

- 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

000076638500

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. SCH-IX

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 RITCHIE SUPPLY Ontario Corporation No., if applicable _____
Operator Name (if different from above) JOYCE M DEBASSIGE (CO-OWNER)
NELSON C DEBASSIGE & RICHARD DEBASSIGE
Telephone No. 705-377-5040 Fax No. 705-377-5506 E-mail Ritchie-Supply@hotmail.com

B Street No. HWY 551 Street Name / 911 Number / Address, if applicable No 375 P.O. BOX 299 ~~MONTEZUMA ONT~~
Town / City or Township / County MCHIGREENA, FIRST NATION Province ONT. Postal Code POPI40

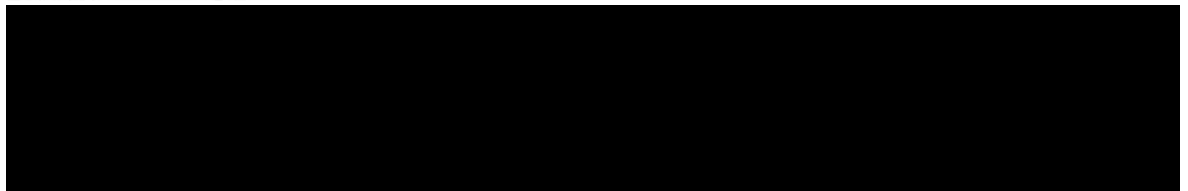
C Mailing address if different from above.
Street No. _____ Street Name / 911 Number / Address, if applicable _____
Town / City or Township / County _____ Province _____ Postal Code _____

Information on Container Refill Centre or Filling Plant

D Location of facility.
Street No. HWY 551 Street Name / 911 Number / Address, if applicable No 375 P.O. BOX 299 Nearest Major Intersection HWY 551 & HWY 540
Town / City or Township / County MCHIGREENA BILLING'S TWP Province ONT Postal Code POPI40

Name of Licence Holder RITCHIE SUPPLY OWNER NELSON DEBASSIGE
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). NELSON DEBASSIGE ROT type 100-08-61405
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) _____

Hours of operation.



23/10/15



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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.

1995 See Attached Photo Copy Sec. III.

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

	PSIG	Serial Number	
Tank 1:	<u>WP 250</u>	<u>5275054</u>	<u>Tank ① (W.C 500 U/S)</u>
Tank 2:	<u>MANP 250 PSIG</u>	<u>867761</u>	<u>1995 Tank ② (DISPENSER OCT. 1994)</u>
Tank 3:	<u>@ 125° F</u>		<u>BLDG. HEAT 320 GALS</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: TANK ① 500 U/S Portable: DISPENSER (O.V.) Mobile: _____
TANK ② 320 U/S - FOR BLD'G HEAT



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>NIELSEN DEBASSIE</u>	Official Title <u>OWNER</u>
Signature 	Telephone No. <u>705-377-5040</u>
	Date (dd-mm-yyyy) <u>11-12-23</u>

11/23/23



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) SUPERIOR PROPANE		For Office Use - Party No.	
Street No. 2475	Street Name / 911 Number / Address, if applicable MALEY DR.		
Town / City or Township / Country SUBBURY		Province ONTARIO	Postal Code P3A 4S1
Telephone No. 877-873-7467	Fax No.	Contact Name PAUL BASTIEN.	
E-mail BASTIENP@Superiorpropane.com cell no. for PAUL 705-677-8431			

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			

Off-site Cylinder and/or Mobile Storage N/A	Capacity stored off-site, in USWG N/A	For Office Use - Party No.
Street No.	Street Name / 911 Number / Address, if applicable	
Town / City or Township / Country		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) NELSON DEBASSIGE	Official Title OWNER	
Signature 	Telephone No. 705-377-5040	Date (dd-mm-yyyy) 2011-11-15

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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.

25,000 l REGULAR GASOLINE SEE PLOT PLAN
10,000 l HIGH TEST GASOLINE

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

Main emergency shut-off switch North end of building
1- A.B.C Fire extinguisher 33 lbs, 2 additional A.B.C. extinguishers
Water hose (garden hose) located North side of building SEE PLOT PLAN

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.

~~Superior Propane~~ (See attached Schedule sheet)
Shut-off switch in building & emergency shut-off North end of building, 3 newly installed smoke alarms within building.
SHUT-OFF SWITCH AT DISPENSER. NO SMOKING SIGN. MAIN FUSIBLE LINK TO SHUT-OFF @ 10500 (200°F)
FSC VALVE

Maintenance and testing schedule for fire protection controls and devices.

- Recharge fire extinguishers yearly or when ~~needed~~ needed.
- Monthly check on shut-off switch, in-store fire alarms installed in 2011

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Name of person completing this form (please print)	Official Title
<i>[Signature]</i> NELSON E. W. NELSON	Michigan Fire Chief
Signature	Telephone No. Date (dd-mm-yyyy)
<i>[Signature]</i>	705-377-5362 15/11/2011

