



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

2ND COPY

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.

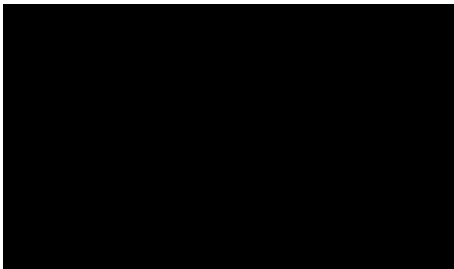
Failure to fully complete this form may result in rejection.
Making a false statement may result in a fine or prosecution under the Technical Standards and Safety Act

Licence Number 000156258

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.

Company Name W. O. STINSON & SON LTD. Ontario Corporation No., if applicable 105743660

Operator Name (if different from above)

Telephone No. 613-822-7400 Fax No. 613-822-6305 E-mail Address jarmstrong@wostinson.com

Street No. 4726 Street Name, Lot / Concession No. BANK ST

Town / City or Township / County OTTAWA Province ONT Postal Code K1T 3W7

Mailing address if different from above.

Street No. Street Name, Lot / Concession No. Province Postal Code

Information on Container Refill Centre or Filling Plant

Location of facility

Street No. 294 Street Name, Lot / Concession No. MACKAY STREET Nearest major intersection MACKAY & PEMBROKE ST W.

Town / City or Township / County PEMBROKE Province ON Postal Code K8A 1C5

Name of Licence Holder W.O. STINSON & SON LTD.

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ERIC STINSON ROT type

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) CITY OF PEMBROKE

Hours of operation.

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

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

Name of Licence Holder	Print name <u>W.O. STINSON & SON LTD.</u>	Signature	Date (dd-mm-yyyy) <u>24/02/2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>ERIC STINSON</u>		



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Level 1 Risk and Safety Management Plan (RSMP)
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SECTION A: GENERAL INFORMATION (cont'd)

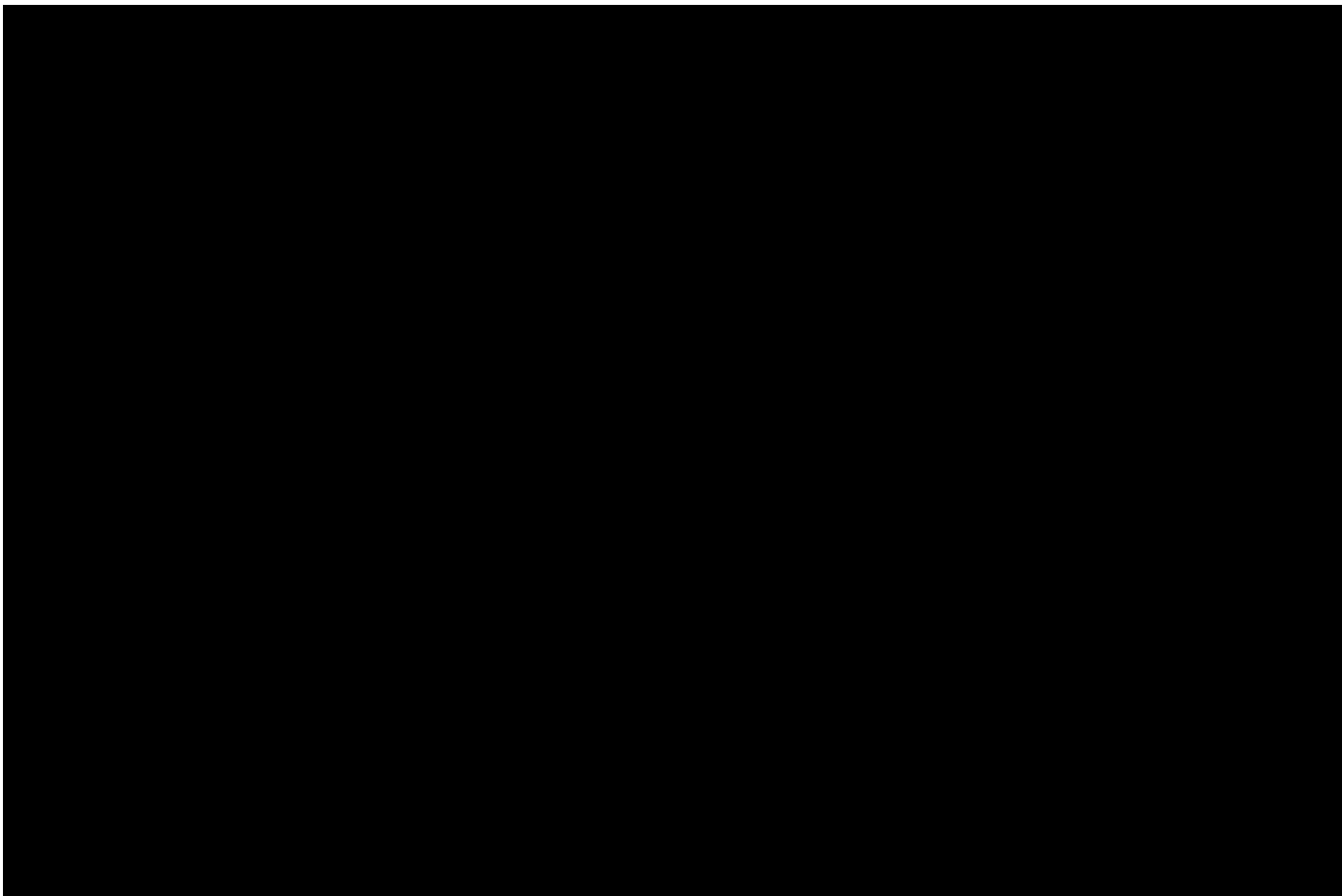
Indicate the year the facility was established. 2009 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank 1:	<u>215 @ 100 F</u>	<u>Q0904990</u>
Tank 2:	<u>N/A</u>	
Tank 3:	<u>N/A</u>	

