Unit 217  own / City or Township / Country  weigh  No. Contact Name Province N1H 8J1  elephone No. Fax No. Contact Name Province Street Name / 911 Number / Address, if applicable Province Wayne Spahr  Contact Name Wayne Spahr  Capacity stored off-site, in USWG  For Ciffice Use - Party No.  Street Name / 911 Number / Address, if applicable Own / City or Township / Country  Province On Postal Code N4K 5N7  Province On Postal Code On				Act	ivity Information			
treet No. Street Name / 911 Number / Address, if applicable 51 Woodland Road East Unit 217  own / City or Township / Country Province On N1H 8J1  elephone No. Fax No. Contact Name Bruce Graham  rahamb@superiorpropane.com  lame of Propane Transporter. If same as above, please check box. □  uperior Propane  tireet No. Street Name / 911 Number / Address, if applicable H8020 HWY # 6. P.O. Box 364 STN Nain  own / City or Township / Country Province On N4K 5N7  clephone No. Fax No. Contact Name On Name Propane Transporter. If same as above, please check box. □  uperior Propane  tireet No. Street Name / 911 Number / Address, if applicable H8020 HWY # 6. P.O. Box 364 STN Nain  own / City or Township / Country Province On N4K 5N7  clephone No. Fax No. Contact Name Wayne Spahr mail pahnw@superiorpropane.com  one Capacity stored off-site, in USWG For Office Use - Party No.  one Province Postal Code On Province Postal Code On Province Postal Code On Province Postal Code On Province On Province Postal Code On Province On Province Postal Code On Province On Province Province Postal Code On Province On On P								
Street No. Street Name / 911 Number / Address, if applicable   Province   Postal Code   N1H 8J1	Name of Propar	ne Suppli	er(s)					
Woodland Road East Unit 217  own / City or Township / Country  weigh  No. Contact Name Province N1H 8J1  elephone No. Fax No. Contact Name Province Street Name / 911 Number / Address, if applicable Province Wayne Spahr  Contact Name Wayne Spahr  Capacity stored off-site, in USWG  For Ciffice Use - Party No.  Street Name / 911 Number / Address, if applicable Own / City or Township / Country  Province On Postal Code N4K 5N7  Province On Postal Code On	Superior Propane -	- Regional	Operation Centre					
own / City or Township / Country  weigh  Contact Name Province On  Postal Code N1H 8J1  Province On  Postal Code N1H 8J1  Contact Name Province Signed Framsporter. If same as above, please check box.  It same of Propane Transporter. If same as above, please check box.  It same of Propane Transporter. If same as above, please check box.  Street Name / 911 Number / Address, if applicable HWY # 6, P.O. Box 364 STN Main  Own / City or Township / Country  Wayne Spahr  In the Code Wayne Spahr  Contact Name Wayne Spahr  For Office Use - Party No.  Contact Name Off-site Cylinder and/or Mobile Storage One  Contact Name Off-site off-site, in USWG  For Office Use - Party No.  Contact Name Off-site Cylinder and/or Mobile Storage One  Contact Name Off-site Storage is not considered off-site storage.	Street No.	Street N	lame / 911 Number / Add	ress, if applicable				
elephone No. Fax No. Contact Name   Street Name / 911 Number / Address, if applicable   Street Name / 911 Number / Address, if applicable   Street Name / 911 Number / Address, if applicable   Capacity stored off-site, in USWG   For Office Use - Party No.	251	Woodlan	d Road East Unit 217					
### Street Name / 911 Number / Address, if applicable #### No.   Street Name / 911 Number / Address, if applicable ##### Capacity stored off-site, in USWG   For Office Use - Party No.  ###################################	Town / City or T Guelph	ownship /	Country					TO A TRANSPORT OF THE PROPERTY
-mail rahamb@superiorpropane.com    Street Name   911 Number   Address, if applicable	Telephone No.		Fax No.	Contact Na	ame			
Tahamb@superiorpropane.com    Contact Name   Province   Postal Code   Name   Party No.   Party No.   Party No.   Province   Postal Code   Name   Party No.   Party No.   Province   Postal Code   Party No.   Party No.   Province   Postal Code   Party No.   Province   Postal Code   Party No.   Province   Postal Code   Party No.   Party No.   Province   Postal Code   Party No.   Party No.   Province   Postal Code   Party No.   Party No.   Party No.   Province   Postal Code   Party No.   Party No.   Party No.   Province   Postal Code   Party No.   Party No.	377-873-7467		519-836-7766	Bruce Graha	am			
