#### 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.

	M	Failure to fully complete this form may result in reje aking a false statement may result in a fine or proso under the Technical Standards and Safety Act	ecution	
icen	ce Number	000076643883		
heck	applicable type	of propane operations.		
	✓ Cylinder		Card/Keylock	
ubmi	it along with this	completed application a Facility Site Plan and a Map of the S	Surrounding Area.	
		SECTION A: GE	ENERAL INFORMATION	- T.
The Prop	oane Storag	ed applies to TSSA for a review for an F ge and Handling Regulation.	RSMP under Ontario's Technical Sta	andards and Safety Act,  Ontario Corporation No., if applicable
A	Company Name 1068409 ON			
	Operator Name	(if different from above)		
	Telephone No. 519-326-1000	Fax No. E-mail 0 519-326-4557		× 11 11 11 11 11 11 11 11 11 11 11 11 11
В	Street No. 2237	Street Name / 911 Number / Address, if applicable COUNTY RD #31	100 100	200000000000000000000000000000000000000
	Town / City or KINGSVILLE	Township / County	Province ONTARIO	Postal Code N9Y 2E5
	Mailing addre	ess if different from above.		
С	Street No.	Street Name / 911 Number / Address, if applicable PO BOX 251 STN MAIN		
	LEAMINGTO	A CONTROL OF THE CONT	Province ONTARIO	Postal Code N8H 3W2
Inf	Location of fa			
D	Street No. 2237	Street Name / 911 Number / Address, if applicable COUNTY RD #31	Nearest Major Intersection COUNTY RD #31 AND #	#3 CONCESSION
	Town / City or T	Township / County	Province	Postal Code
	KINGSVILLE		ONTAIRO	N9Y2E5
1	Name of Licence			
ļ	Double Diamo	ior Management person as defined in the regulation holding	the Record of Training (ROT).	ROT type
3	BENJI MAST			400-04
-		r municipalities if the facility or its hazard distance touches i	multiple borders)	
Ĩ		LEAMINGTON		
ļ	Hours of operati			

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

I hereby declare that the information I ha	ive given nere is true and complete	. /
Printname	Signature	Date (dd-mm-yyyy)
Name of Licence Holder Double Diamond Sales	John 119way	23/09/11
Name of Senior Management person as defined in the  Regulation holding the Record of Training BENJI MASTRONARDI	Sejelt	23/09/11



14th Floor - Centre Tower 3300 Bloor Street West Toronto Ontario M8X2X4 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 A: GENERAL INFORMATION (conf'd)

ndicate the year the facility was established.	
dentify the psig rating and serial number for e	each fixed propane storage tank on site.
PSIG	Serial Number
Tank1: 250	5563643
Tank2:	
Tank3:	
pter capacity of propage in USWG, fixed, po	ortable, and mobile, and provide detailed inventory that includes the number of tank/vessel for
ash type (fixed portable and mobile) and th	ne capacity of each tank/vessel, on a separate document.
acti type (lixed, portable, and meshe, and	Mahile
Fixed: 1000	Portable: 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)	Official Title President	
Chris Mastronardi Signature	Telephone No. 519-326-1000	Date (dd-mm-yyyy) 21/10/11
Tony MINNEY	319-320-1000	

FS 09195 (11/10) Page 2 of 15



14th Floor - Centre Tower 3300 Bloor Street West Safety Authority
Fax: 416.231.4078 Customer Service: 1.877.682.8772

