



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M9X 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.

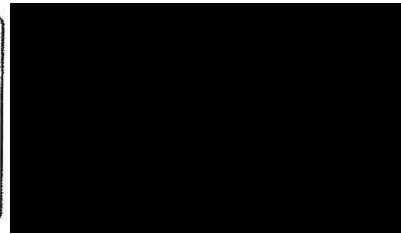
Failure to fully complete this form may result in rejection.
Making a false statement may result in a fine or prosecution
under the *Technical Standards and Safety Act*

Licence Number: 000076642187

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: Magasin Dupras Store Ontario Corporation No., if applicable: _____

Operator Name (if different from above): Gilbert Dupras

Telephone No.: 705-758-6820 Fax No.: 705-758-6820 E-mail: _____

B Street No.: 119 Street Name / 911 Number / Address, if applicable: HWY 539

Town / City or Township / County: River Valley Province: ON Postal Code: P0H-2C0

Mailing address if different from above: _____

C Street No.: _____ Street Name / 911 Number / Address, if applicable: same as above

Town / City or Township / County: _____ Province: _____ Postal Code: _____

Information on Container Refill Centre or Filling Plant

D Location of facility:

Street No.: _____ Street Name / 911 Number / Address, if applicable: same as above Nearest Major Intersection: _____

Town / City or Township / County: _____ Province: _____ Postal Code: _____

Name of Licence Holder: Gilbert Dupras

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): same ROT type: 60490 (PP0-3)

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

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: GILBERT DUPRAS	Signature:	Date (dd-mm-yyyy): 8-Feb-11
Name of Senior Management person as defined in the Regulation holding the Record of Training	SAME	SAME	SAME



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SECTION A: GENERAL INFORMATION (cont'd)

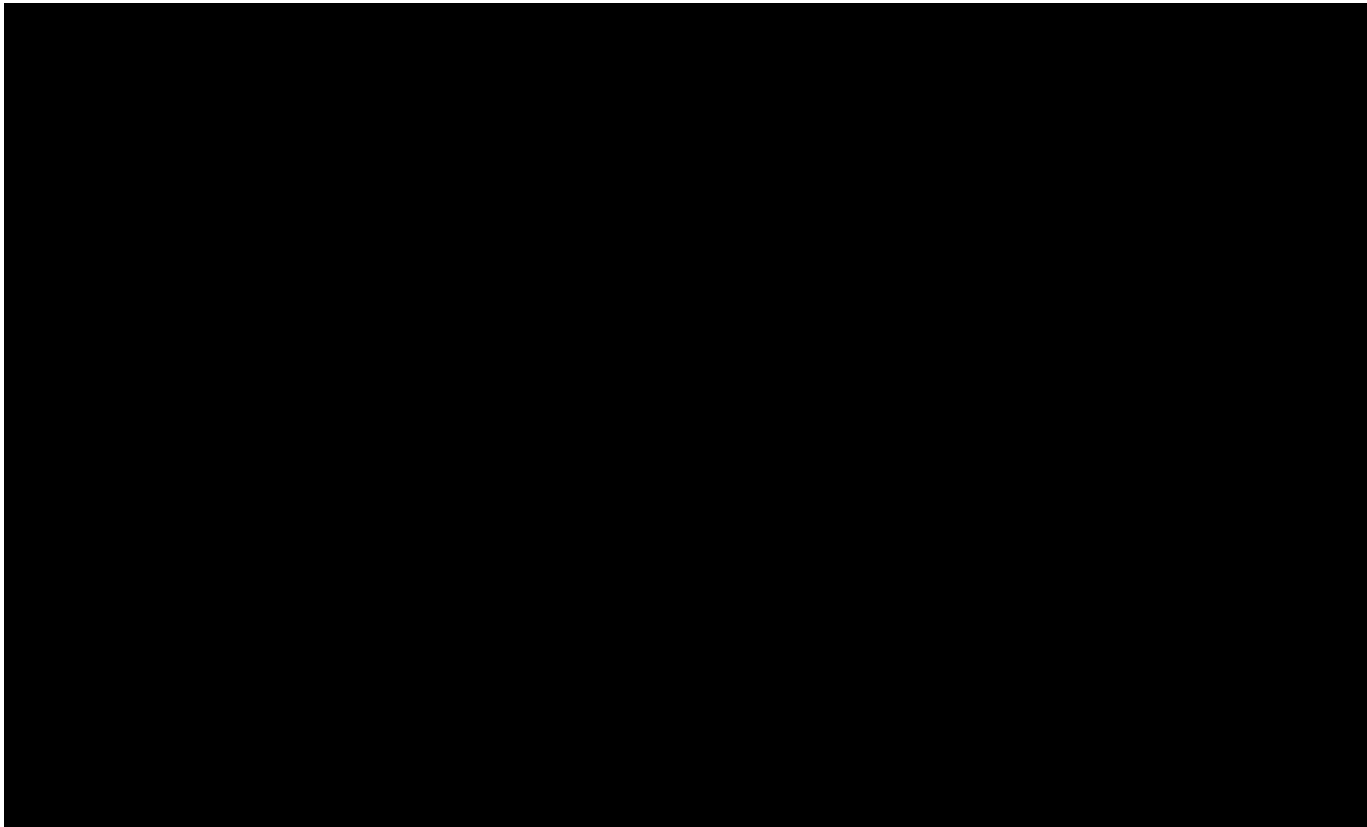
Indicate the year the facility was established. 9/20/2005 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank 1:	<u>250 PSIG</u>	<u>Q0101223</u>
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 USWG Portable: 578 USWG Mobile: n/a