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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 NELSON DEBASSIGE	For Office Use - Party No. <input checked="" type="checkbox"/>	Name RICHARD DEBASSIGE OR NELSON DEBASSIGE	For Office Use - Party No.
Official Title OWNER	705-377-5252	Official Title OWNER & FAMILY MEMBER	
Telephone No. 705-377-5040	Fax No. 705-377-5506	Cell No. HOME 705-377-5252	Fax No. 705-377-5506
E-mail Ritchie_Supply@hotmail.com		E-mail Ritchie_Supply@hotmail.com	
Role and responsibilities in emergency - call 9-1-1 & shut off all power source / provide access to retail building		Role and responsibilities in emergency Provide access to Retail building - 911 + contact fire department	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name RICHARD DEBASSIGE	For Office Use - Party No. <input checked="" type="checkbox"/>	Name NELSON DEBASSIGE	For Office Use - Party No.
Official Title + Volunteer Fire Fighter, owner of Computer Repair Business		Official Title OWNER	
Telephone No. 705-377-4021	Fax No.	Telephone No. 705-377-5040	Fax No. 705-377-5506
E-mail		E-mail Ritchie_Supply@hotmail.com	
Role and responsibilities in emergency - call 9.1.1. & shut off all power source / provide access to retail building		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name ELVIS DEBASSIGE or ARNOLD D.	For Office Use - Party No.	Name PAUL BASTIEN	For Office Use - Party No.
Official Title FIRE PREVENTION OFFICER	E-mail	Official Title MARKET MANAGER	E-mail BastienP@SuperiorPropane.com
Telephone No. 705-377-5362	Fax No.	Telephone No. 705-677-8431	Fax No. 705-566-5814
Role and responsibilities in emergency DIRECT VOLUNTEER FIRE FIGHTERS		Role and responsibilities in emergency ADVISOR	
Fire Services Address		Propane Supplier Address 2475 MALEY DR. SUDBURY, ON. P3A 4S1	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name ELVIS DEBASSIGE	For Office Use - Party No.	Name EARL DEBASSIGE	
Official Title DEPUTY FIRE CHIEF	E-mail beet688chr@hotmail.com	Official Title CAPITAL PROJECTS / PUBLIC WORKS MANAGER	
Telephone No. 705-377-4476	Fax No. 705-377-5942	Telephone No. 705-377-5362	Fax No. 705-377-4980
Role and responsibilities in emergency Direct fire fighters - coordinate with other services (mutual aid - Police)		E-mail earld@mchigeeng.ca	
Fire Services Address Beboning St. M'Chigeeng, ON P.O. Box 333		Municipality Name and Address 53 HWY 551 M'Chigeeng First Nation Box 333 M'Chigeeng, ON. P0P 1G0	

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Name of person completing this form (please print) ELVIS DEBASSIGE	Signature 	Official Title Fire Chief	Telephone No. 705-377-4476	Date (dd-mm-yyyy) 12/01/21
<p>PS 5-15</p>		<p>01-21-12</p>		



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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 letter for 'Evacuation Procedures' of K.T.E.I Schedule IV
- Contact person available 24 hours, 7 days a week with UCCM Police & Fire Chief Elvis Dehassige
- UCCM - United Chiefs & Councils of Manitoulin contacted for protocol
- The grounds surrounding Retail building & the area where the Propane storage tank sits are regularly cleaned to reduce the risk of fire hazards.
- Smoke detectors installed inside Retail store
- In store Regulations Policy developed to prevent fires & explosions in + around building facility.
- Reviewed Section 'B' with Fire Chief
- Fire Department's regular fire extinguisher check & replace program
- Plot Plan will facilitate future bus expansion
- EMPLOYEES MADE AWARE OF FIRE DANGERS ETC.

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)	NILSON Elvis Dehassige DEHASSIGE	Official Title	Fire Chief
Signature		Telephone No.	705-377-5040 Home 705-377-5252
		Date (dd-mm-yyyy)	12-01-12 01-21-12

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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) 12-01-31	Print Name of Training Provider: Nelson Debassige SCHW
	Print Name of Instructor: Nelson Debassige
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) 16-11-2011	Print Name of Training Provider: NELSON DEBASSIGE
	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) 2010-03-02	Print Name of Training Provider: SUPERIOR PROPANE
	Print Name of Instructor: DAVE HAWES
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) NELSON DEBASSIGE	Official Title OWNER
Signature 	Telephone No. 705-377-5040 705-377-5252
	Date (dd-mm-yyyy) 01-21-12 01-21-12



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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) 2012-03-30	Print Name of Training Provider: SUPERIOR PROPANE 5122 SPH V I VI
	Print Name of Instructor: PAUL BASTIEN
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) 2012-03-30	Print Name of Training Provider: NELSON DEBASSIGE (SEE SCH. VI)
	Print Name of Instructor: NELSON DEBASSIGE INV. FOR MANUAL
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) 2012-03-30	Print Name of Training Provider: SUPERIOR PROPANE SCH. VI
	Print Name of Instructor: PAUL BASTIEN.
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) NELSON DEBASSIGE	Official Title OWNER
Signature 	Telephone No. 705-377-504
	Date (dd-mm-yyyy) 12-01-21



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Technical Standards and Safety Act
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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).

Fire Chief will monitor for bush & grass fires. Fire Chief will also direct UCCM Police 10PP for thier part & set in place for Public Notice & appropriate roads or area closures for Evacuation procedures.

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).

Fire Chief will assess the fire type & seriousness. Contact Fire departments as needed for man power or equipment. Radio contact with (Central Communication 911). Call on other departments.

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).

All staff were made aware who to contact if a fire is detected, During off hours my son Richard or wife Joyce can contact Fire Department & UCCM Police 10PP)

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

Extra store keys are at my residence & someone is home 24/7, Dispenser keys are located in the store.

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

List of Businesses & Residences Telephone numbers & Addresses is available & posted in store (See Schedule VII) Phone calls can be made from 2 other locations.

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

Approximately 10 min. the owner lives within 300m from 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)		Official Title	
ELVIS DEBASSIQR		M'Chgoens Fire Chief.	
Signature		Telephone No.	Date (dd-mm-yyyy)
		705 377 5136 705-377-5040 705-377-5252 Home	12-01-21



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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? <i>SIZE SCH I 311 4pm</i> | <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>83.8m</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>(see attached letter from fire department)-(schedule I)</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) <i>Ehvis Debassige Nelson Debassige</i>	Official Title <i>Michigan Fire chief</i>	
Signature 	Telephone No. <i>205 377 5136</i>	Date (dd-mm-yyyy) <i>12-01-21</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:

*Easy Access and Close to Fire Hall
RSMP was prepared in conjunction with owner & believes all conditions were covered.*

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.