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 1000 USWG Portable: 260.58 USWG Mobile: N/A



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Name of person completing this form (please print) <u>JOHN ARMSTRONG</u>	Official Title <u>Control Manager</u>	
Signature 	Telephone No. <u>613-222-7400</u>	Date (mm-dd-yyyy) <u>11/2/2011</u>



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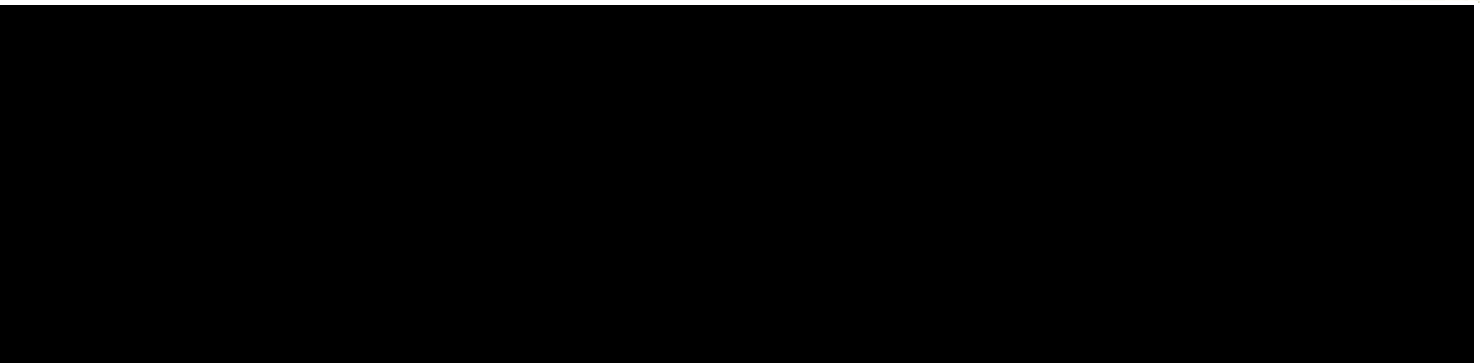
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3300 Bloor Street West
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Fax: 416.231.4078
Customer Service: 1.877.682.8772

Application for Renewal of Level 1 Propane Licence
Technical Standards and Safety Act
Propane Storage and Handling Regulation

GENERAL INFORMATION

Name of Propane Supplier(s) W. O. Stinson & Son Ltd.		For Office Use - Party No.	
Street No. 4728	Street Name / 911 Number / Address, if applicable Bank Street		
Town / City or Township / Country Ottawa		Province ON	Postal Code K1T 3W7
Telephone No. 613 822-7400	Fax No. 613 822-6305	Contact Name John Armstrong	
E-mail jarmstrong@wostinson.com			

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	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			



You are required by law to notify TSSA of any change of information contained in the

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

Print name of person completing this form. John Armstrong		Official Title General Manager	
Signature 		Telephone No. 613 822-7400	Date (dd-mmm-yyyy) 15 - Dec 2015



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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.

