# Technical Standards and Safety Authority www.lssa.org

| Technical | 14th Floor - Centre Tower | 3300 Bloor Street West | Toronto Ontario M8X 2X4 | Fax: 416.231.4903 | Www.lssa.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

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 0076417625-C Licence Number Check applicable type of propane operations. Motor Fill √ Cylinder 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. Ontario Corporation No., if applicable Company Name Canadian Tire Corporation Ltd. Operator Name (if different from above) (Karim Atabani - Agent 905-639-0302) (416) 544-7608 (416) 544-6163 john.lastoria@cantire.com Street No. Street Name / 911 Number / Address, if applicable 1280 Yonge Street, 17th Floor Postal Code Town / City or Township / County Province M4P 2V8 Toronto Ontario Mailing address if different from above. Street Name / 911 Number / Address, if applicable PO Box 770, Station K (Account #34421) Postal Code Town / City or Township / County Province M4P 3J5 Ontario Information on Container Refill Centre or Filling Plant Location of facility. Street Name / 911 Number / Address, if applicable Street No. Nearest Major Intersection 3250 Fairview Street and Cumberland Avenue Fairview Street Postal Code Town / City or Township / County Province M4P 2V8 Ontario Burlington Name of Licence Holder John Lastoria on behalf of Canadian Tire Corporation ROT type Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Glenn Butt 100-08 Municipality (or municipalities if the facility or its hazard distance touches multiple borders) City of Burlington

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

| Printname  | Signature | Date (dd-mm-yyyy)<br>08-01-2012 |
|--|-----------|---------------------------------|
| Vame of Licence Holder   | 19        | 00-01-2012                      |
| Name of Senior Management person as defined in the Regulation holding the Record of Training Glen Butt | Ne Fo     | 26cen                           |

Hours of operation.



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

| SE   | CTION A: GENERAL INFOR                          | mation (cont'd)  |
|--|---|--|
| Indicate the year the facility was established. 2000 | Indicate the year of any significant modificant | fications, as defined in s.1, O.Reg 211/01, since establishment. |
| Identify the psig rating and serial number for ea    | ach fixed propane storage tank on site.         |  |
| PSIG   | Serial Number                                   |  |
| Tank1: 250 PSIG                                      | 5563803   |  |
| Tank2:   |   | _  |
| Tank3:   |   | _  |
|  |   |  |
|  |   | nventory that includes the number of tank/vessel for             |
| each type (fixed, portable, and mobile) and the      | capacity of each tank/vessel, on a sepa-        | rate document.   |
| Fixed: 2000 USWG                                     | Portable: 742 USWG                              | Mobile: 0  |
| Tixed.   | Totable.  |  |
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| Name of person completing this form (please print) John Lastoria | Official Title<br>E H & S Specialist |                                 |
|--|--------------------------------------|---------------------------------|
| Signature  | Telephone No.<br>416-544-7608        | Date (dd-mm-yyyy)<br>08-01-2012 |



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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)

|  |                                 | Acti            | vity Information         |                               |   |  |
|--|---------------------------------|-----------------|--------------------------|-------------------------------|---|--|
|  |                                 |                 |                          |                               |   |  |
| Name of Propane Supp   | olier(s)                        |                 |                          |                               |   |  |
| Superior Propane - Ontario   | Regional Operations Centre      |                 |                          |                               |   |  |
| Street No. Street  | Name / 911 Number / Address,    | if applicable   |                          |                               |   |  |
| 251 Woodla   | awn Road West, Unit 217         |                 |                          |                               |   |  |
| Town / City or Township  | / Country                       |                 |                          | Province                      |   | Postal Code  |
| Guelph   |                                 |                 |                          | Ontario                       |   | N1H 8J1  |
| Telephone No.  | Fax No.                         | Contact Na      | ame                      |                               |   |  |
| 1-877-873-7467   | 519-836-7766                    | Bruce Graha     | m ( also 519-780-4913)   |                               |   |  |
| E-mail   |                                 |                 |                          |                               |   |  |
| GrahamB@superiorpropar   | ne.com                          |                 |                          |                               |   |  |
|  |                                 |                 |                          |                               |   | - Control of the state of the s |
| Name of Propane Trans  | porter. If same as above, pl    | ease check bo   | ox.                      |                               |   |  |
| Superior Propane - Smithv  | ille                            |                 |                          |                               |   |  |
|  | Name / 911 Number / Address     | , if applicable |                          |                               |   |  |
| 3089 Region  | al Rd. !2                       |                 |                          |                               |   |  |
| Town / City or Township / Country  |                                 |                 | Province                 |                               | Postal Code                             |  |
| Smithville   |                                 |                 |                          | Ontario                       |   | LOR 2A0  |
| Telephone No.  | Fax No.                         | Contact Na      | ame                      |                               |   |  |
| 905-516-2301 N/A Tom Amies   |                                 |                 |                          | Park Almi Diling Stranger and |   |  |
| E-mail   |                                 |                 |                          |                               |   |  |
| amiest@superiorpropane.  | com                             |                 |                          |                               |   |  |
|  |                                 |                 |                          |                               |   |  |
| 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   |                          |                               | -                                       | The second secon |
|  |                                 |                 |                          |                               |   |  |
| Town / City or Township  | / Country                       |                 |                          | Province                      |   | Postal Code  |
| Telephone No.  | ı Fax No.                       | Contact Na      | ime                      |                               | *************************************** |  |
| en conveniente estatsen estatse de la conveniente de la convenient | 0.00                            |                 |                          |                               |   |  |
| Note: Customer storage is  | not considered off-site storage | je.             |                          |                               |   |  |
|  |                                 |                 |                          |                               |   |  |

