



Technical Standards and Safety Authority
 www.tssa.org
 14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 2X4
 Fax: 416.231.4903
 Customer Service: 1.877.682.8772

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

- This Level 1 RSMP applies to:
- a facility with a total propane storage capacity of 5,000 USWG or less; or
 - a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

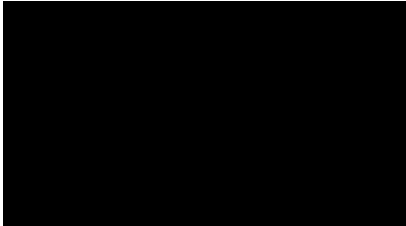
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 000186854

Check applicable type of propane operations.

Cylinder Motor Fill Filling Plant Card/Keylock

Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.



SECTION A: GENERAL INFORMATION

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

Company Name 1354905 ONTARIO LIMITED Ontario Corporation No., if applicable

A Operator Name (if different from above) BALTIMORE GAS BAR

Telephone No. 9053179826 Fax No. 3179827 E-mail

B Street No. 4723 Street Name / 911 Number / Address, if applicable COUNTY ROAD 45

Town / City or Township / County COBourg Province ONTARIO Postal Code K9A 4J9

Mailing address if different from above.

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

Town / City or Township / County Province Postal Code

Information on Container Refill Centre or Filling Plant

Location of facility.

D Street No. 4723 Street Name / 911 Number / Address, if applicable COUNTY ROAD 45 Nearest Major Intersection VANLUVEN ROAD

Town / City or Township / County COBourg Province ONTARIO Postal Code K9A 4J9

Name of Licence Holder SEWA GILL

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

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

Hours of operation.

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

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

Name of Licence Holder	Print name <u>SEWA GILL</u>	Signature <u>SEWA GILL</u>	Date (dd-mm-yyyy) <u>01/03/2012</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>SEWA GILL</u>	<u>SEWA GILL</u>	<u>01/03/2012</u>



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Level 1 Risk and Safety Management (RSMP)
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 Propane Storage and Handling Regulation

NO. 1240 P. 2

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.

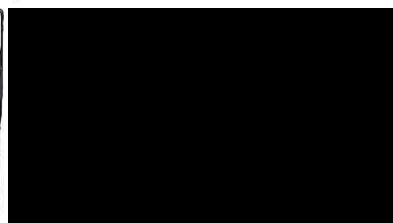
Failure to fully complete this form may result in suspension. Making a false statement may result in a fine or prosecution under the Technical Standards and Safety Act.

Licence Number: 000186854

Check applicable type of propane operations.

Cylinder Motor Fill Filling Plant Cardstock

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.

A Company Name: 1354905 ONTARIO LIMITED Ontario Corporation No., if applicable: _____
 Operator Name (if different from above): BALTIMORE GAS BAR

Telephone No.: 905 377 9826 Fax No.: 377 9827 E-mail: _____

B Street No.: 4723 Street Name / B11 Number / Address, if applicable: COUNTY ROAD 45
 Town / City or Township / County: COBOURG Province: ONTARIO Postal Code: K9A 4J9

Mailing address if different from above: _____

C Street No.: _____ Street Name / B11 Number / Address, if applicable: _____
 Town / City or Township / County: _____ Province: _____ Postal Code: _____

Information on Container Refill Centre or Filling Plant

Location of facility:

D Street No.: 4723 Street Name / B11 Number / Address, if applicable: COUNTY ROAD 45 Nearest Major Intersection: VANLUVEN ROAD
 Town / City or Township / County: COBOURG Province: ONTARIO Postal Code: K9A 4J9

Name of Licence Holder: SEWA GILL

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): SEWA GILL ROT type: 100-01 CERT# 107729

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): TOWNSHIP OF HAMILTON

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.

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Name of Licence Holder: SEWA GILL Signature: [Signature] Date (dd-mm-yyyy): 01/03/2012

Name of Senior Management person as defined in the Regulation holding the Record of Training: SEWA GILL Signature: [Signature] Date (dd-mm-yyyy): 01/03/2012



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SECTION A: GENERAL INFORMATION (cont'd)

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

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

	PSIG	Serial Number
Tank 1:	250 PSI / 1150F	368-8
Tank 2:	/	/
Tank 3:	/	/

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 2000 USWG Portable: 525 lbs Mobile: /
Propane Tank = 100L approx.

