



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.

FEB 1 '12

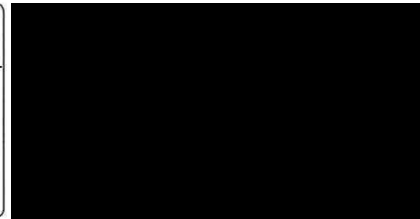
Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number

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 Ontario Corporation No., if applicable

Operator Name (if different from above)

Telephone No. Fax No. E-mail

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

Town / City or Township / County Province Postal Code

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. Street Name / 911 Number / Address, if applicable Nearest Major Intersection

Town / City or Township / County Province Postal Code

Name of Licence Holder

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

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

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.

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder Carson's Camp Ltd.		
Name of Senior Management person as defined in the Regulation holding the Record of Training Lisa Gow / Tim Reaburn		19/09/11



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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.
1975 None

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

	PSIG	Serial Number
Tank 1:	250	5.377890
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: 1000 Portable: 0 Mobile: 0



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Name of person completing this form (please print) Lisa Gow <i>Tim Reaburn</i>	Official Title President <i>VP</i>
Signature <i>Tim Reaburn</i>	Telephone No. 519-422-1143
	Date (dd-mm-yyyy) <i>19/09/11</i>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)		[Redacted]	
Superior Propane - Regional Operation Centre			
Street No.	Street Name / 911 Number / Address, if applicable		
251	Woodland Road East Unit 217		
Town / City or Township / Country		Province	Postal Code
Guelph		On	N1H 8J1
Telephone No.	Fax No.	Contact Name	
877-873-7467	519-836-7766	Mike Mullins	
E-mail			
mullinsm@superiorpropane.com			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		[Redacted]	
Superior Propane			
Street No.	Street Name / 911 Number / Address, if applicable		
718020	HWY # 6, P.O. Box 364 STN Main		
Town / City or Township / Country		Province	Postal Code
Owen Sound		On	N4K 5N7
Telephone No.	Fax No.	Contact Name	
519-376-3384	519-836-7766	Wayne Spahr	
E-mail			
spahrw@superiorpropane			

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	
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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Name of person completing this form (please print)	Official Title	
Lisa Gow <i>Tim Reaburn</i>	President <i>RP</i>	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Tim Reaburn</i>	519-422-1143	14/09/11



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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.

None

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

ABC Fire extinguisher

1- 1 - ABC fire extinguisher located at the Propane Dispenser.

2- 1- ABC fire extinguisher located at Store

3- Fire extinguishers located throughout the camp site.

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- Fusible link on ISC - isolation valve between the tank and the downstream propane dispensing equipment.

2-. Power supply breaker inside the main building. This cuts all power to the propane system - shuts down pump; closes solenoid valve.

Maintenance and testing schedule for fire protection controls and devices.

Maintenance and testing is undertaken by Superior Propane according to Superior 's Maintenance Standards. Schedule for key equipment is:

1- Pumps - (pumps every 3 months; pump motor: check belts monthly; grease pump every 6 months).

2- ISC valve (test for closure every 6 months).

3- Storage Tank Relief Valves - inspected every 2 years; replacement schedule as per provincial regulations.

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Name of person completing this form (please print) Lisa Gow <i>Tim Reaburn</i>	Official Title President <i>VR</i>
Signature <i>Tim Reaburn</i>	Telephone No. 519-422-1143
	Date (dd-mm-yyyy) <i>19/09/11</i>