lame of Propane treet No. Street Name / 911 Number / Address, if applicable HWV # 6, P.O. Box 364 STN Main  Province On Postal Code N4K 5N7  Contact Name 19-376-3384  Fax No. Contact Name Wayne Spahr  Capacity stored off-site, in USWG  For Office Use - Party No.  Street Name / 911 Number / Address, if applicable On Postal Code N4K 5N7  Capacity stored off-site, in USWG  For Office Use - Party No.  Street No. Street Name / 911 Number / Address, if applicable Own / City or Township / Country  Province Postal Code  For Office Use - Party No.  Contact Name  Capacity stored off-site, in USWG  For Office Use - Party No.  Contact Name  Capacity stored off-site, in USWG  For Office Use - Party No.  Contact Name  Contact Name  Province Postal Code  Postal Code  Contact Name	E-mail		•	•				
Interest No. Street Name / 911 Number / Address, if applicable HWY # 6, P.O. Box 364 STN Main  Sown / City or Township / Country  wen Sound elephone No. Fax No. Contact Name 19-376-3384 F19-836-7766 Wayne Spahr  Formall pahrw@superiorpropane.com  For Office Use - Party No.  Street Name / 911 Number / Address, if applicable  word / City or Township / Country  Province Postal Code N4K 5N7  For Office Use - Party No.  Street No. Street Name / 911 Number / Address, if applicable  own / City or Township / Country  Province Postal Code	grahamb@superio	orpropane.	com					
Interest No. Street Name / 911 Number / Address, if applicable HWY # 6, P.O. Box 364 STN Main  Sown / City or Township / Country  wen Sound elephone No. Fax No. Contact Name 19-376-3384 519-836-7766 Wayne Spahr  Formall pahrw@superiorpropane.com  For Ciffice Use - Party No.  Street Name / 911 Number / Address, if applicable  word / City or Township / Country  Province Postal Code N4K 5N7  For Ciffice Use - Party No.  Street No. Street Name / 911 Number / Address, if applicable  own / City or Township / Country  Province Postal Code								
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HWY # 6, P.O. Box 364 STN Main   Province   Postal Code   N4K 5N7	Superior Propane							
own / City or Township / Country    Province   Postal Code   N4K 5N7	Street No.				-			
elephone No. Fax No. Contact Name Wayne Spahr	718020	HWY # 6	, P.O. Box 364 STN Mair	1	***************************************			
19-376-3384   519-836-7766   Wayne Spahr    Inmail	Town / City or T Owen Sound	ownship /	Country			(C)		
Pathrw@superiorpropane.com  Off-site Cylinder and/or Mobile Storage One  Capacity stored off-site, in USWG  For Office Use - Party No.  Own / City or Township / Country  Province  Postal Code  elephone No.  Fax No.  Contact Name  Ote: Customer storage is not considered off-site storage.	Telephone No. 519-376-3384		A company of the comp	A SECTION				
Off-site Cylinder and/or Mobile Storage One Capacity stored off-site, in USWG For Office Use - Party No.  Street Name / 911 Number / Address, if applicable Own / City or Township / Country Province Postal Code elephone No. Fax No. Contact Name Ote: Customer storage is not considered off-site storage.	E-mail							The last last party of the State of the Stat
one  Street No.   Street Name / 911 Number / Address, if applicable  own / City or Township / Country   Province   Postal Code  elephone No.   Fax No.   Contact Name  ote: Customer storage is not considered off-site storage.	spahrw@superior	propane.c	om					
treet No. Street Name / 911 Number / Address, if applicable  own / City or Township / Country Province Postal Code  elephone No. Fax No. Contact Name  ote: Customer storage is not considered off-site storage.	Off-site Cylinder	r and/or	Mohile Storage		Canacity stored off-site	in USWG	For Office Use -	Party No.
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elephone No. Fax No. Contact Name ote: Customer storage is not considered off-site storage.	Street No.	Street N	lame / 911 Number / Add	ress, if applicable	α			
ote: Customer storage is not considered off-site storage.	Town / City or T	ownship /	Country	-		Province		Postal Code
	Telephone No.		Fax No.	Contact Na	ame	January and the second		
	Note: Customer s	torage is	not considered off-site s	torage.				
Declaration: I am aware that it is an offence to give false information in this document and			Declaration I	se Abeat It !	anna ta alua falan lafa	netion in this	dooumont	-1