| Name of person completing this form (please print) | Official Title     |                   |
|--|--------------------|-------------------|
| John Lastoria                                      | E H & S Specialist |                   |
| Signature  | Telephone No.      | Date (dd-mm-yyyy) |
| the  | 416-544-7608       | 08-01-2012        |



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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.  Gasoline - The site has underground tanks with a total capacity of 150,000 litres. They are located on the west side of the gasoline dispensers. |
|---|
| An MSDS for regular unleaded gasoline is provided herein. MSDS for premium gasoline and diesel are similar and not included.  |
|   |
| Description of fire and emergency equipment indicated on facility site map.   |
| 1. Fires Extinguisher Locations: a) Inside gas bar building b) On columns by gasoline dispensers c) At the bulk propane tank filling station  |
| 2. Emergency stop push button - near 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.  |
| 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.   |
| <ol> <li>Emergency stop push button. This shuts down the pump and closes a solenoid valve upstream of hoses.</li> </ol>   |
| 2. Fusible-link on ISC valve - isolation valve between the tank and the downstream propane dispensing equipment.  |
| 3. Power supply breaker inside the gas bar building. This cuts all power to the propane system - shuts down pump; closes solenoid valve   |
| 4. ISC valve interlock bar (interlocked with cabinet door) - ISC valve closes when door is closed.  |
| Maintenance and testing schedule for fire protection controls and devices.  Maintenance and testing is undertaken by Superior Propane according to Superior Propane's Maintenance Standard. Schedule for key equipment is:                                    |
| 1. Pumps (Pump every 3 months; Pump Motor: check belts monthly; grease motor every 6 months); 2. ISC Valves (test for closure every 6 months)   |
| 3. Fusible links - inspected every 6 months; 4. Storage tank Relief Valves - inspect every 2 years; replacement schedule as per provincial regulations.   |
| 5. Fire extinguishers maintained by Canadian Tire in accordance with Ontario fire regulations.  Maintenance records are kept, for 5 years.  |

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|--|-----------------------------------|------------------------------|
| Signature  | Telephone No.<br>416-544-7608     | Date (dd-mm-yyyy) 08-01-2012 |