### 2012 Application for Renewal of Level 1 Propane Licence Technical Standards and Safety Act

Propane Storage and Handling Regulation

#### GENERAL INFORMATION

Street No. Street Name / 911 Number / Address, if applicable Queensline, Highway 2 West  Town / City or Township / Country  Town / City or Township / Single Name / 911 Number / Address, if applicable Queensline, Highway 2 West  Town / City or Township / Country  Town / City or Township / Country  Town / City or Township / Single Name / 911 Number / Address, if applicable  E-mail Richard, Button@superiorporpane.com  Name of Propane Transporter. If same as above, please check box.   Street No. Street Name / 911 Number / Address, if applicable  Town / City or Township / Country  For Office Use - Party No.  Contact Name  E-mail  Off-site Cylinder and/or Mobile Storage  Capacity stored off-site, in USWG  For Office Use - Party No.  Postal Code  Town / City or Township / Country  Province  Postal Code  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG							
Street No. Street Name / 911 Number / Address, if applicable   Queensline. Highway 2 West   Province   Postal Code   N7M 5J5   Town / City or Township / Country   Province   ON   N7M 5J5   Telephone No.   Fax No.   Contact Name   S19-351-6660   Richard Button   E-mail   Richard_Button@superiorporpane.com    Name of Propane Transporter. If same as above, please check box.   Province   Postal Code   Town / City or Township / Country   Province   Postal Code   Postal Code   Postal Code   Province   Postal Code   Postal Code   Postal Code   Province   Postal Code   Postal Cod	Name of Propar	ne Supplie	er(s)			For Office Use -	Party No.
Town / City or Township / Country Chatham  Fax No. Street No.  Street No. Fax No. Contact Name  For Office Use - Party No.  Contact Name  Contact Name  For Office Use - Party No.  Contact Name	Superior Propane						
Town / City or Township / Country Chatham  Fax No. 519-351-6660  Richard Button  Street No.  Street No.  Fax No. Contact Name Richard_Button  Street No.  Street Name / 911 Number / Address, if applicable  E-mail  Contact Name  Capacity stored off-site, in USWG  Street Name / 911 Number / Address, if applicable  Town / City or Township / Country  For Office Use - Party No.  Province Postal Code N7M 5J5  For Office Use - Party No.  For Office Use - Party No.  Province Postal Code Postal Code  For Office Use - Party No.  Province Postal Code Postal Code  For Office Use - Party No.  Province Postal Code  For Office Use - Party No.  Province Postal Code  For Office Use - Party No.  Contact Name  For Office Use - Party No.  Province Postal Code  For Office Use - Party No.  Province Postal Code  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Province Postal Code  Postal Code  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Contact Name  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG  For Office Use - Party No.  Capacity stored off-site, in USWG	Street No.	Street N	ame / 911 Number / Addres	s, if applicable			
Telephone No.   Fax No.   Contact Name   For Office Use - Party No.    Telephone No.   Street Name / 911 Number / Address, if applicable    E-mail    Town / City or Township / Country   Capacity stored off-site, in USWG    Street No.   Street Name / 911 Number / Address, if applicable    E-mail    Contact Name    Con		Queenslin	ne, Highway 2 West				
Contact Name Fax No. 519-351-6660 Final Richard_Button@superiorporpane.com    Contact Name   For Office Use - Party No.	Town / City or T	ownship /	Country		And in the control of		The same of the sa
E-mail Richard_Button@superiorporpane.com  Name of Propane Transporter. If same as above, please check box.  Street No. Street Name / 911 Number / Address, if applicable  Town / City or Township / Country Province Postal Code  E-mail  Off-site Cylinder and/or Mobile Storage Capacity stored off-site, in USWG For Office Use - Party No.  Street No. Street Name / 911 Number / Address, if applicable  Capacity stored off-site, in USWG For Office Use - Party No.  Street No. Street Name / 911 Number / Address, if applicable  Town / City or Township / Country Province Postal Code  Telephone No. Fax No. Contact Name	Chatham				ON		N/IVI 5J5
E-mail  Richard_Button@superiorporpane.com  Name of Propane Transporter. If same as above, please check box.   Street No. Street Name / 911-Number / Address, if applicable  Town / City or Township / Country Province Postal Code  E-mail  Off-site Cylinder and/or Mobile Storage Capacity stored off-site, in USWG For Office Use - Party No.  Street No. Street Name / 911 Number / Address, if applicable  Town / City or Township / Country Province Postal Code  Telephone No. Street Name / 911 Number / Address, if applicable  Town / City or Township / Country Province Postal Code  Telephone No. Fax No. Contact Name	Telephone No.		Fax No.	Contact Name			
