



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.

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: 0076449045-C *007 189486*

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: Johnson's Esso    Ontario Corporation No., if applicable: 1852077

Operator Name (if different from above): Same

Telephone No.: 807-597-6775    Fax No.: 807-597-4571    E-mail: johnsonesso@bellnet.ca

**B** Street No.: #2    Street Name / 911 Number / Address, if applicable: Mercury Avenue

Town / City or Township / County: Atikokan    Province: Ontario    Postal Code: P0T 1C0

Mailing address if different from above:

**C** Street No.:    Street Name / 911 Number / Address, if applicable: P.O. Box 1210

Town / City or Township / County: Atikokan    Province: Ontario    Postal Code: P0T 1C0

**Information on Container Refill Centre or Filling Plant**

**D** Location of facility:

Street No.: #2    Street Name / 911 Number / Address, if applicable: Mercury Avenue    Nearest Major Intersection: Mackenzie Avenue

Town / City or Township / County: Atikokan    Province: Ontario    Postal Code: P0T 1C0

Name of Licence Holder: Johnson's Esso

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Kim Wiens (General Manager)    ROT type: 100-01

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

Hours of operation:

*Just 100 19200*

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: Johnson's Esso	<i>Kim Wiens</i>	27-05-2012
Name of Senior Management person as defined in the Regulation holding the Record of Training: Kim Wiens		



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

**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.  
Believed to be 1989      Unaware of any significant modifications

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

	PSIG	Serial Number
Tank1:	250	38203A
Tank2:		
Tank3:		

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: 539.8 uswg      Mobile: 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) Kirk Shaughnessy	Official Title Branch Manager - Cal-Gas Inc.	
Signature 	Telephone No. 807-344-3300	Date (dd-mmm-yyyy) 27-05-2012



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**

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

<b>Name of Propane Supplier(s)</b> Cal-Gas Inc			For Office Use - Party No.		
Street No. 1950	Street Name / 911 Number / Address, if applicable Mountdale Avenue				
Town / City or Township / Country Thunder Bay			Province Ontario	Postal Code P7E 3B1	
Telephone No. 807-344-3300	Fax No. 807-344-3221	Contact Name Kirk Shaughnessy			
E-mail kshaughnessy@calgasinc.com					

<b>Name of Propane Transporter.</b> If same as above, please check box. <input checked="" type="checkbox"/>			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			
E-mail					

<b>Off-site Cylinder and/or Mobile Storage</b>		Capacity stored off-site, in USWG	For Office Use - Party No.		
0		0			
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.

**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) Kirk Shaughnessy		Official Title Branch Manager - Cal-Gas Inc	
Signature 		Telephone No. 807-344-3300	Date (dd-mm-yyyy) 27-05-2012





**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

**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.

Diesel fuel - 15,000 litre above ground tank

Gasoline - 90,800 litres underground storage (4 x 22,700 litre tanks)

Propane - 2,000 u.s.w.g.

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

5 x fire extinguishers

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.

Emergency electrical shutdown at dispenser ( closes in line solenoid valve and pump motor)

Emergency manual shutdown at dispenser linked to the isc valve

Fusible link installed as part of the emergency manual shutdown (melts out at 212 Farenheit, releasing the isc lever back to it's closed position)

Hydro shutdown breaker within building electrical panel


Maintenance and testing schedule for fire protection controls and devices.

Propane dispenser will have a documented inspection once per year - completed by Cal-Gas Inc

Propane dispenser maintenance requirements will be completed by Cal-Gas Inc

Fire extinguishers require a certified inspection once per year - responsibility of Johnson's Esso

**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) Kirk Shaughnessy	Official Title Branch Manager - Cal-Gas Inc
Signature 	Telephone No. 807-344-3300
	Date (dd-mm-yyyy) 27-05-2012



