



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.

<p>Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i></p> <p>Licence Number <u>007640022-C</u></p> <p>Check applicable type of propane operations.</p> <p><input checked="" type="checkbox"/> Cylinder <input type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Keylock</p> <p>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p>For Office Use Only</p>
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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 GOLD BELT TIRE & SUPPLY CO LTD Ontario Corporation No., if applicable _____
Operator Name (if different from above) _____

Telephone No. 705 567 9111 Fax No. 568 8150 E-mail Address GOLDBELT.CONTL.SYMPATCO.CA

B Street No. 15 Street Name, Lot / Concession No. NIPPISSING LANE
Town / City or Township / County KIRKLAND LAKE Province ON Postal Code R2N 3M6

Mailing address if different from above.

C Street No. 15 Street Name, Lot / Concession No. NIPPISSING LANE
Town / City or Township / County KIRKLAND LAKE Province ON Postal Code R2N 3M6

Information on Container Refill Centre or Filling Plant

D Location of facility.
Street No. 15 Street Name, Lot / Concession No. NIPPISSING LANE Nearest major intersection NIPPISSING LANE & STATION RD.
Town / City or Township / County KIRKLAND LAKE Province ON Postal Code R2N 3M6

Name of Licence Holder GOLD BELT TIRE & SUPPLY CO LTD

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). DAVE BOLGER ROT type PPO3

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

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 <u>DAVE BOLGER</u>		<u>21 11 2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>DAVE BOLGER</u>		<u>21 11 2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

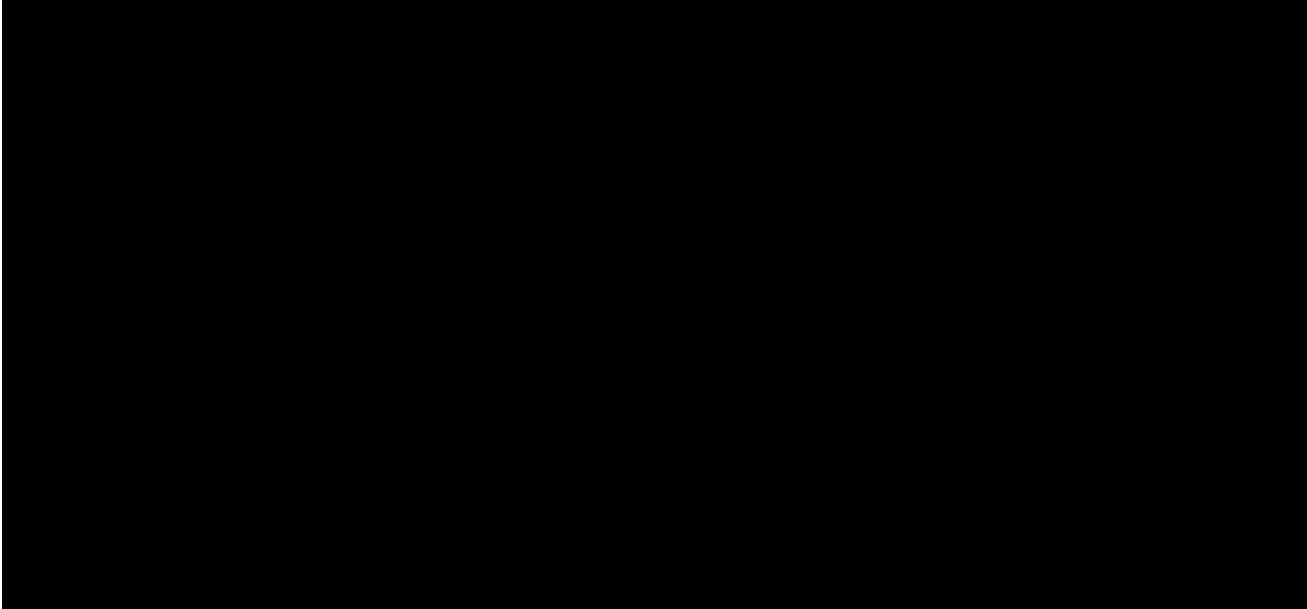
Indicate the year the facility was established. 1990 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. N/A

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>746-17</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: 2000 USWG Portable: 134 USWG Mobile: N/A



