



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: 1.877.602.0772

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: 07931-0311-01

Check applicable type of propane operations

Cylinder     Motor Fuel     Filling Plant     Card/Key/lock

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: 1311224 Ontario Inc. Ontario Corporation No., if applicable: 1311224-01

Operator Name (if different from above): Paul Gaudet

Address: 22A Goodwin Court, Toronto, Ontario, Canada

Telephone No: 705-931-3411 Fax No: 705-931-0033 Email: progas@1311224.com

**B** Street No: 211 Street Name / 911 Number / Address, if applicable: King Street R.R. 1

Town / City or Township / County: \_\_\_\_\_ Province: ON Postal Code: L0H 2J0

Mailing address if different from above:

**C** Street No: 211 Street Name / 911 Number / Address, if applicable: King Street

Town / City or Township / County: \_\_\_\_\_ Province: ON Postal Code: L0H 2J0

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

**D** Location of facility:

Street No: 211 Street Name / 911 Number / Address, if applicable: King Street

Nearest Major Intersection: Highway 10 / Windsor Rd

Town / City or Township / County: \_\_\_\_\_ Province: ON Postal Code: L0H 2J0

**Hours of Licence Holder**

USA Code of Federal Regulations / Manual Code: \_\_\_\_\_

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Paul Gaudet ROT type: Pro Gas ROT # 2122

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

Township of Pro Gas District of Pro Gas: \_\_\_\_\_

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	Printname: <u>Manda L. Woodette Gaudet</u>	Signature:	Date (dd-mm-yyyy): <u>30/05/2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	Printname: <u>Paul Gaudet</u>	Signature:	Date: <u>30/05/2011</u>



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**Level 1 Risk and Safety Management Plan (RSMP)**  
*Technical Standards and Safety Act*  
 Propane Storage and Handling Regulation

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

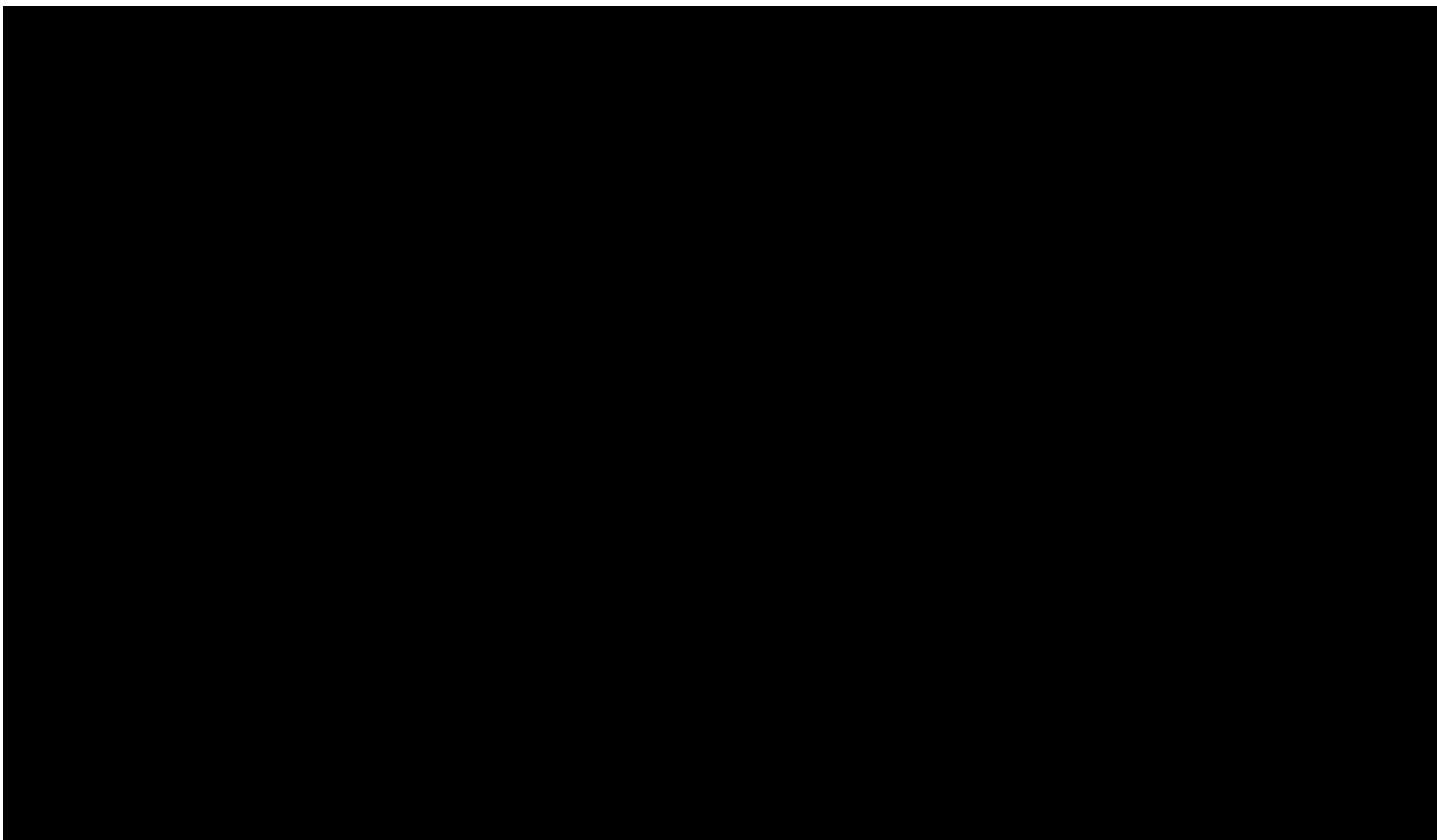
Indicate the year the facility was established.      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.  
 unknown      1994 *pprox*      Moore purchased tank Feb 2010 from UPI