<i>M'Chigeeng First Nation</i> Local Fire Services Name	Print name <i>ELVIS DEBASSIAR</i>	Signature 	Date (dd-mm-yyyy) <i>JAN 2012</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>ELVIS DEBASSIAR, NELSON DEBASSIAR</i>	Official Title <i>M'Chigeeng Fire Chief & OWNER</i>
Signature 	Telephone No. <i>255 377 5136</i>
	Date (dd-mm-yyyy) <i>12-01-21</i>



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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) 12-01-02	Capacity of single largest propane storage vessel (USWG) 500 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: SEE SCH IX 69.8	Right side property line: 190
Rear: FOR PROP. LINES 50.8	Left side property line: 245.
GPS coordinates of single largest vessel: N 45° 48.766' N, 82° 09.55'	

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) NELSON DEBASSIAC	Official Title OWNER
Signature 	Telephone No. 905-372-5040
	Date (dd-mm-yyyy) 12-01-21



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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

$$16.94 (1.524 \times 500)^{1/3}$$

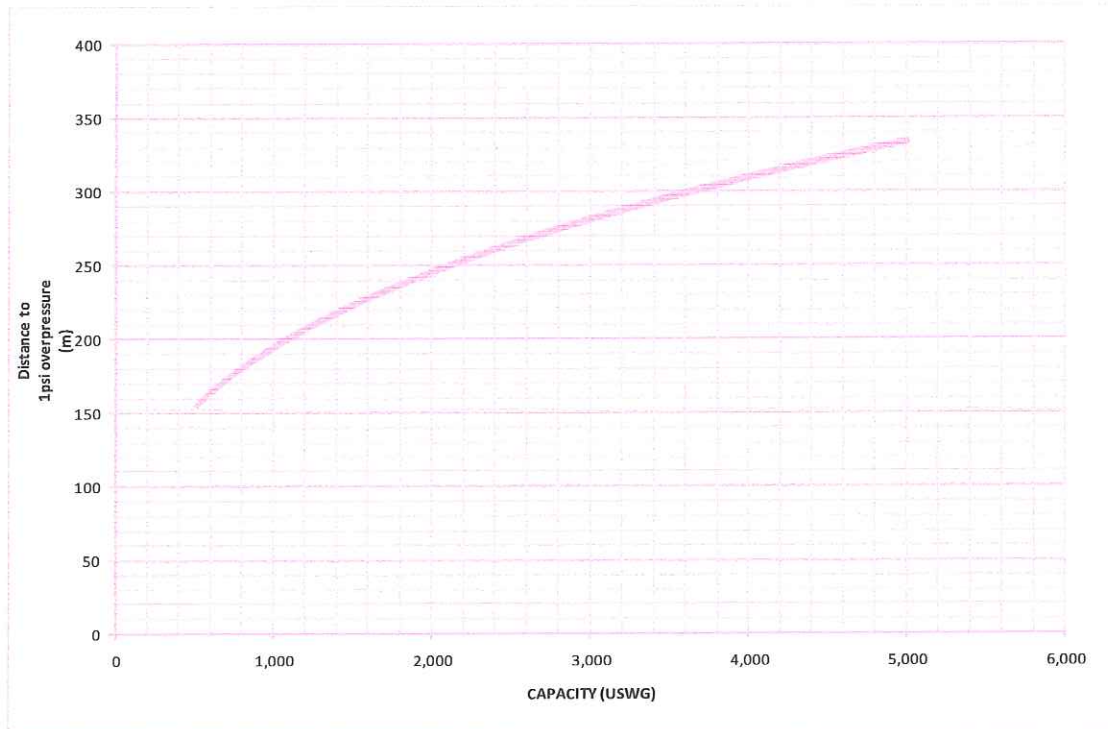
$$(762)^{1/3}$$

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

$$16.94 \times 9.136$$

$$= 154.8m$$

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: <u>MCHIGENA FN. ; YOUTH CENTRE (VACANT) BALL PARK</u> Address: <u>POW GROUND'S PO-BOX 333</u> City: <u>MCHIGENA FN.</u> Province <u>ONT</u> Postal Code <u>P0P1G0</u>		X			<u>220</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]		X			<u>43.8</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>CASTLE BLDG SUPPLY</u> Address: <u>P.O. BOX 295 MCHIGENA FN.</u> City: <u>MCHIGENA FN.</u> Province <u>ONT</u> Postal Code <u>P0P1G0</u>			X		<u>78.3</u> m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: <u>N/A</u> City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>KENJERWIN TEA INSTITUTE</u> Address: <u>PO. BOX 328</u> City: <u>MCHIGENA FN.</u> Province <u>ONT</u> Postal Code <u>P0P1G0</u>		X			<u>79.0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>MCHIGENA FIRE DEPT, UCCM (POLICE)</u> Address: <u>PO-BOX 333</u> City: <u>MCHIGENA FN.</u> Province <u>ONT</u> Postal Code <u>P0P1G0</u>					<u>2 Km</u>

* 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>NELSON DEBASSIE</u>	Official Title <u>OWNER</u>
Signature 	Telephone No. <u>705-377-5040</u> Date (dd-mm-yyyy) <u>12.02.21</u>



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www.tssa.org

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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