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact Name: _____ For Office Use - Party No. _____ Lisa Gow Official Title: President Telephone No: 519-422-1143 Fax No: 519-422-3062 E-mail: info@carsonscamp.on.ca Role and responsibilities in emergency: Co-ordinate site response plan (ERP)		5. Facility 24-Hour Contact Person Name: _____ For Office Use - Party No. _____ Tim Reaburn Official Title: Vice President Cell No: 519-372-7650 Fax No: 519-422-3062 E-mail: info@carsonscamp.on.ca Role and responsibilities in emergency: Co-ordinate site response plan (ERP)	
2. Facility Contact Personnel - Alternate Contact Name: _____ For Office Use - Party No. _____ Tim Reaburn Official Title: Vice President Telephone No: 519-422-1143 Fax No: 519-422-3062 E-mail: info@carsonscamp.on.ca Role and responsibilities in emergency: Co-ordinate site response plan (ERP)		6. Name of Facility Manager Name: _____ For Office Use - Party No. _____ Tim Reaburn Official Title: Vice President Telephone No: 519-422-1143 Fax No: 519-422-3062 E-mail: info@carsonscamp.on.ca Role and responsibilities in emergency: Co-ordinate site response plan (ERP)	
3. Local Fire Services - Key Contact Name: _____ For Office Use - Party No. _____ David Robinson Official Title: Fire Chief Telephone No: 519-534-1400 ext 142 Fax No: 519-534-4976 E-mail: info@bns.com Role and responsibilities in emergency: Coordinate emergency response / advise on Fire Service Response. Liaise with police		7. Propane Supplier Key Contact Person Name: _____ For Office Use - Party No. _____ Superior Propane - Hot Line Official Title: _____ Telephone No: 877-873-7467 Fax No: N/A E-mail: n/a Role and responsibilities in emergency: Identify and dispatch Superior Propane and or LEGI RC emergency response personnel as required	
4. Local Fire Services - Alternate Contact Name: _____ For Office Use - Party No. _____ Tim Wilson Official Title: Fire Prevention Officer Telephone No: 519-534-1400 Fax No: 519-534-4976 E-mail: twilson@bns.com Role and responsibilities in emergency: Coordinate emergency response when key contact is not available, and liaise with police services		8. Municipal Contact Name: _____ Angie Cathroe Official Title: Town Clerk Telephone No: 519-534-1400 ext 122 Fax No: 519-534-4976 E-mail: acphen@bns.com Municipality: Town of South Bruce Peninsula	

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Name of person completing this form (please print)	Official Title
Tim Reaburn	Vice President
Signature:	Telephone No: 519-422-1143
	Date (dd-mm-yyyy): Nov 2/11



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2. Additional Safety Measures

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

None

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Name of person completing this form (please print)		Official Title
Lisa Gow <i>Tim Reaburn</i>		President <i>VP</i>
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>[Signature]</i>	519-422-1143	<i>19/09/11</i>



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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) 06-07-2010	Print Name of Training Provider: C. E. Saftey
	Print Name of Instructor: Unkown
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy) None	Print Name of Training Provider:
	Print Name of Instructor:
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) 10-05-2010	Print Name of Training Provider: Superior Propane	Please Note - a ROT is valid for 3 years
	Print Name of Instructor: Unknown	
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:	

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Signature <i>Tim Reaburn</i>	Telephone No. 519-422-1143
	Date (dd-mm-yyyy) <i>19/09/11</i>



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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) Q4-2011	Print Name of Training Provider: Superior Propane or Alternate	Please note: Canadian Propane Gas Association
	Print Name of Instructor: to be arranged	is currently developing the course
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	content and it and its provider should be available to
	Print Name of Instructor:	teach in the fourth quarter of this year.
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) Q4-2011	Print Name of Training Provider: Key Contact to train staff
	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 provided to certificate holders / persons with Records of Training.

Target Date (dd-mm-yyyy) Q4-2011	Print Name of Training Provider: Superior Propane	Please Note - a ROT is valid for 3 years
	Print Name of Instructor: To Be Arranged	Owner to call if training is required in 2011
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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Signature <i>Tim Reaburn</i>	Telephone No. 519-422-1143
	Date (dd-mm-yyyy) <i>19/09/11</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.

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 operator or Alternate will contact emergency services by calling 911 and will provide warnings outlined in the attached: "Propane Emergency Response Procedures" placard (to be posted on site and part of the 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 owner /operator or alternate should first follow the actions in the ERP provided herein. Stage evacuation, if the release of propane cannot be stopped by cutting electrical power may be required. Note a specific muster point is not advisable, since a propane plume can blow in any direction.

