



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X 2X4  
Fax: 416.231.4903  
Customer Service: 1.877.682.8772

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

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

JULY 1

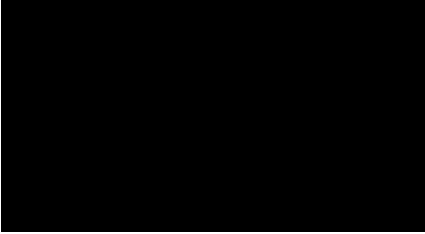
Failure to fully complete this form may result in rejection.  
Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 0032970001-C

Check applicable type of propane operations.

Cylinder     Motor Fill     Filling Plant     Card/Keylock

Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.



**SECTION A: GENERAL INFORMATION**

The Undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act*, Propane Storage and Handling Regulation.

A Company Name OLD CUT BOAT LIVERY Ontario Corporation No., if applicable N/A

Operator Name (if different from above) RAY FERRIS

Telephone No. 519-586-3300 Fax No. 519-586-3433 E-mail Address SUE.FERRIS@EXCULINARY.COM

B Street No. 39 Street Name, Lot / Concession No. ROGER'S AVE

Town / City or Township / County LONG POINT BEACH Province ONT Postal Code N0E 1M0

Mailing address if different from above.

C Street No. Street Name, Lot / Concession No. R.R.#3

Town / City or Township / County PORT ROWAN Province ONT Postal Code N0E 1M0

Information on Container Refill Centre or Filling Plant

Location of facility.

D Street No. 39 Street Name, Lot / Concession No. ROGER'S AVE Nearest major intersection ERIE AVE AND OLD CUT BRIDGE

Town / City or Township / County LONG POINT BEACH Province ONT Postal Code N0E 1M0

Name of Licence Holder RAY FERRIS

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). SUE FERRIS ROT type 100-1 Pt1

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) SOUTH WALSHINGHAM

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>RAY FERRIS</u>	Signature <u>[Signature]</u>	Date (dd-mm-yyyy) <u>28/05/11</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>SUE FERRIS</u>	<u>[Signature]</u>	<u>28/05/11</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)**

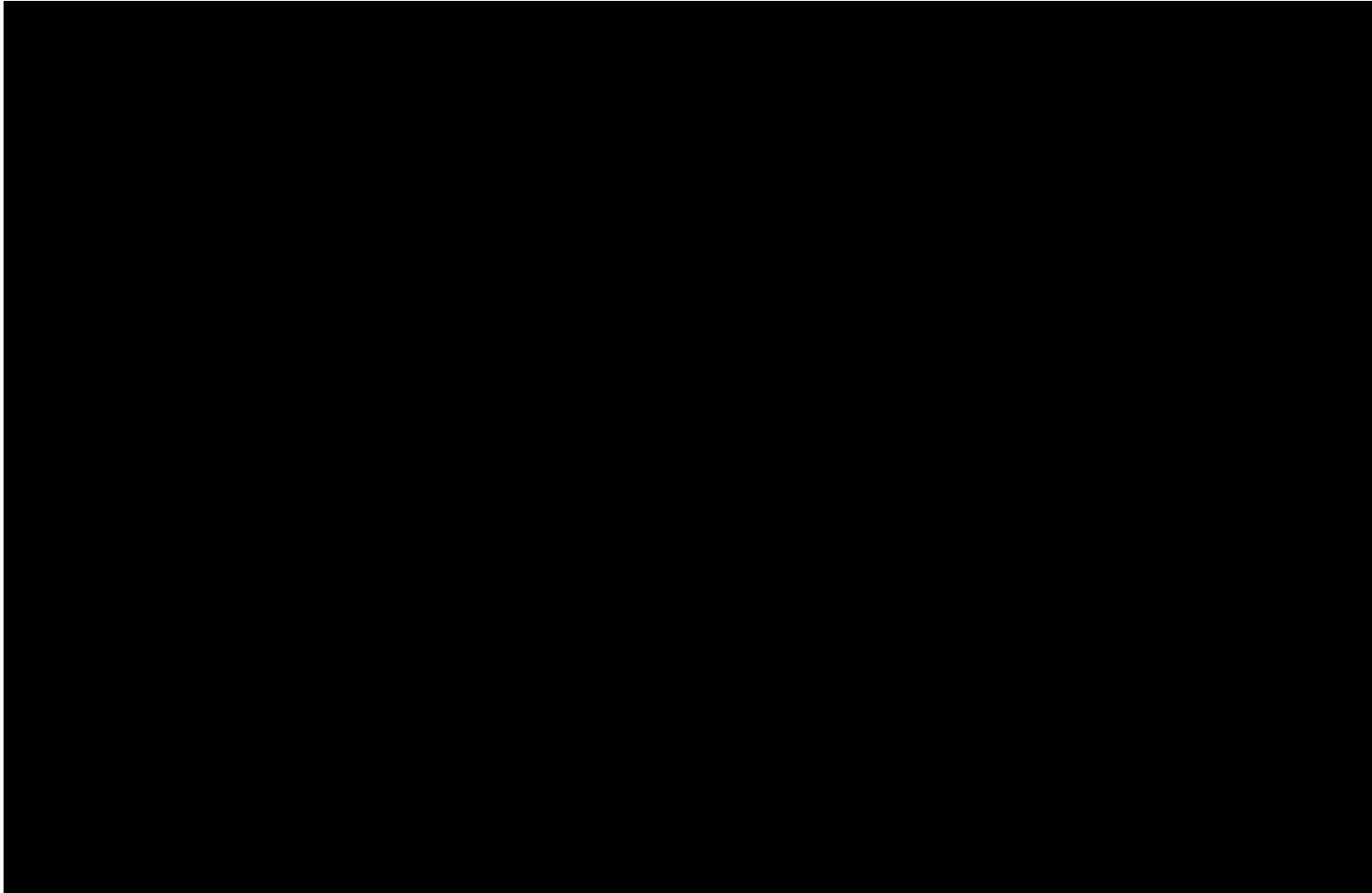
Indicate the year the facility was established. 28 YEARS 1982 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>Q 0216662</u>
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: 1000 U.S.W.G. Portable: NA Mobile: NA