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) S. W. A. Gill	Official Title PRESIDENT / OWNER
Signature S. W. A. Gill	Telephone No. 905 311 9826 Date (dd-mm-yyyy) 01/03/2012



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SECTION A: GENERAL INFORMATION (cont'd)

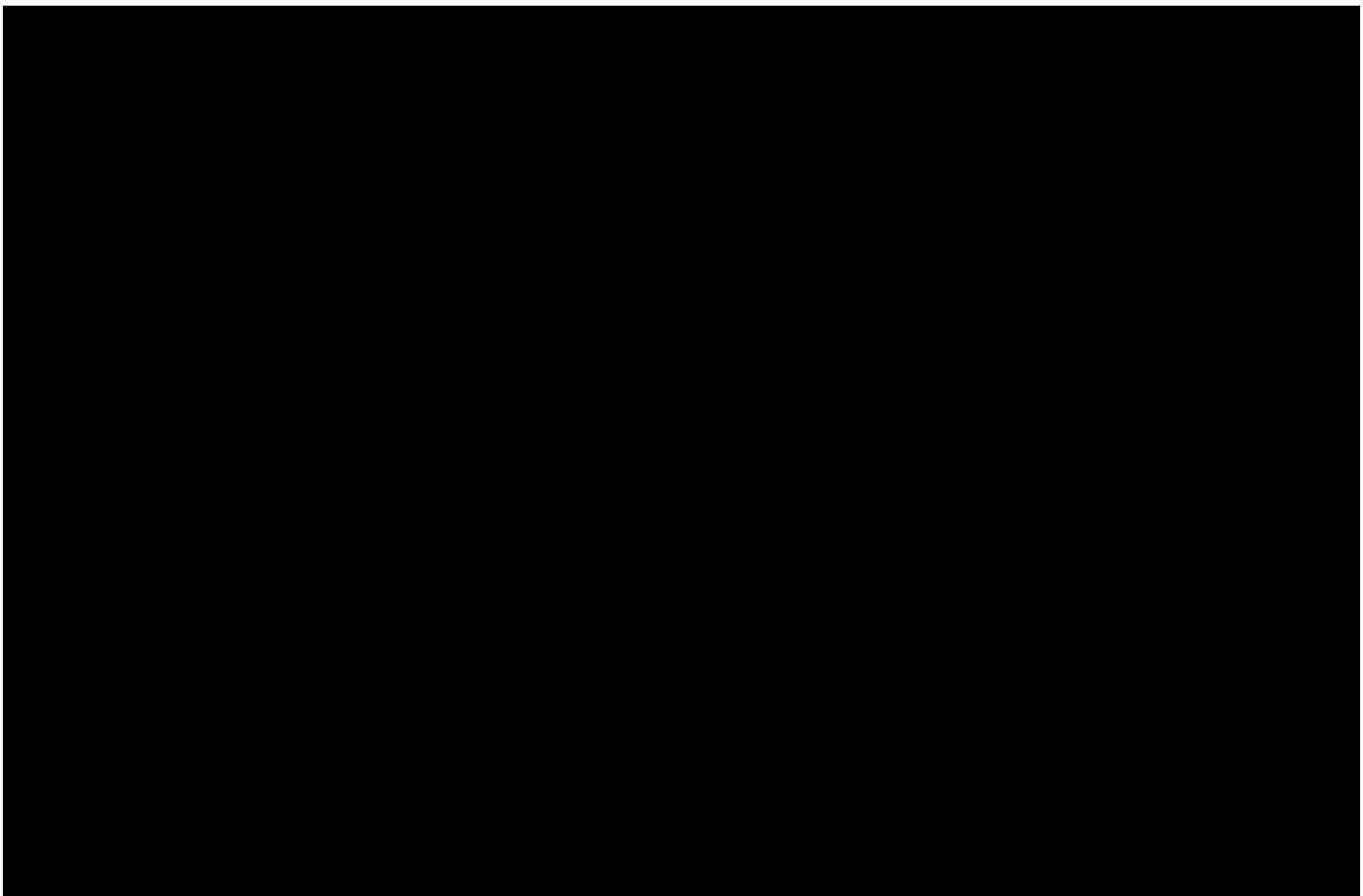
Indicate the year the facility was established. July 10 / 2004 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

Tank 1: 250 PSI / 1150F Serial Number 368-8
Tank 2: /
Tank 3: /

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 2000 USWG 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) <u>Sewa Grewal</u>	Official Title <u>PRESIDENT / OWNER</u>
Signature <u>Sewa Grewal</u>	Telephone No. <u>905 311 9826</u> Date (dd-mm-yyyy) <u>01/03/2012</u>



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

Name of Propane Supplier(s) Econo Petroleum			
Street No. 6	Street Name / 911 Number / Address, if applicable ANTARES DRIVE PHASE 2 UNIT 7		
Town / City or Township / Country NEPEAN		Province ON	Postal Code
Telephone No. 613 733 1253	Fax No. 613 723 2336	Contact Name DEBBIE CLEGGHORN	
E-mail econo@econopetro.com			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			
PRIMEMAX ENERGY INC.			
Street No. 2558	Street Name / 911 Number / Address, if applicable CEDAR CREEK ROAD		
Town / City or Township / Country AUR		Province ON	Postal Code N0B 1E0
Telephone No. 519 740 8201	Fax No. 519 740 1015	Contact Name GARY FROESE	
E-mail primemax@primemaxenergy.com			

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

Note: Customer storage is not considered off-site storage.