I hereby declare that the information I have given here is true and complete.

Name of person completing this form (please print)	Official Title	
Peter MacDermid	Co-Owner	
Signature	Telephone No.	Date (dd-mm-yyyy)
Leter Aluc Neurice	519-422-1161	24-01-12



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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.  Sodium Hypognlorite 1000 US Gallon located
Description of fire and emergency equipment indicated on facility site map.  A-B-C Fire Extinguishers. Dry Chemical
1 Located @ Refill station propane tank
1 located @ office/store
Closest Residence & shop
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. Emergency Shut Off (Breaker) - 11 meters on pole from propane tank. This shuts down the pump and closes a solenoid valve upstream of hoses.
3. Power supply breaker inside the gas bar 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 lank Relief Valves - inspected every 2 years; replacement schedule as per provincial regulations.

Name of person completing this form (please print) Peter MacDermid	Official Title Co-Owner	
Signature Peter Was Derrich	Telephone No. 519-422-1161	Date (dd-mm-yyyy) 2-f-01-12



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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)

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person				
Name Peter MacDermid		For Office Use - Party No.	Name Peter MacDermid	Į.	For Office Use - Party No.	
Official Title Co-Owner			Official Title Co-Owner			
Telephone No. 519-422-1161 519-422-2136	Fax No. 519-422-27	20	Cell No. 519-372-9541 519-422-2136	Fax No. 519-422-2720	1012-11-11-11-11-11-11-11-11-11-11-11-11-1	
E-mail info@woodlandpark.pn.ca			E-mail info@woodlandpark.pn.ca			
Role and responsibilities in emergence	y		Role and responsibilities in emergency			
Co-ordinate site response plan (ERP)			Co-ordinate site response plan (ERP)	Co-ordinate site response plan (ERP)		
2. Facility Contact Personnel - Al	ternate Cor	ntact	6. Name of Facility Manager			
Name Paul MacDermid		For Office Use - Party No.	Name Paul MacDermid	F	For Office Use - Party No.	
Official Title Co-Owner			Official Title Co-Owner			
Telephone No. 519-422-1161 519-422-2068	Fax No. 519-422-2	720	Telephone No. 519-372-9561 519-422-2068 Fax No. 519-422-2720			
E-mail info@woodlandpark.pn.ca		E-mail info@woodlandpark.pn.ca				
Role and responsibilities in emergency		Role and responsibilities in emergency				
Co-ordinate site response plan (ERP)			Co-ordinate site response plan (ERP)			
3. Local Fire Services - Key Conta	ıct		7. Propane Supplier Key Contact P	erson		
Name Daniel Robinson		For Office Use - Party No.	Name Superior Propane Hot Line		For Office Use - Party No.	
Official Title Fire Chief / Manager, Emergency Servi	ices		Official Title			
Telephone No. 519-534-1400 x142	Fax No. 519-534-49	076	Telephone No. 877-873-7467	Fax No. N/A	20134200	
E-mail emergencyservicesmgr@bmtscom			E-mail n/a			
Role and responsibilities in emergence	у		Role and responsibilities in emergency			
Coordiante Emergency Response / adv	vise on Fire S	Service	Identify and dispatch Superior Propane and or LPERGC emergency response			
Response. Liaise with police services.			personal as required			
4. Local Fire Services - Alternate (	Contact	J	8. Municipal Contact			
Name Tim Wilson  For Office Use - Party No.		Name Angie Cathrae				
Official Title Fire Prevention Officer			Official Title Clerk			
Telephone No. 519-534-1400	Fax No. 519-534-49	76	Telephone No. 519-534-1400	Fax No. 519-534-4976		
E-mail firedept@bmts.com		E-mail sbpen@bmts.com				
Role and responsibilities in emergency		Municipality				
Coordinate Emergency Response / adivse on Fire Response when key		Town of South Bruce Peninsula				
contact is not available and liaise with police services.		1				

Name of person completing this form (please print)	Official Title	Official Title		
Peter MacDermid	Co-Owner			
Signature	Telephone No.	Date (dd-mm-yyyy)		
Kita May Dessert	519-422-1161	24-01-12		



14th Floor - Centre Tower 3300 Bloor Street West Safety Authority
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)

2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.
E-stop located (Breaker) on pole 11 meters from the dispenser area to cut the electrical in the event of an emergency,
shutting the power of to the solenoid stopping the flow of propane.

