



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4078
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 [REDACTED]

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.

A Company Name: Marilyn d. Rubin sales and Service Inc., Corporation No. [REDACTED]

Operator Name (if different from above): Marilyn Rubin

Telephone No.: 705-855-9011 Fax No.: 705-855-0729 E-mail: marilyn@mdrsales.ca

B Street No.: 1-3595 Street Name / 911 Number / Address, if applicable: Hwy 144

Town / City or Township / County: Chelmsford Province: Ont Postal Code: POM 1L0

C Mailing address if different from above.

Street No. [REDACTED] Street Name / 911 Number / Address, if applicable [REDACTED]

Town / City or Township / County [REDACTED] Province [REDACTED] Postal Code [REDACTED]

D Information on Container Refill Centre or Filling Plant

Location of facility.

Street No.: 1-3595 Street Name / 911 Number / Address, if applicable: Hwy 144 Nearest Major Intersection: Hwy 144 and Errington

Town / City or Township / County: Chelmsford Province: Ontario Postal Code: POM 1L0

Name of Licence Holder: Marilyn D. Rubin Sales and Service Inc.

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Mark Perry ROT type: PTI Course 100-08

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): Town of Chelmsford

Hours of operation. [REDACTED]

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	Signature	Date (dd-mm-yyyy)
Marilyn Rubin	Marilyn Rubin		06/01/2016
MARK PERRY	MARK PERRY		07/01/2016



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 1993	Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. None
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Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank 1:	250	192-93
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 Portable: n/a Mobile: n/a

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Name of person completing this form (please print) <i>MARK PERRY</i>	Official Title <i>GENERAL MANAGER</i>	
Signature <i>[Signature]</i>	Telephone No. <i>855-9011</i>	Date (dd-mmm-yyyy) <i>07/01/2016</i>



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

Name of Propane Supplier(s) Superior Propane			For Office Use - Party No.	
Street No. 2022	Street Name / 911 Number / Address, if applicable Wellington Rd Hwy 144 South			
Town / City or Township / Country Guelph		Province Ontario	Postal Code N1H 6J3	
Telephone No. 1-877-873-7467	Fax No. 1-866-341-3395	Contact Name Mike Mullins		
E-mail mullinsm@superiorpropane.com				

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>			For Office Use - Party No.	
Superior Propane - Sudbury Propane bulk Plant				
Street No. 2475	Street Name / 911 Number / Address, if applicable Malay Drive			
Town / City or Township / Country Sudbury		Province Ontario	Postal Code P3A 4S1	
Telephone No. 1-877-873-7467	Fax No. n/a	Contact Name Paul Bastien		
E-mail bastienp@superiorpropane.com				

Off-site Cylinder and/or Mobile Storage None		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.

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Signature 	Telephone No. 855-9011	Date (dd-mmm-yyyy) 07/01/2016



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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.

Bulk oil drums inside shop bay - 5W30 (800L), 5W20 (800L) (see attached map) MSDS is attached.

2- Oxygen tanks 56 KG, 2- acetylene tanks 6.65 cubic meters, 1- CO2 tank 50lb, 1- nitrogen tank 9.34 cubic meters, 1- CO2 tank 20lb, all in service bays

1- CO2 tank 50lb located in store in parts department

8- Corrosion Free under coating 50L, located in service bay, MSDS attached

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

1 10lb fire extinguisher in propane fill station

3 (1 20lb, 2 10lb) fire extinguisher inside the service bay doors

3 Emergence fire pull stations located inside service bay doors next to fire extinguisher

1 Emergency shut down button at corner of building closest to propane fill station

List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

1. Pump power switch at fill station to shut down power to pump. 2. Main breaker for fill station in power panel located in service bay. 3. Lever/cable for ISC valve, closes valve when lifted. 4. Emergency fire pull stations, located inside service bay doors with fire extinguishers. 5. Emergency shut down button at corner of building, when pushed, shuts down down all power to propane fill station also closes ISC valve.

