

Sep 28, 2011

9:25AM

TSSA 15TH FLOOR

Level 1 Risk and Safety Management No. 5843 ISMP
Technical Standards and Safety Act
Propane Storage and Handling Regulation



Technical Standards and Safety Authority
www.tssa.org
15th Floor - Centre Tower
3300 Eglar Street West
Toronto Ontario M9X 2X4
Fax: 416-331-4903
Customer Service: 1-877-632-8772

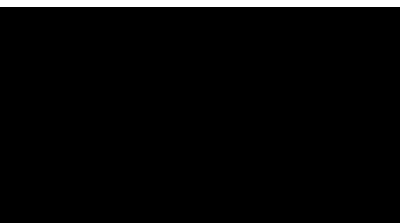
This Level 1 RSMP applies to:
• a facility with a total propane storage capacity of 5,000 USWG or less; or
• a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

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: **0033712001-C**

Check applicable type of propane operations:
 Cylinder Motor/FBI 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.

Company Name: **JACK LAKE TRAILER PARK** Ontario Corporation No., if applicable

Operator Name (if different from above): **ALISTAIR J LAING**

Telephone No.: **705-656-4968** Fax No.: **---** Email Address: **ALMA@LYN@ANG.COM**

Street No.: **253** Street Name, Lot / Concession No.: **SHADY LANE**

Town / City or Township / County: **APSLEY** Province: **ONT** Postal Code: **K0L 1A0**

Mailing address if different from above:

Street No.: _____ Street Name, Lot / Concession No.: _____

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

Information on Container Re-fill Centre or Filling Plant

Location of facility:

Street No.: **253** Street Name, Lot / Concession No.: **SHADY LANE** Nearest major intersection: **FR 86 E SHADY LN 1.1 KILOMETER**

Town / City or Township / County: **APSLEY** Province: **ONT** Postal Code: **K0L 1A0**

Name of Licence Holder: **ALISTAIR J LAING**

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): **STUART J LAING** ROT type: **100-08**

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): **TWS HAVLOCK BELMONT & MATHUEN**

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: ALISTAIR J LAING	Signature:	Date (dd-mm-yyyy): 12/07/2011
Name of Senior Management person as defined in the Regulation holding the Record of Training: STUART J LAING	Signature:	



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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.

1981 App. NEW TANK 2008

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

	PSIG	Serial Number
Tank1:	250	0718808
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: 500 Portable: 0 Mobile: 0

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Name of person completing this form (please print) AUSTIN J LANE		Official Title OWNER TRAILER PARK.	
Signature <i>Austin Lane</i>		Telephone No. 705 656 4960	Date (dd-mm-yyyy) 12/07/2011



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) <i>CASEYS PROPANE</i>			
Street No. <i>835</i>	Street Name Lot / Concession No. <i>HWY 7 EAST</i>		
Town / City or Township / Country <i>PETER BOROUGH</i>		Province <i>ONT</i>	Postal Code <i>K9J 6x9</i>
Telephone No. <i>705 742 9198</i>	Fax No. <i>705 742 3542</i>	Contact Name <i>CASEY VOLLERING.</i>	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			
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 <i>NONE</i>	For Office Use - Party No.
Street No.	Street Name Lot / Concession No.	
Town / City or Township / Country		Postal Code
Telephone No.	Fax No.	Contact Name

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

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Name of person completing this form (please print) <i>STUART J LAING</i>	Official Title <i>MNG.</i>	
Signature <i>[Signature]</i>	Telephone No. <i>705 656 4960</i>	Date (dd-mm-yyyy) <i>12/07/2011</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.

NONE

*PROPANE TANK USW9 320 TO SERVICE HOUSE
40 METERS AWAY FROM DISPENSER
BEHIND GARAGE*

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

3 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 SHUT DOWN SWITCH
11 METERS FROM TANK*

Maintenance and testing schedule for fire protection controls and devices.