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Name of person completing this form (please print) <u>SUE FERRIS</u>		Official Title <u>MANAGER</u>	
Signature <u>Sue Ferris</u>		Telephone No. <u>519-586-3302</u>	Date (dd-mm-yyyy) <u>28/05/11</u>



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Level 1 Risk and Safety Management Plan (RSM<sup>2</sup>)  
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.

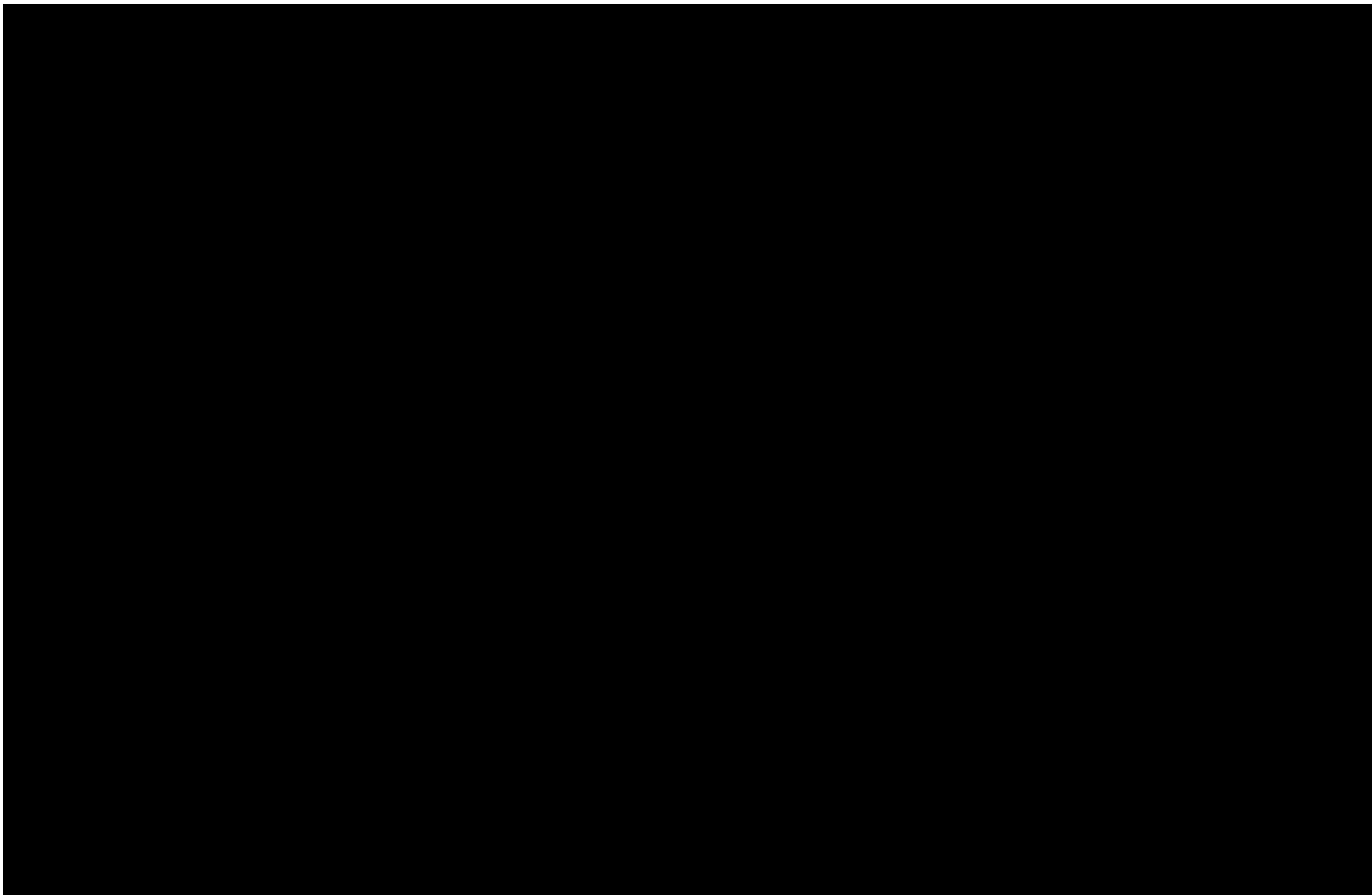
26 years 1982

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

	PSIG	Serial Number
Tank 1:	200	908662
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: 1000 USWG      Portable: 200      Mobile: 100



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Name of person completing this form (please print) Tom Ferris	Official Title MANAGER	
Signature <i>Tom Ferris</i>	Telephone No. 319.586.3302	Date (dd-mm-yyyy) 6/27/11



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)		[Redacted]	
M <sup>c</sup> ROBERT FUELS			
Street No.	Street Name Lot / Concession No.	R.R.#1	
4755	EDGEMONT DR.		
Town / City or Township / Country		Province	Postal Code
STRATHROY		ONT	N7G 3H3
Telephone No.	Fax No.	Contact Name	
519-246-1019	519-246-1160	RON DRIEDGER	
E-mail			
RDRIEDGER@MCROBERTFUELS.COM			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		[Redacted]	