Actions will be taken by an on duty ROT person(s)

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, a ROT person will be on duty and be in the propane tank area. This person will be able to visually ascertain any abnormal/accident event and implement the appropriate emergency response actions. When the system is not in operation, the ISC valve (main isolation valve) is closed, and the propane system is unattended. Any accident 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 wide open area that is easily accessible.

The fire access routes 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 (a) how to shut the system down and (b) the fill level in the tank (if known)

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

This information will be provided to the authorities by site President Lisa Gow or alternate.

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

In a emergency situation it would take 10 minutes to reach the facility

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Name of person completing this form (please print) Lisa Gow <i>Tim Reaburn</i>	Official Title President <i>VP</i>
Signature <i>Tim Reaburn</i>	Telephone No. 519-422-1143
	Date (dd-mm-yyyy) <i>19/09/11</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.

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled? (e.g., OCC 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>140 m 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>na</u>	

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) Tim Reardon	Official Title Vice President
Signature 	Telephone No 519-429-1143
	Date (dd/mm/yyyy) Nov 2/11



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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:

SEE ATTACHED LETTER

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.

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name <i>DANIEL ROBINSON</i>	<i>[Signature]</i>	<i>05/10/2011</i>
<i>SOUTH BRUCE PENINSULA FIRE</i>		

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Name of person completing this form (please print) Tim Reardon	Official Title Vice President
Signature	Telephone No. 519-422-1143
	Date (dd-mm-yyyy)

SOUTH BRUCE PENINSULA FIRE DEPARTMENT



Town of South Bruce Peninsula
PO Box 310, 315 George St.
Wiarton, ON N0H 2T0
519-534-1400 ext. 142
1-877-534-1400 toll free
519-534-4976 fax



October 5, 2011

FSN Training
14 Forestview Trail
Newmarket, Ontario
L3Y 4W1

Attention: David Kennedy

Re: Level 1 RSMP – Carsons Camp, 110 Southampton Parkway

Further to the attached signed form "Section B" of your submission for the above noted facility, please be advised that the following changes are required to your submission;

- a) the fire services alternate contact on Page 5 shall be changed to Tim Wilson (contact information to remain)
- b) the distance to the water supply listed on Page 10, 7-4 shall be changed to reflect the distance to the fire hydrant located on Woodland Crescent (Sauble Beach) and the fire department access on Silver Lake Road at Silver Lake.
- c) the site plan that has been provided is required to identify the distance from the storage tank to the property line at Southampton Parkway.
- d) section C of the document is required to identify the total number of trailer units within the "hazard distance".

*PORTABLE
UNITS*

I trust you will find the above in order, however if I can be of any further assistance please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel Robinson".

Daniel Robinson
Manager of Emergency Services



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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)	Capacity of single largest propane storage vessel (USWG)		
13-09-2011	1000 USWG		
Front setback coordinates:	Indicate placement on the map.		
Front: 25 m	Right side property line:	306 m	
Rear: 240 m	Left side property line:	34 m	
GPS coordinates of single largest vessel:	44.6186 -81.2673		

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Name of person completing this form (please print)	Official Title	
Tim Reardon	Vice President	
Signature	Telephone No.	Date (dd-mm-yy)
	519 472 1143	Nov 2/11



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SECTION C: SUBMISSIONS (cont'd)