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Name of person completing this form (please print) <u>MARK BASARABA</u>	Official Title <u>MANAGER</u>
Signature <u>[Signature]</u>	Telephone No. <u>705 264 5213</u> Date (dd-mm-yyyy) <u>2-1-11-2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)		[Redacted]	
NASCO PROPANE LTD			
Street No.	Street Name Lot / Concession No.		
290	RAILWAY ST		
Town / City or Township / Country		Province	Postal Code
TIMMINS		ON	R1M 1B51
Telephone No.	Fax No.	Contact Name	
705 264 5213	705 264 6979	MARK BASARABA	
E-mail			
MARK@NASCOPROPANE.COM			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		[Redacted]	
Street No.		Street Name Lot / Concession No.	
Town / City or Township / Country		Province	Postal Code
Telephone No.		Fax No.	Contact Name
E-mail			

Off-site Cylinder and/or Mobile Storage		Capacity stored off-site, in USWG	For Office Use - Party No.
Street No.		Street Name Lot / Concession No.	
Town / City or Township / Country		Province	Postal Code
Telephone No.		Fax No.	Contact Name

N/A

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

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MARK BASARABA		MANAGER	
Signature		Telephone No.	Date (dd-mm-yyyy)
		705 264 5213	21-11-2011



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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.

ANTIFREEZE (800 GALLONS STORED INSIDE WAREHOUSE)
MOTOR OIL (10,000 GALLONS FAR WAREHOUSE)
181'4" FROM PROPANE DISPENSER

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

MONITORED FIRE ALARM SYSTEM
3 FIRE EXTINGUISHER (2013 ABC)

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.

FUSEABLE LINK
EMERGENCY SHUT OFF
MONITORED SECURITY/FIRE ALARM

Maintenance and testing schedule for fire protection controls and devices.

BI ANNUALLY TESTING (DOCUMENTED)

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Signature 	Telephone No. 705 264 5213
	Date (dd-mm-yyyy) 21-11-2011



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name <i>DAVE BOLGER</i>	For Office Use - Party No.	Name <i>DAVE BOLGER</i>	For Office Use - Party No.
Official Title <i>MANAGER</i>		Official Title <i>MANAGER (PRESIDENT)</i>	
Telephone No. <i>705 567 9211</i>	Fax No. <i>705 568 8450</i>	Cell No. <i>705 570 1974</i>	Fax No. <i>705 568 8450</i>
E-mail <i>GOLDBELT@NTL.SYMPATICO.CA</i>		E-mail <i>GOLDBELT@NTL.SYMPATICO.CA</i>	
Role and responsibilities in emergency <i>ACCESS</i>		Role and responsibilities in emergency <i>ACCESS</i>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>GLENN RIGNAC</i>	For Office Use - Party No.	Name <i>DAVE BOLGER</i>	For Office Use - Party No.
Official Title <i>VICE PRESIDENT</i>		Official Title <i>MANAGER</i>	
Telephone No. <i>705 567 9211</i>	Fax No. <i>705 568 8450</i>	Telephone No. <i>705 567 9211</i>	Fax No. <i>705 568 8450</i>
E-mail <i>GOLDBELT@NTL.SYMPATICO.CA</i>		E-mail <i>GOLDBELT@NTL.SYMPATICO.CA</i>	
Role and responsibilities in emergency <i>ASSISTANCE</i>		Role and responsibilities in emergency <i>ACCESS</i>	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>MIKE HOWEY</i>	For Office Use - Party No.	Name <i>MARK BASARABA</i>	For Office Use - Party No.
Official Title <i>PLATOON CHIEF</i>		Official Title <i>MANAGER</i>	
Telephone No. <i>705 567 3400</i>	Fax No. <i>705-567-3157</i>	Telephone No. <i>705 264 5243</i>	Fax No. <i>705 264 6979</i>
E-mail <i>MIKE.HOWEY@TTL.ca</i>		E-mail <i>MARK@NASCOPROPANE.COM</i>	
Role and responsibilities in emergency <i>FIRE SERVICE</i>		Role and responsibilities in emergency <i>MUTUAL AID</i>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>ROBERT CHARBONNEAU</i>	For Office Use - Party No.	Name <i>NANCY ALLICHE</i>	
Official Title <i>PLATOON CHIEF</i>		Official Title <i>CAO</i>	
Telephone No. <i>705-567-3400</i>	Fax No. <i>705-567-3157</i>	Telephone No. <i>705-567-9365</i>	Fax No.
E-mail		E-mail <i>nancy.alliche@ttl.ca</i>	
Role and responsibilities in emergency <i>SCENE COMMANDERS</i>		Municipality <i>HINTICUM LAKE</i>	

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Name of person completing this form (please print) <i>DAVE BOLGER</i>	Official Title <i>MANAGER</i>
Signature <i>[Signature]</i>	Telephone No. <i>705-567 9211</i>
	Date (dd-mm-yyyy) <i>25/11/2011</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.