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) Debra Gill	Official Title PRESIDENT / DIRECTOR
Signature Debra Gill	Telephone No. 905 377 9826
	Date (dd-mm-yyyy) 01/03/2012



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN

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

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

Propane = 2,000 US gal
Fuel = 103,100 (Diesel, Regular, Supreme)
* Storage = 100 L (5x20 LBS propane tanks in storage cage)

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

Fire Extinguishers, Spill Sorbent, Orange Markers, Caution Tape.

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.

Propane emergency shutoff, is used in event of fire, leak
fuel emergency shutoff, used when there has been an accident with a fuel dispenser, fire, leak.

Maintenance and testing schedule for fire protection controls and devices.

Once every year fire extinguishers are renewed and replaced if necessary.

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Name of person completing this form (please print) Brynder Gill	Official Title Property Manager
Signature B. Gill	Telephone No. 613 661 9408 Date (dd-mm-yyyy) 01/03/2012



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name <i>Sewa Gill</i>		Name <i>Sewa Gill</i>	
Official Title <i>President / Director</i>		Official Title <i>President / Director</i>	
Telephone No. <i>905 396 0060</i>	Fax No. <i>905 377 9827</i>	Cell No. <i>405 396 0060</i>	Fax No. <i>905 377 9827</i>
E-mail		E-mail	
Role and responsibilities in emergency <i>oversee emergency operations</i>		Role and responsibilities in emergency <i>oversee emergency operations</i>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>Barinder Gill</i>		Name <i>Gurdev Singh</i>	
Official Title <i>Property manager</i>		Official Title <i>Facility Manager</i>	
Telephone No. <i>613 661 9408</i>	Fax No. <i>905 377 9827</i>	Telephone No. <i>905 373 9408</i>	Fax No. <i>905 377 9827</i>
E-mail <i>bar-indere@hotmail.com</i>		E-mail	
Role and responsibilities in emergency <i>organize emergency operations</i>		Role and responsibilities in emergency <i>assist with organization of emergency operations.</i>	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>KEN CLAPPERTON</i>		Name <i>Debbie Cleghorn</i>	
For Office Use - Party No.		For Office Use - Party No.	
Official Title <i>CHIEF</i>	E-mail <i>BALTIMORE FIRE @</i>	Official Title <i>Dispatcher</i>	E-mail <i>ecan@econopetro.com</i>
Telephone No. <i>905 372 9891</i>	Fax No. <i>HAMILTON TOWNSHIP. @ 905 372 2640</i>	Telephone No. <i>613 723 1253</i>	Fax No.
Role and responsibilities in emergency <i>oversee work performed by fire services</i>		Role and responsibilities in emergency	
Fire Services Address <i>2940 VANERWIN</i>		Propane Supplier Address <i>6 ANTARES DRIVE P2 UNIT 7 NEPEAN, ON</i>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>Dany Ferguson</i>		Name <i>KATE SURELUS</i>	
For Office Use - Party No.		For Office Use - Party No.	
Official Title <i>Prevention officer</i>	E-mail	Official Title <i>CLERK</i>	
Telephone No. <i>905-372-9891</i>	Fax No. <i>905-372-2640</i>	Telephone No. <i>905 342 2810</i>	Fax No. <i>905 342 2818</i>
Role and responsibilities in emergency <i>Prevention officer</i>		E-mail <i>ksurelus@hamiltontownship.ca</i>	
Fire Services Address <i>Box 193, Baltimore Ont. K0K1C0</i>		Municipality Name and Address <i>TOWNSHIP OF HAMILTON</i>	

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) <i>SEWA GILL</i>		Official Title <i>PRESIDENT / DIRECTOR</i>	
Signature <i>Sewa Gill</i>		Telephone No. <i>905 377 9826</i>	Date (dd-mm-yyyy) <i>01/03/2012</i>



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

2. Additional Safety Measures

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

1. Evacuate tenants on property to the property safe zone when there is an emergency.
2. notify residents directly across the road and beside the site.

The safe zone is indicated by a pink lightning bolt

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Name of person completing this form (please print) Barinder Gill	Official Title Property Manager
Signature 	Telephone No. 613 661 9408 Date (dd-mm-yyyy) 01/03/2012



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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 on Emergency Response Plan and Procedures provided to facility key contacts.