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

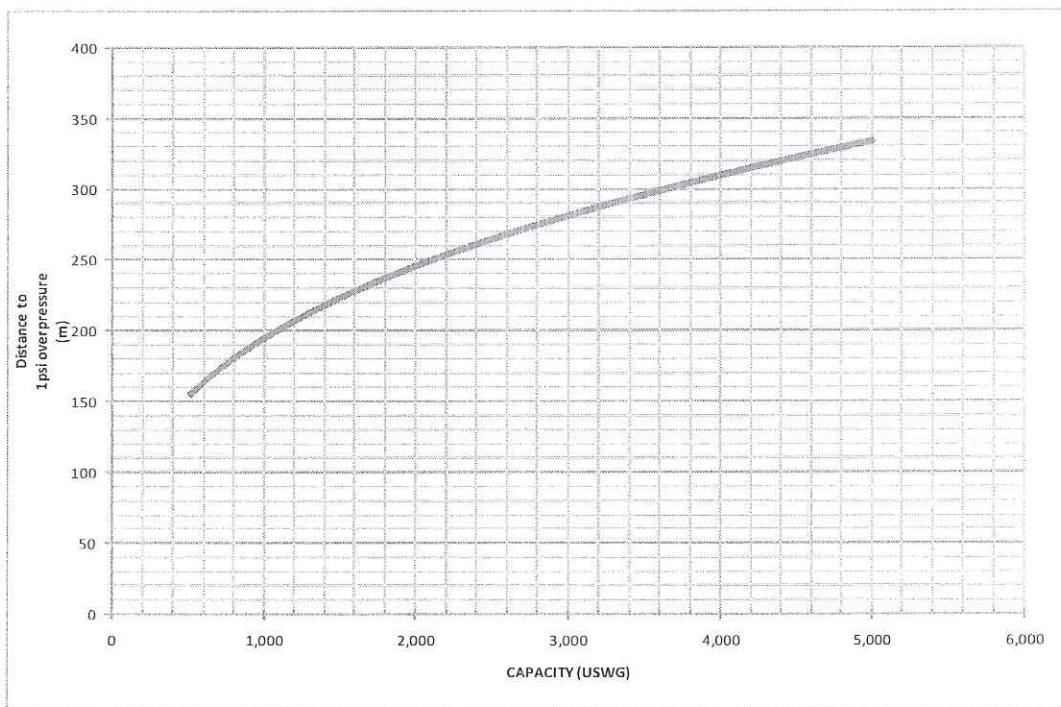
Table 1: Distance Table

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)



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) Lisa Gow <i>Tim Reaburn</i>	Official Title President <i>RP</i>
Signature <i>Tim Reaburn</i>	Telephone No. 519-422-1143
	Date (dd-mm-yyyy) <i>19/09/11</i>



Technical Standards and Safety Authority
www.tssa.org

16th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4503
Customer Services: 1.877.582.8772

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

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 _____ Address _____ City _____ Province _____ Postal Code _____	x				0 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments [Redacted]				x	50 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes Name _____ Address _____ City _____ Province _____ Postal Code _____	x				0 m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name Carson's Camp Ltd (Community Hall & Office) Address 110 South Hampton Drwy RR # 1 City Sauble Beach Province Ont Postal Code N0H 2G0		x			10.5 m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name _____ Address _____ City _____ Province _____ Postal Code _____	x				0 m
Emergency responders specifically fire stations, ambulance stations, and police stations Name _____ Address _____ City _____ Province _____ Postal Code _____	x				0 m

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

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) Tom Beebein	Official Title Vice President	Date (dd-mm-yyyy) Nov 2/11
Signature 	Telephone No 519-422-1145	

FAKED
31 Nov 11



Technical Standards and Safety Authority
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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

Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	0
# 100	29.5	0	0
# 40	11.75	0	0
# 33.3	9.62	0	0
# 30	8.8	0	0
# 20	5.8	0	0
# 10	2.9	0	0
# 5	1.5	0	0
Total Cylinder Capacity 0			

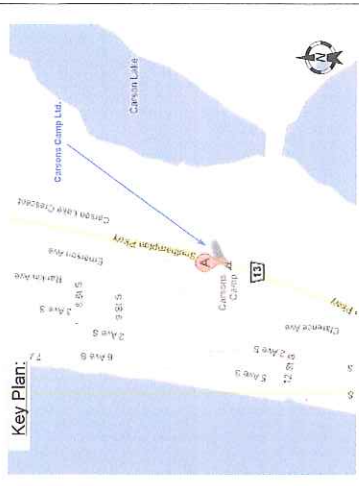
Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
0	0	0
Total Tank Capacity 0		

Total Cylinder Capacity	0
Total Tank Capacity	1000 USWG Propane refill tank
Total Portable Capacity	0