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Name of person completing this form (please print) <u>CARLETT DURRAS</u>		Official Title <u>LICENCE HOLDING OFFICER</u>	
Signature <u>[Handwritten Signature]</u>		Telephone No. <u>705-758-6800</u>	Date (dd-mm-yyyy) <u>8-Feb-11</u>



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

Name of Propane Supplier(s) Moore Propane Limited			
Street No. 56	Street Name / 911 Number / Address, if applicable Gibson Street		
Town / City or Township / Country North Bay		Province On	Postal Code P1B-8Z4
Telephone No. 705-476-2334	Fax No. 705-476-9767	Contact Name Bruce Moore	
E-mail bruce@moorepropane.ca			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			

Off-site Cylinder and/or Mobile Storage n/a	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
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) <i>GILBERT DUARTE</i>	Official Title <i>LICENCE HOLDER/OWNER</i>	
Signature <i>[Signature]</i>	Telephone No. <i>705-758-6820</i>	Date (dd-mm-yyyy) <i>8-Feb-11</i>



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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.

Above ground dyked Gasoline Storage tanks located 5.5 meter propane tank with a dividing wall between the two of sheet metal roofing. These tanks are used as a retail outlet operating under licence # 000076639 the pumps for these are located at the front of the store

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

Fire extinguishers at propane tank and in store

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.

fusible link on cable operated Internal safety control valve, if fire should occur at or under propane tank the fusible link will shut off the flow of propane when fusible links melts, Electrical Emergency Shut off, shut the power supply to dispenser which closes the solenoid valve which stops the flow of propane to the dispenser hose, located at propane tank. Electrical shut off at main power supply.

Maintenance and testing schedule for fire protection controls and devices.

Fire extinguishers are inspected monthly by staff and twice yearly by fire safety services, the propane system and control are inspected yearly by fuel supplier and daily by staff.

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Name of person completing this form (please print) <i>GILBERT DURRAS</i>		Official Title <i>Licence Holder/owner</i>	
Signature <i>[Handwritten Signature]</i>		Telephone No. <i>705-758-6820</i>	Date (dd-mm-yyyy) <i>8-Feb-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		5. Facility 24-Hour Contact Person	
Name Mr. Gilbert Dupras	For Office Use - Party No.	Name same as Key contact	For Office Use - Party No.
Official Title Owner operator		Official Title	
Telephone No. 705-758-6820	Fax No. 705-758-6820	Cell No.	Fax No.
E-mail n/a		E-mail	
Role and responsibilities in emergency Main contact. Contacts emergency service and propane supplier		Role and responsibilities in emergency	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Mrs. Nicole Dupras	For Office Use - Party No.	Name same as Key contact	For Office Use - Party No.
Official Title Owner operator		Official Title	
Telephone No. 705-758-6820	Fax No. 705-758-6820	Telephone No.	Fax No.
E-mail n/a		E-mail	
Role and responsibilities in emergency Main contact. Contacts emergency service and propane supplier		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Richard Savage	For Office Use - Party No.	Name Bruce Moore	For Office Use - Party No.
Official Title Fire Chief		Official Title Owner	
Telephone No. 705-753-1171	Fax No. 705-753-6935	Telephone No. 705-476-2334	Fax No.
E-mail rsavage@wnfs.ca		E-mail	
Role and responsibilities in emergency supervisor of fire department		Role and responsibilities in emergency owner operator	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>Richard Maranda</i>	For Office Use - Party No.	Name Marcelle Cloutier	
Official Title <i>Acting Fire Chief / Training Officer</i>		Official Title Deputy Clerk	
Telephone No. <i>705-753-6923</i>	Fax No. <i>705-753-6935</i>	Telephone No. 705-753-2250 ext 6907	Fax No.
E-mail <i>RMaranda@WNFS.ca</i>		E-mail mcloutier@westnippissing.ca	
Role and responsibilities in emergency <i>SUPERVISOR AND TRAINING OFFICER</i>		Municipality West Nipissing	