Name of person completing this form (please print)	Official Title	
Peter MacDermid	Co-Owner	
Signature Peter Max Dennie	Telephone No. 519-422-1161	Date (dd-mm-yyyy) 24-01-12



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

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

Training on Emergency Res	sponse 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 Instructor:		
Training on the facility's Em	ergency 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 pro	ovided to certificate holders / persons with Records of Training.		
Training Date (dd-mm-yyyy)	Print Name of Training Provider: OPA	Please Note - a ROT is valid for 3 years	
29-07-2010	Print Name of Instructor: Dave Johnson Cert# 135		
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	0
Peter MacDermid	Co-Owner	
Signature 0	Telephone No.	Date (dd-mm-yyyy)
teta Mac Carros	519-422-1161	24-01-12



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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)

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 offering PTI 911-02 the course
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	content and it and its provider is available to
	Print Name of Instructor:	aught in the first quarter of this 2012.
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	ii .
	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:	4
On-site specific training pro	ovided to certificate holders / persons with Records of Training.	
Target Date (dd-mm-yyyy)	Print Name of Training Provider: OPA Please N	ote - a ROT is valid for 3 years
Q2-2012	Print Name of Instructor: Dave Johnson Cert # 135	Note: To call training provider if any training is requ
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	in 2012
	Print Name of Instructor:	
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	

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	
Peter MacDermid	Co-Owner	
Signature /	Telephone No. Date (dd-mm-yyyy)	
Leter you plannie	519-422-1161 24-01-12	

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Warnings and Actions

Technical www.tssa.org

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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

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 dutilined in the attached. Propare 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 loperator 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 Peter MacDermid or alternate.
How long will it take the facility liaison person to respond to the site.  Key Contact: -1 minutes to arrive at the facility in the event of an emergency

Name of person completing this form (please print)	Official Title	
Peter MacDermid	Co-Owner	
Signature /	Telephone No.	Date (dd-mm-yyyy)
Leter Max Series	519-422-1161	24-01-12



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 B. EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

	The licence holder will complete Section B in consultation with the loc 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)?	1		
2.	Is there adequate night lighting at the site?	$\checkmark$		
3.	Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	✓		
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?	<b>✓</b>		
5.	Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	$\checkmark$		
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)?	$\checkmark$		
8.	Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	1		
9.	Is the schedule of maintenance and testing activities retained on site?	$\checkmark$		
	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	
1.	Is a pressurized water system available at the propane facility site?	-	$\checkmark$	
2.	Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	$\checkmark$		
3.	What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	70 m fire	hydrant	
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)			

Name of person completing this form (please print)	Official Title	
Peter MacDermid	Co-Owner	
Signature /)	Telephone No.	Date (dd-mm-yyyy)
Leter Mac Deene	519-422-1161	24-01-12



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

# The licence holder will complete Section B in consultation with the local Fire Services. 8. Licence holder and focal 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? If not, please explain (e.g., no fire services).

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

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

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:

LC	CAL FIRE SERVICES	
The undersigned has reviewed Section B of the Risk and	d Safety Management Plan Fire Services.	
Print name  Local Fire Services Name DANIEL ROBIN	Soul Signature Date (dd-1	nm-yyyy) lo5/b8

Name of person completing this form (please print) Peter MscDermd	Official Tille Co-Owner	****
Signature Reter What Dermid	Telephone No. 519-422-1161	Date (dd-mm-yyyy) 2-4-01-12-



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# Level 1 Risk and Safety Management Plan (RSMP)

Technical Standards and Safety Act Propane Storage and Handling Regulation

### **SECTION C: SUBMISSIONS**

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

#### Facility Site Plan.

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

- 1. The storage location of fixed, portable, and mobile vessels.
- 2. The maximum volume, types and storage location of hazardous materials.
- 3. Location of permanent structures on site.
- 4. Access and egress points and location of barriers.
- 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- 15-01-2012	nm-yyyy)	Capaci 1000 U	ty of single largest propane SWG	e storagevessel (USWG)
Tank setback coordinates.  Front:	Indicate placeme 29.5 m	nt on the map.	Right side property line:	114.6 m
	807.3 m		Left side property line:	279.2 m
GPS coordinates of single	largest vessel:	44.6343 -81.26	38	,

