EMERGENCY RESPONSE PLAN

EMERGENCY ACTION WALL CHART: NUMBERS								
SITE ADDRESS:								
TELEPHONE #								
FIRE 911		SITE MANAGER						
TSSA 1 - 800 - 268 - 6060		PHONESITE OWNER						
POLICE 911		PHONE						
PROVINCIAL ENVIRONMENT 1 - 800 - 268 - 6060 MUNICIPALITY		WADDICK FUELS CONTACT PERSON CELL						
MINISTRY OF LABOUR / WCB 1 - 800 - 265 - 5140		VACUUM TRUCK						
EMERGENCY SPILL RESPONSE CONTRACTOR		ELECTRICIAN PHONE						
CPPI ENVIRONMENTAL TRAILER		PUMP SERVICE CONTRACTOR						
		PHONE						
FIRE		INJURY						
	tely shut off power to affected areas,	Ensure no danger to yourself						
	or unloading areas.	Attend to injured person						
— Secure the		Notify Ambulance / Police if required						
-	re Department, (and Fuels Safety of TSSA in Ontario)	VEHICLE ACCIDENT						
	emove dispenser nozzles from vehicles							
	e, and safe to do so, attempt to	Record party's name, address telephone number, driver's license and the vehicle						
SPILL		license number, make, colour and year Record names, addresses and telephone						
Immediately shut off power to affected area		numbers of any witnesses						
	re, Police, Provincial Environment							
and Mun		NOTE:						
	an emergency spill response or if needed.	Refer to Material Safety Data Sheet (MSDS) for product handling information						
	all sources of ignition.	for product handling information						
	spill by blocking off drains and							
surround	ling the product with sorbent							

EMPLOYEE ACKNOWLEDGEMENT OF TRAINING

This page should be signed by each employee as confirmation they have read the **Emergency Response Plan** and the **Safe Operating Procedures** and understand their responsibilities in the case of emergency as well as the safe operation of dispensing equipment.

NAME (Please Print)		SIGNATURE		DATE
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The Site Manager should review t it is up-to-date and all employees	he Emerge i have been t	ncy Response Plan & Operating rained to respond to various emerg	Procedures gencies and o	every six months to ensure dispensing situations.
REVIEW DATE		SUPERVISOR SIGNATURE		
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