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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.

[Large empty lined area for describing additional safety measures]

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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) 30/8/2009	Print Name of Training Provider: Ontario Propane Association
	Print Name of Instructor: Kevin Summerton
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) 30/8/2009	Print Name of Training Provider:
	Print Name of Instructor: Kevin Summerton
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) 30/8/2009	Print Name of Training Provider: Ontario Propane Association
	Print Name of Instructor: Kevin Summerton
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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Name of person completing this form (please print) GILBERT DUARDES	Official Title Licence Holder/owner
Signature <i>[Signature]</i>	Telephone No. 905-758-6820 Date (dd-mm-yyyy) 8-Feb-11



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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) 30/8/2009	Print Name of Training Provider: Ontario Propane Association
	Print Name of Instructor: Kevin Summerton
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) 30/8/2009	Print Name of Training Provider: Ontario Propane Association
	Print Name of Instructor: Kevin Summerton
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) 30/8/2009	Print Name of Training Provider: Ontario Propane Association
	Print Name of Instructor: Kevin Summerton
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) <i>GILBERT DUPRAS</i>	Official Title <i>Licence Holder / owner</i>
Signature <i>Gilbert Dupras</i>	Telephone No. <i>705-758-6000</i> Date (dd-mm-yyyy) <i>8-Feb-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).
 If an incident should occur, 1=the owner/ operator will assess the situation and take proper action to control the incident. 2=if the owner operator can not control the situation He will evacuate the immediate area and contacted emergency services by calling 911 and the propane fuel supplier. The fuel supplier will contact TSSA

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 will will evacuate the area of clients to safe distance. The personnel will meet at the front of the store at which point the fire department will take control of the situation.

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).
 If an incident should occur, 1=the owner/ operator will assess the situation and take proper action to control the incident. 2=if the owner operator can not control the situation He will evacuate the immediate area and contacted emergency services by calling 911 and the propane fuel supplier. The fuel supplier will contact TSSA. When the fuel supplier is contacted he will verify that the owner operator as contacted 911

Describe provisions for fire department entry when there are no operations or staffing at the propane site.
 The propane fuel supplier as is contact information on the propane supply tank and the the client contact information available.

Describe how the licence holder will ensure continual flow of updated information to authorities.
 The owner operator will contact the Propane fuel supplier which in turn will keep the authorities advised.

How long will it take the facility liaison person to respond to the site.
 The owner can arrive on site in less then 5 minutes. he live on the same parcel of land approximately 200 m away.

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Signature <i>[Handwritten Signature]</i>	Telephone No. <i>705-758-6820</i>
	Date (dd-mm-yyyy) <i>8-Feb-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 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)	60 m	
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)	60 m	

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Signature <i>[Signature]</i>	Telephone No. <i>705-38-6800</i>	Date (dd-mm-yyyy) <i>8-Feb-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.

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).

nil

Fire services comments, if any:

The information provided is adequate.