Name of Propane Transporter. If same as above, please check box.   Street No. Street Name / 911 Number / Address, if applicable  Town / City or Township / Country Province Postal Code  E-mail  Off-site Cylinder and/or Mobile Storage Capacity stored off-site, in USWG For Office Use - Party No.  Street No. Street Name / 911 Number / Address, if applicable  Town / City or Township / Country Province Postal Code  E-mail  Off-site Cylinder and/or Mobile Storage Capacity stored off-site, in USWG For Office Use - Party No.  Street No. Street Name / 911 Number / Address, if applicable  Town / City or Township / Country Province Postal Code  Telephone No. Fax No. Contact Name	519-354-2635		519-351-6660	Richard Button			
Name of Propane Transporter. If same as above, please check box.   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.    Street No.   Street Name / 911 Number / Address, if applicable    Town / City or Township / Country   Province   Postal Code    Telephone No.   Fax No.   Contact Name    Telephone No.   Fax No.   Contact Name	E-mail						
Street No. Street Name / 911 Number / Address, if applicable  Town / City or Township / Country Province Postal Code  E-mail  Off-site Cylinder and/or Mobile Storage Capacity stored off-site, in USWG For Office Use - Party No.  Street No. Street Name / 911 Number / Address, if applicable  Town / City or Township / Country Province Postal Code  Telephone No. Fax No. Contact Name  Capacity stored off-site, in USWG For Office Use - Party No.  Province Postal Code  Telephone No. Fax No. Contact Name	Richard_Button@	superiorpor	rpane.com				
Street No. Street Name / 911 Number / Address, if applicable  Town / City or Township / Country Province Postal Code  E-mail  Off-site Cylinder and/or Mobile Storage Capacity stored off-site, in USWG For Office Use - Party No.  Street No. Street Name / 911 Number / Address, if applicable  Town / City or Township / Country Province Postal Code  Telephone No. Fax No. Contact Name  Capacity stored off-site, in USWG For Office Use - Party No.  Province Postal Code  Telephone No. Fax No. Contact Name						T 000 11	5 . N
Town / City or Township / Country  Fax No.  Contact Name  E-mail  Off-site Cylinder and/or Mobile Storage  Capacity stored off-site, in USWG  Street No.  Street Name / 911 Number / Address, if applicable  Town / City or Township / Country  Province  Postal Code  For Office Use - Party No.  Province  Postal Code  Contact Name	Name of Propar	ne Transp	orter. If same as above, pl	ease check box. 🗸		For Office Use -	Рапу по.
Town / City or Township / Country  Fax No.  Contact Name  E-mail  Off-site Cylinder and/or Mobile Storage  Capacity stored off-site, in USWG  Street No.  Street Name / 911 Number / Address, if applicable  Town / City or Township / Country  Province  Postal Code  For Office Use - Party No.  Province  Postal Code  Contact Name							
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.  Street No. Street Name / 911 Number / Address, if applicable  Town / City or Township / Country Province Postal Code  Telephone No. Fax No. Contact Name	Street No.	Street N	lame / 911 Number / Addres	s, if applicable		-1	
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.  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.  Street No. Street Name / 911 Number / Address, if applicable  Town / City or Township / Country  Province Postal Code  Telephone No. Fax No. Contact Name	Town / City or T	ownship /	Country		Province		Postal Code
E-mail  Off-site Cylinder and/or Mobile Storage Capacity stored off-site, in USWG  For Office Use - Party No.  Street No. Street Name / 911 Number / Address, if applicable  Town / City or Township / Country  Province Postal Code  Telephone No. Fax No. Contact Name	20	W.	W				
E-mail  Off-site Cylinder and/or Mobile Storage Capacity stored off-site, in USWG  Street No. Street Name / 911 Number / Address, if applicable  Town / City or Township / Country  Province Postal Code  Telephone No. Fax No. Contact Name	Telephone No.		Fax No.	Contact Name			
Off-site Cylinder and/or Mobile Storage  Capacity stored off-site, in USWG  For Office Use - Party No.  Street No.  Street Name / 911 Number / Address, if applicable  Town / City or Township / Country  Province  Postal Code  Telephone No.  Fax No.  Contact Name							
Street No. Street Name / 911 Number / Address, if applicable  Town / City or Township / Country  Telephone No. Fax No. Contact Name	E-mail						
Street No. Street Name / 911 Number / Address, if applicable  Town / City or Township / Country  Telephone No. Fax No. Contact Name							
Street No. Street Name / 911 Number / Address, if applicable  Town / City or Township / Country  Telephone No. Fax No. Contact Name							
Street No. Street Name / 911 Number / Address, if applicable  Town / City or Township / Country Province Postal Code  Telephone No. Fax No. Contact Name	Off-site Cylinde	r and/or l	Mobile Storage	Capacity stored off-	site, in USWG	For Office Use	- Party No.
Town / City or Township / Country  Province  Province  Postal Code  Telephone No.  Fax No.  Contact Name	•						
Telephone No. Fax No. Contact Name	Street No.	Street	Name / 911 Number / Addre	ss, if applicable			
Telephone No. Fax No. Contact Name							
Telephone No. Fax No. Contact Name	Town / City or	rownship /	Country		Province		Postal Code
Telephone No.		115					<u> </u>
	Telephone No.		Fax No.	Contact Name			
and a second sec							
Note: Customer storage is not considered off-site storage.	Note: Customer	torage is	not considered off-site stora	ge.			