ANNUALLY

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>A J L A N G</i>	Official Title <i>OWNER</i>
Signature <i>A J L A N G</i>	Telephone No. <i>656 4960</i>
	Date (dd-mm-yyyy) <i>12/07/2011</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 <i>ALEXANDRA J LAINY</i>	For Office Use - Party No.	Name <i>STUART LAINY</i>	For Office Use - Party No.
Official Title <i>OWNER</i>		Official Title <i>MNG</i>	
Telephone No. <i>705 656 4960</i>	Fax No.	Cell No. <i>705 930 7812</i>	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency <i>CALL 911 CLOSE EMERGENCY SHUT OFF SWITCH</i>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>STUART J LAINY</i>	For Office Use - Party No.	Name <i>AS ABOVE</i>	For Office Use - Party No.
Official Title <i>MNG</i>		Official Title	
Telephone No. <i>705 930 7812</i>	Fax No.	Telephone No.	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>RAY HAINES</i>	For Office Use - Party No.	Name <i>CASEY VOLLERING</i>	For Office Use - Party No.
Official Title <i>Fire Chief</i>		Official Title <i>OWNER</i>	
Telephone No. <i>705-778-3183</i>	Fax No. <i>705-778-3415</i>	Telephone No. <i>705 742 9198</i>	Fax No.
E-mail <i>rhaines@hbn-twp.ca</i>		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>SAME</i>	For Office Use - Party No.	Name <i>Havelock-Belmont Methuen</i>	For Office Use - Party No.
Official Title		Official Title <i>TWP. TRAVIS TOMS BUILDING OFFICIAL</i>	
Telephone No.	Fax No.	Telephone No. <i>705 778 2308</i>	Fax No. <i>705 778 5248</i>
E-mail		E-mail	
Role and responsibilities in emergency		Municipality <i>HAVELOCK - BELMONT METHUEN PO BOX 10 HAVELOCK ONT K0L 1Z0</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>A J LAINY</i>	Official Title <i>OWNER</i>
Signature <i>[Signature]</i>	Telephone No. <i>705 656 4960</i>
	Date (dd-mm-yyyy) <i>12/7/2011</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.

FACILITY HAS SIX FOOT FENCE ENCLOSING TANK
ALSO VEHICLE BARRIERS SURROUND THE FENCE

3 FIRE EXTINGUISHERS ON SITE

ELECTRIC EMERGENCY SHUT OFF VALVE 11 METERS FROM TANK

HAVE OWN FIRE PUMP AND FIRE HOSE
LOCATED AT WATERS EDGE IN PARK.

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) A J LAINY	Official Title OWNER
Signature <i>A J Lainy</i>	Telephone No. 705-656-4960
	Date (dd-mm-yyyy) 12/07/2011



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

3. Record of Emergency Training Provided - Formed recent 12-month period

Training on Emergency Response Plan and Procedures provided to facility key contacts

Training Date (dd-mm-yyyy) 5/6/2011	Print Name of Training Provider: ALISTAR LAING
	Print Name of Instructor:
Training Date (dd-mm-yyyy) 5/6/2011	Print Name of Training Provider: STUART LAING
	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: NO STAFF

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 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:
	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) A J LAING	Official Title OWNER
Signature A J LAING	Telephone No. 705-656-4960
	Date (dd-mm-yyyy) 12/07/2011



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (part a)

A. Emergency Training Plan for Current Year

Training on Emergency Response Plan and Procedures provided to facility key contacts:

Target Date (dd-mm-yyyy) 5/5/2012	Print Name of Training Provider: STUART LAING
	Print Name of Instructor:
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:

NO STAFF

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:
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)	Print Name of Training Provider:
	Print Name of Instructor:
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) ST LAING	Official Title OWNER
Signature <i>St Laing</i>	Telephone No. 705-656-4960
	Date (dd-mm-yyyy) 12/07/2011



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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.

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).

OWNER OR MNG WILL PHONE 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).

OWNER OR MNG WILL EVACUATE PUBLIC TO BEACH AREA.
WILL BLOCK TRAFFIC HEADING NORTH.