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	For Office Use - Party No.
NA		
Street No.		Street Name Lot / Concession No.
Town / City or Township / Country		Province
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)	Official Title	
SUE FERRIS	MANAGER	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Sue Ferris</i>	519-586-3302	28/05/11



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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.

UNDERGROUND GASOLINE STORAGE TANKS 2 - 9000 LITRES  
REFER TO LICENCE NUMBER 0076462811-C

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

20 B.C RATING AT DISPENSER (PROPANE)  
AND INSIDE BUILDING

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.

ISC VALVE CONNECTED BY CABLE TO 212° FUSEABLE LINK/  
SPRING SYSTEM (PROPANE). EMERGENCY SHUT OFF AT STORE.  
AUTOMATIC SOLENOID SHUT OFF VALVE LOCATED ON THE CYLINDER VILL WHICH  
SHUTS OFF PUMP AND FLOW OF GAS

Maintenance and testing schedule for fire protection controls and devices.

CHECKED DAILY BY OPERATORS  
CHECKED ANNUALLY BY PROPANE SUPPLIER AS REQUIRED  
FIRE EXTINGUISHERS ARE INSPECTED ANNUALLY

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Name of person completing this form (please print) SUE FERRIS	Official Title MANAGER
Signature <i>Sue Ferris</i>	Telephone No. 519-586-3302
	Date (dd-mm-yyyy) 28/05/11