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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 Personne   | - Key Contact         | , ]                                    | 5. Facility 24-Hour Contact Pe  | erson                                  |  |
|--|-----------------------|--|---|--|--|
| Name<br>Karim Atabani  |                       | For Office Use - Party No.             | Name<br>Karim Atabani   | ************************************** | For Office Use - Party No.   |
| Official Title<br>Agent  |                       |  | Official Title<br>Agent   | -                                      |  |
| Telephone No.<br>905-639-0302  | Fax No.<br>905-639-0  | 302                                    | Cell No.<br>905-849-6715  | Fax No.<br>905-639-0302                |  |
| E-mail<br>1721.burlington@ctpagent.ca  |                       |  | E-mail<br>1721.burlington@ctpagent.ca   |  |  |
| Role and responsibilities in em  | ergency               | 1                                      | Role and responsibilities in emer-  | gency                                  |  |
| Coordinate site response   |                       |  | Coordinate site response  |  |  |
| 2. Facility Contact Personne   | el - Alternate Co     | ntact                                  | 6. Name of Facility Manager   |  |  |
| Name<br>Karl Degeus  | M                     | For Office Use - Party No.             | Name<br>Karim Atabani   |  | For Office Use - Party No.   |
| Official Title   |                       |  | Official Title  |  | No.  |
| Regional Business Manager  |                       |  | Agent   |  |  |
| Telephone No.<br>905-609-2304  | Fax No.<br>289-649-0  | 841                                    | Telephone No.<br>work 905-639-0302 or 905-849-671   | Fax No.<br>15 905-639-0302             |  |
| E-mail   |                       |  | E-mail  |  |  |
| Karl.Degeus@cantire.com  |                       |  | 1721.burlington@ctpagent.ca   |  |  |
| Role and responsibilities in emergency   |                       | Role and responsibilities in emergency |   |  |  |
| Coordinate site response if agen   | it is unavailable     |  | Coordinate site response  |  |  |
| 3. Local Fire Services - Key   | Contact               |  | 7. Propane Supplier Key Conta   | ct Person                              |  |
| Name<br>Shane Mintz  |                       | For Office Use - Party No.             | Name<br>Superior Propane Hotline  |  | For Office Use - Party No.   |
| Official Title<br>Fire Chief   | E-mail<br>N/A         |  | Official Title  | E-mail                                 |  |
| Telephone No.<br>905-333-0772 ext 6202   | Fax No.<br>N/A        |  | Telephone No.<br>1-877-873-7467   |  |  |
| Role and responsibilities in emc<br>Coordinate/advise on Fire Service<br>contact.        |                       | with police and CTC                    | Role and responsibilities in emerg<br>Identify and dispatch Superior Propan<br>personnel as required. | gency<br>le and or LPERGC er           | nergency response  |
| Fire Services Address<br>426 Brant Street, PO Box 5013 Bu                                | rlington, Ontario L7F | 3Z6                                    | Propane Supplier Address<br>251 Woodlawn Road West, Unit 21   | 7, Guelph, ON                          | The state of the s |
| 4. Local Fire Services - Alter   | nate Contact          |  | 8. Municipal Contact  |  | i. i)  |
| Name<br>Tony Bavota  |                       | For Office Use - Party No.             | Name<br>Angela Morgan   |  | For Office Use - Party No.   |
| Official Title<br>Deputy Fire Chief  | E-mail<br>N/A         |  | Official Title<br>City Clerk  |  |  |
| Telephone No.<br>905-333-0772 ext. 6227  | Fax No.<br>N/A        | 33000 0000                             | Telephone No.<br>905-335-7702   | Fax No.<br>905-335-7675                |  |
| Role and responsibilities in eme<br>Alternate - Coordinate/advise on Fir<br>CTC contact. |                       | and Itaise with police and             | E-mail<br>morgana@burlington.ca   |  |  |
| Fire Services Address  |                       |  | Municipality Name and Address   |  |  |
| 426 Brant Street, PO Box 5013 E  | Burlington, Ontario   | L7R 3Z6                                | 426 Brant Street, PO Box 5013 Burlington, Ontario L7R 3Z6   |  |  |
|  | A S                   |  | I   | gion, other critica                    | ×  |

| Name of person completing this form (p | lease print)          | Official Title             |                              |
|--|-----------------------|----------------------------|------------------------------|
| John Lastoria                          |                       | E H & S Specialist         |                              |
| Signature<br>Kalmey Superior Pro       | pone - Revised Feb 24 | Telephone No. 416-544-7608 | Date (dd-mm-yyyy) 08-01-2012 |
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Level 1 Risk and Safety Management Plan (RSMP)

Technical Standards and Safety Act

Propane Storage and Handling Regulation

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

2. Additional Safety Measures

| Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements. |
|---|
| Emergency Shut Off push button to shut down pump and close solenoid valve upstream of dispensing hoses.       |
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| Name of person completing this form (please print) | Official Title     |                   |
|--|--------------------|-------------------|
| John Lastoria                                      | E H & S Specialist |                   |
| Signature  | Telephone No.      | Date (dd-mm-yyyy) |
| Je   | 416-544-7608       | 08-01-2012        |