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) Lisa Gew <i>Tim Reaburn</i>		Official Title <i>President-IP</i>
Signature <i>Tim Reaburn</i>	Telephone No. 519-422-1143	Date (dd-mm-yyyy) <i>19/09/11</i>



Notes:

- Tank distances to property lines:

Property Line	Setbacks	Distance
North		386 m
South		34 m
East		375 m
West		240 m

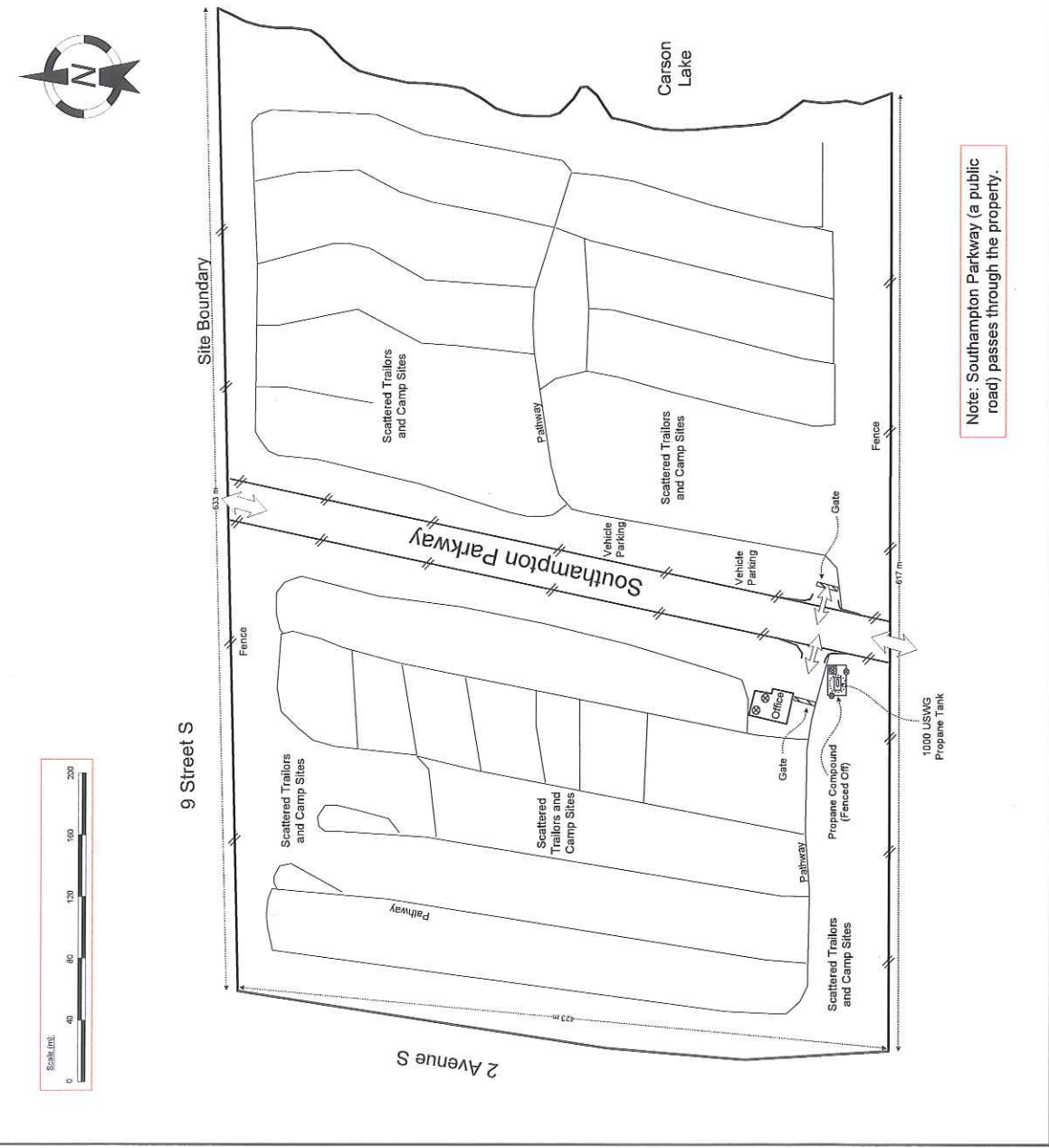
- Fire Extinguisher
- Egress/Fire Access Route:
Site is wide open, egress/access point from Southampton Parkway.
- Access / Egress