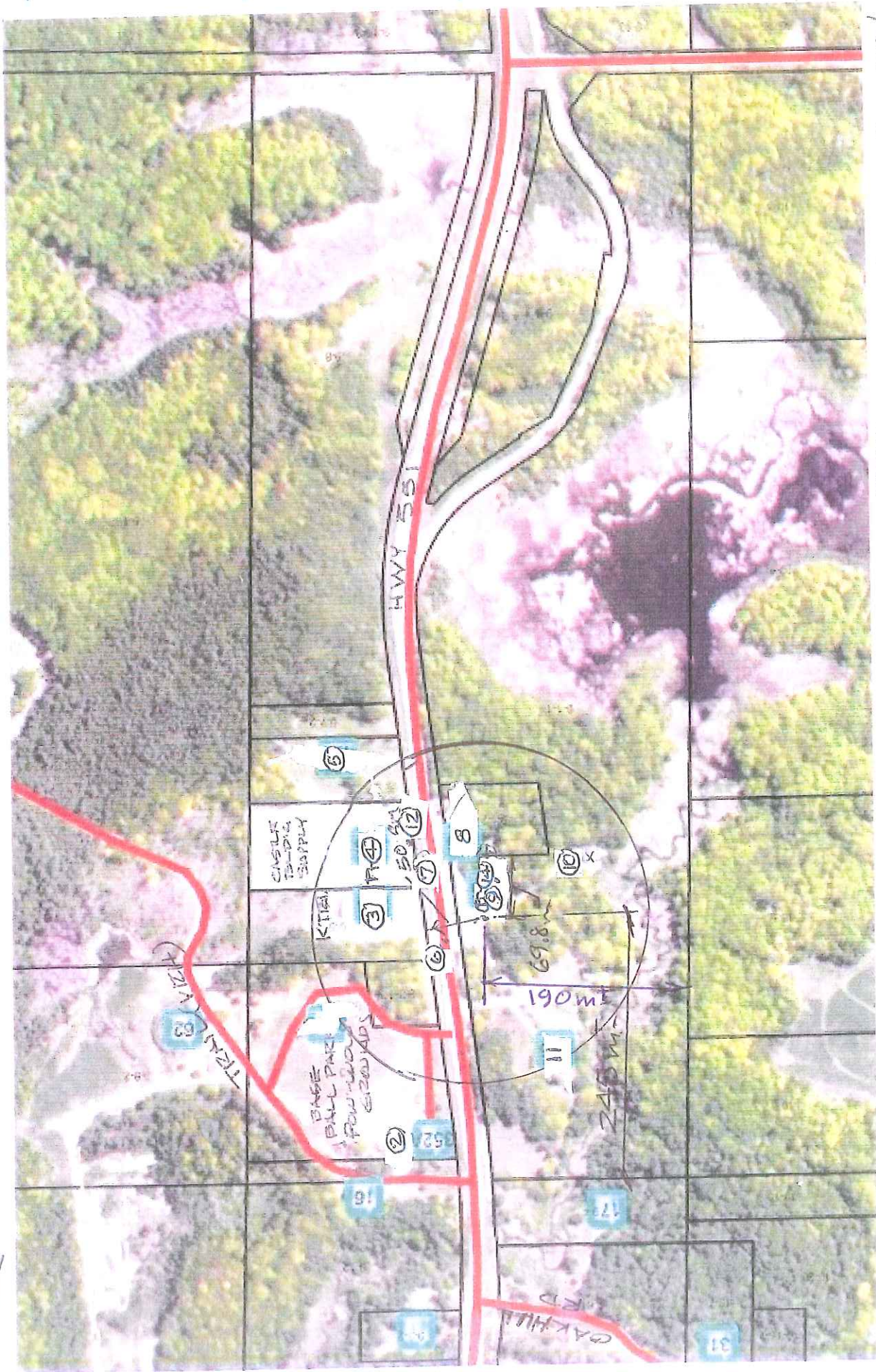
Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5	↑	
# 40	11.75		
# 33.3	9.62	N/A	
# 30	8.8		
# 20	5.8		
# 10	2.9	↓	
# 5	1.5		
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	
Total Tank Capacity	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	