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).

Done through 911 Dispatching

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

FREE ENTRY

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

BY PHONE

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

LESS THAN A MINUTE
NO MORE THAN 4 MINUTES

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Name of person completing this form (please print) A SLAINQ	Official Title OWNER
Signature <i>A Slainq</i>	Telephone No. 705-656-4960
	Date (dd-mm-yyyy) 12/07/2011



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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:
b. 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>49 METRES</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>49 METRES</u>	

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Name of person completing this form (please print) <i>CAJLAING</i>	Official Title <i>OWNER</i>	
Signature <i>CAJLAING</i>	Telephone No. <i>705 656 4960</i>	Date (dd-mm-yyyy) <i>12/07/2011</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).

Fire services comments, if any:

The Havelock-Belmont-McHewen FD is approx 45 min away - Therefore the H/BM FD has an agreement with the North Kawartha FD for Fire protection for this area. North Kawartha FD will be the first Responding Fire Dept and ~~with~~ H/BM FD will be notified immediately. NK FD also will have a copy of the RSMR Plan.

To be completed by the Licence Holder

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

NONE

The Licence holder will respond to the Local Fire Services comments by:

(dd-mm-yyyy)

LOCAL FIRE SERVICES

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

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name <i>RAY HAINES FIRECHIEF</i>	<i>[Signature]</i>	<i>12/07/2011</i>

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Name of person completing this form (please print)	Official Title
<i>AJ LAINY</i>	<i>OWNER.</i>
Signature	Telephone No.
<i>[Signature]</i>	<i>705 656 4960</i>
	Date (dd-mm-yyyy)
	<i>12/07/2011</i>



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>12/07/2011</u>	Capacity of single largest propane storage vessel (USWG) <u>500</u>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>13 METERS</u>	Right side property line: <u>26 METERS.</u>
Rear: <u>13 METERS</u>	Left side property line: <u>170 METERS.</u>
GPS coordinates of single largest vessel: <u>84°N 40°E.</u>	

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Name of person completing this form (please print) <u>A J LAIN</u>	Official Title <u>OWNER</u>
Signature <u>[Signature]</u>	Telephone No. <u>705 056 4960</u>
	Date (dd-mm-yyyy) <u>12/07/2011</u>



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SECTION C: SUBMISSIONS (cont'd)