Maintenance and testing schedule for fire protection controls and devices.

Annual inspection of all fire safety equipment and alarm systems. Last inspected October 5, 2015, report attached.

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Signature 	Telephone No. 855-9011	Date (dd-mmm-yyyy) 07/01/2016



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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 Mark Perry	For Office Use - Party No.	Name Mark Perry	For Office Use - Party No.
Official Title General Manager		Official Title General Manager	
Telephone No. 705-855-9011	Fax No. 705-855-0729	Cell No. 226-222-4399	Fax No. n/a
E-mail mark.perry.244@thetire.ca		E-mail ch601xl@hotmail.com	
Role and responsibilities in emergency Will communicate with duty manager to ensure that the emergency response plan is activated		Role and responsibilities in emergency Coordinate site response as stated in #1	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Kim Melanson	For Office Use - Party No.	Name Mark Perry	For Office Use - Party No.
Official Title Store Manager		Official Title General Manager	
Telephone No. 705-855-9011	Fax No. 705-855-0729	Telephone No. 705-855-9011	Fax No. 705-855-0729
E-mail kmelanson244@hotmail.com		E-mail mark.perry.244@thetire.ca	
Role and responsibilities in emergency Coordinate site response if key contact is not available		Role and responsibilities in emergency Coordinate site response as stated in #1	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Trevor Bain	For Office Use - Party No.	Name Superior Propane Hotline	For Office Use - Party No.
Official Title Fire Chief	E-mail trevor.bain@greatersudbury.ca	Official Title	E-mail
Telephone No. 705-671-2489	Fax No.	Telephone No. 1-877--873-7467	Fax No.
Role and responsibilities in emergency Fire Department Supervisor		Role and responsibilities in emergency Will be responsible for sending Superior personnel to site to examine the fill station and fix any problems before resuming operation.	
Fire Services Address 193 Van Horne St. Sudbury On.		Propane Supplier Address	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Darrel McAloney	For Office Use - Party No.	Name Corrie-Jo Delwo	For Office Use - Party No.
Official Title Deputy Fire Chief	E-mail	Official Title Head of Building Services	
Telephone No. 705-671-2489	Fax No.	Telephone No. 705-671-2489 ext 4426	Fax No.
Role and responsibilities in emergency Fire Department Supervisor		E-mail cj.delwo@greatersudbury.ca	
Fire Services Address 193 Van Horne St. Sudbury On.		Municipality Name and Address Sudbury	

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Name of person completing this form (please print) <i>MARK PERRY</i>	Official Title <i>GENERAL MANAGER</i>
Signature <i>[Signature]</i>	Telephone No. <i>705-855-9011</i>
	Date (dd-mmm-yyyy) <i>20-01-2016</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) Emergency shut down button installed on building approx. 10m away from fill station (see attached map)

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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-mmm-yyyy)	Print Name of Training Provider: Mark Perry
06-01-2016	Print Name of Instructor: Kim Melanson
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy)	Print Name of Training Provider: Mark Perry
06-01-2016	Print Name of Instructor: Nicholas Lebel
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: Mark Perry
06-01-2016	Print Name of Instructor: Amanda Sweeting
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: Mark Perry
06-01-2016	Print Name of Instructor: Alexander Fraser

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

Training Date (dd-mmm-yyyy)	Print Name of Training Provider: Mark Perry
06-01-2016	Print Name of Instructor: Stephen Arbeau
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: Mark Perry
06-01-2016	Print Name of Instructor: Jason Pizzul
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: Mark Perry
06-01-2016	Print Name of Instructor: Matthew Rowe

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Name of person completing this form (please print)	Official Title	
MARK PERRY	GENERAL MANAGER	
Signature	Telephone No.	Date (dd-mmm-yyyy)
	855-9011	07/01/2016