2270 LITRE SKID TANK FOR COLORED DIESEL FUEL
UNDERGROUND TANKS CONSIST OF (65000 LITRE REGULAR) (30000 LITRES PLATINUM)
(20000 LITRE SUPER) (35000 LITRE DIESEL)

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

ABC FIRE EXTINGUISHER

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 LINKS - A MECHANICAL FUSIBLE LINK IS A DEVICE CONSISTING OF TWO STRIPS OF METAL SOLDERED TOGETHER WITH A FUSIBLE ALLOY THAT IS DESIGNED TO MELT AT A SPECIFIC TEMPERATURE, THIS ALLOWING THE TWO PIECES TO SEPARATE; STOPPING THE FLOW OF PRODUCT.

Maintenance and testing schedule for fire protection controls and devices.

NA

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Name of person completing this form (please print) JOHN ARMSTRONG	Official Title GENERAL MANAGER
Signature 	Telephone No. 613-822-7400
	Date (dd-mm-yyyy) 24/02/11



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Level 1 Risk and Safety Management Plan (RSMP)
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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>JASON WOJCIK</i>	For Office Use - Party No.	Name <i>JASON WOJCIK</i>	For Office Use - Party No.
Official Title <i>SITE MANAGER</i>		Official Title <i>SITE MANAGER - PEMBROKE</i>	
Telephone No. <i>613-732-7400</i>	Fax No. <i>613-732-7402</i>	Cell No. <i>613-401-3031</i>	Fax No. <i>613-732-7402</i>
E-mail <i>jwojcik@wostinson.com</i>		E-mail <i>jwojcik@wostinson.com</i>	
Role and responsibilities in emergency <i>ERAP LPG FIRST RESPONDER</i>		Role and responsibilities in emergency <i>ERAP LPG FIRST RESPONDER</i>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>BOB JOHNSON</i>	For Office Use - Party No.	Name <i>JOHN ARMSTRONG</i>	For Office Use - Party No.
Official Title <i>SERVICE MANAGER</i>		Official Title <i>GENERAL MANAGER</i>	
Telephone No. <i>613-732-7400</i>	Fax No.	Telephone No. <i>613-822-7400</i>	Fax No. <i>613-822-6305</i>
E-mail <i>bjohnson@wostinson.com</i>		E-mail <i>jarmstrong@wostinson.com</i>	
Role and responsibilities in emergency <i>EVACUATION WARDEN</i>		Role and responsibilities in emergency <i>COMPANY SPOKESPERSON/TECHNICAL DIRECTOR</i>	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>DAN HERBACK</i>	For Office Use - Party No.	Name <i>RICK RYAN</i>	For Office Use - Party No.
Official Title <i>CHIEF</i>		Official Title <i>SITE MANAGER - ARUPRIOR</i>	
Telephone No. <i>613-735-6821 x1201</i>	Fax No. <i>613-732-7673</i>	Telephone No. <i>613-623-4207</i>	Fax No. <i>613-623-0315</i>
E-mail <i>dherback@pembroke.ca</i>		E-mail <i>rryan@wostinson.com</i>	
Role and responsibilities in emergency <i>INCIDENT COMMANDER</i>		Role and responsibilities in emergency <i>ERAP LPG FIRST RESPONDER</i>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>PHIL CORRIVEAU</i>	For Office Use - Party No.	Name <i>COLLEEN SAURIOL</i>	For Office Use - Party No.
Official Title <i>CAPTAIN</i>		Official Title <i>CITY PLANNER</i>	
Telephone No. <i>613-735-6821 x1201</i>	Fax No. <i>613-732-7673</i>	Telephone No. <i>613-735-6821</i>	Fax No.
E-mail <i>pcorriveau@pembroke.ca</i>		E-mail <i>csauriol@pembroke.ca</i>	
Role and responsibilities in emergency <i>INCIDENT COMMANDER</i>		Municipality <i>CITY OF PEMBROKE</i>	

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Name of person completing this form (please print) <i>JOHN ARMSTRONG</i>	Official Title <i>GENERAL MANAGER</i>
Signature <i>[Signature]</i>	Telephone No. <i>613-822-7400</i>
	Date (dd-mm-yyyy) <i>24/02/11</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.