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 <i>West Nipissing Fire Services</i>	Signature <i>[Signature]</i>	Date (dd-mm-yyyy) <i>12-05-2011</i>
Local Fire Services Name		

**WEST NIPISSING OUEST
 FIRE SERVICE D'INCENDIE**
 225 Holditch St, Suite 104
 Sturgeon Falls ON P2B 1T1
 (705) 753-1171

*Re: 119 Hwy 539A
 magasin Dupras Store.*

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>Colbert Dupras</i>	Official Title <i>Licence Holder/owner</i>
Signature <i>[Signature]</i>	Telephone No. <i>705-753-6920</i>
	Date (dd-mm-yyyy) <i>3-feb-11</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-mm-yyyy)	Capacity of single largest propane storage vessel (USWG) 1000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 24 meters to tank	Right side property line: 45 meters
Rear: 225 meters from tank	Left side property line: 30 meters
GPS coordinates of single largest vessel:	N 46°35.223 / W 080°11.000

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Signature <i>Gilbert Dupris</i>	Telephone No. <i>705-758-6820</i>
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SECTION C: SUBMISSIONS (cont'd)
Applicant must include a Facility Site Plan and Map of Surrounding Area

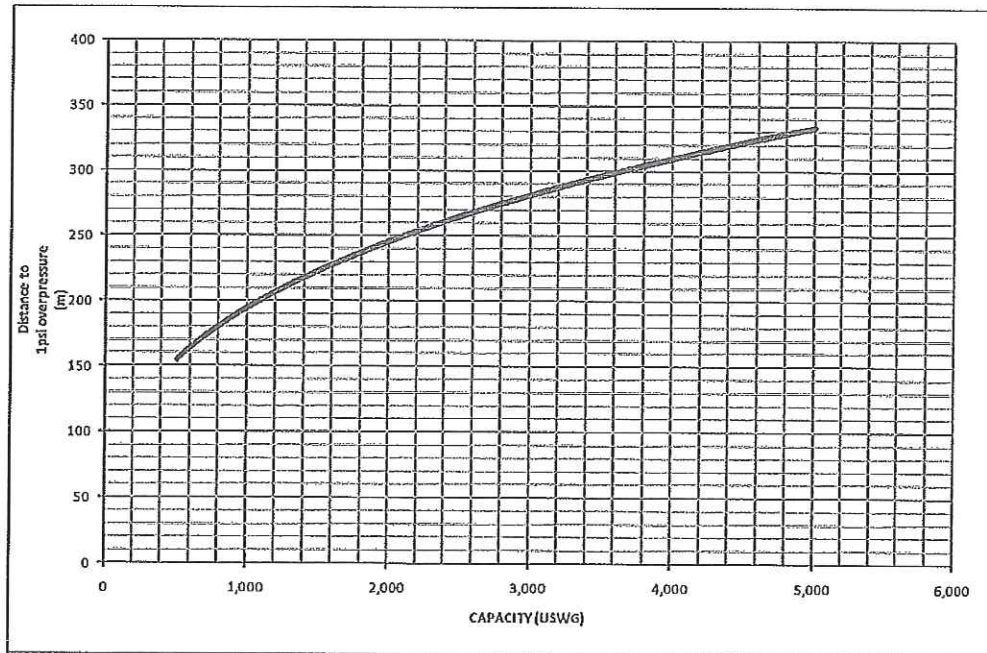
Table 1: Distance Table

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)



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Signature <i>Cilbert Durras</i>	Telephone No. <i>705-758-6800</i>	Date (dd-mm-yyyy) <i>8-Feb-11</i>



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 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

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: n/a Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments [Redacted]		X			40 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Dupras Chip stand Address: 119 Hwy 539 A City: River Valley Province on Postal Code P0H-2C0		X			10 m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: n/a Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive Institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: n/a Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: WEST-NIPISSING FIRE SERVICE STATION 4 Address: St Joseph Rd City: River Valley Province on Postal Code P0H-2C0	X				1000 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) GILBERT DUPRAS	Official Title Licence Holder/owner
Signature <i>Gilbert Dupras</i>	Telephone No. 705-758-6820
	Date (dd-mm-yyyy) 8-Feb-11



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
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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		
# 100	29.5	2	59
# 40	11.75		
# 33.3	9.62		
# 30	8.8	2	17.5
# 20	5.8	20	116
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			186 USWG

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume In USWG
N/A		
Total Tank Capacity		

Total Cylinder Capacity	186 USWG
Total Tank Capacity	1000 USWG
Total Portable Capacity	186 USWG

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>Colbert Purras</i>	Official Title <i>Licence Holder/owner</i>	
Signature <i>[Handwritten Signature]</i>	Telephone No. <i>705-758-6000</i>	Date (dd-mm-yyyy) <i>8-Feb-11</i>