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

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name <i>SUE FERRIS</i>	For Office Use - Party No.	Name <i>SUE FERRIS</i>	For Office Use - Party No.
Official Title <i>PROPRIETOR</i>		Official Title <i>PROPRIETOR</i>	
Telephone No. <i>519-586-3302</i>	Fax No. <i>519-586-3433</i>	Cell No. <i>519-718-3302</i>	Fax No. <i>519-586-3433</i>
E-mail <i>SUE.FERRIS@EXECULINK.COM</i>		E-mail <i>SUE.FERRIS@EXECULINK.COM</i>	
Role and responsibilities in emergency <i>INITIATE EMERGENCY CALLS AND ADVISE APPLICABLE PARTIES OF EMERGENCY</i>		Role and responsibilities in emergency <i>INITIATE EMERGENCY CALLS AND ADVISE APPLICABLE PARTIES</i>	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name <i>RAY FERRIS</i>	For Office Use - Party No.	Name <i>SUE FERRIS,</i>	For Office Use - Party No.
Official Title <i>PROPRIETOR</i>		Official Title <i>MANAGER</i>	
Telephone No. <i>519-586-3302</i>	Fax No. <i>519-586-3302</i>	Telephone No. <i>519-586-3302</i>	Fax No. <i>519-586-3433</i>
E-mail <i>SUE.FERRIS@EXECULINK.COM</i>		E-mail <i>SUE.FERRIS@EXECULINK.COM</i>	
Role and responsibilities in emergency <i>INITIATE EMERGENCY CALLS AND ADVISE APPROPRIATE PARTIES + ADVISE KEY CONTACT</i>		Role and responsibilities in emergency <i>INITIATE EMERGENCY CALL AND ADVISE APPLICABLE PARTIES</i>	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name <i>ED VAN HAMME</i>	For Office Use - Party No.	Name <i>BRIAN MACKENZIE</i>	For Office Use - Party No.
Official Title <i>DISTRICT FIRE CHIEF - POLI ROWAN</i>		Official Title <i>OPERATIONS MANAGER</i>	
Telephone No. <i>519-586-3984</i>	Fax No. <i>519-586-3336</i>	Telephone No. <i>519-246-1019</i>	Fax No. <i>519-246-1168</i>
E-mail <i>ed.vanhamme@norfolkcounty.ca</i>		E-mail <i>B.MACKENZIE@MCROBERTFUELS.COM</i>	
Role and responsibilities in emergency <i>See attached commentary</i>		Role and responsibilities in emergency <i>OFFICE CONTACT</i>	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name <i>KERRY DICKS</i>	For Office Use - Party No.	Name <i>BEV WOOD</i>	For Office Use - Party No.
Official Title <i>FIRE CHIEF</i>		Official Title <i>CLERK</i>	
Telephone No. <i>519-426-4115</i>	Fax No. <i>519-426-4140</i>	Telephone No. <i>519-426-5870</i>	Fax No. <i>519-426-8573</i>
E-mail <i>firechief@norfolkcounty.ca</i>		E-mail <i>bev.wood@norfolkcounty.ca</i>	
Role and responsibilities in emergency <i>see attached commentary</i>		Municipality <i>Norfolk County</i>	

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Name of person completing this form (please print) <i>SUE FERRIS</i>	Official Title <i>Manager</i>
Signature <i>Sue Ferris</i>	Telephone No. <i>519-586-3302</i>
	Date (dd-mm-yyyy) <i>28/05/11</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.

na

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Name of person completing this form (please print) <i>SUE FERRIS</i>	Official Title <i>MANAGER</i>
Signature <i>Sue Ferris</i>	Telephone No. <i>519-586-3309</i>
	Date (dd-mm-yyyy) <i>06/08/2011</i>



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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) <i>8/9/08</i>	Print Name of Training Provider: <i>PROPANE TRAINING INSTITUTE</i>
	Print Name of Instructor: <i>RON DRIEDGER</i>
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) <i>8/9/08</i>	Print Name of Training Provider: <i>PROPANE TRAINING INSTITUTE</i>
	Print Name of Instructor: <i>RON DRIEDGER</i>
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) <i>8/9/08</i>	Print Name of Training Provider: <i>PROPANE TRAINING INSTITUTE</i>
	Print Name of Instructor: <i>RON DRIEDGER</i>
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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Signature <i>Sue Ferris</i>	Telephone No. <i>519-586-3302</i>
	Date (dd-mm-yyyy) <i>28/05/11</i>





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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>1/08/11</i>	Print Name of Training Provider: <i>PROPANE TRAINING INSTITUTE</i>
	Print Name of Instructor: <i>T.B.A.</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>1/08/11</i>	Print Name of Training Provider: <i>PROPANE TRAINING INSTITUTE</i>
	Print Name of Instructor: <i>T.B.A.</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>1/08/11</i>	Print Name of Training Provider: <i>PROPANE TRAINING INSTITUTE</i>
	Print Name of Instructor: <i>T.B.A.</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>SUE FERRIS</i>	Official Title <i>Manager</i>
Signature <i>Sue Ferris</i>	Telephone No. <i>519-586-3302</i> Date (dd-mm-yyyy) <i>28/05/11</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.