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

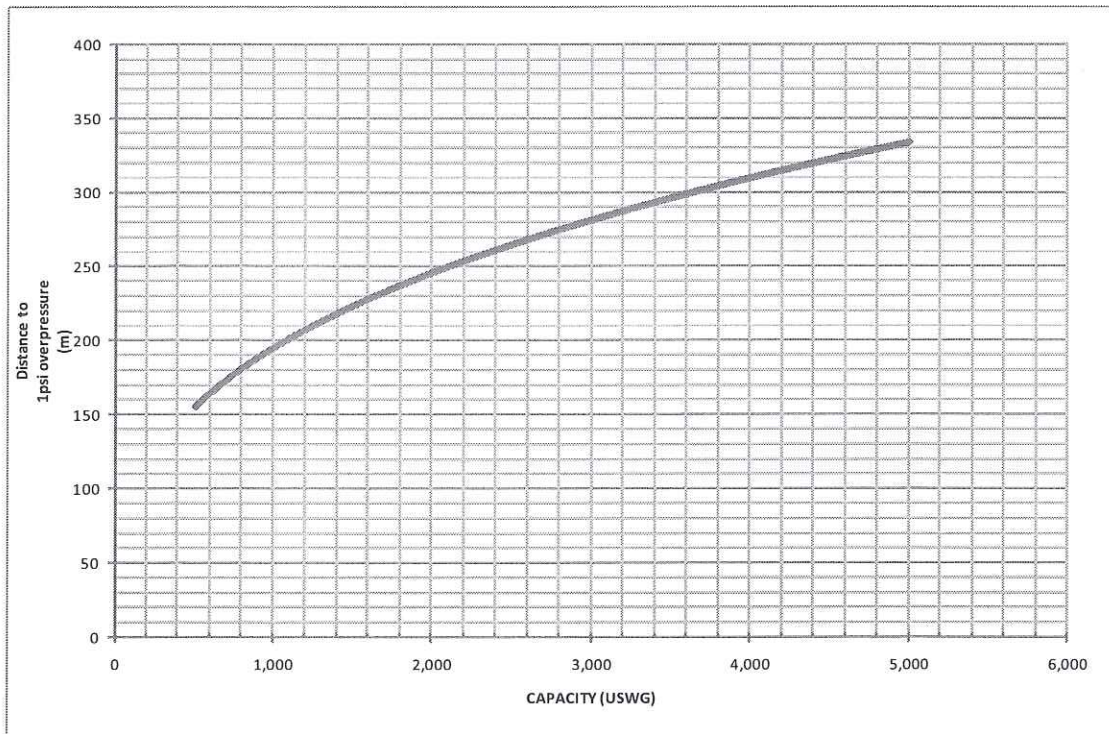
Table 1: Distance Table

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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Name of person completing this form (please print) <i>AS LAING</i>		Official Title <i>OWNER</i>	
Signature <i>[Signature]</i>		Telephone No.	Date (dd-mm-yyyy) <i>12/07/2011</i>



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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>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Residential building units specifically (permanent single family dwellings) condominiums, and apartments. [REDACTED]			X		<u>20</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds , and resorts. Name: <u>JACK LAKE TRAILER PARK</u> Address: <u>253 SHADY LANE</u> City: <u>APSLEY</u> Province <u>ONT</u> Postal Code <u>K0L 1A0</u>				X	<u>80</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> 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) <u>A. F. LAING</u>	Official Title <u>OWNER</u>
Signature <u>[Signature]</u>	Telephone No. <u>705 656 4960</u> Date (dd-mm-yyyy) <u>12/07/2011</u>



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 Regulator

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	NONE	
# 100	29.5	1	29.5
# 40	11.75		
# 33.3	9.62		
# 30	8.8	1	8.8
# 20	5.8	1	5.8
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			44.1

ALL HAVE BEEN REMOVED
Tanks Stored On-site Not Connected for Use

Tank Size in USWG	Quantity	Total Volume in USWG
	NONE	
Total Tank Capacity		

Total Cylinder Capacity	
Total Tank Capacity	
Total Portable Capacity	44.1

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) A SLAINY	Official Title OWNER
--	-------------------------



PROPAANE TANK.
155 MTR RADIUS

253 SHADY LANE
CON. 10 LOT 30

T.W.S HAVELOCK BELMONT & METACEN
P.O. BOX 10
OTTAWA ST EAST
HAVELOCK
ONT K0L 1Z0.

PLANNING OFFICIAL TRAVIS TOMS



PROPANE TANK FIRED 500

G.P.S. 84°N 40°E.