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 offe I hereby declare that the informa	ence to give false information in this doo ation I have given here is true and compl	cument and lete.
Print name of person completing this form.  Craig Klingbyle	Official Title Food Safety/HR Manage	r
Signature (Lace) Held	Telephone No. 519-326-1000	Date (dd-mm-yyyy) 18-09-2012



 Technical
 14th Floor - Centre Tower

 Standards and
 3300 Bloor Street West

 Toronto Ontario M8X 2X4
 Fax: 416.231.4903

 www.tssa.org
 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

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.  N/A
Description of fire and emergency equipment indicated on facility site map.
-1 5lb ABC dry chemical fire extinguisher attached to the permanent structure. 4 fire hoses and 7 fire extinguishers located inside the Double Diamond Sales
warehouse/distribution center located directly south of the facility.
-Fire hose valves located on outside south east corner of building.
-Private fire hydrant fed by municipal water main located on company property 17ft ft from south east corner of building
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.
-All facilities have 24 hour a day closed circuit security and fire monitoring (heat detection) services provided by Kelcom.
-Security cameras positioned to monitor the perimeter of Double Diamond Sales along with a security camera directly monitoring the propane station.
-Additional municipal Fire Hydrant located within 920ft of fixed propane tank.
-Emergency shut off device located directly south of propane tank located on Double Diamond Sales outside wall
Maintenance and testing schedule for fire protection controls and devices.
-Monthly inspection of fire extinguishers
-Annual inspection of fixed propane tank provided by Aabco Propane Inc.

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) Chris Mastronardi	Official Title President	
Signature Aller Aller	Telephone No. 519-326-1000	Date (dd-mm-yyyy) 23/09/11

FS 09195 (11/10) Page 4 of 15



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)