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

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

| Training Date (dd-mm-yyyy)    | Print Name of Training Provider: Canadian Tire Standard Emergency Training upon hire and yearly refreshers |  |  |  |
|-------------------------------|--|--|--|--|
| 2010                          | Print Name of Instructor:  |  |  |  |
| Training Date (dd-mm-yyyy)    | Print Name of Training Provider:   | Please Note - The industry has recently introduced a propane         |  |  |
| 1Q 2012                       | Print Name of Instructor:  | specific ER course - #911-02 (Dec.2011). Prior to December 2         |  |  |
| Training Date (dd-mm-yyyy)    | Print Name of Training Provider:   | there wasn't one available. Canadian Tire agents will be             |  |  |
|                               | Print Name of Instructor:  | completing this course in January 2012.                              |  |  |
| Training on the facility's Em | ergency Management Procedures provided   | to staff.  |  |  |
| Training Date (dd-mm-yyyy)    | Print Name of Training Provider: Canadian  | Tire Standard Emergency Training upon hire and yearly refreshers     |  |  |
| 2010                          | Print Name of Instructor:  |  |  |  |
| Training Date (dd-mm-yyyy)    | Print Name of Training Provider: Key Site Contact to train staff   |  |  |  |
| 1Q 2012                       | Print Name of Instructor:  |  |  |  |
| Training Date (dd-mm-yyyy)    | Print Name of Training Provider:   |  |  |  |
|                               | Print Name of Instructor:  |  |  |  |
| On-site specific training pro | vided to certificate holders / persons with Re   | cords of Training.   |  |  |
| Training Date (dd-mm-yyyy)    | Print Name of Training Provider: Yahia Sae   | ed   |  |  |
| 22-08-2010                    | Print Name of Instructor: Yahia Saeed  |  |  |  |
| Training Date (dd-mm-yyyy)    | Print Name of Training Provider: Superior  | Propane, FSN Training, or Other Please Note - a ROT is valid for 3 y |  |  |
| TBA as required               | Print Name of Instructor: TBA as required  |  |  |  |
| Training Date (dd-mm-yyyy)    | Print Name of Training Provider:   |  |  |  |
|                               | Print Name of Instructor:  |  |  |  |

| Name of person completing this form (please print) | Official Title     |                   |
|--|--------------------|-------------------|
| John Lastoria                                      | E H & S Specialist |                   |
| Signature  | Telephone No.      | Date (dd-mm-yyyy) |
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### SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

4. Emergency Training Plan for Coming Year

| Training on Emergency Re      | esponse Plan and Procedures provided to facility key contacts.            |   |  |  |  |
|-------------------------------|---|---|--|--|--|
| Target Date (dd-mm-yyyy)      | Print Name of Training Provider: Canadian Tire Standard Emergency Train   | ning upon hire and yearly refreshers              |  |  |  |
| 2011                          | Print Name of Instructor:   |   |  |  |  |
| Target Date (dd-mm-yyyy)      | Print Name of Training Provider: Superior Propane, PTI, FSN, or Alternate | Please Note - the PTI just released the           |  |  |  |
| Q1 2012                       | Print Name of Instructor:   | course material (Dec.) and Canadian Tire          |  |  |  |
| Target Date (dd-mm-yyyy)      | Print Name of Training Provider:  | agents will be the first to receive this training |  |  |  |
|                               | Print Name of Instructor:   | scheduled for the 1Q of 2012                      |  |  |  |
| Training on the facility's Er | nergency Management Procedures provided to staff.                         |   |  |  |  |
| Target Date (dd-mm-yyyy)      | Print Name of Training Provider: Key Site Contact to Train Staff          |   |  |  |  |
| Q1 2012                       | Print Name of Instructor: to be arranged                                  |   |  |  |  |
| Target Date (dd-mm-yyyy)      | Print Name of Training Provider:  |   |  |  |  |
|                               | Print Name of Instructor:   |   |  |  |  |
| Target Date (dd-mm-yyyy)      | Print Name of Training Provider:  |   |  |  |  |
|                               | Print Name of Instructor:   |   |  |  |  |
| On-site specific training pr  | ovided to certificate holders / persons with Records of Training.         |   |  |  |  |
| Target Date (dd-mm-yyyy)      | Print Name of Training Provider: FSN Training or Alternate                | lease Note - ROT training is valid for 3 years    |  |  |  |
| TBA as required               | Print Name of Instructor: to be arranged as required                      |   |  |  |  |
| Target Date (dd-mm-yyyy)      | Print Name of Training Provider:  |   |  |  |  |
|                               | Print Name of Instructor:   |   |  |  |  |
| Target Date (dd-mm-yyyy)      | Print Name of Training Provider:  |   |  |  |  |
|                               | Print Name of Instructor:   |   |  |  |  |