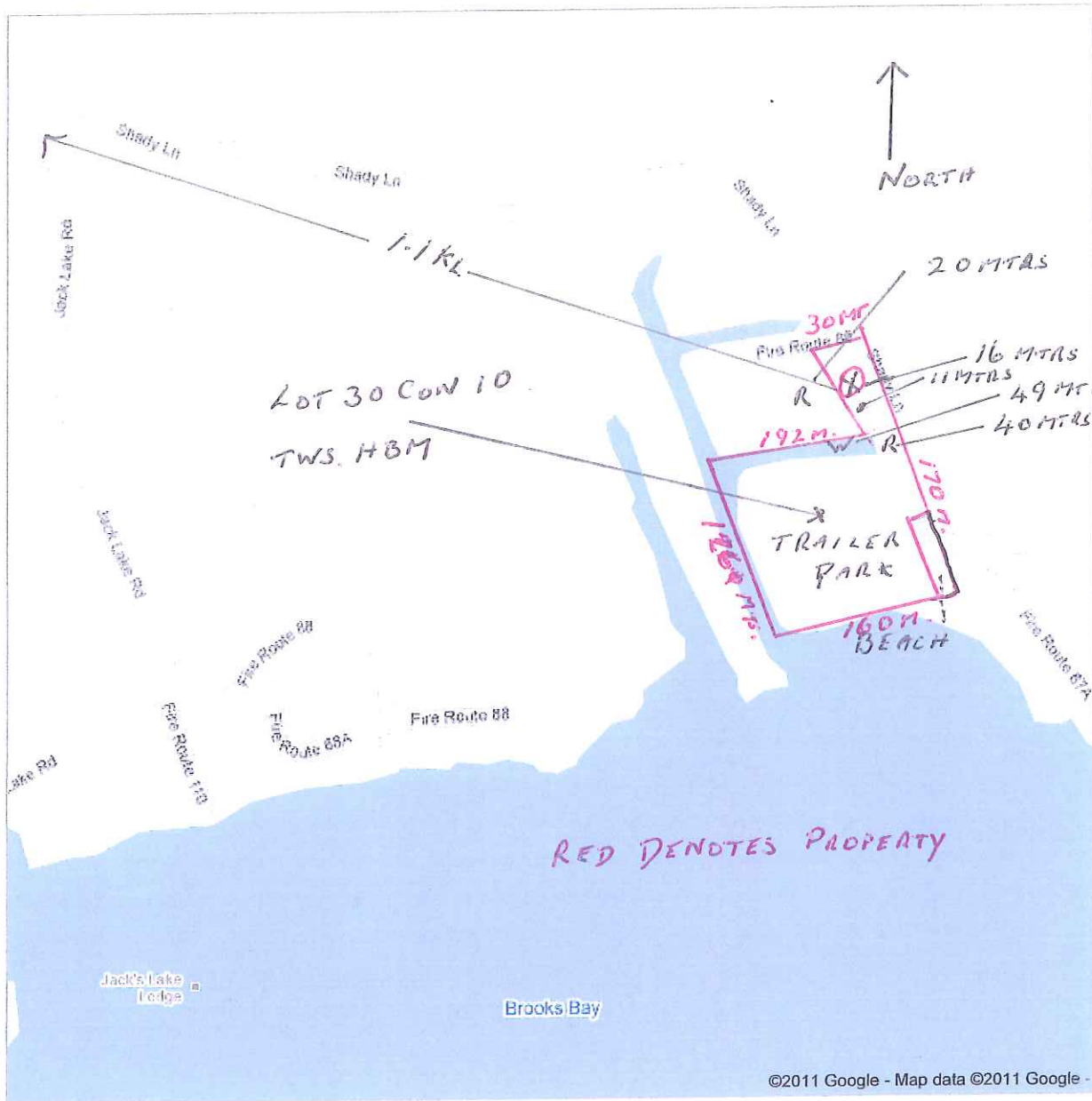
TANK SET BACK

FRONT 13 METERS
REAR 13 METERS
RIGHT 26 METERS
LEFT 170 METERS

12/07/2011



Address Peterborough, ON