2



MICHIGAN RD

SCHEDULE ~~IX~~

SCALE 1:5000

HARDWARE STORE
10 EMPLOYEES PLUS 5 UNEMPLOYED STUDENTS
4 PERSON FAMILY UNIT

KITEL
CASTLE
SIDE
SHED
SHED

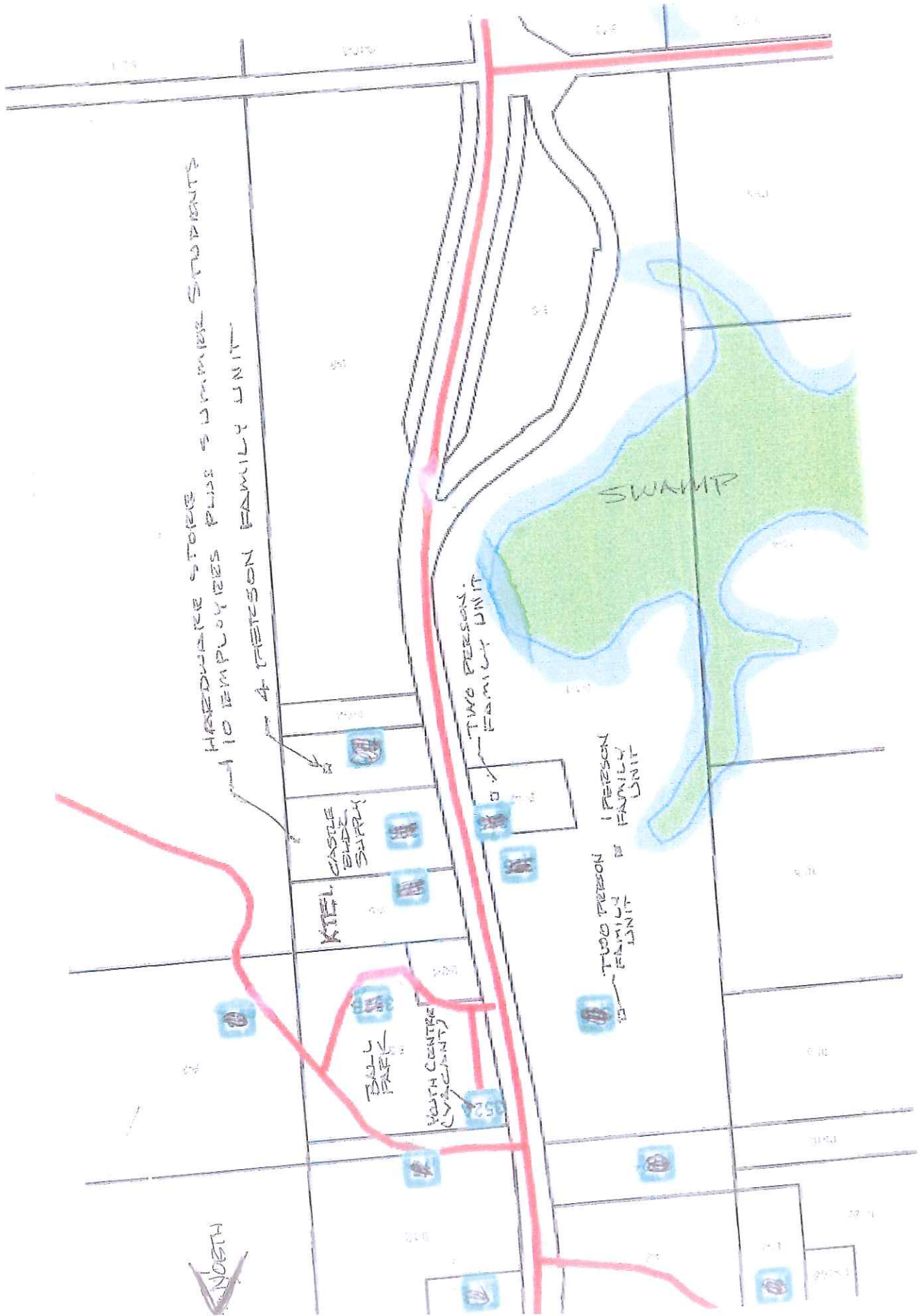
PAVE
YOUTH CENTRE

TWO PERSON
FAMILY UNIT

TWO PERSON
FAMILY UNIT
1 PERSON
FAMILY UNIT

SWAMP

NORTH





Get Google Maps on your phone

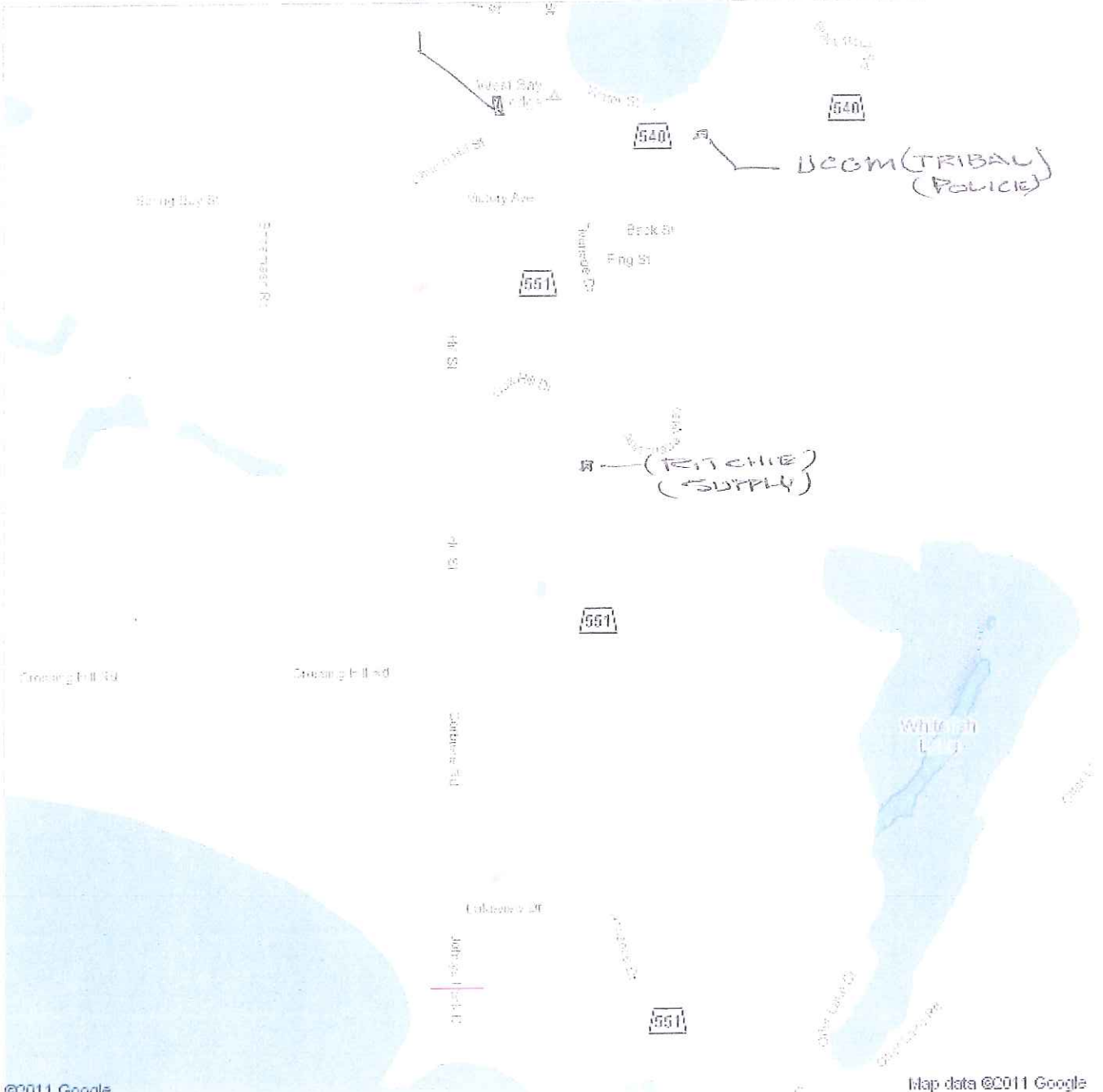
Text the word "GMAPS" to 466453



MILKRENG
(FIRE DEPT)

DCOM (TRIBAL)
(POLICE)

(RITCHIE)
(SUPPLY)