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                |  |
|--|-------------------------------|--|
| John Lastoria                                      | E H & S Specialist            | No. of the control of |
| Signature  | Telephone No.<br>416-544-7608 | Date (dd-mm-yyyy)<br>08-01-2012  |

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14th Floor - Centre Tower Standards and 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 Actions

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate). The agent/operator or alternate (both ROT staff) will contact emergency services by calling 911 and will provide warnings as outlined in the attached

Propane Emergency Response Procedures placard(to be posted at site and be part of 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 agent/operator or alternate should first follow the actions in the ERP's provided herein. Staged evacuation, if the release of propane cannot be stopped by cutting electrical power, may be required. The initial muster location will be at the front doors of the Canadian Tire warehouse store, and away from a dispersing propane cloud. Subsequent evacuation instructions potentially up to the Hazard Distance to be provided by municipal emergency responders.

Residences and businesses beyond the site boundary to be notified by municipal 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).

When the system is operational, site staff will be on duty and be in the propane tank area. The Key Contact or alternate will be implementing ER actions and notifications, including notifying emergency responders. Calling 911 will occur immediately after any attempts to shut down the system.

When the system is not in operation, the ISC valve (main isolation valve) is closed, and the propane system is unattended, but is shutdown.

Any accidents 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 open area that is easily accessible from Fairview Street and Cumberland Avenue.

The access routes for fire trucks 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 information on how to shut the system down and the fill level in the tank (if known).

This will be provided by agent - Karim Atabani, verbally if on-site, or by cell phone during off hours.

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

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

It would take the 24 hour contact, Karim Atabani, approximately 35 minutes to arrive on-site after having received the emergency call.

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|--|--------------------|-------------------|
| John Lastoria                                      | E H & S Specialist |                   |
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| A  | 416-544-7608       | 08-01-2012        |



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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 RES  The licence holder will complete Section B in consultation with the  6. Building and Site Security and Procedures                       | local Fire Ser | The second secon |  |
|----|--|----------------|--|--|
|    |  | 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? | $\checkmark$   |  |  |
| 5. | Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?  | ✓              |  |  |
| 6. | Are weighing systems validated for accuracy?   | <b>✓</b>       |  |  |
| 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 ply 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?  | 1              |  |  |
| 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)  | 100 m          | novembring Physics and Property (1994)   |  |
| 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)                                  | N/A            |  |  |
|    | Declaration: I am aware that it is an offence to give false information.  I hereby declare that the information I have given here is true.   |                |  |  |

| Name of person completing this form (please John Lastoria | 7 (7) | Official Title E H & S Specialist |                                 |  |
|---|-------|-----------------------------------|---------------------------------|--|
| Signature   |       | Telephone No.<br>416-544-7608     | Date (dd-mm-yyyy)<br>08-01-2012 |  |



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Safety Authority
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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   |  |  |  |
|--|--|--|--|
| 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:  Fire services comments comment |  |  |  |
| 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.   |  |  |  |
| Local Fire Services Name  Print name Signature  Signature  ON -24-2012   |  |  |  |
|  |  |  |  |

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) John Lastoria | Official Title<br>E H & S Specialist |                                 |
|--|--------------------------------------|---------------------------------|
| Signature  | Telephone No.<br>416-544-7608        | Date (dd-mm-yyyy)<br>08-01-2012 |

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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)<br>14-12-2011 |                 | Capacity of single largest propane storagevessel (USWG) 2000 USWG |      |  |
|--|-----------------|---|------|--|
| Tank setback coordinates.                    |                 | the map.  |      |  |
| Front:                                       | 22 m            | Right side property line:   | 4 m  |  |
| Rear:  | 33 m            | Left side property line:  | 73 m |  |
| GPS coordinates of single                    | largest vessel: | . 43.3525 Long79.788  |      |  |

| Name of person completing this form (please print) | Official Title     |                   |  |
|--|--------------------|-------------------|--|
| John Lastoria                                      | E H & S Specialist |                   |  |
| Signature  | Telephone No.      | Date (dd-mm-yyyy) |  |
| AG   | 416-544-7608       | 08-01-2012        |  |