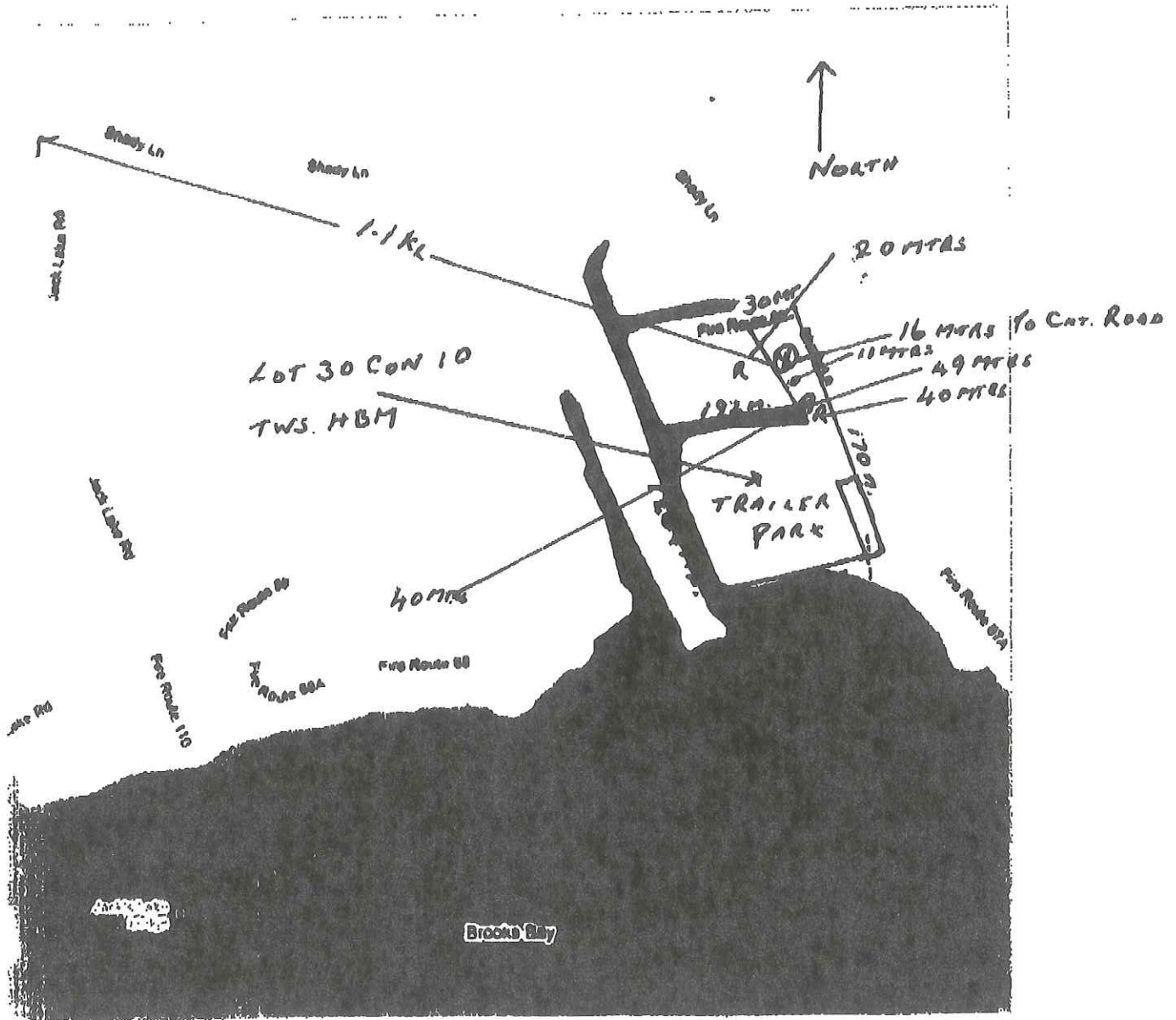
- (X) - TANK
- R - RESIDENCE
- W - WATER
- - SHUT OFF VALVE (SIGNED)
- | - INTERSECTION 1.1 KILOMETER

12/07/2011

ALL MEASUREMENTS FROM FENCED TANK.