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**

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

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name Kim Wiens	For Office Use - Party No.	Name Kim Wiens	For Office Use - Party No.
Official Title General Manager		Official Title General Manager	
Telephone No. 807-597-6775	Fax No. 807-597-4571	Cell No. 807-597-6179	Fax No. 807-597-4571
E-mail johnsonesso@bellnet.ca		E-mail johnsonesso@bellnet.ca	
Role and responsibilities in emergency Emergency Response Coordinator. Contact and assist Emergency Services, manage propane leak/fire if controllable and site evacuation		Role and responsibilities in emergency Emergency Response Coordinator. Contact and assist Emergency Services, manage propane leak/fire if controllable and site evacuation	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Tom Speer	For Office Use - Party No.	Name Fran Speer	For Office Use - Party No.
Official Title Vice President		Official Title Owner / Director	
Telephone No. 807-627-7847	Fax No. 807-623-0400	Telephone No. 807-627-1323	Fax No. 807-939-2214
E-mail tom@cpsca.com		E-mail tom@cpsca.com	
Role and responsibilities in emergency Assist Kim Wiens and Emergency Services where possible		Role and responsibilities in emergency Assist Kim Wiens and Emergency Services where possible	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Garth Dyck	For Office Use - Party No.	Name Kirk Shaughnessy	For Office Use - Party No.
Official Title Fire Chief	E-mail firecbo@atikokan.ca	Official Title Branch Manager - Cal-Gas Inc	E-mail kshaughnessy@calgasinc.com
Telephone No. 807-597-1234 Ext 228 Cell 597-8106	Fax No. 807-597-6186	Telephone No. 807-344-3300 Cell 807-621-7466	Fax No. 807-344-3221
Role and responsibilities in emergency Full authority to manage and control emergency		Role and responsibilities in emergency Assist Kim Wiens and Emergency Services via phone or coming to site	
Fire Services Address 101 Goodwin Street, Atikokan, Ontario, P0T 1C0		Propane Supplier Address 1950 Mountdale Avenue, Thunder Bay, Ontario, P7E 3B1	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Graham Warburton	For Office Use - Party No.	Name Andre Morin	For Office Use - Party No.
Official Title Deputy Fire Chief	E-mail firecbo@atikokan.ca	Official Title Chief Administrative Officer	
Telephone No. 807-597-4338 Cell 597-8293	Fax No. 807-597-6186	Telephone No. 807-597-1234 Ext. 225	Fax No. 807-597-6186
Role and responsibilities in emergency Full authority to manage and control emergency		E-mail andre.morin@atikokan.ca	
Fire Services Address 101 Goodwin Street, Atikokan, Ontario, P0T 1C0		Municipality Name and Address Town of Atikokan, 120 Marks Street, Atikokan, Ontario P0T 1C0	

**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) Kirk Shaughnessy	Official Title Branch Manager - Cal-Gas Inc
Signature 	Telephone No. 807-344-3300
	Date (dd-mm-yyyy) 27-05-2012



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

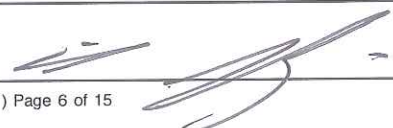
**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

2. Additional Safety Measures

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

None

**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) Kirk Shaughnessy	Official Title Branch Manager - Cal-Gas Inc
Signature 	Telephone No. 807-344-3300
	Date (dd-mm-yyyy) 27-05-2012





**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

**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) 13-07-2011	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: Bobby Allan
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) 13-07-2011	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: Bobby Allan
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) 13-07-2011	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: Bobby Allan
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:

**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) Kirk Shaughnessy	Official Title Branch Manager - Cal-Gas Inc
Signature 	Telephone No. 807-344-3300
	Date (dd-mm-yyyy) 29-05-2012



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

**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) 15-06-2012	Print Name of Training Provider: Cal-Gas Inc.
	Print Name of Instructor: Kirk Shaughnessy
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) 15-06-2012	Print Name of Training Provider: Cal-Gas Inc.
	Print Name of Instructor: Kirk Shaughnessy
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) 15-06-2012	Print Name of Training Provider: Cal-Gas Inc.
	Print Name of Instructor: Kirk Shaughnessy
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:

**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) Kirk Shaughnessy	Official Title Branch Manager - Cal-Gas Inc.
Signature 	Telephone No. 807-344-3300
	Date (dd-mm-yyyy) 29-05-2012





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**

**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).  
Warning will given by Kim Wiens (General Manager) or Alternate - Gary Braun. Warning will be verbal to employees and public.

All other employees will be instructed in the emergency response plan

Shut off emergency stop call 911 make sure everyone is out of building and meet at White Otter Inn

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).

Kim Wiens or alternate will be responsible to isolate a propane leak if safe to do so and extinguish a fire if containable and safe to do so. In the event of evacuation, the muster point for employees and visitors will be the lobby entrance of the White Otter Inn. Kim Wiens or alternate will be responsible to ensure all employees are notified and safely evacuated. Alternate will mean all employees

**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).

The Emergency Evacuation Plan will be posted in the building, stating that Kim Wiens is the primary Emergency Response Coordinator with Gary Braun as the alternate. The process is for the Emergency Response Coordinator or alternate to activate the emergency electrical shutdown and close the dispenser ISC system. 911 is to be called and evacuation of employees and visitors.