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

	PSIG	Serial Number
Tank 1:	250	145 92
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: ~~250~~ *188.5*      Portable: *n/a*      Mobile: *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) <i>Manon Larochelle-Goulet</i>	Official Title <i>Owner / Operator</i>	
Signature <i>Manon Larochelle-Goulet</i>	Telephone No. <i>705 981-3811</i>	Date (dd-mm-yyyy) <i>30/05/2011</i>



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

Name of Propane Supplier(s) Moore Propane Limited		[Redacted]	
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"/>		For Office Use - Party No.
Street No.	Street Name / 911 Number / Address, if applicable	
Town / City or Township / Country		Province
Telephone No.		Postal Code
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.		Postal Code
Fax No.	Contact Name	

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

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Signature <i>Manon Larochelle Goulet</i>	Telephone No. 705-981-3811
	Date (dd-mm-yyyy) 30/05/2011



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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.**

This location also operates as a service station. The fuel capacity is as follow = 1-Diesel 45400L, 2-gas 22700 and 1-gas 45400 these tanks are underground tanks. The fill pipe for the Diesel tank is located 12 meter and diesel dispenser located 18 meter from the propane dispenser. The nearest gasoline fill pipe is located 20 meters and gasoline dispenser is located 40 meters from the propane dispenser.

**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, inspected yearly by fuel supplier.

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

**I. Contacts for Emergency Response**

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name Manon Larochelle-Goulet		Name Manon Larochelle Goulet	
Official Title owner manager		Official Title owner manager	
Telephone No. 705-981-3811	Fax No. 705-981-0294	Cell No. 705-498-1449	Fax No. 705-981-0294
E-mail grizzly@efni.com		E-mail grizzly@efni.com	
Role and responsibilities in emergency main contact takes action correct incident, contacts emergency services and fuel supplier		Role and responsibilities in emergency main contact takes action correct incident, contacts emergency services and fuel supplier	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Paul Goulet		Name Paul Goulet	
Official Title owner manager		Official Title owner manager	
Telephone No. 705-981-3811	Fax No. 705-981-0294	Telephone No. 705-981-3811	Fax No. 705-981-0294
E-mail grizzly@efni.com		E-mail grizzly@efni.com	
Role and responsibilities in emergency main contact takes action correct incident, contacts emergency services and fuel supplier		Role and responsibilities in emergency main contact takes action correct incident, contacts emergency services and fuel supplier	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name n/a (un organized township)		Name Bruce Moore	
Official Title no fire department		Official Title owner operator	
Telephone No.	Fax No.	Telephone No. 705-476-2334	Fax No. 705-476-9908
E-mail		E-mail bruce@moorepropane.ca	
Role and responsibilities in emergency		Role and responsibilities in emergency assist fire department, verify all emergency service and TSSA as been contacted	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name n/a (un organized township)		Name N/A (un organized township)	
Official Title no fire department		Official Title	
Telephone No.	Fax No.	Telephone No.	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency		Municipality Township of Peorras / District of Nipissing	