1. Contacts for Emergency Response

ntact	5. Facility 24-Hour Contact Person		
For Office Use - Party No.	Name John Fehr	For Office Use - Party No.	
•	Official Title Maintenance Manager	2	
		ax No. 19-326-4557	
	E-mail		
	Role and responsibilities in emergency		
d Sales. Direct contact for			
	smoke detectors are set. Assist in evacua	tion of facilities, employee control.	
ate Contact)	6. Name of Facility Manager		
For Office Use - Party No.	Name Benji Mastronardi	For Office Use - Party No.	
	Official Title Operations Manager		
		ax No. 19-326-4557	
	E-mail benji@doublediamondacres.com		
	Role and responsibilities in emergency		
ouses. Coordinate evacuation	Emergency Coordinator for adjacent greenhouses. Coordinate evacuation		
	efforts with supervisors and growers.		
	7. Propane Supplier Key Contact Per		
For Office Use - Party No.	Name Andy Burton	For Office Use - Party No.	
	Official Title		
	Owner / Operator		
x No. 9-733-2399	Owner / Operator Telephone No.	ax No. 19-737-9137	
	Owner / Operator Telephone No.		
	Owner / Operator  Telephone No. F 519-737-9635 5  E-mail		
	Owner / Operator  Telephone No. F519-737-9635 5  E-mail andy@aabcopropane.com		
	Owner / Operator  Telephone No. 519-737-9635 5  E-mail andy@aabcopropane.com  Role and responsibilities in emergency		
9-733-2399	Owner / Operator  Telephone No. 519-737-9635  E-mail andy@aabcopropane.com  Role and responsibilities in emergency Provide additional information if needed		
p-733-2399	Owner / Operator  Telephone No. 519-737-9635 5  E-mail andy@aabcopropane.com  Role and responsibilities in emergency Provide additional information if needed  8. Municipal Contact  Name		
p-733-2399	Owner / Operator Telephone No. 519-737-9635 5 E-mail andy@aabcopropane.com Role and responsibilities in emergency Provide additional information if needed  8. Municipal Contact Name Dan DiGiovanni Official Title Chief Administrator of Operations Telephone No. F		
act  For Office Use - Party No.	Owner / Operator Telephone No. 519-737-9635 5 E-mail andy@aabcopropane.com Role and responsibilities in emergency Provide additional information if needed  8. Municipal Contact Name Dan DiGiovanni Official Title Chief Administrator of Operations Telephone No. F	19-737-9137	
act  For Office Use - Party No.	Owner / Operator Telephone No. 519-737-9635  E-mail andy@aabcopropane.com Role and responsibilities in emergency Provide additional information if needed  8. Municipal Contact Name Dan DiGiovanni Official Title Chief Administrator of Operations Telephone No. 519-796-8586  E-mail	19-737-9137	
	x No. 0-326-4557  d Sales. Direct contact for  ate Contact  For Office Use - Party No.  x No. 9-326-4557  houses. Coordinate evacuation	For Office Use - Party No.  Name John Fehr  Official Title Maintenance Manager  x No. 3-326-4557  Cell No. 519-919-1966  E-mail  Role and responsibilities in emergency Facilities Manager. Will receive initial call smoke detectors are set. Assist in evacual moderate Contact  For Office Use - Party No.  For Office Use - Party No.  Official Title Operations Manager  X No. 9-326-4557  Telephone No. 519-326-2100  E-mail  Denji@doublediamondacres.com Role and responsibilities in emergency Emergency Coordinator for adjacent gree efforts with supervisors and growers.  7. Propane Supplier Key Contact Per For Office Use - Party No.  Name For Office Use - Party No.  Name For Office Use - Party No.  Name	

Name of person completing this form (please print)	Official Title	
Chris Mastronardi	President	
Signature Manual Control of the Cont	Telephone No. 519-326-1000	Date (dd-mm-yyyy) 23/09/11
FS 09195 (11/10) Page 5 of 15		



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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 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.