N/A.

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Signature 	Telephone No. 705 264 5213	Date (dd-mm-yyyy) 21-11-2011



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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) Nov. 25, 2011	Print Name of Training Provider: GOLDBERT TIRE
	Print Name of Instructor: DAVE BOLGER
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) Nov. 25, 2011	Print Name of Training Provider: GOLDBERT TIRE
	Print Name of Instructor: DAVE BOLGER
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)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider: N/A
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Signature 	Telephone No. 705 264 6213
	Date (dd-mm-yyyy) 21-11-2011



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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) Nov 25 2011	Print Name of Training Provider: NASCO PROPANE
	Print Name of Instructor: GUY MASSICOTTE
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) NOV 25 2011	Print Name of Training Provider: NASCO PROPANE
	Print Name of Instructor: GUY MASSICOTTE
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) NOV 25 - 2011	Print Name of Training Provider: NASCO PROPANE
	Print Name of Instructor: GUY MASSICOTTE
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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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).

DAVE BOLGER OR DESIGNATED STAFF WILL NOTIFY FIRE SERVICES & CONTACT 911

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).

DAVE BOLGER WILL ACTIVATE ALARM TO ALL PERSONNEL ON THE PREMISE VIA SPEAKER PHONE / INTERCOM

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).

IN THE EVENT OF AN EMERGENCY DAVE BOLGER OR DESIGNATE WILL CALL 911 AND REPORT BACK TO CONFIRM THE CALL WAS PLACED

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

LOCAL FIRE SERVICES WILL GAIN ENTRY BY CUTTING THE FENCE OR REMOVING THE GATE AND OR CALL DAVE BOLGER

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

CELL PHONE

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

DAVE BOLGER WILL RESPOND WITHIN 5 MINUTES OF RECEIVED CALL

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DAVE BOLGER	MANAGER	
Signature	Telephone No.	Date (dd-mm-yyyy)
	705-567-9211	21-11-2011



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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

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

Yes

No

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

Fire services comments, if any:

To be completed by the Licence Holder

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

The Licence holder will respond to the Local Fire Services comments by: _____ (dd-mm-yyyy)

LOCAL FIRE SERVICES

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

Print name <i>MIKE HOWEY</i> Local Fire Services Name	Signature <i>pc Mike Howey</i>	Date (dd-mm-yyyy) <i>25/11/2011</i>
---	-----------------------------------	--

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

Name of person completing this form (please print) <i>Mike Howey</i>	Official Title <i>Platoon Chief</i>	
Signature <i>Mike Howey</i>	Telephone No. <i>705-567-3400</i>	Date (dd-mm-yyyy) <i>25/11/2011</i>



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SECTION C: SUBMISSIONS (cont'd)

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) <u>25/11/2011</u>	Capacity of single largest propane storage vessel (USWG) <u>2000</u>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>62.5m</u>	Right side property line: <u>75m</u>
Rear: <u>25m</u>	Left side property line: <u>37.5m</u>
GPS coordinates of single largest vessel: <u>N 75° 58E</u>	

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Name of person completing this form (please print) <u>DAVE BOLGER</u>	Official Title <u>MANAGER</u>	
Signature 	Telephone No. <u>705-567-9211</u>	Date (dd-mm-yyyy) <u>25/11/2011</u>



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SECTION C: SUBMISSIONS (cont'd)