©2011 Google

Map data ©2011 Google

HYDRA 83.8m FROM SITE

PAVED ROAD

HWY 551

EDGE OF PAVEMENT

EDGE OF SHOULDER

30" Ø DUCT

M.T.O. ROAD ALLOWANCE

LAMP POST

DRIVEWAY

MIXED BUSH

TANK ②
320 GAL PROPANE TANK FOR BUILDING HEAT (INFARED)

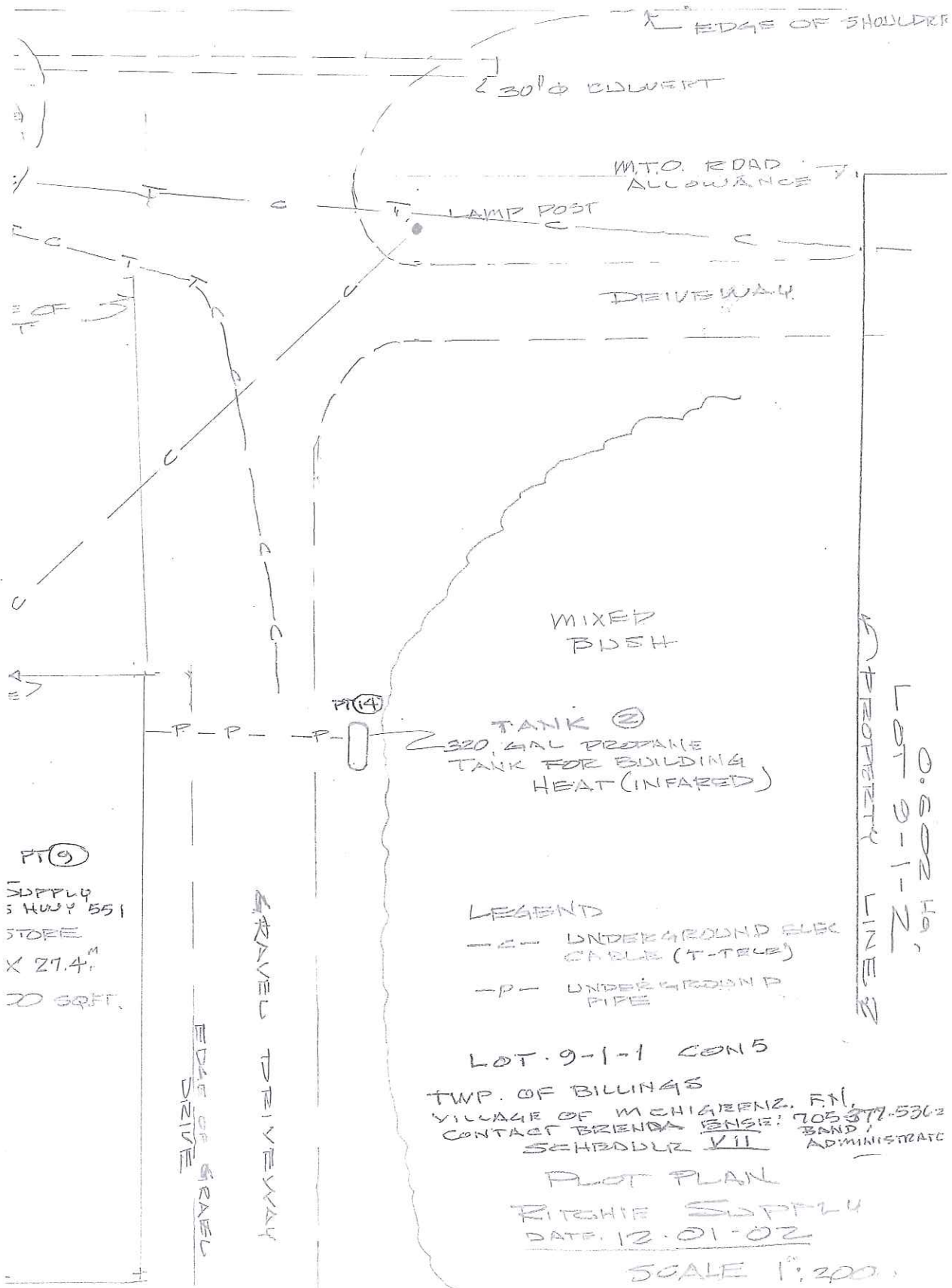
LEGEND

- - - UNDERGROUND ELEC CABLE (T-TRLE)
- P - UNDERGROUND PIPE

LOT. 9-1-1 CONS
 TWP. OF BILUNAS
 VILLAGE OF MCHIGIENZ, FN.
 CONTACT BRENDA BENSIE: 705.379.5362
 SCHEDULE VII BAND ADMINISTRATOR

PLOT PLAN
 RITCHIE SUPPLY
 DATE: 12-01-02

SCALE 1" = 200'