Name of person completing this form (please print) Peter MacDermid	Official Title Co-Owner	
Signature Peter Now Dewn	Telephone No. 519-422-1161	Date (dd-mm-yyyy) 24-01-12



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Technical Standards and Safety Act Propane Storage and Handling Regulation

### SECTION C: SUBMISSIONS (cont'd)

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

Table 1: Distance Table

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

Formula:

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

D = Distance to overpressure of 1 psi (meters)

C= Tank Total Capacity in USWG

Parameters:

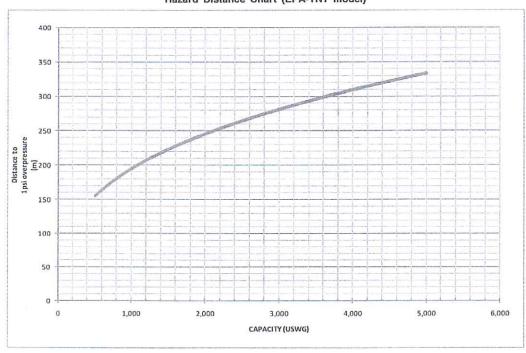
Density of Propane is 0.5033 kg per litre @ 15 C

Assume all vessels are 80% full

1 gallon [US, liquid] = 0.003785411784 cubic meter

1 cubic metre = 264.17 USWG

### Hazard Distance Chart (EPA-TNT model)



Name of person completing this form (please print)	Official Title	
Peter MacDermid	Co-Owner	
Signature Ret. Noe Derrice	Telephone No. 519-422-1161	Date (dd-mm-yyyy) 2-4-01-12



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### SECTION C: SUBMISSIONS (cont'd)

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

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

\* Number of Buildings Distance from and Features Tank to Closest Buildings and Features Present within the Circle on the Map of the Surrounding Area (mark with an "X") Building or AND Name and Address of Closest Building or Feature Feature 0 1 2-10 | 11+ Industrial buildings or parks or golf courses None Name: m Х Address: \_ City: \_\_\_\_\_ Province \_\_\_\_\_\_ Postal Code \_ Residential building units specifically permanent single family dwellings, condominiums, and apartments. 17.5 Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: 0 X Address: Province Postal Code City: Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Woodland Park Ltd. Name: 16.5 47 Sauble Falls Parkway Address: Postal Code N0A 2G0 Sauble Beach \_Province On City: Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. 0 Name: X Address: Postal Code\_\_ City: \_\_\_\_ Province Emergency responders specifically fire stations, ambulance stations, and police stations. Name: 250 Address: 21 Sauble Beach Parkway m X Sauble Beach Postal Code NOH 2G0 \_\_ Province On City:

Name of person completing this form (please print) Peter MacDermid	Official Title Co-Owner		
Signature Leter Max Derril	Telephone No. 519-422-1161	Date (dd-mm-yyyy) 2-f-0/-/2-	

<sup>\*</sup> For multi-unit buildings, count each unit as "1".



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

### SECTION C: SUBMISSIONS (cont'd)

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

### 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	0	0
# 30	8.8	0	0
# 20	5.8	0	0
# 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

Total Cylinder Capacity	0
Total Tank Capacity	1000 USWG
Total Portable Capacity	0

Name of person completing this form (please print) Peter MacDermid	Official Title Co-Owner	
Signature Returned Devices	Telephone No. 519-422-1161	Date (dd-mm-yyyy) 24-01-12





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North: 279.2 m East: 807.3 m South: 114.6 m West: 29.5 m

Capacity of Propane Storage Tank = 1000 USWG

apacity of Propane Storage Tank:

GPS Co-ordinates = 44.634463,-81.263715

Denoted by circle centred on tank; radial distance = 195 m

Angie Cathrae

Town of South Bruce Peninsula Municipality (ies) within the 1 psi overpressure circle:

Clerk, Township of South Bruce Peninsula 315 George Street, Box 310, Wiarton, ON N0H 2T0 Tel: 519-534-1400 ext. 122 Fax: 519-534-4976 email: sbpen@bmts.com

Map of Surrounding Area

Woodland Park Ltd. 47 Sauble Falls Parkway, Sauble Beach, ON N0A 2G0 Legal Description

Part LOT 27 CON D

South Bruce Peninsula, Amabel Twp

Drawn by: L. Wills

Date: January 15, 2012