SEE ATTACHED ERAP W.D. STINSON Sept 2010

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Name of person completing this form (please print) JOHN ARMSTRONG		Official Title GENERAL MANAGER
Signature 	Telephone No. 613-822-7400	Date (dd-mm-yyyy)



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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) 10/09/2010	Print Name of Training Provider: W.O. STINSON & SON LTD.
	Print Name of Instructor: BOB JOHNSON
Training Date (dd-mm-yyyy) 10/09/2010	Print Name of Training Provider: W.O. STINSON & SON LTD.
	Print Name of Instructor: JOHN ARMSTRONG
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) 10/09/2010	Print Name of Training Provider: W.O. STINSON & SON LTD.
	Print Name of Instructor: BOB JOHNSON
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) 10/09/2010	Print Name of Training Provider: W.O. STINSON & SON LTD.
	Print Name of Instructor: BOB JOHNSON
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) JOHN ARMSTRONG	Official Title GENERAL MANAGER
Signature 	Telephone No. 613-822-7400
	Date (dd-mm-yyyy) 24/02/11



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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mm-yyyy) <i>10/08/2011</i>	Print Name of Training Provider: <i>W.O. STINSON & SON LTD</i>
	Print Name of Instructor: <i>JOHN ARMSTRONG</i>
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) <i>10/08/2011</i>	Print Name of Training Provider: <i>W.O. STINSON & SON LTD</i>
	Print Name of Instructor: <i>BOB JOHNSON</i>
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) <i>10/08/2011</i>	Print Name of Training Provider: <i>W.O. STINSON & SON LTD.</i>
	Print Name of Instructor: <i>BOB JOHNSON</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) <i>JOHN ARMSTRONG</i>	Official Title <i>GENERAL MANAGER</i>
Signature <i>[Signature]</i>	Telephone No. <i>613-822-7400</i> Date (dd-mm-yyyy) <i>24/02/11</i>



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

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

5. Emergency Response Communications Plan

Warnings and Actions

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).

ERAP WILL BE IMMEDIATELY INITIATED BY SITE MANAGER / FIRST RESPONDER. TO NOTIFY STAFF BY PAGING SYSTEM, CONTACT AUTHORITIES @ 911, AND ATTEMPT TO CONTACT SURROUNDING BUSINESSES LISTED IN ERAP.

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).

ONCE EVACUATION OF THE PREMISES IS INITIATED THE EVACUATION WARDEN SHALL BRING AN UP TO DATE EMPLOYEE LIST WITH PHONE #S, & COPIES OF THE ERAP, REFLECTIVE VEST & CELL PHONE. TO THE GAS BAR WHICH IS THE MEETING PLACE

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).

IMMEDIATELY CALL 911, CALL HEAD OFFICE, CALL ERAP 1-877-672-6723, AND INITIATE ERP # 2-61672-101 CALL ENVIRONMENT CANADA & TSSA, AND ADVISE ALL IF FIRE IS AFFECTING PROPANE CYLINDER.

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

LOOK FOR EMERGENCY RESPONSE PLAN ON BUILDING, OPEN AND INITIATE, ENTER COMPOUND WITH KEY OR CUT LOCK

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

WILL KEEP AUTHORITIES UP TO DATE WITH SITE CHANGES, REGULAR MEETINGS ON SITE

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

FIRST RESPONDER 30 TO 45 MINUTES

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Signature <i>[Signature]</i>	Telephone No. 613-822-7400	Date (dd-mm-yyyy) 24/02/11	



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

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

6. Building and Site Security and Procedures

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Water Supply

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input 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>100 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>NA</u>	

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Signature 	Telephone No. <u>613-822-7400</u>	Date (dd-mm-yyyy) <u>24/02/11</u>



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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.

Local Fire Services Name	Print name DAN HERBACK	Signature 	Date (dd-mm-yyyy) 24/02/2011
--------------------------	----------------------------------	---------------	----------------------------------------

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Signature 	Telephone No. 613-822-7400 Date (dd-mm-yyyy) 24/02/11



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SECTION C: SUBMISSIONS (cont'd)

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

*Resubmitted
May 25/11
by courier*

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) <i>MAY 12, 2011</i>	Capacity of single largest propane storage vessel (USWG) <i>1000 USWG</i>
Tank setback coordinates. Indicate placement on the map.	
Front: <i>27.5 M (E)</i>	Right side property line: <i>9.2 M (N)</i>
Rear: <i>10. M (W)</i>	Left side property line: <i>18.2 M (S)</i>
GPS coordinates of single largest vessel: <i>45.824642 N 77.110386 W</i>	

See Attached Site Plan.