Training Date (dd-mm-yyyy) 03/02/2011	Print Name of Training Provider: Barinder Gill, Property Manager
	Print Name of Instructor: Barinder Gill, Property Manager
Training Date (dd-mm-yyyy) 13/01/2012	Print Name of Training Provider: Barinder Gill, Property Manager
	Print Name of Instructor: Barinder Gill, Property Manager
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy) 13/01/2012	Print Name of Training Provider: Barinder Gill, Property Manager
	Print Name of Instructor: Barinder Gill, Property Manager
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Training Date (dd-mm-yyyy) 18/01/2012	Print Name of Training Provider: Barinder Gill, Property Manager
	Print Name of Instructor: Barinder Gill, Property Manager
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:

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) Barinder Gill	Official Title Property Manager
Signature <i>Barinder Gill</i>	Telephone No. 613 661 9408
	Date (dd-mm-yyyy) 01/03/2012



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

4. Emergency Training Plan for Coming Year

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Target Date (dd-mm-yyyy) 06/12/2012	Print Name of Training Provider: Barinder Gill, Property Manager
	Print Name of Instructor: Barinder Gill, Property Manager
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) 18/01/2013	Print Name of Training Provider: Barinder Gill, Property Manager
	Print Name of Instructor: Barinder Gill, Property Manager
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Target Date (dd-mm-yyyy) 18/01/2013	Print Name of Training Provider: Barinder Gill, Property Manager
	Print Name of Instructor: Barinder Gill, Property Manager
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) Barinder Gill	Official Title Property Manager
Signature 	Telephone No. 613 661 9408
	Date (dd-mm-yyyy) 01/03/2012



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

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

5. Emergency Response Communications Plan

Warnings and Actions

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).

Contact municipality from cellular device. This will be done by the property manager. The facility manager will notify tenants and other residents.

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).

Tenants and customers at the site will be notified by the facility manager or the on duty attendant and will be directed to the safe zone and will be briefed by the property manager.

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).

Contact will be made by cellular device by the facility manager and if facility manager is not available the President/Director will place the call.

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

They will take appropriate action as they see fit to ensure the safety of tenants and residents.

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

The licence holder will work diligently with the facility and property manager to gather information for the authorities.

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

This person doesn't live far from the site so it would take 5-10 minutes.

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Name of person completing this form (please print) Brinder Gill	Official Title Property Manager
Signature 	Telephone No. 613 661 9408 Date (dd-mm-yyyy) 01/03/2022



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

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

6. Building and Site Security and Procedures

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| 1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there adequate night lighting at the site? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are weighing systems validated for accuracy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the schedule of maintenance and testing activities retained on site? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

7. Water Supply

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

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1. Is a pressurized water system available at the propane facility site? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only) | <u>70</u> | |
| 4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only) | <u>70</u> | |

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Name of person completing this form (please print) <i>Sewa Gill</i>		Official Title <i>PRESIDENT / DIRECTOR</i>	
Signature <i>Sewa Gill</i>		Telephone No. <i>905 377 9826</i>	Date (dd-mm-yyyy) <i>01/03/2012</i>



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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

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

Yes No

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

Fire 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: _____ (dd-mm-yyyy)

LOCAL FIRE SERVICES

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

CHIEF KEN CLAPPERTON Local Fire Services Name	Print name	Signature <i>Ken Clapperton</i>	Date (dd-mm-yyyy) 29 02 12
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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) <i>Barinder Gill</i>	Official Title <i>Property Manager</i>
Signature <i>Barinder Gill</i>	Telephone No. <i>613 661 9408</i> Date (dd-mm-yyyy) <i>01/03/2012</i>



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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.
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) <i>MARCH 1st 2012</i>	Capacity of single largest propane storage vessel (USWG) <i>2000 USWG</i>
Tank setback coordinates. Indicate placement on the map. <i>120ft = 36.58m</i> Front: <i>120ft = 36.58m</i> Right side property line: <i>135ft = 41.15m</i> <i>95ft = 28.96m</i> Rear: <i>95ft = 28.96m</i> Left side property line: <i>106ft = 32.31m</i>	
GPS coordinates of single largest vessel: <i>Latitude: N44° 0.9706' Longitude: W78° 8.8494'</i>	

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) <i>Barinder Gill</i>	Official Title <i>Property Manager</i>	
Signature <i>[Signature]</i>	Telephone No. <i>613 661 9408</i>	Date (dd-mm-yyyy) <i>01/03/2012</i>



Technical Standards and Safety Authority
www.tssa.org

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

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

SECTION C: SUBMISSIONS (cont'd)