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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-mmm-yyyy)	Print Name of Training Provider: Mark Perry
01-01-2017	Print Name of Instructor: Kim Melanson
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy)	Print Name of Training Provider: Mark Perry
01-01-2017	Print Name of Instructor: Marc Laporte
Target Date (dd-mmm-yyyy)	Print Name of Training Provider: Mark Perry
01-01-2017	Print Name of Instructor: All Department Managers
Target Date (dd-mmm-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-mmm-yyyy)	Print Name of Training Provider: Randy Ellis
01-07-2016	Print Name of Instructor: Stephen Arbeau
Target Date (dd-mmm-yyyy)	Print Name of Training Provider: Randy Ellis
01-03-2016	Print Name of Instructor: Jared Lavoie
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) MARK PERRY	Official Title GENERAL MANAGER
Signature 	Telephone No. 705 855-9011
	Date (dd-mmm-yyyy) 29-01-2016



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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-mmm-yyyy)	Print Name of Training Provider: Mark Perry
01-01-2017	Print Name of Instructor: Kim Melanson
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-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-mmm-yyyy)	Print Name of Training Provider: Randy Ellis
01-07-2016	Print Name of Instructor: Stephen Arbeau
Target Date (dd-mmm-yyyy)	Print Name of Training Provider: Randy Ellis
01-03-2016	Print Name of Instructor: Jared Lavoie
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print)	Official Title	
MARK PERRY	GENERAL MANAGER	
Signature	Telephone No.	Date (dd-mmm-yyyy)
<i>[Signature]</i>	855-9011	21/01/2016



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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).
All staff at the store wear radios to communicate. In the case of an emergency, they will notify the people in the building, the service desk and the office staff will give notice to the staff members, surrounding businesses and the emergency response personnel. There is list of contacts kept in the main office desk and the service desk of whom to contact in the case of an emergency. Senior management will ensure that all staff are out of the building and at the designated safe area and that the power is shut down to the fill station.

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).
When a warning is issued, the office staff or supervisor on duty will call 911. If possible, they will then call the buildings in the surrounding area to let them know the nature of the emergency. In the case of evacuation, all staff and customers will be instructed by senior management to head to the designated safe area. Senior management will make sure that the calls are made to emergency personnel, surrounding buildings and that the building is clear. The designated safe area is marked on the map attached.

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).
As per the Emergency response plan, in the event of an emergency 911 is to be call as soon as the station is shut down and any people have been cleared from the immediate area.

Describe provisions for fire department entry when there are no operations or staffing at the propane site.
The propane station is located in a large open area of the parking lot, with two 24 hour entrances and unrestricted access to fire hydrants.

Describe how the licence holder will ensure continual flow of updated information to authorities.
All training certificates, licenses, maintenance checks, upgrades and repairs for all propane and fire prevention equipment are logged or stored in a binder at the service counter. Anyone servicing or inspecting this equipment logs in and out for future reference. The binder and its contents is available to authorities at any time.

How long will it take the facility liaison person to respond to the site.
It would take about 10 minutes for the General Manager to respond from his home in Azilda.
It would take about 20 minutes for the store manager to respond from her home in Val Caron.

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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 checked="" type="checkbox"/>	<input 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>30m to hydrant</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>36.5m to Siamese</u>

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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:

*Ensure monthly checks are being conducted, and signed on tag of extinguisher.
Ensure transfer station is locked at all times when not in use, an attachment must be present if unlocked. Practice emergency procedures.*

To be completed by the Licence Holder

In response to the above comments, the following action(s) is required:

MONTHLY CHECKS HAVE BEEN DONE & WILL ENSURE THE EXTING. AT STATION IS INCLUDED IN MONTHLY CHECKS THE STATION LOCK UP HAS BEEN ADDED TO DAILY PROCEDURES AND WILL INCLUDE IN FUTURE TRAINING. UPDATED EMERGENCY PROCEDURE WILL BE INCLUDED IN ONGOING TRAINING

The licence holder will respond to the Local Fire Services comments by: *[Signature]* 26/01/2016
(dd-mmm-yyyy)