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Signature <i>Manon Larochelle-Goulet</i>		Telephone No. 705-981-3811	Date (dd-mm-yyyy) 30/05/2011



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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.

n/a

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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) 09/07/2010	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) 09/07/2010	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) 09/07/2010	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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**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) <del>                    </del> Dec 2011	Print Name of Training Provider: Ontario Propane Association
	Print Name of Instructor: Kevin Sumner
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) <del>                    </del> Dec 2011	Print Name of Training Provider: Ontario Propane Association
	Print Name of Instructor: Kevin Sumner
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) <del>                    </del> Dec 2011	Print Name of Training Provider: Ontario Propane Association
	Print Name of Instructor: Kevin Sumner
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).

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 evacuate the area of clients to safe distance. The personnel will meet at the corner of Hwy 63 and Watson Rd. until emergency services arrives 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 than 15 minutes.

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Signature 	Telephone No. 705 981-3811
	Date (dd-mm-yyyy) 30/05/2011



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 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? | <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)            | <u>60 m</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>60 m</u>                         |                                     |

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Name of person completing this form (please print) Manon Larochelle-Soulet		Official Title Owner / Operator	
Signature <i>Manon Larochelle-Soulet</i>		Telephone No. 705-981-3811	Date (dd-mm-yyyy) 30/05/2011



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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).

*This location is in an unorganized township with no fire department. Had a discussion with the fire chief Tom Burt for Phelps Fire Department in Redbridge which is the closest to Eldee. The fire department can not respond to any incident at this location due to Ontario regulations.*

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		30/05/2011

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Name of person completing this form (please print) Manon Larochelle-Coulet	Official Title Owner / Operator	
Signature <i>Manon Larochelle-Coulet</i>	Telephone No. 705-981-3811	Date (dd-mm-yyyy) 30/05/2011





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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)
May 2011	2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 30 m	Right side property line: 63 m
Rear: 5 m	Left side property line: 5m
GPS coordinates of single largest vessel: N 16 38 962 / W 7905 321	

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Name of person completing this form (please print)	Official Title	
Manon Larochelle-Goulet	Owner / Operator	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Manon Larochelle-Goulet</i>	705-981-3811	30/05/2011



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

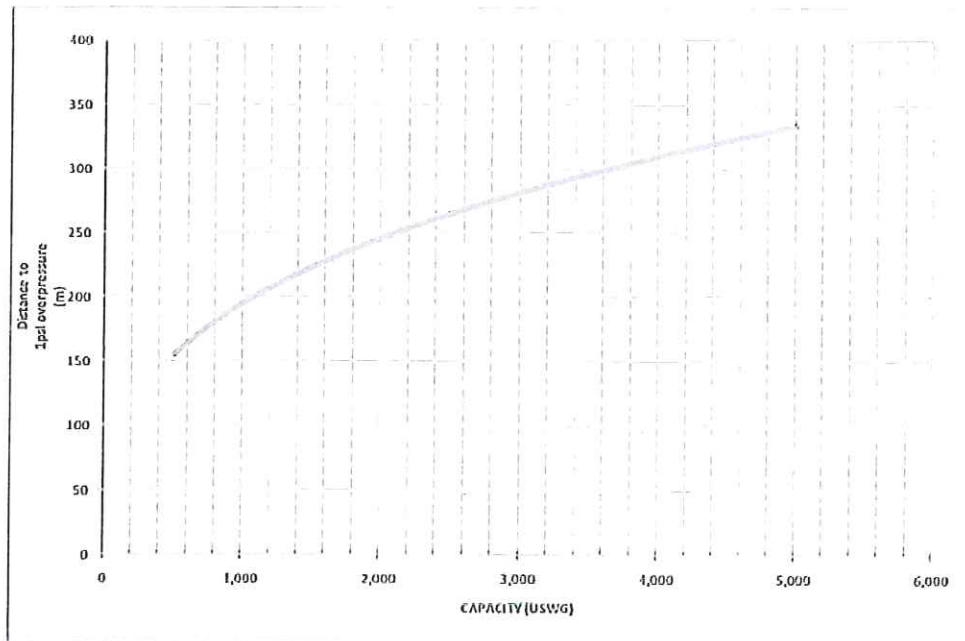
**Table 1: Distance Table**

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) Manon Larochelle-Goulet	Official Title Owner / Operator		
Signature 	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Telephone No. 705 981 3811</td> <td style="width: 40%;">Date (dd-mm-yyyy) 30/05/2011</td> </tr> </table>	Telephone No. 705 981 3811	Date (dd-mm-yyyy) 30/05/2011
Telephone No. 705 981 3811	Date (dd-mm-yyyy) 30/05/2011		