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

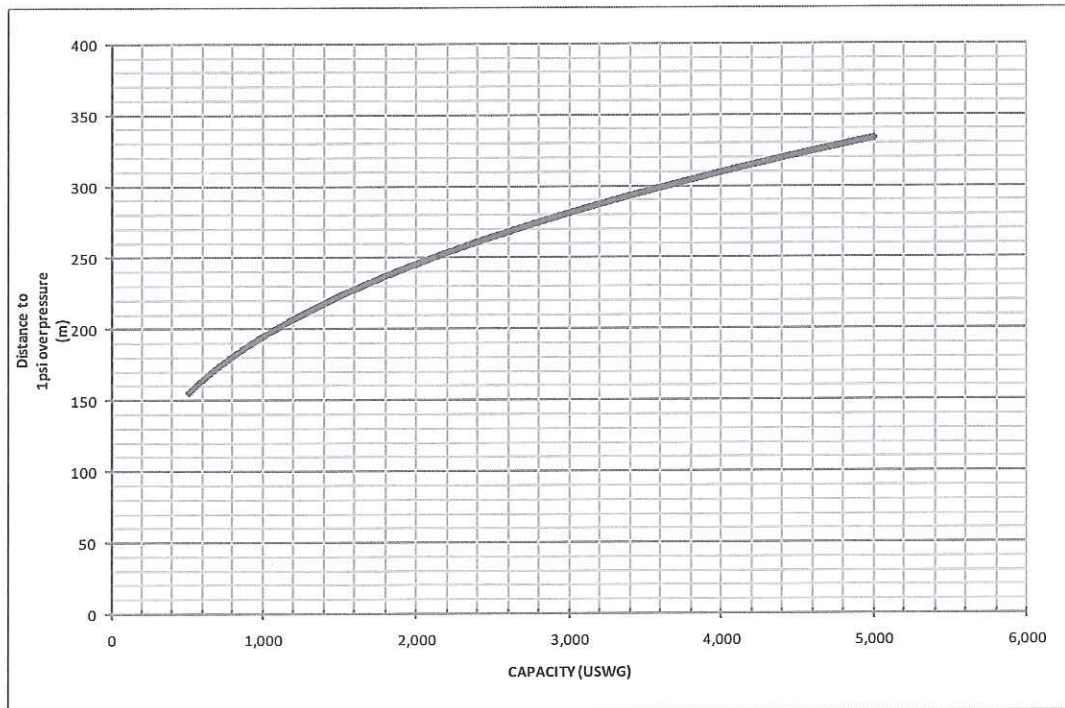
Table 1: Distance Table

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

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

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

Hazard Distance Chart (EPA-TNT model)





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SECTION C: SUBMISSIONS (cont'd)

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

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

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>Baltimore Industrial Park</u> Address: <u>4741 County Road 45</u> City: <u>Baltimore</u> Province <u>ON</u> Postal Code <u>K9A 4J9</u>			X		<u>61</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]			X		<u>50</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Mr. Convenience</u> Address: <u>4765 County Road 45</u> City: <u>Baltimore</u> Province <u>ON</u> Postal Code <u>K0K 1X0</u>			X		<u>122</u> m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>Baltimore Fire Department</u> Address: <u>2940 Van Loven Road Box 193</u> City: <u>Baltimore</u> Province <u>ON</u> Postal Code <u>K0K 1C0</u>		X			<u>160</u> m

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

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Name of person completing this form (please print) <u>Brynder Gill</u>	Official Title <u>Property Manager</u>
Signature 	Telephone No. <u>613 661 9408</u> Date (dd-mm-yyyy) <u>01/03/2012</u>



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN

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

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

Propane = 2,000 US gal
Fuel = 103,100 (Diesel, Regular, Supreme)
* Storage = 100 L (5x20 LBS propane tanks in storage cage)

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

Fire Extinguishers, Spill Sorbent, Orange Markers, Caution Tape.

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.

Propane emergency shutoff, is used in event of fire, leak
fuel emergency shutoff, used when there has been an accident with a fuel dispenser, fire, leak.