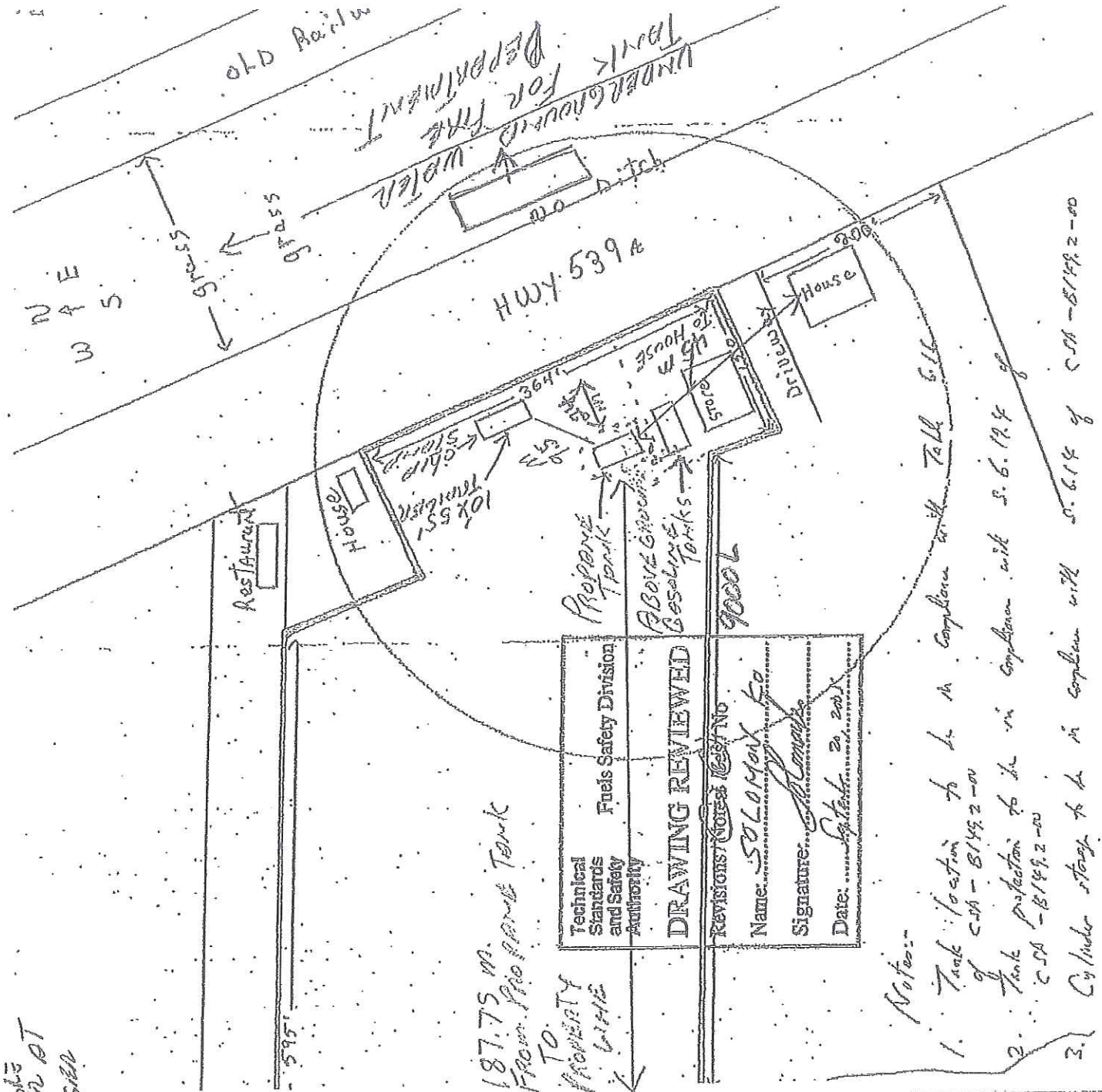
- 1 = FIRE EXTINGUISHER AT PROPANE DISPENSER AND IN STORE
- 2 = EMERGENCY SHUT OFF AT DISPENSER AND POWER SHUT OFF IN STORE