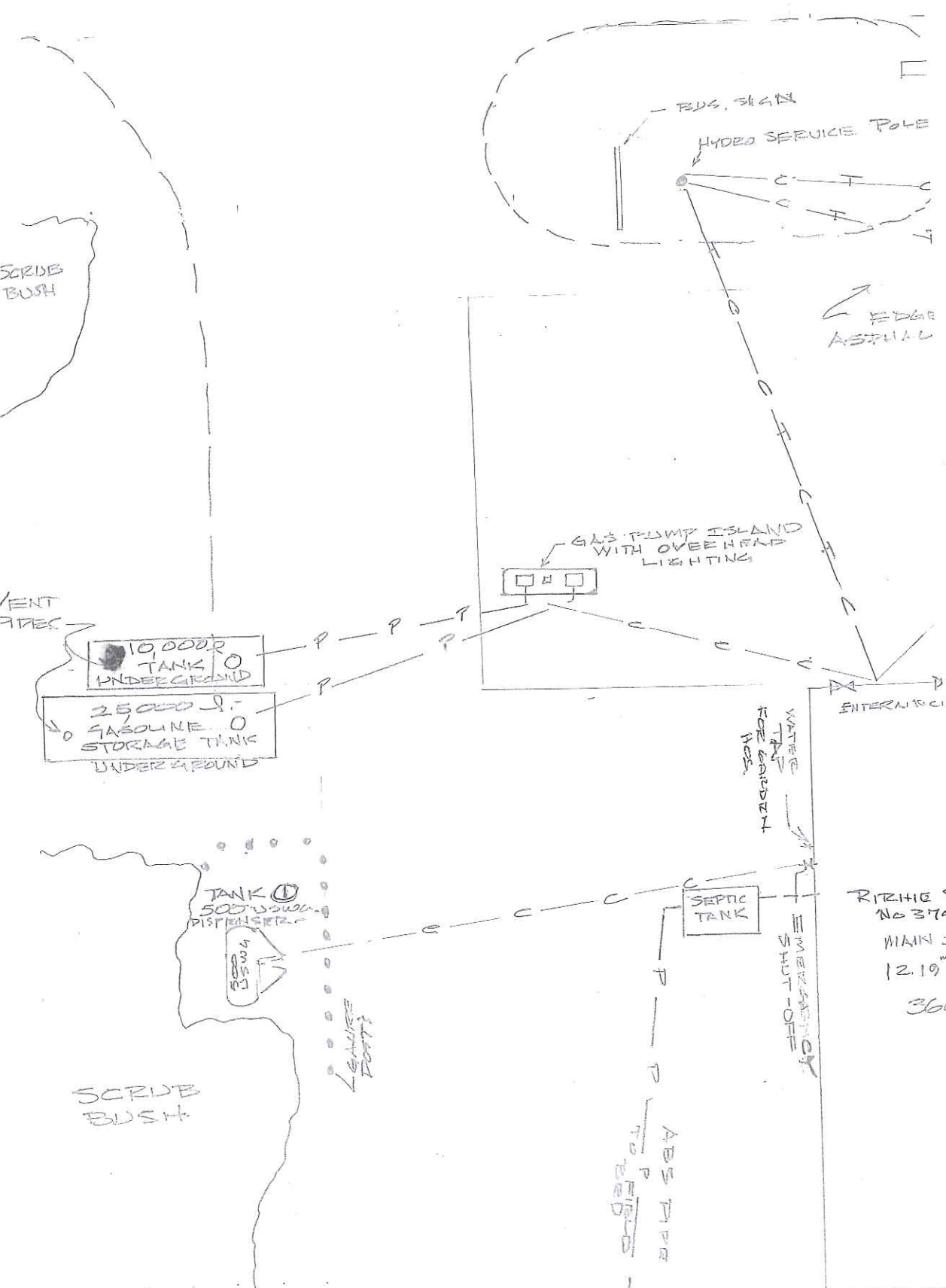


PT ①
 SUPPLY
 HWY 551
 STORE
 X 27.4m
 20 SQFT.

GRAVEL DRIVEWAY
 EDGE OF GRAVEL DRIVEWAY

PROPERTY LINES
 LOT. 9-1-1 CONS
 0.602 HA.