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: <u>n/a</u> Address: _____ City: _____ Province _____ Postal Code _____	X				0 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]			X		25 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Goulets Confectionary</u> Address: <u>211 King Street</u> City: <u>Edée</u> Province <u>On</u> Postal Code <u>P0H-2J0</u>		X			40 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>n/a</u> Address: _____ City: _____ Province _____ Postal Code _____	X				0 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				0 m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>Phelps Fire Department</u> Address: <u>9320 Hwy 63</u> City: <u>Redbridge</u> Province <u>On</u> Postal Code _____		X			40KM m

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

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Name of person completing this form (please print) <u>Manon Larochelle-Goulet</u>	Official Title <u>Owner / Operator</u>
Signature 	Telephone No. <u>705-981-3811</u>
	Date (dd-mm-yyyy) <u>30/05/2011</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		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.0		
# 20	5.8	20	116
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			186 USWG

Tanks Stored On-site Not Connected for Use

Tank Size in USWG	Quantity	Total Volume in USWG
N/A		
<b>Total Tank Capacity</b>		

<b>Total Cylinder Capacity</b>	186 USWG
<b>Total Tank Capacity</b>	2000 USWG
<b>Total Portable Capacity</b>	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) Manon Larochelle-Goulet		Official Title Owner / Operator	
Signature <i>Manon Larochelle-Goulet</i>		Telephone No. 705-981-3811	Date (dd-mm-yyyy) 30/05/2011