Maintenance and testing schedule for fire protection controls and devices.

once every year fire extinguishers are renewed and replaced if necessary

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) Brynder Gill	Official Title Property Manager
Signature B. Gill	Telephone No. 613 661 9408 Date (dd-mm-yyyy) 01/03/2012



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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		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

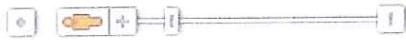
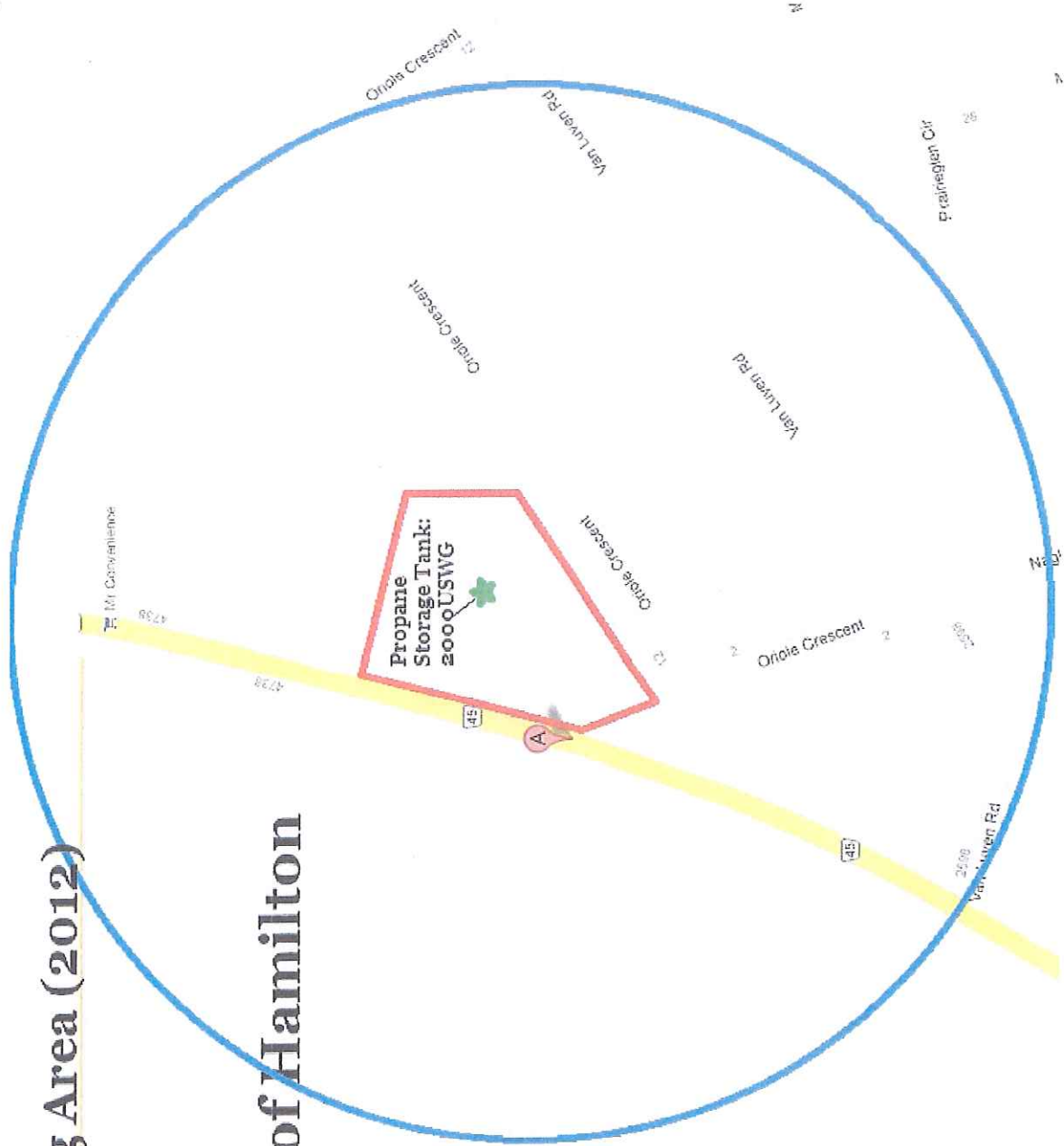
Tank Size In USWG	Quantity	Total Volume in USWG
<i>2000 LBS</i>	<i>5</i>	<i>100L - 24 USWG approx</i>
Total Tank Capacity <i>21.68 w/c in Litres x 5 tanks</i>		




Total Cylinder Capacity	<i>21.68 w/c in L</i>
Total Tank Capacity	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	

Map of Surrounding Area (2012)

Site located at 4723 County Road 45
Cobourg, Ontario K9A 4J9
in the Township of Hamilton

Township of Hamilton



	Property Line Indication
	Indication of Propane Tank
	250m radius

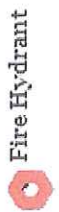
GPS Coordinates of Propane Tank:
Lat: N44 0.9706' Long: W-78 8.8494'

Property Setbacks:
Front 120ft (36.58m) Rear 95ft (28.96m)
Right side 135ft (41.15m) Left side 108ft (32.91m)