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	
Chris Mastronardi	President	
Signature	Telephone No.	Date (dd-mm-yyyy)
/ July Mark	519-326-1000	23/09/11

FS 09195 (11/10) Page 6 of 15



FS 09195 (11/10) Page 7 of 15

Technical Standards and 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)

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: Double Diamond Sales			
05/08/11	Print Name of Instructor: Chris Mastronardi			
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: Double Diamond Sales				
05/08/11	Print Name of Instructor: Chris Mastronardi			
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	ded to certificate holders / persons with Records of Training.			
Training Date (dd-mm-yyyy) Print Name of Training Provider: Propane Training Institute #000155234				
06/10,2010	Print Name of Instructor: Andy Burton			
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	
Chris Mastronardi	President	
Signature	Telephone No.	Date (dd-mm-yyyy)
(Mr. Mallul)	519-326-1000	23/09/11



FS 09195 (11/10) Page 8 of 15

### Technical Standards and 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)

4. Emergency Training Plan for Coming Year

Training on Emergency Re	sponse Plan and Procedures provided to facility key contacts.		
Target Date (dd-mm-yyyy)	Print Name of Training Provider: Double Diamond Sales		
03/08/12	Print Name of Instructor: Chris Mastronardi		
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 En	nergency Management Procedures provided to staff.		
Target Date (dd-mm-yyyy)	Print Name of Training Provider: Double Diamond Sales		
03/08/12	Print Name of Instructor: Chris Mastronardi		
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)	rget Date (dd-mm-yyyy) Print Name of Training Provider: Propane Training Institute #000155234		
06/10/13 Print Name of Instructor: Andy Burton			
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	
Chirs Mastronardi	President	
Signature MAAA	Telephone No.	Date (dd-mm-yyyy)
(Mr. 4) Phal	<del>519-3</del> 26-1000	23/09/11



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 local Fire Services.

5. Emergency Response Communications Plan

Warnings and A	ctions
----------------	--------

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate). Security One will give initial warnings to all employees of Double Diamond Sales by sounding the smoke detectors and fire alarms. Security One will notify key staff contacts and emergency departments via phone. Key staff members that are responsible for specific emergency procedures, will, upon the sounding of the alarm, will conduct those emergency response procedures while calmly notifying all employees and evacuating the building including any and. all employees in bunkhouse. 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). Chris Mastronardi will aid in the evacuation and act as liaison between the company and emergency and municipality. Benji Mastronardi will aid in evacuation and coordinate information from Double Diamond Acres, Twin Peaks and provide information to emergency crews. Jen Mastronardi will provide an employee list and provide CPR if necessary. Craig Klingbyle will ensure office and warehouse staff is directed to designated evacuation area and assist

#### Communication with Emergency Response Authorities

in employee control and retrieve employee list from Jen Mastronardi and assist in operations.

John Man and Sensy 1100 per sensy 11
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).
Double Diamond Sales is monitored by security one. Security One monitors all smoke and heat detectors within the office, warehouse areas.
Security One will immediately notify both emergency crews and key contact staff members of Double Diamond Sales. Double Diamond Sales key contact
staff members will immediately call 911 to ensure emergency crews are notified.
Describe provisions for fire department entry when there are no operations or staffing at the propane site.  None
Describe how the licence holder will ensure continual flow of updated information to authorities.
Human Resources will ensure that any new updates to Double Diamond facilities will be forwarded to the Kingsville Fire Department for their approval and
for their files. This includes any and all facility changes and changes to Double Diamond Sales emergency plan and key contacts. Double Diamond Sales will
continue to monitor and evaluate it's emergency response plan after each exercise drill.
How long will it take the facility liaison person to respond to the site.
It will take the facility liaison person less than 5 minutes to respond to the site.

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	
Chris Mastronardi	President	
Signature	Telephone No.	Date (dd-mm-yyyy)
har I what	519-326-1000	23/09/11

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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 REPAREDNESS RESPONSE PLAN (cont'd)

	The licence holder will complete Section B in consultation with the loc 6. Building and Site Security and Procedures		
5-106		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?	$\checkmark$	
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?		<b>✓</b>
5.	Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?		<b>√</b>
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)?	<b>√</b>	
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?	<b>√</b>	
	7. Water Supply		
	3		
The	propane licence holder should work with the local fire department to determine water bly 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?	<b>√</b>	
3.	What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	125 m	
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)	NA	

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) Chris Mastronardi	Official Title President	
Signature / Man Amarian Amaria	Telephone No. 519-326-1000	Date (dd-mm-yyyy) 23/09/11