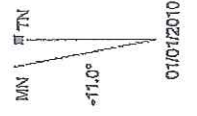
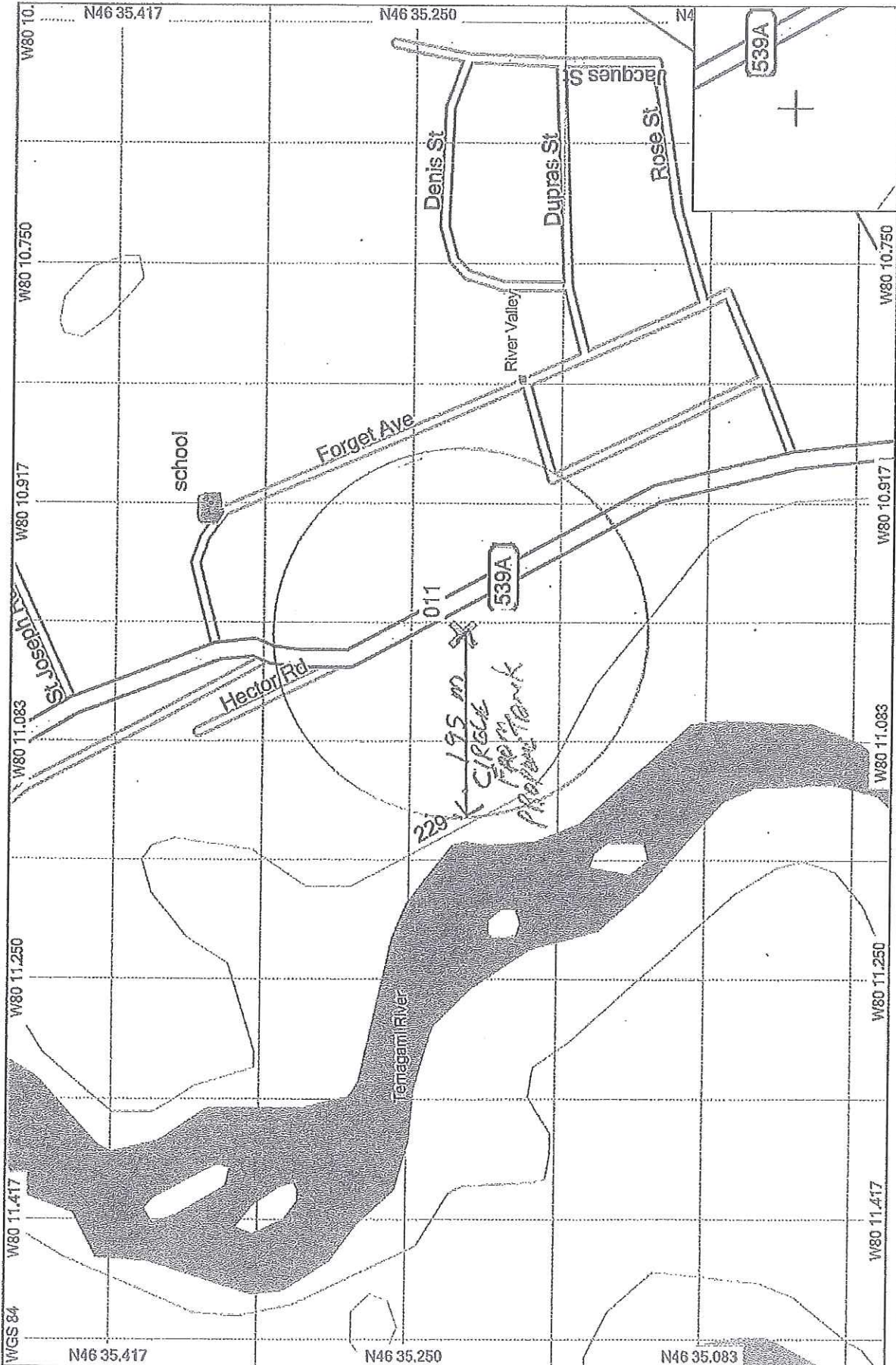
187.75 m.
FROM PROPANE TANK
TO
PROPERTY
LINE

Technical Standards and Safety Authority	Fuels Safety Division
DRAWING REVIEWED	
Revisions (None)	Sheet No
Name: SOLOMON FO	
Signature: <i>[Signature]</i>	
Date: September 20, 2007	

Notes:-

1. Tank location to be in compliance with Table 6.11 of CSA-B149.2-00
2. Tank protection to be in compliance with S.B. 14 of CSA-B149.2-00
3. Cylinder storage to be in compliance with S.B. 14 of CSA-B149.2-00





New Folder (1)