FSN Training & Development

Title: Site Plan
Carsons Camp Ltd.
 110 Southampton Parkway (RR #1), Sauble Beach, ON,
 N0H 2G0

Concession D Part Lot 23

Drawn by: S.Oliverio
 Checked by:
 Date: September 13, 2011
 Rev 0



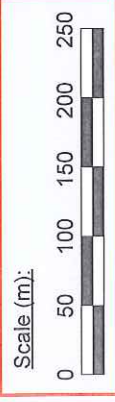


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 Map data ©2011 Google, Tele Atlas

Site Boundary

1000 USWG
 Propane Tank

Hazard
 Distance =
 195 m



<p>Setback Distances to Site Boundary North: 396 m East: 25 m South: 34 m West: 240 m</p>	<p>Municipality (ies) within the 1 psi overpressure circle: Town of South Bruce Peninsula</p>	<p>Map of Surrounding Area</p>
<p>Capacity of Propane Storage Tank: Capacity of Propane Storage Tank = 1000 USWG</p>	<p>Municipal Contact: Angie Cathrae Town Clerk, Town of South Bruce Peninsula 315 George Street, P.O. Box 310, Warton, ON, N0H 2T0 Tel: 519-534-1400 ext. 122 Fax: 519-534-4976 email: sbpen@bmts.com</p>	<p>Carsons Camp Ltd. 110 Southampton Parkway (RR #1), Sauble Beach, ON, N0H 2G0 Concession D Part Lot 23</p>
<p>GPS Co-ordinates of Propane Storage Tank: GPS Co-ordinates = 44.6186, -81.2673</p>	<p>Circular Distance to 1 psi overpressure: Denoted by circle centred on tank; radial distance = 195 m</p>	<p>Drawn by: S. Oliverio Date: September 13, 2011</p>

PROPANE EMERGENCY RESPONSE PROCEDURES

EMERGENCY CONTACT NUMBERS (OR CALL 911)

Fire Department: _____
Police Department: _____
Superior Propane: **1-877-873-7467**

Contact the Fire Department and the Police Department immediately if a propane emergency situation arises. Use a telephone outside the area affected by the leak.

PROPANE LEAKAGE WITH FIRE

PROPANE LEAKAGE WITHOUT FIRE

FIRST CONTROL THE LEAK, THEN PUT OUT THE FIRE

- | | |
|--|--|
| <ol style="list-style-type: none">1. Clear people from the immediate area.2. Clear people from buildings, away from the propane tank, if applicable, and if it is safe to do so.3. Do not extinguish fire unless fuel feeding the fire can be shut off.4. Shut off power to dispenser and pump motor if it is safe to do so.<ul style="list-style-type: none">• Via Emergency Stop (if available), or• Via Power Supply breaker5. Close tank valve to stop flow of propane, if it is safe to do so.6. Apply water to tank and piping exposed to heat.7. Apply water to the vapour space of the tank to keep the tank cool. If there is insufficient water to keep the tank cool, evacuate the area. | <ol style="list-style-type: none">1. Clear people from the immediate area.2. Clear people from buildings, away from the propane tank, if applicable, and if it is safe to do so.3. Stay upwind from the vapour (wind at your back).4. Shut off power to dispenser and pump motor if it is safe to do so.<ul style="list-style-type: none">• Via Emergency Stop (if available), or• Via Power Supply breaker5. Remove sources of ignition.6. Close tank valve to stop flow of propane, if it is safe to do so.7. Disperse gas with water spray and stay behind water spray for protection in case of ignition. |
|--|--|

Superior
Propane