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

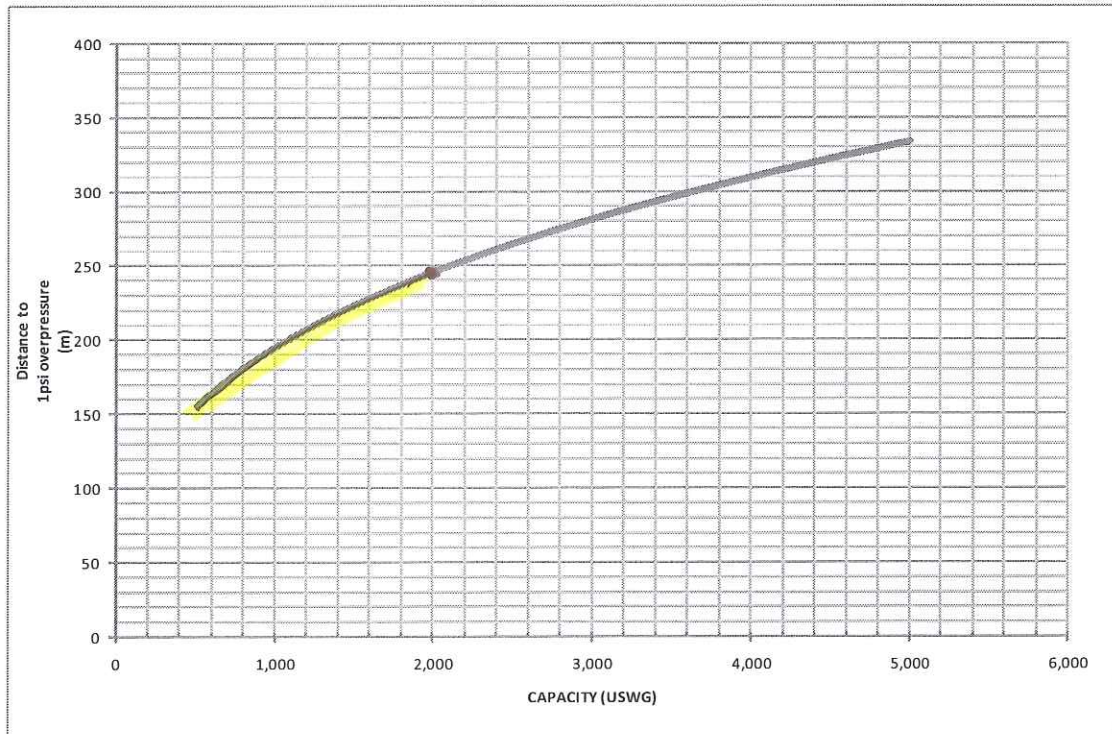
Table 1: Distance Table

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>[Handwritten Signature]</i>		Telephone No. 705 264 5213	Date (dd-mm-yyyy) 21-11-2011



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SECTION C: SUBMISSIONS (cont'd)
Applicant must include a Facility Site Plan and Map of Surrounding Area

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

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>CIVIC BALL PARK</u> Address: <u>TWEDDSMERE</u> City: <u>KIRKLAND LAKE</u> Province <u>ON</u> Postal Code <u>R7N 3M6</u>		X			<u>151</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m

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

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Signature 	Telephone No. <u>705 264 0213</u> Date (dd-mm-yyyy) <u>21-11-2011</u>



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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	N/A	
# 100	29.5	4	80
# 40	11.75	N/A	
# 33.3	9.62	9	54
# 30	8.8	N/A	
# 20	5.8	N/A	
# 10	2.9	N/A	
# 5	1.5	N/A	
Total Cylinder Capacity		134 USWA	

Tanks Stored On-site Not Connected for Use

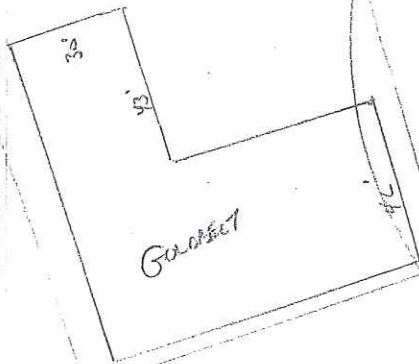
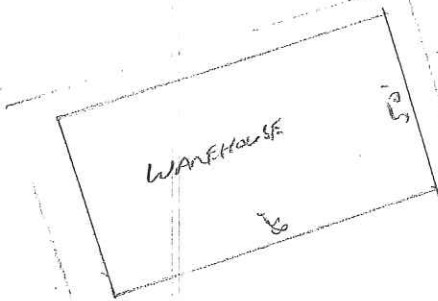
Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity		N/A

Total Cylinder Capacity	134 USWA
Total Tank Capacity	N/A
Total Portable Capacity	N/A