Municipal Clerk/Contact:
Kate Surerus 905 342 2810
ksurerus@hamiltontownship.ca

Map prepared on 1 March, 2012





Fire Hydrant

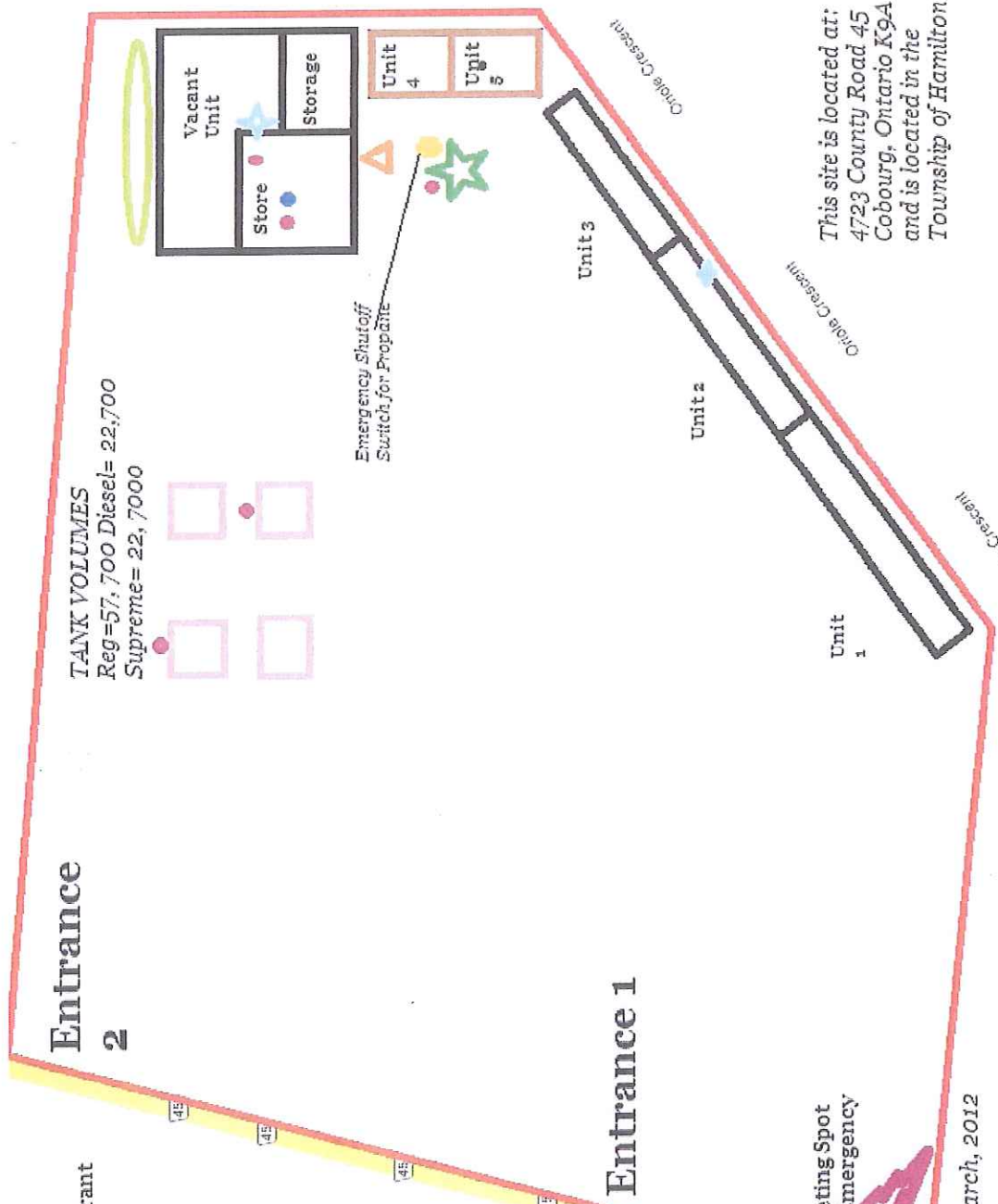


N

Township of Hamilton

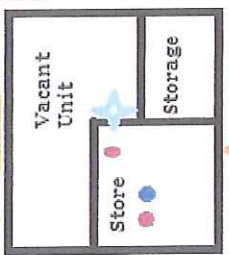
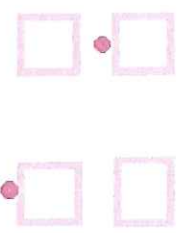
	First Aid Kit
	Fire Extinguisher
	Fuel Tanks (Res. Sup. Diesel)
	Islands with dispensers
	Commercial Concrete Structure
	Residential Concrete Structure
	Propane Tank 2000USWG
	Empty propane tank storage
	Electrical Room