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

The site has three access points for Emergency Services to enter.

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

The primary Emergency Response Coordinator will remain on site to assist Emergency Services.

All alternate employees will assist emergency services

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

Five minutes, if not already on site.

**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) Kirk Shaughnessy	Official Title Branch Manager - Cal-Gas Inc.
Signature 	Telephone No. 807-344-3300
	Date (dd-mm-yyyy) 29-05-2012



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

**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? <i>INSPECTED - NOT RECORDED</i> | <input type="checkbox"/>            | <input checked="" 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., 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>63 Meters</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>N/A</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) Kirk Shaughnessy	Official Title Branch Manager - Cal-Gas Inc	
Signature 	Telephone No. 807-344-3300	Date (dd-mm-yyyy) 29-05-2012



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

**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** Yes  No

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

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	Signature	Date (dd-mm-yyyy)
Local Fire Services Name	GARTH DYCK		31-05-2012

**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)	Official Title	
GARTH DYCK	FIRE CHIEF / CBO	
Signature	Telephone No.	Date (dd-mm-yyyy)
	807-597-1234	31-05-2012





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

**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) 29-05-2012	Capacity of single largest propane storage vessel (USWG) 2000 uswg
Tank setback coordinates. Indicate placement on the map.	
Front: 21' 6"	Right side property line: 11' 10"
Rear: 74' 6"	Left side property line: 168' 0"
GPS coordinates of single largest vessel:	48°45' N 97° 37'W

**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) Kirk Shaughnessy	Official Title Branch Manager - Cal-Gas Inc.
Signature 	Telephone No. 807-344-3300
	Date (dd-mm-yyyy) 29-05-2012



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

**SECTION C: SUBMISSIONS (cont'd)**

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

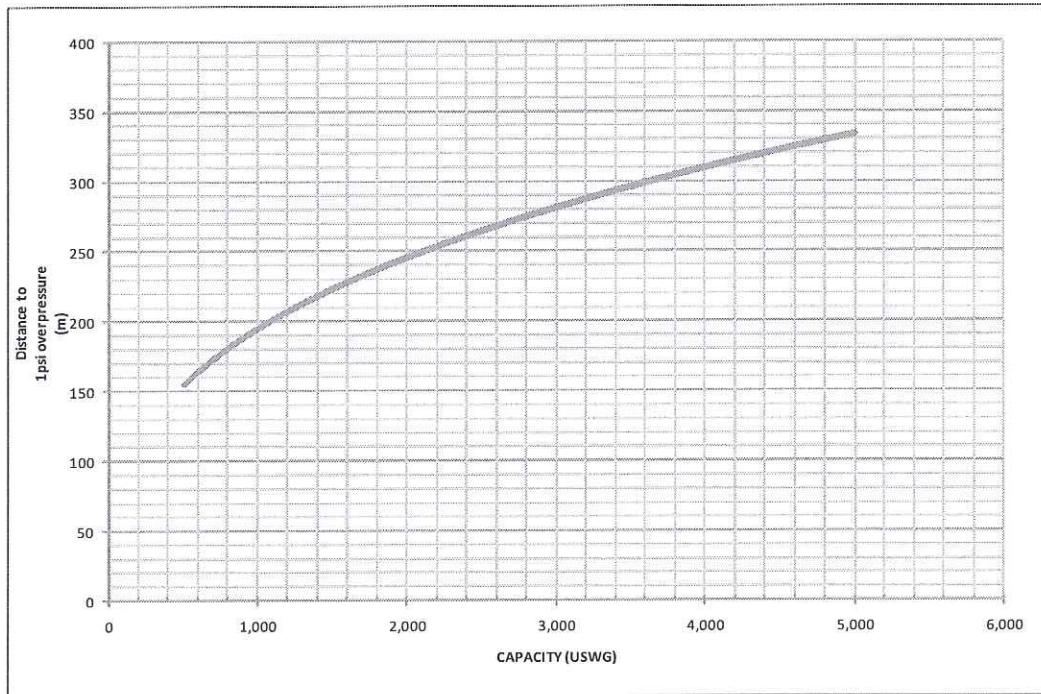
Table 1: Distance Table

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)