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14th Floor - Centre Tower 3300 Bloor Street West Safety Authority Toronto Ontario M8X2X4
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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)

 $The \ licence\ holder\ will\ complete\ Section\ B\ in\ consultation\ with\ the\ local\ Fire\ Services.$ 8. Licence holder and local Fire Services Review

(2000年度) 2000年度,1900年度
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).
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:
LOCAL FIRE SERVICES
The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.
Print name  ROBERT KISSNER  Date (dd-mm-yyyy)  19-09-2011

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) Chris Mastronardi	Official Title President	
Signature Maham	Telephone No. 519-326-1000	Date (dd-mm-yyyy) 23/09/11

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#### 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

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-mm-yyyy) 05/26/11		Capacity of single largest propane storagevessel (USWG) 1000		
Tank setback coordinates. Front:	Indicate placement of 89m	on the map.  Right side property line:	331m	
Rear:	81m	Left side property line:	160m	
GPS coordinates of single	largest vessel:	42.063701 , -82.646169		

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Name of person completing this form (please print) Chris Mastronardi	Official Title President	
Signature At Ant A	Telephone No.	Date (dd-mm-yyyy)
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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

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:

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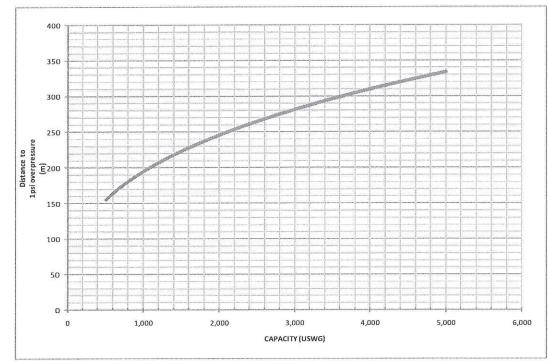
Density of Propane is 0.5033 kg per litre @ 15 C

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	
Chris Mastronardi	President	
Signature Am EM Am	Telephone No. -519-326-1000	Date (dd-mm-yyyy) 23/09/11



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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

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
	AND Name and Address of Closest Building of Feature	0	1	2-10	11+	Feature
Name:	buildings or parks or golf courses  None  Province  Postal Code					m
Resident	ial building units specifically permanent single family dwellings, condominiums, and apartments.	8	x			175m m
Name:	cial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes.  None  Province Postal Code		78 75			m
Name:	Dial building units – continuous occupancy specifically hotels, campgrounds, and resorts.  None  Province Postal Code					m.
institutior Name:	institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health is, and prisons.  None  Province Province Postal Code			e		m
Name:	cy responders specifically fire stations, ambulance stations, and police stations.  None  Province Postal Code					m

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Chris Mastronardi	President	
Signature As All Control	Telephone No. 519-326-1000	Date (dd-mm-yyyy) 23/09/11
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<sup>\*</sup> For multi-unit buildings, count each unit as "1".



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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	2	118
# 40	11.75		
# 33.3	9.62	33	375.18
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		