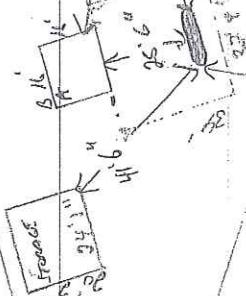
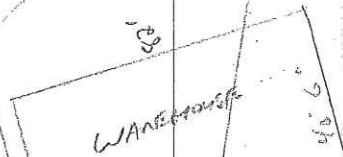
Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Name of person completing this form (please print) MARK BASARABA		Official Title MANAGER	
Signature 		Telephone No. 705 264 5213	Date (dd-mm-yyyy) 21-11-2011

ONE RAILROAD



LANE
MISSING



FIRE ENGINE

GPS: N 75° S 8E

PREPARED BY:
DAVE BOLGER
DATE: NOV. 2011

SETBACKS

FRONT: 62.5m
REAR: 25.0m
RIGHT: 75.0m
LEFT: 37.5m

FIRE EXTINGUISHER - A

EMERGENCY START-OFF - B

BARRIER - C

STORAGE VESSEL - 2000 USWG

CUSTOMER - GOLDSET TANK & SUPPLY

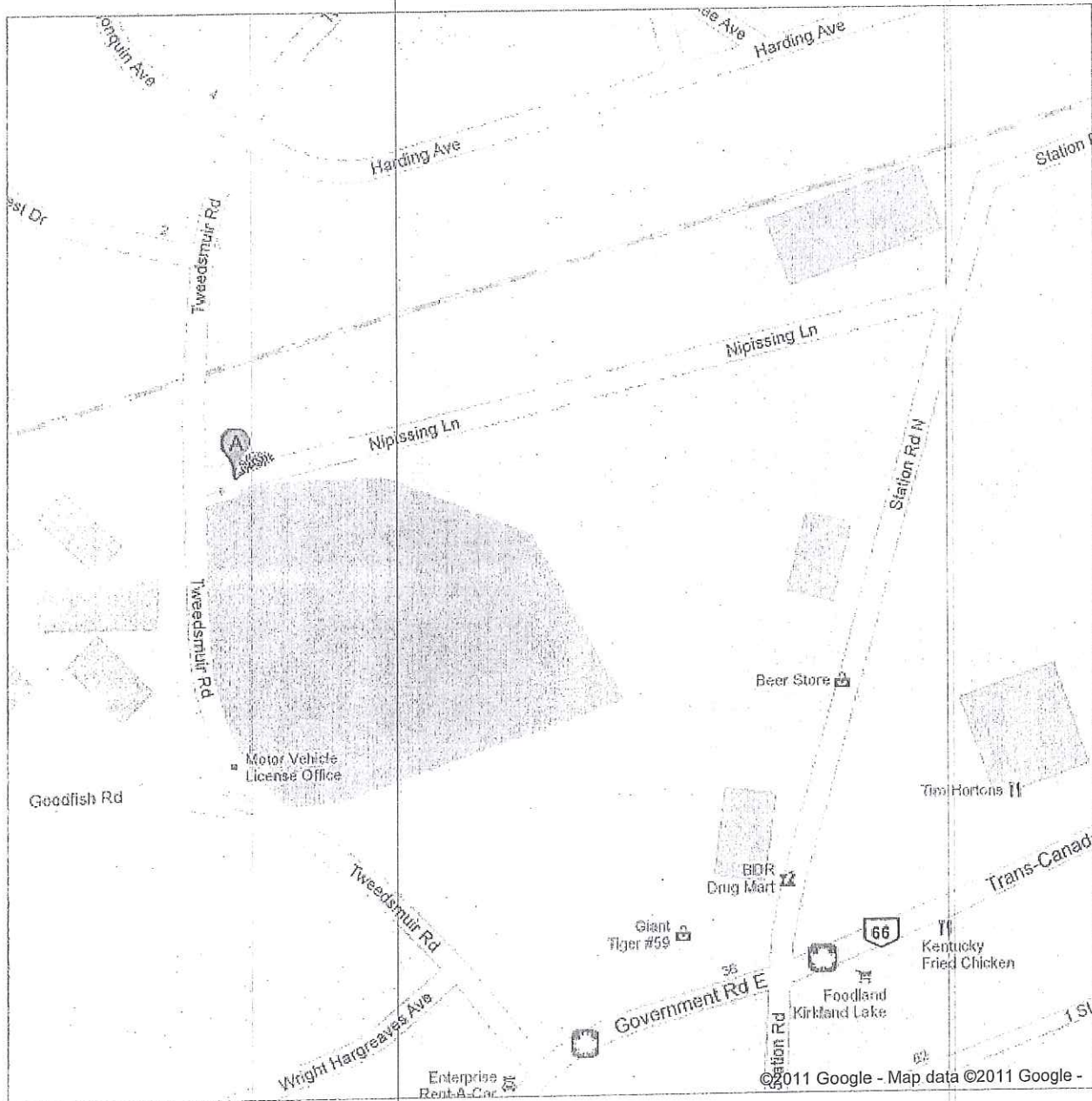