LOCAL FIRE SERVICES

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

Local Fire Services Name	Print name <i>MIKE LINDROOS</i>	Signature <i>[Signature]</i>	Date (dd-mmm-yyyy) <i>25-01-2016</i>
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Signature <i>[Signature]</i>	Telephone No. <i>855-9011</i>
	Date (dd-mmm-yyyy) <i>07/01/2016</i>



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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-mmm-yyyy) December 20, 2015	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: 79m	Right side property line: 31m
Rear: 79m	Left side property line: 110m
GPS coordinates of single largest vessel:	46.568,-81.193

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) MARK PERRY	Official Title GENERAL MANAGER
Signature 	Telephone No. 855-9011 Date (dd-mmm-yyyy) 07/01/2016



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4078
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

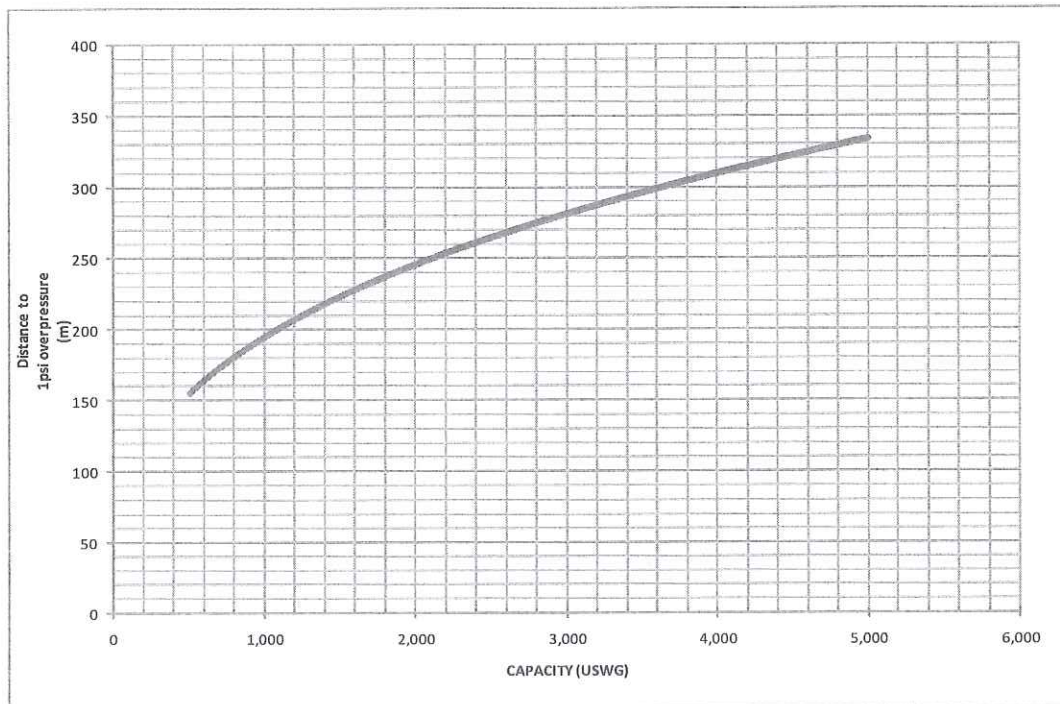
Table 1: Distance Table

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: See attached list Address: _____ City: _____ Province _____ Postal Code _____			x		30 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: See attached list Address: _____ City: _____ Province _____ Postal Code _____				x	150 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: See attached list Address: _____ City: _____ Province _____ Postal Code _____			x		30 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: N/A Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: See attached list Address: _____ City: _____ Province _____ Postal Code _____			x		160-175 m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: None Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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Name of person completing this form (please print) <i>MARK PERRY</i>	Official Title <i>GENERAL MANAGER</i>
Signature <i>[Signature]</i>	Telephone No. <i>855-9011</i>
	Date (dd/mm/yyyy) <i>21/01/2016</i>