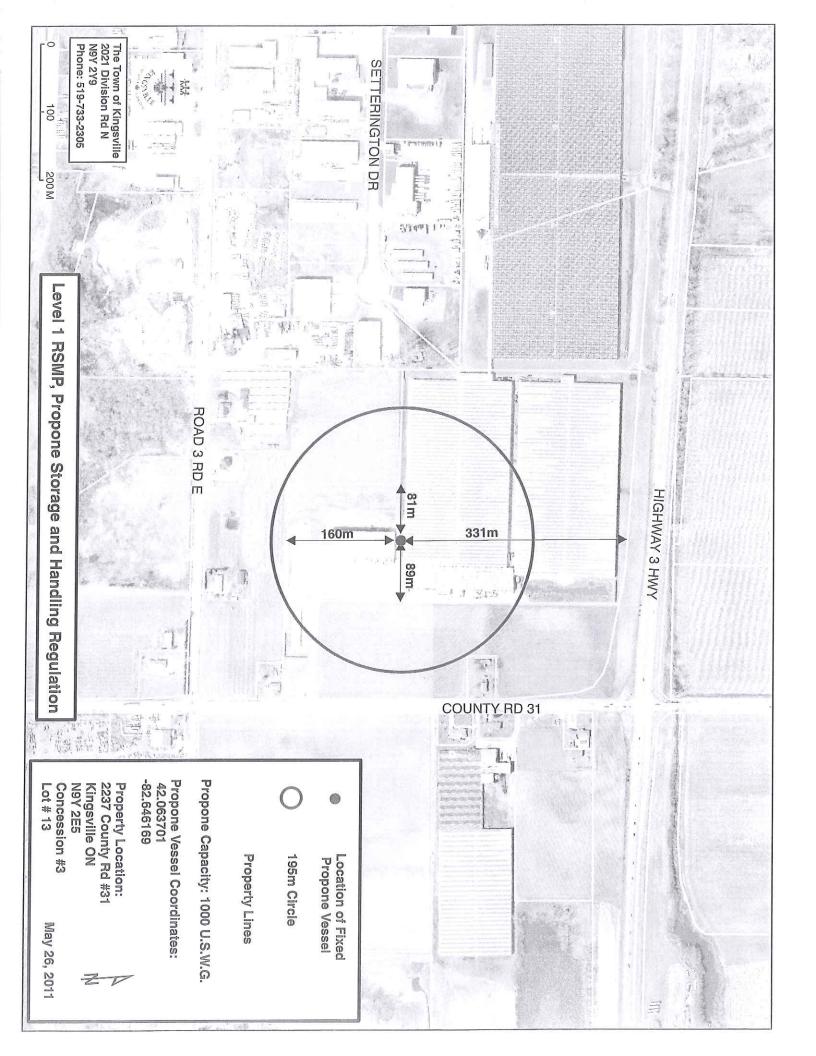
#### Tanks Stored On-site Not Connected for Use

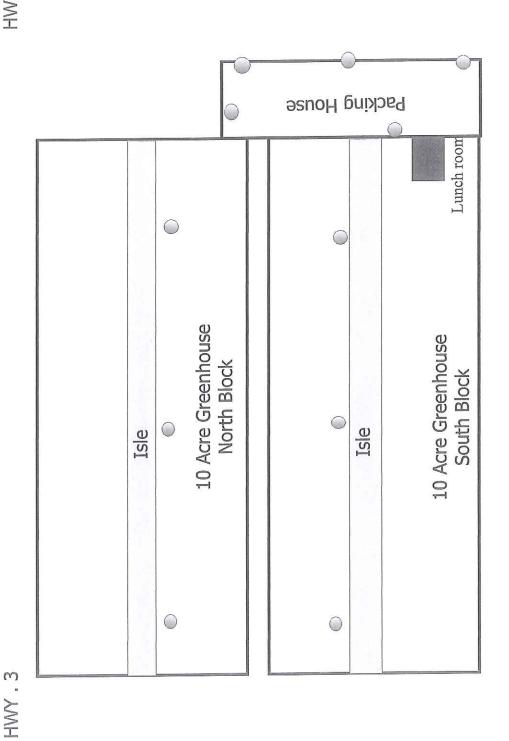
Tank Size In USWG	Quantity	Total Volume in USWG	
Total Tank Capacity			
Total Cylinder Capacity			
Total Tank Capacity			
Total Portable Capacity	le Capacity 493.18-cylinders may change in size & quantity but will no		

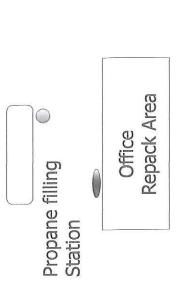
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Signature Am Album	Telephone No. 519-326-1000	Date (dd-mm-yyyy) 23/09/11

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Z

= Fire Extinguisher

= Emergency Shut Off

= Petroleum Storage Tanks