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

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

Table 1: Distance Table

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

Formula:

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

D = Distance to overpressure of 1 psi (meters)

C= Tank Total Capacity in USWG

Parameters:

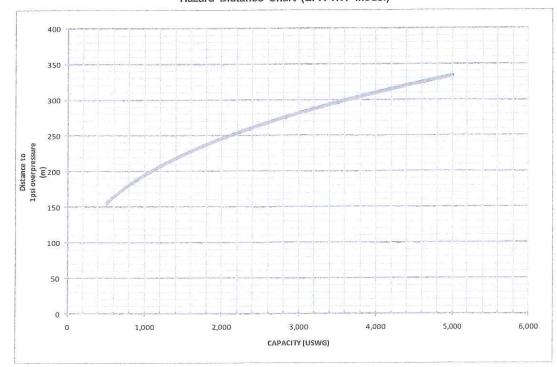
Density of Propane is 0.5033 kg per litre @ 15 C

Assume all vessels are 80% full

1 gallon [US, liquid] = 0.003785411784 cubic meter

1 cubic metre = 264.17 USWG

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





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### 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<br>and Features<br>(mark with an "X") |      |     | Distance from<br>Tank to Closest<br>Building or |
|----------------------|---|---|---|------|-----|---|
|                      | Phile Hallie and Plantees of Steeder Statisting of Canada   | 0 | 1   | 2-10 | 11+ | Feature   |
| Name:                | buildings or parks or golf courses  None within Hazard Distance  Province Postal Code   | X |   |      |     | m   |
| Danidanti            | al building units specifically permanent single family dwellings, condominiums, and apartments.   |   |   |      |     |   |
| Residenti            | al billiding libits specifically permanent single family dwellings, condominiums, and apartments.   |   |   | Х    |     | 150 m   |
| Commerci<br>Name:    | ial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes.  Mark's Work Wearhouse, Pier 1 Imports, Thrift Store, Lick's, Cumberland Shopping Centre, and |   |   |      |     | 35  |
| Address:             | Fairview Street and Cumberland Avenue various other retailers/restaurants etc.  |   |   |      | X   | m   |
| City:                | Burlington Province ON Postal Code  |   |   |      |     |   |
| Name:                | ial building units – continuous occupancy specifically hotels, campgrounds, and resorts.  None within Hazard Distance  Province Postal Code   | X |   |      |     | 0m  |
| institution<br>Name: | institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health s, and prisons.  None within Hazard Distance  Province Postal Code                          | Х |   |      |     | 0 m   |
| Oity.                | TTOVINCETOOLAT GOOD   |   |   |      |     |   |
| Emergend             | by responders specifically fire stations, ambulance stations, and police stations.  None within Hazard Distance   | Х | •   |      |     | 0 m   |
| Address:             |   | ^ |   |      |     |   |
| City:                | Province Postal Code  |   |   |      |     |   |

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) John Lastoria | Official Title<br>E H & S Specialist |                                 |
|--|--------------------------------------|---------------------------------|
| Signature  | Telephone No.<br>416-544-7608        | Date (dd-mm-yyyy)<br>08-01-2012 |

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



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### WORKSHEET

### Portable Storage Additional Information Worksheet

| Cylinder Size | Capacity in USWG | Quantity | Total Volume in USWG |
|---------------|------------------|----------|----------------------|
| # 420         | 123.9            |          |                      |
| # 100         | 29.5             |          |                      |
| # 40          | 11.75            |          |                      |
| # 33.3        | 9.62             |          |                      |
| # 30          | 8.8              |          |                      |
| # 20          | 5.8              | 128      | 742 USWG             |
| # 10          | 2.9              |          |                      |
| # 5           | 1.5              |          |                      |

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

| Tank Size In USWG             | Quantity | Total Volume in USWG |
|-------------------------------|----------|----------------------|
| 2000 USWG                     | 1        | 2000 USWG            |
|                               |          |                      |
|                               |          |                      |
|                               |          |                      |
|                               |          |                      |
|                               |          |                      |
|                               |          |                      |
|                               |          |                      |
| Total Tank Capacity 2000 USWG | L        |                      |

| Total Cylinder Capacity  | 742 USWG  |
|--|-----------|
| Total Tank Capacity  | 2000 USWG |
| Total Portable Capacity<br>(Total Cylinder Capacity + Total Tank Capacity) | 2742 USWG |