NORTH



EDGE ASPHALT

GAS PUMP ISLAND WITH OVERHEAD LIGHTING

10,000 L. TANK UNDERGROUND
25,000 L. GASOLINE STORAGE TANK UNDERGROUND

TANK 500 L. DISPERSED

SEPTIC TANK

RIDGE
NO 375
MAIN
12.19
366

WATER TANK
HOSE CABINET
HOSE

METER AND SHUT-OFF

ABS PIPE
TO REPAIR

SCRUB BUSH

SCRUB BUSH

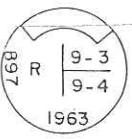
VENT PIPE

LOT 8
LOT 9

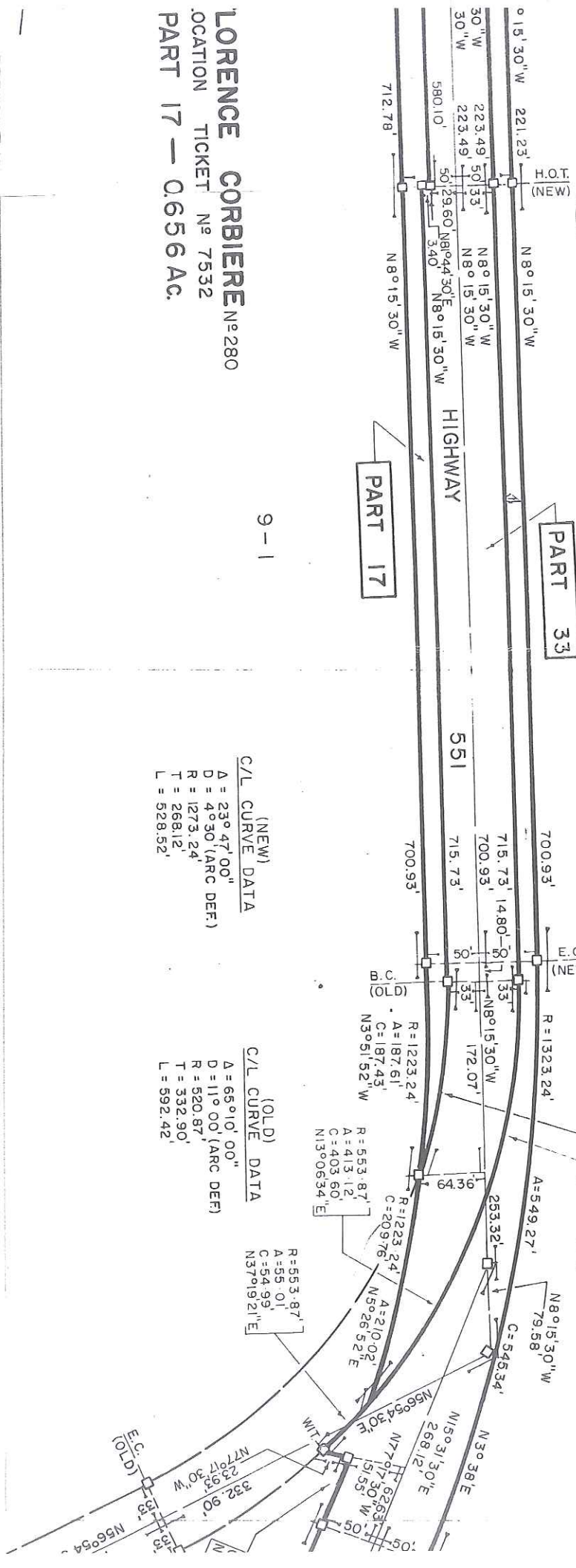


LEONARD CORBIERE No 239
CERTIFICATE OF POSSESSION No 8520
PART 14 — 0.077 AC.

FD CLS P BY
W.J. QUINSEY O.L.S.
MARKED THUS



LORENCE CORBIERE No 280
LOCATION TICKET No 7532
PART 17 — 0.656 AC.



9-1

C/L CURVE DATA (NEW)

- $\Delta = 230.47'00''$
- $D = 40.30'$ (ARC DEF)
- $R = 1273.24'$
- $T = 268.12'$
- $L = 528.52'$

C/L CURVE DATA (OLD)

- $\Delta = 65.01'00''$
- $D = 11.00'$ (ARC DEF)
- $R = 520.87'$
- $T = 332.90'$
- $L = 592.42'$

- $R = 487.87'$
- $A = 175.86'$
- $C = 174.91'$
- $N20.04.05''E$

- $R = 553.87'$
- $A = 468.13'$
- $C = 454.31'$
- $N15.05.16''E$

- $R = 1223.24'$
- $A = 187.61'$
- $C = 187.43'$
- $N30.51.52''W$

- $R = 553.87'$
- $A = 413.12'$
- $C = 403.60'$
- $N13.05.34''E$

- $R = 553.87'$
- $A = 55.01'$
- $C = 54.99'$
- $N37.19.21''E$

- $R = 553.87'$
- $A = 210.02'$
- $C = 209.76'$
- $N50.26.52''E$

- $R = 553.87'$
- $A = 332.90'$
- $C = 332.90'$
- $N77.17.30''W$

- $R = 553.87'$
- $A = 332.90'$
- $C = 332.90'$
- $N56.09.4''W$

F

PLAN 56414 C.L.S.R., L.R.O. PLAN MISC 36

LOT 9-3

147.27

FD CLSP

201.2

PLAN 56414 C.L.S.R., L.R.O. PLAN MISC 36

LOT 9-2

FD IP

MARKED 9-2, 9-3, 8

CHANGED 8 TO 8-2

VI 918

918

VI 918

1963

POW WOW

Grounds

IB MARKED 19

DESTROYED

VI 938

938

VI 938

1963

FD CLSP

181.08

LOT 9-3-1

FD RIB MARKED

PLAN 64377

C.L.S.R., L.R.O.

FD SIB, BC NOT MARKED

PLAN MISC 92

9-3-1, 9-3, 9-4-1

FD SIB, BC NOT MARKED

MARKED PL SIB

90° 09' 30"

164.87

60.15

104.72

PCL B L.S.3078

LOT 9-5

HD

FD SIB, BC NOT MARKED

(CALC)

PL SIB

90° 09' 30"

155.11

CHAIN LINK FENCE

LOT 9-6

HD

PLAN 48

C.L.S.R.

CHAIN LINK FENCE

LOT 9-7-1

HD

5776

IB

90° 09' 30"

134.82

LOT 9-7-2

HD

C.L.S.R.

90° 09' 30"

130.36

SIB

43.00

FD SIB, BC

NOT MARKED

FD SIB, BC

NOT MARKED

PLAN 56414 C.L.S.R., L.R.O. PLAN MISC 36

LOT 9-1-1

HD

0.602

LOT 9-1-2

HD

1.18

LOT 9-6

HD

1.07

LOT 9-5

HD

1.07

LOT 9-6

HD

1.18

LOT 9-7-1

HD

0.828

LOT 9-7-2

HD

0.404

PLAN 56414 C.L.S.R., L.R.O. PLAN MISC 36

LOT 9-1-1

HD

0.602

LOT 9-1-2

HD

1.18

LOT 9-6

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LOT 9-5

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LOT 9-6

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LOT 9-7-1

HD

0.828

LOT 9-7-2

HD

0.404

PLAN 56414 C.L.S.R., L.R.O. PLAN MISC 36

LOT 9-1-1

HD

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LOT 9-1-2

HD

1.18

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LOT 9-7-2

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PLAN 56414 C.L.S.R., L.R.O. PLAN MISC 36

LOT 9-1-1

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LOT 9-7-2

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PLAN 56414 C.L.S.R., L.R.O. PLAN MISC 36

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PLAN 56414 C.L.S.R., L.R.O. PLAN MISC 36

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PLAN 56414 C.L.S.R., L.R.O. PLAN MISC 36

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PLAN 56414 C.L.S.R., L.R.O. PLAN MISC 36

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LOT 9-1-2

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LOT 9-6

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LOT 9-7-1

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LOT 9-7-2

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PLAN 56414 C.L.S.R., L.R.O. PLAN MISC 36

LOT 9-1-1

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LOT 9-1-2

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LOT 9-6

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LOT 9-7-1

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LOT 9-7-2

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PLAN 56414 C.L.S.R., L.R.O. PLAN MISC 36

LOT 9-1-1

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LOT 9-1-2

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LOT 9-6

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LOT 9-6

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LOT 9-7-1

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0.828

LOT 9-7-2

HD

0.404

PLAN 56414 C.L.S.R., L.R.O. PLAN MISC 36

LOT 9-1-1

HD

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LOT 9-1-2

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LOT 9-6

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