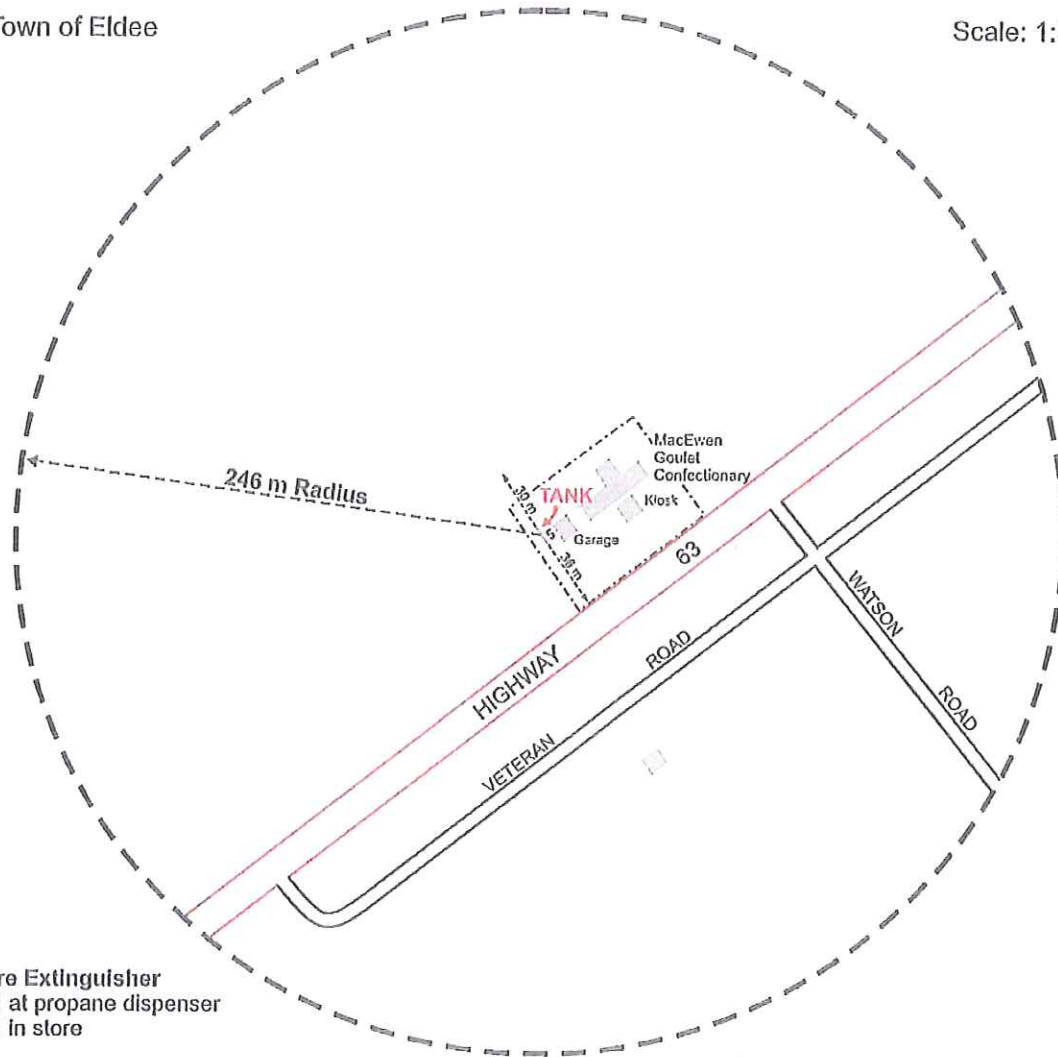
PROPERTY SET BACK FOR TANK

FRONT 30m      LEFT SIDE 5m  
 REAR 5m      RIGHT SIDE 63m

## Risk and Safety Management Plan PUBLIC RECEPTORS WITHIN HAZARD DISTANCE

Town of Eldee

Scale: 1:3 000



- Fire Extinguisher**
- 1 at propane dispenser
  - 1 in store

- Shut-Off**
- Emergency shut-off at dispenser
  - Power shut-off in store

BPS  
 N4638962  
 CM 7905321

LEGEND	
	Industrial/Commercial
	Residential
	Highway
	Road

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

KennKart Digital Mapping ©2011

Moore Propane Ltd ©2011

MAY 2011

MacEwen Goulet Confectionary  
 211 Highway 63, Eldee, Ontario, Canada, P0H 2J0

Tank set Backs

May 2011

SCALE 1" = 40'

FRONT 30 M

REAR = 5 M

RIGHT SIDE PROPERTY LINE 63 M

LEFT SIDE 5 M

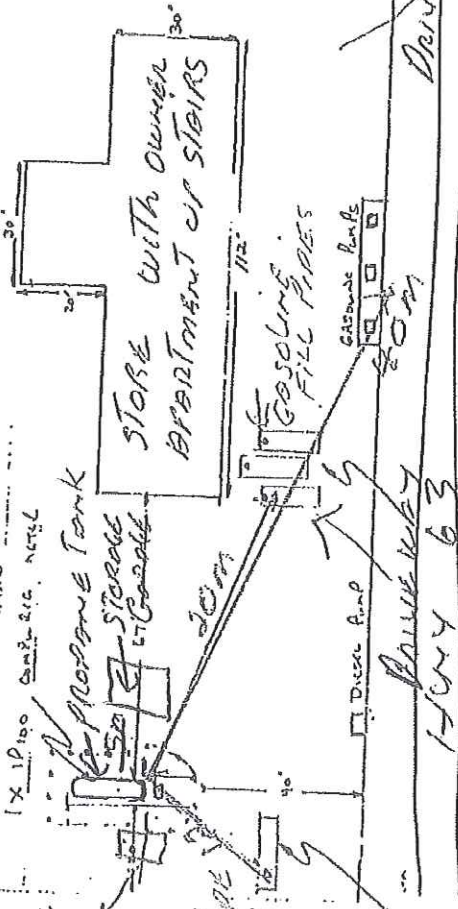
CONCRETE - CONCRETEWORK  
JC 237 PAS #100832 M.T  
ELDER ONTARIO  
POSTER TWP.

- 1 = EMERGENCY SHUT OFF LOCATED AT TANK
- 2 = FIRE EXTINGUISHER LOCATED AT TANK
- 3 = GASOLINE TANK 1 = DIESEL 45000  
2 = GASOLINE 227000  
1 = GASOLINE 45400

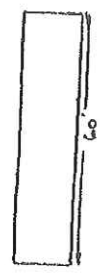
REMOVE DIESEL CONCRETE OF  
 1 X 1885 WESC A TANK 9/3 CABINET  
 1 X 100 LB. PUMPS  
 1 X 1000 GALLON DIESEL TANK

CYCLINDER COLE

DIESEL FILL PIPES



DRIVEWAY 63



IND. 30'