petitvillage - Google Maps

Google maps Address Peterborough, ON

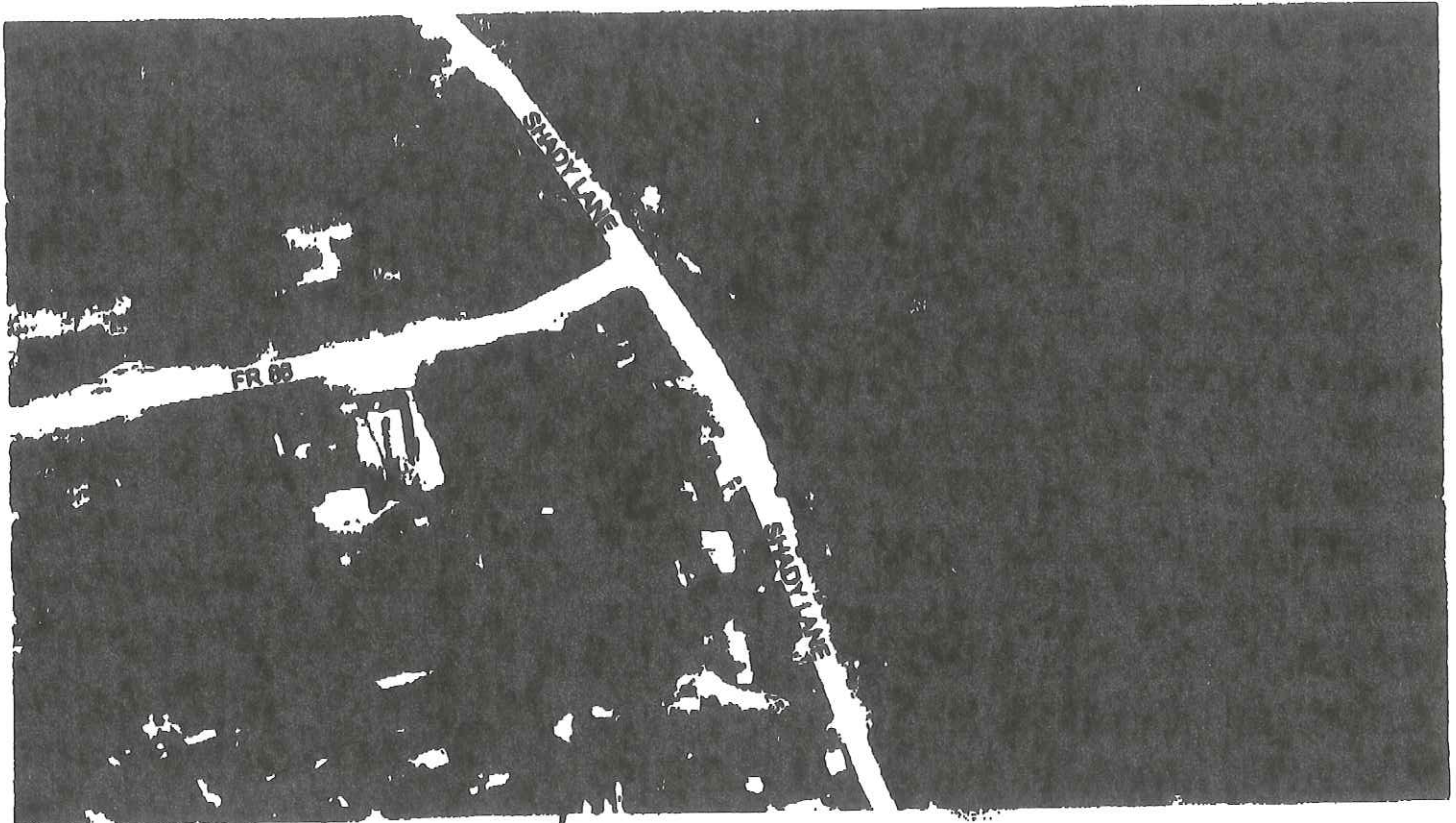


GPS 84°N 40°E

12/07/2011

- 9 - GARAGE
- ANY HOUSE TANK
- 320 USW9
- (X) - TANK FIXED 500
- R - RESIDENCE
- W - WATER
- - SHUT OFF VALVE (SIGNED)
- | - INTERSECTION 1.1 KILOMETER

ALL MEASUREMENTS FROM FENCED TANK.



PROPANE TANK FIXED 500

G.P.S 84° N 40° E.

TANK SET BACK

FRONT 13 METERS

REAR 13 METERS

RIGHT 26 METERS

LEFT 170 METERS

12/07/2011

MAP FOR PAGE 12