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**

**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				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]			X		57.5 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Race Trac Service Station (currently closed) Address: 704 Mackenzie Avenue City: Atikokan Province Ontario Postal Code P0T 1C0			X		19.8 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: White Otter Inn Address: 710 Mackenzie Avenue City: Atikokan Province Ontario Postal Code P0T 1C0		X			138 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				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ 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) Kirk Shaughnessy	Official Title Branch Manager - Cal-Gas Inc.
Signature 	Telephone No. 807-344-3300
	Date (dd-mm-yyyy) 29-05-2012





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

**WORKSHEET**

**Portable Storage Additional Information Worksheet**

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5	10	295
# 40	11.75	(6 X 60LB)	105.6
# 33.3	9.62		
# 30	8.8		
# 20	5.8	24	139.2
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			539.8 USWG

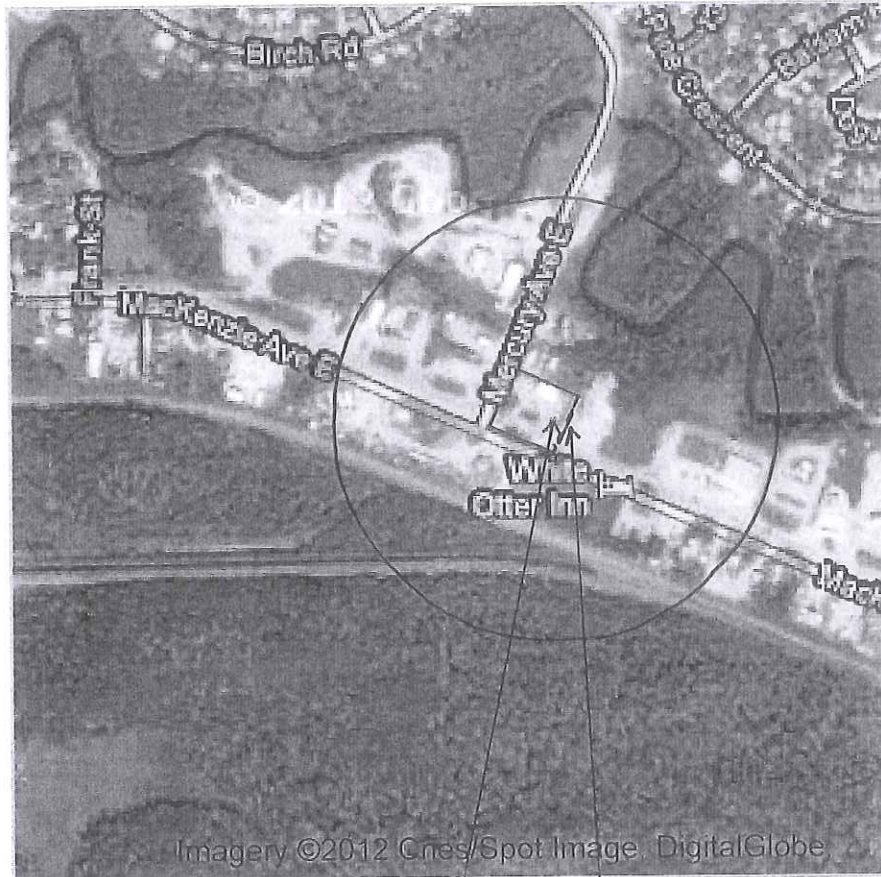
**Tanks Stored On-site Not Connected for Use**

Tank Size In USWG	Quantity	Total Volume in USWG
0	0	0
<b>Total Tank Capacity</b>		0

<b>Total Cylinder Capacity</b>	539.8 USWG
<b>Total Tank Capacity</b>	0
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	539.8 USWG

To see all the details that are visible on the screen, use the "Print" link next to the map.

Google



2000 USING  
PROPANE DISPENSER

PROPERTY LINES

GPS 48° 45' N 97° 37' W

TANK LOCATION SETBACK

FRONT 21' 6"

REAR 74' 6"

RIGHT 11' 10"

LEFT 168' 0"

MUNICIPAL ADDRESS #2 MERCURY AVENUE

LOT 26 - PLAN S-209

MAP PREPARED MAY 29/2012

MUNICIPALITY OF ATIKOKAN

MUNICIPAL CONTACT - ANDRE MORIN PH 807-597-1234

TOWN OF ATIKOKAN

120 MARKS STREET

ATIKOKAN, ONT.

POT 20

XT 225

FAK 807-597-6186

andre.morin@atikokan.ca

5/30/2012