GARMIN

01/01/2010

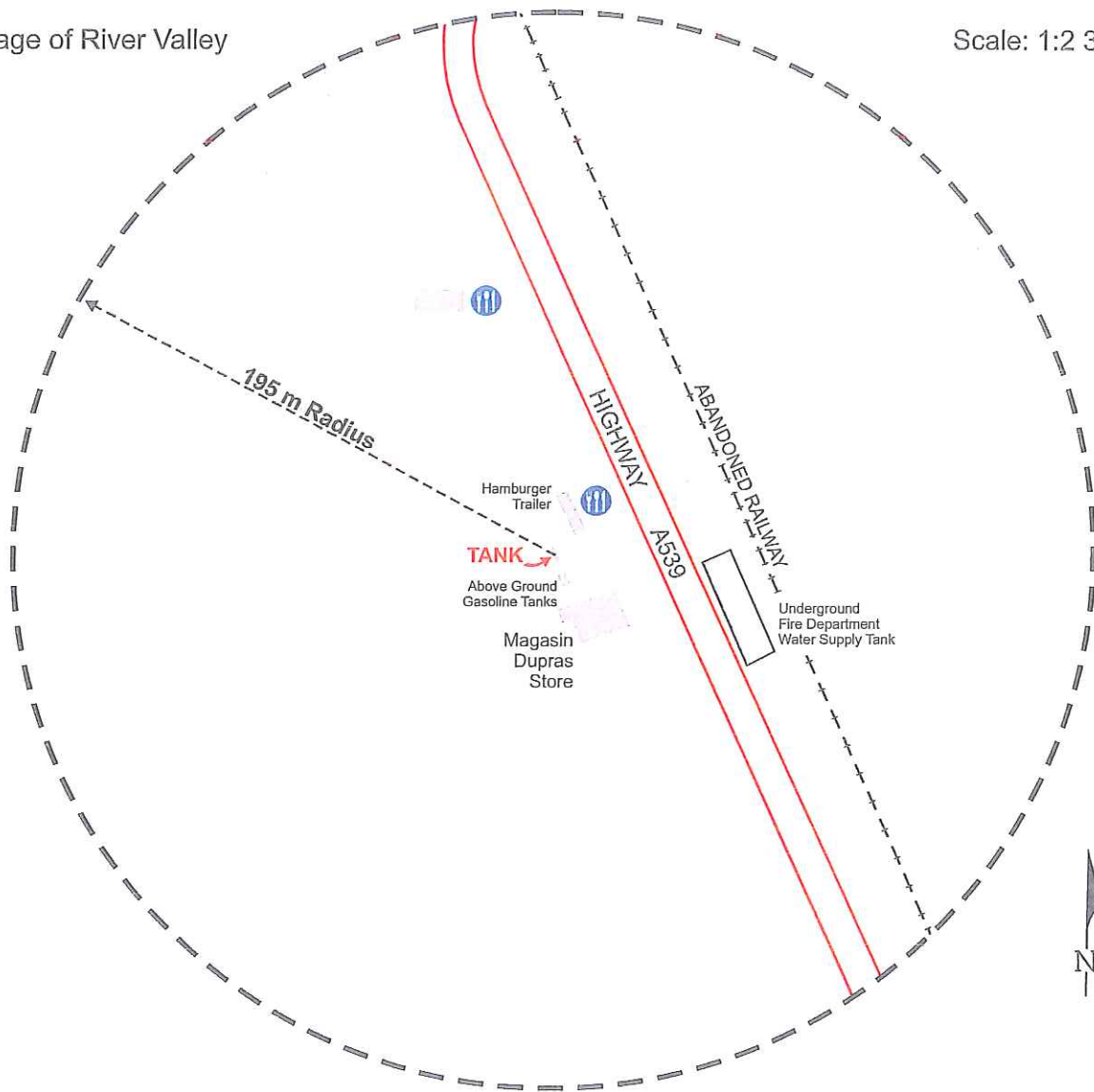
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Risk and Safety Management Plan

PUBLIC RECEPTORS WITHIN HAZARD DISTANCE

Village of River Valley

Scale: 1:2 380



LEGEND

	Industrial Building
	Residential Area
	Highway Road
	Road
	Restaurant
	5000 m ² Threshold

KennKart Digital Mapping ©2010

Nominal Water Capacity (USWG)	Distance to Endpoint (m)
500	155
1000	195
1,300	213
1,750	235
1,885	241
2,000	246
5,000	333

Magasin Dupras Store
119 Highway 539A, River Valley, Ontario, Canada, P0H 2C0