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Signature <i>[Signature]</i>	Telephone No. <i>613-822-7400</i>	Date (dd-mm-yyyy) <i>24/02/11</i>



EMERGENCY
SHUT OFF

Google maps

Address **294 Mackay St**
Pembroke, ON K8A 3C2, Canada

Notes **W. O. Stinson & Son Ltd.**
Propane Dispenser at
Pembroke office

1,000 USWG





Property Line

Property Location: 294 Mackay Street,
Pembroke, Ontario

Prepared: May 12, 2011

Propane Tank Water Capacity: 1000 USWG horizontal tank

Tank setbacks: 92 m north, 27.5m east, 18.2m south, 10 m west

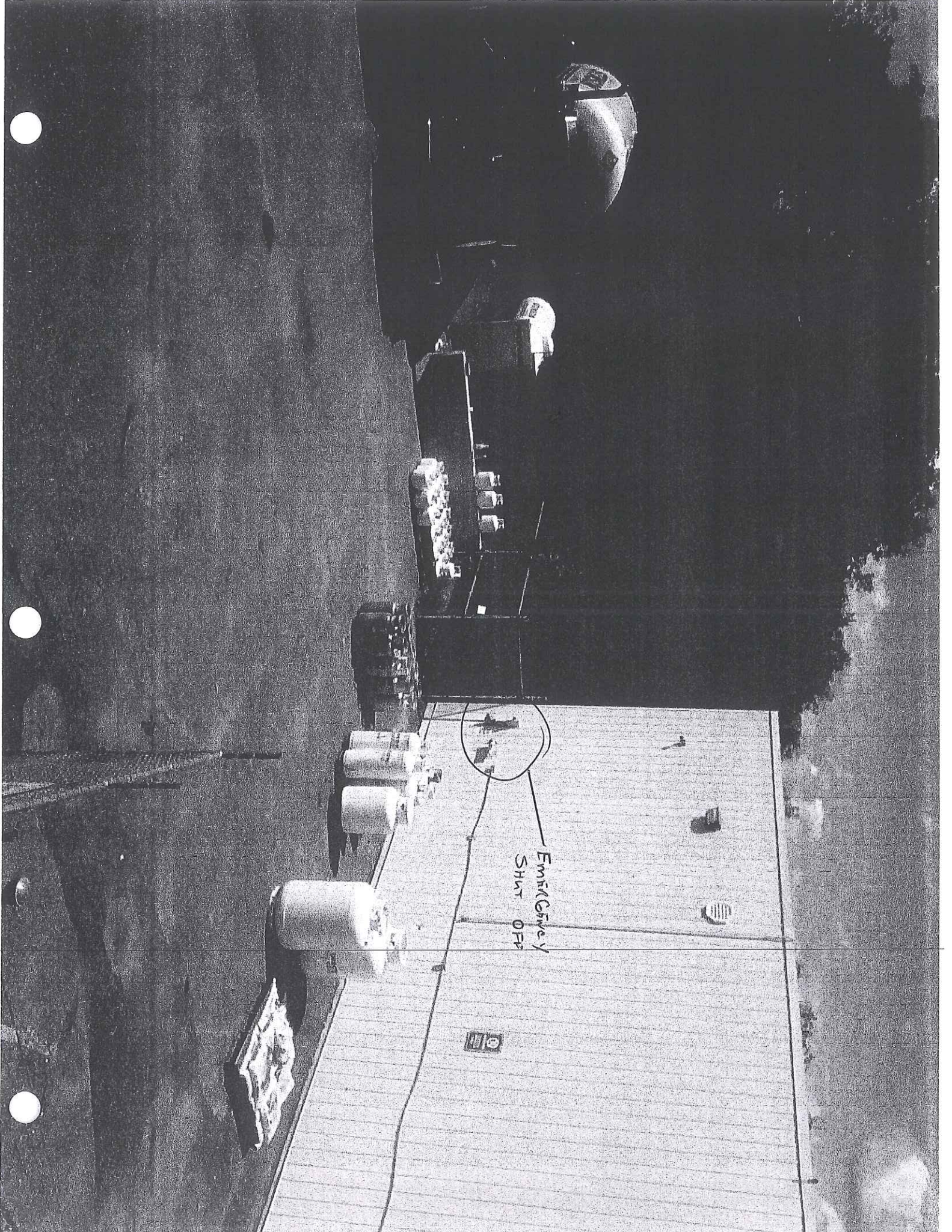
Radius: 198 m

GPS Coordinates: 45.824642 N 77.110386 W

Municipality: The City of Pembroke

City Clerk: Terry Lapierre

Address: City Clerk's Office
1 Pembroke St. E
Pembroke, Ont
K8A 3J5





Technical Standards and Safety Authority
www.issa.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