ADDRESS - 15 MISSING LANE

MUNICIPALITY - KIRKLAND LAKE, ONT

CITY CLERK - JOANNE DUCHANNE

Google

Address Nipissing Ln
Kirkland Lake, ON P2N



A

STORAGE VESSEL - 2000 USWG
CUSTOMER - Gold BELT TIRE & SUPPLY.
ADDRESS - 15 NIPISSING LANE.
MUNICIPALITY - KIRKLAND LAKE, ON.
CITY CLERK - JOANNE DUCHARMÉ.

GPS: N 75° 58'E

ONTARIO NORTHLAND RAILWAY

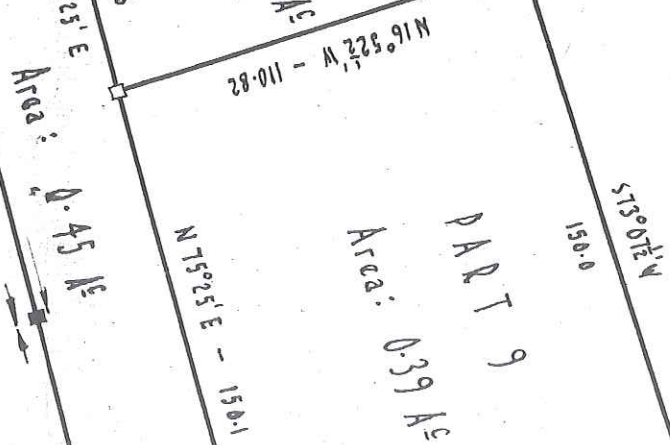
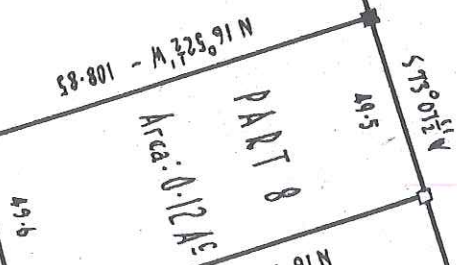
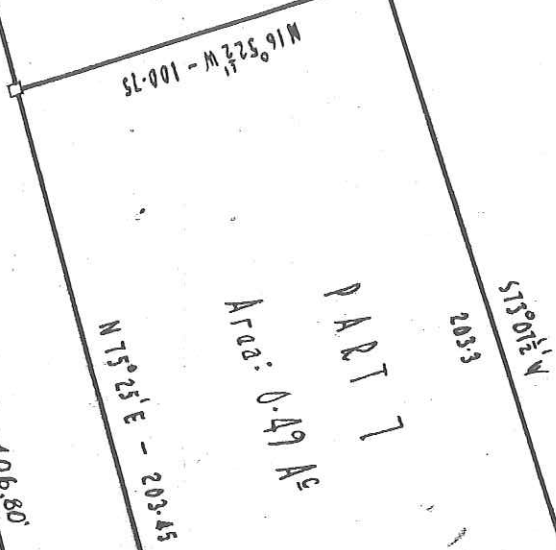
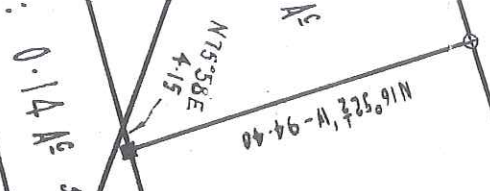
H.E.P.C.
Right-of-Way
feet wide

PART 13

PART 14

Detail P10

South Boundary of L-2227



PART 10



N75°38'E