Map prepared on 1 March, 2012

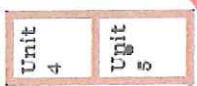


Entrance 2

TANK VOLUMES
Reg=57,700 Diesel= 22,700
Supreme= 22,7000



Emergency Shutoff Switch for Propane



Unit 3

Unit 2

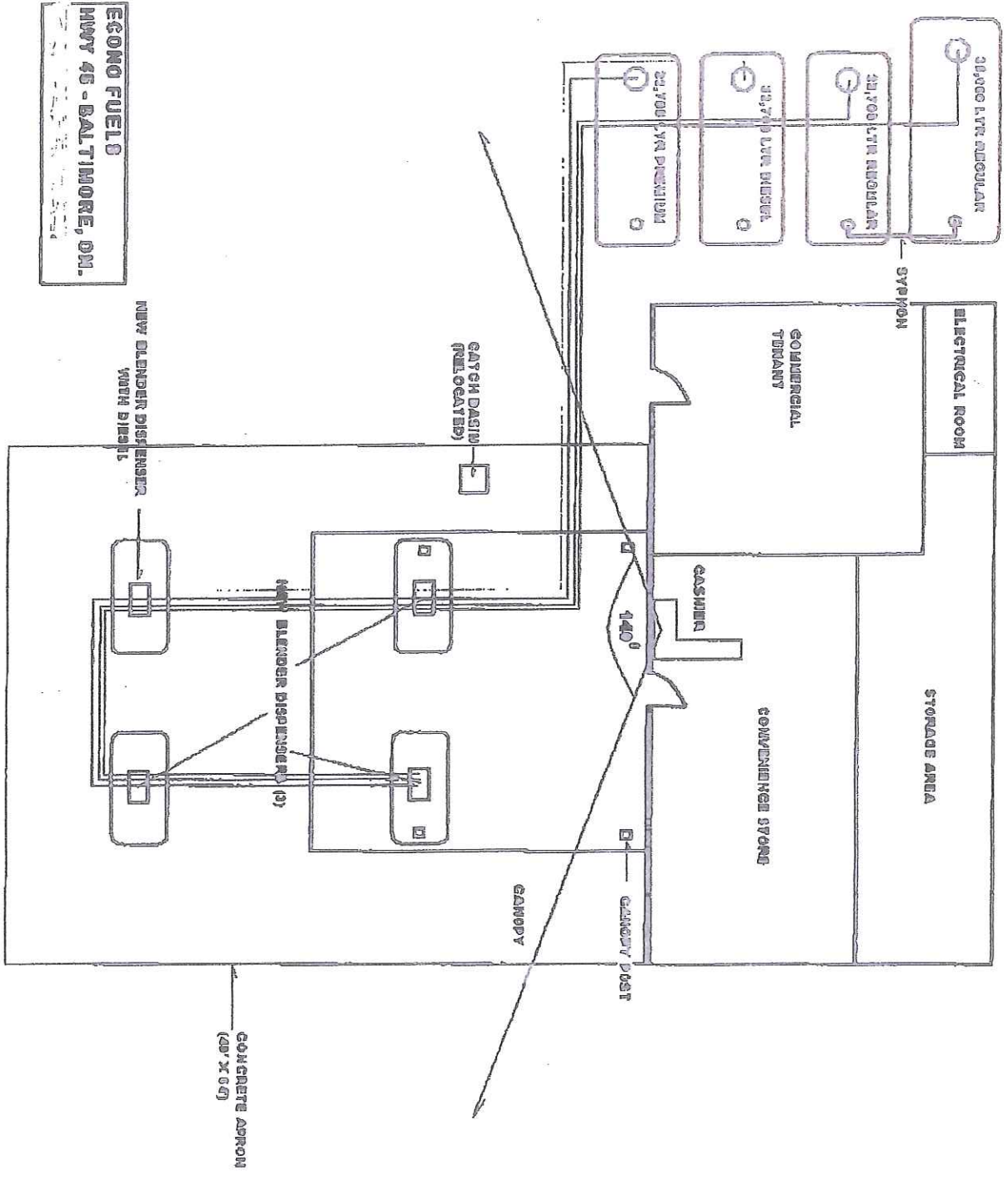
Unit 1

Entrance 1

Meeting Spot in Emergency

This site is located at:
4723 County Road 45
Cobourg, Ontario K9A 4J9
and is located in the
Township of Hamilton

Facility Site Plan indicates inground fuel storage tanks. With a green oval. Below is a detailed explanation of how much fuel the tanks are capable of holding.



EGOMO FUELS
HWY 45 - BALTIMORE, DM.