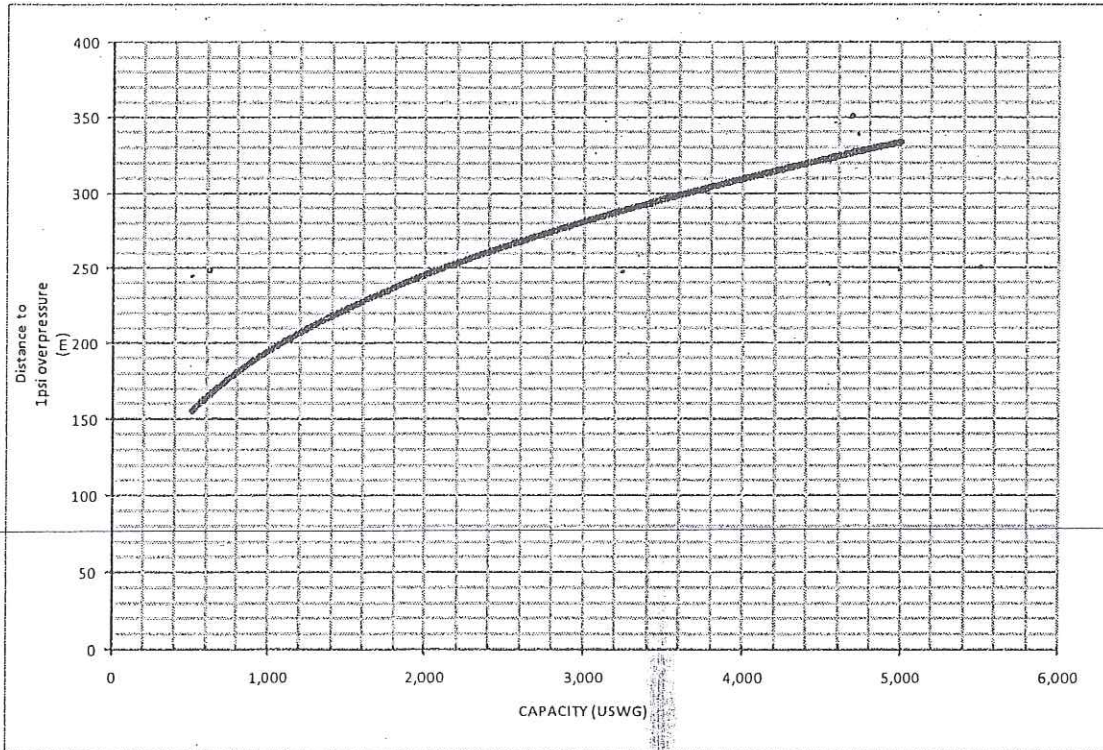
Table 1: Distance Table

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)



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) JOHN ARMSTRONG	Official Title GENERAL MANAGER
Signature <i>[Handwritten Signature]</i>	Telephone No. 613-822-7400
	Date (dd-mm-yyyy) 02/02/11



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SECTION C: SUBMISSIONS (cont'd)
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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		<u>50</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>W. O. STURSON + SONS LTD (office)</u> Address: <u>284 MACKAY STREET</u> City: <u>Pembroke</u> Province <u>ON</u> Postal Code <u>K8A 1G5</u>			X		<u>5</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>ST JOHN'S AMBULANCE SERVICES</u> Address: <u>310 MACKAY ST</u> City: <u>PEMBROKE</u> Province <u>ONTARIO</u> Postal Code <u>K8A 1G5</u>		X			<u>15</u> m

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

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Name of person completing this form (please print) <u>JOHN ARMSTRONG</u>	Official Title <u>GENERAL MANAGER</u>	
Signature 	Telephone No. <u>613-822-7400</u>	Date (dd-mm-yyyy) <u>24/02/11</u>



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*resubmitted
May 25/11 by
courier*

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	0	0
# 100	29.5	0	0
# 40	11.75	0	0
# 33.3	9.62	9	86.58
# 30	8.8	0	0
# 20	5.8	30	174.0
# 10	2.9	0	0
# 5	1.5	0	0
Total Cylinder Capacity			260.58 USWG

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity		0

Total Cylinder Capacity	260.58
Total Tank Capacity	0
Total Portable Capacity	260.58

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) JOHN ARMSTRONG	Official Title GENERAL MANAGER.	
Signature <i>[Signature]</i>	Telephone No. 613-822-7400	Date (dd-mm-yyyy) 24/02/11