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WORKSHEET

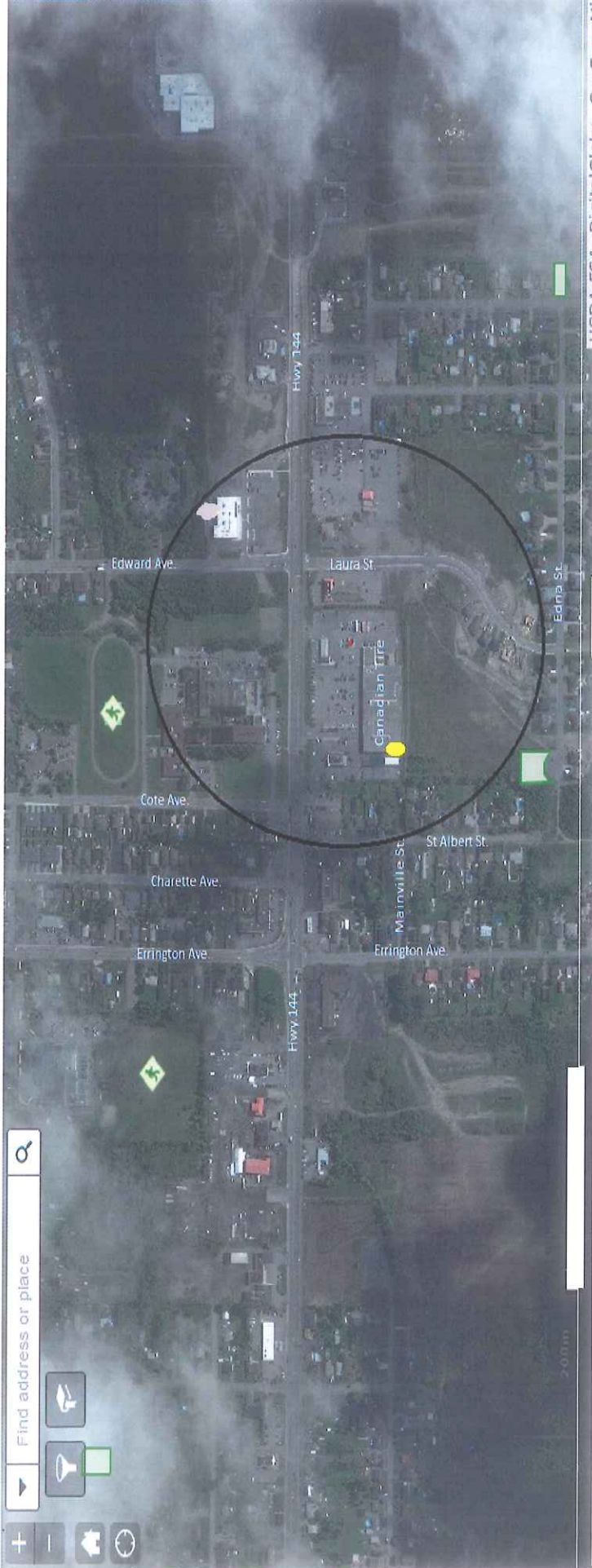
Portable Storage Additional Information Worksheet

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 0			

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	2000
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	



Location of Propane Storage Tank
 Marked by • in the centre of circle

Capacity of Propane Storage Tank
 2000 USWG

GPS Coordinates of Propane Storage Tank
 46.568,-81.193

Circular Distance to 1 psi Overpressure
 Denoted by circle centred on tank,
 distance = 246m

Municipality within 1 psi overpressure circle
 Town of Chelmsford

Municipal Contact
 Corrie-Jo Delwo
 Head of Building Services Sudbury
 705-671-2489 ext 4426
 cj.delwo@greatersudbury.ca

Legal Description
 PT LT 2 con 2 Balfour being parts 1,2,3&4 on
 53R13257 as in LT713143; T/W PT 4, 53R13257
 as in LT 713143; T/W PT 4, 53R13257 as in
 LT733292; S/T LT713143, LT730027, LT733290;
 S/T PT 1&2 on 53R18555 as in LT687905;
 Greater Sudbury

● Designated Safe Area