**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 checked="" type="checkbox"/> |
| 5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. Are weighing systems validated for accuracy?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?  | <input 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 type="checkbox"/> | <input checked="" 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>26</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>Nothing Approved</u>             |

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Name of person completing this form (please print) <i>SUE FERRIS</i>	Official Title <i>MANAGER</i>
Signature <i>Sue Ferris</i>	Telephone No. <i>519-586-3302</i> Date (dd-mm-yyyy) <i>06/08/2011</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.

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).

*EITHER THE PROPRIETOR, OR IN HIS ABSENCE THE MANAGER SHALL CONTACT EMERGENCY SERVICES VIA 911 IN THE EVENT OF AN EMERGENCY. ALSO THE PROPRIETOR OR IN HIS ABSENCE MANAGER WILL ENSURE THE FACILITY IS EVACUATED AND PERSONS ARE DIRECTED TO A SAFE AREA, LOCATED TO THE WEST, ALSO WARNING ANYONE TO THE EAST*

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 PROPRIETOR OR IN HIS ABSENCE THE MANAGER WILL NOTIFY VOICALLY TO EVERY PERSON ON THE GROUNDS TO EVACUATE TO THE AREA INDICATED AS THE SAFE AREA. WILL CALL EMERGENCY SERVICES BY CELL PHONE OR PHONE LOCATED IN SAFE AREA*

**Communication with Emergency Response Authorities**

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).

*THE PROPRIETOR OR IN HIS ABSENCE THE MANAGER WILL CALL EMERGENCY SERVICES VIA PHONE IMMEDIATELY UPON DISCOVERY OF ANY HAZARD THAT MAY RESULT IN AN IMMINENT DANGEROUS SITUATION. THE PHONES LOCATED IN THE SAFE AREA OR VIA CELL PHONE WHICHEVER IS CLOSEST TO THE PERSON SHALL BE USED*

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

*IN THE EVENT EMERGENCY SERVICE NEED TO ACCESS THE BUILDING WHEN IT IS LOCKED, THERE ARE JUST STORM WINDOWS ON THE BUILDING, WHICH CAN EASILY BE PUSHED IN*

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

*DEPENDING ON THE NATURE OF THE EMERGENCY, THE LICENCE HOLDER SHALL NOTIFY APPLICABLE AUTHORITIES BY TELEPHONE*

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

*RESIDE AT SITE FROM JUNE TO SEPT.  
OTHER TIMES 10 MINUTES*

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Signature <i>Sue Ferris</i>	Telephone No. <i>519-586-3302</i>
	Date (dd-mm-yyyy) <i>28/05/11</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.

**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 checked="" type="checkbox"/> |
| 5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. Are weighing systems validated for accuracy?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?  | <input 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 type="checkbox"/> | <input checked="" 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>26</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>Nothing Approved</u>  |                                     |

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Signature	Telephone No.	Date (dd-mm-yyyy)



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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 (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:

*SEE ATTACHED COMMENTARY*

**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 <i>TERRY R. DICKS</i>	Signature <i>Terry Dicks</i>	Date (dd-mm-yyyy) <i>8/06/2011</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>SUE FERRIS</i>	Official Title <i>MANAGER</i>
Signature <i>Sue Ferris</i>	Telephone No. <i>519-586-3302</i>
	Date (dd-mm-yyyy) <i>06/08/2011</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:

*See Attached Comments*

**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 <i>TERRY R. DICKS</i>	Signature <i>Terry Dicks</i>	Date (dd-mm-yyyy) <i>8/06/2011</i>
--------------------------	-------------------------------------	---------------------------------	---------------------------------------

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**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

**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)
	1000
Tank setback coordinates. Indicate placement on the map.	
Front: 58' 17.67m	Right side property line: 91' 27.7m
Rear: 298' 90.8m	Left side property line: 118' 35.96m
GPS coordinates of single largest vessel: N 42° 35.204' W 080° 23.686	

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Name of person completing this form (please print)	Official Title	
JULIE FERRIS	MANAGER	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Julie Ferris</i>	519-586-3302	28/05/18



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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:

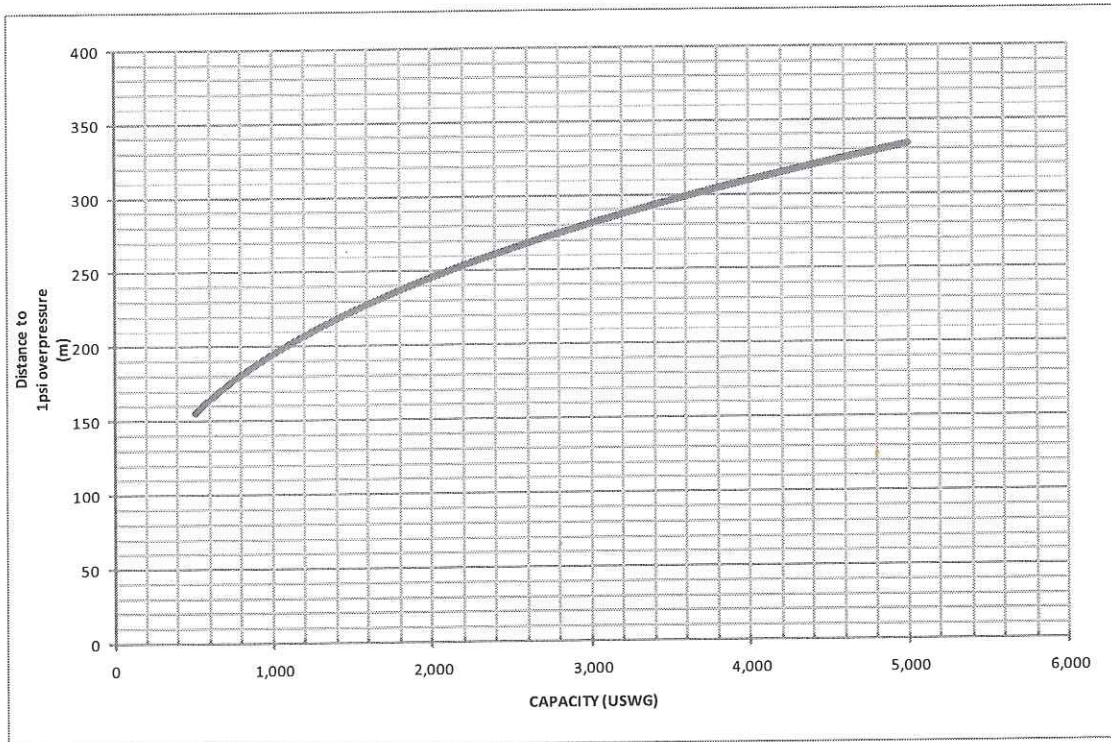
Density of Propane is 0.5033 kg per litre @ 15 C

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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<i>SUE FERRIS</i>	<i>MANAGER</i>	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Sue Ferris</i>	<i>519-586-3302</i>	<i>28/05/11</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: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]			X		<u>40</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____	X				_____ m
Sensitive institutions institutions, and prisons Name: _____ Address: _____ City: _____					_____ m
Emergency response Name: _____ Address: _____ City: _____					_____ m

GEORGE THOMSON  
36 ROGER'S AVE, R.R.#3  
50m

PORT ROWAN NOE1M0  
BOB NEWMAN

34 ROGER'S AVE, R.R.#3  
PORT ROWAN, ONT NOE1M0  
65m.

ALEX BOYES  
46 DICKENSEN, R.R.#3  
PORT ROWAN NOE1M0  
40m

\* For multi-unit buildir

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Signature <u>Sue Ferris</u>	Telephone No. <u>519-586-3302</u> Date (dd-mm-yyyy) <u>28/05/11</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	8.8	3	26.4
# 20	5.8	6	34.8
# 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
Total Tank Capacity		

Total Cylinder Capacity	
Total Tank Capacity	1000 U.S. W.G. 1000 U.S. W.G.
Total Portable Capacity	

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

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

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# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			

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

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

<b>Total Cylinder Capacity</b>	
<b>Total Tank Capacity</b>	
<b>Total Portable Capacity</b>	

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SUE FERRIS	MANAGER	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Sue Ferris</i>	519-586-3302	28/05/11

MAY 27, 2011

39 ROGER'S AVE LONG Pt. BEACH NEV 11700 (S. WALSHINGHAM)



THIS AN MARESH

1000 USNG HORIZONTAL TANK

SAVE AREA

SCALE 1 CM = 100'

GPS N 42° 35.204'

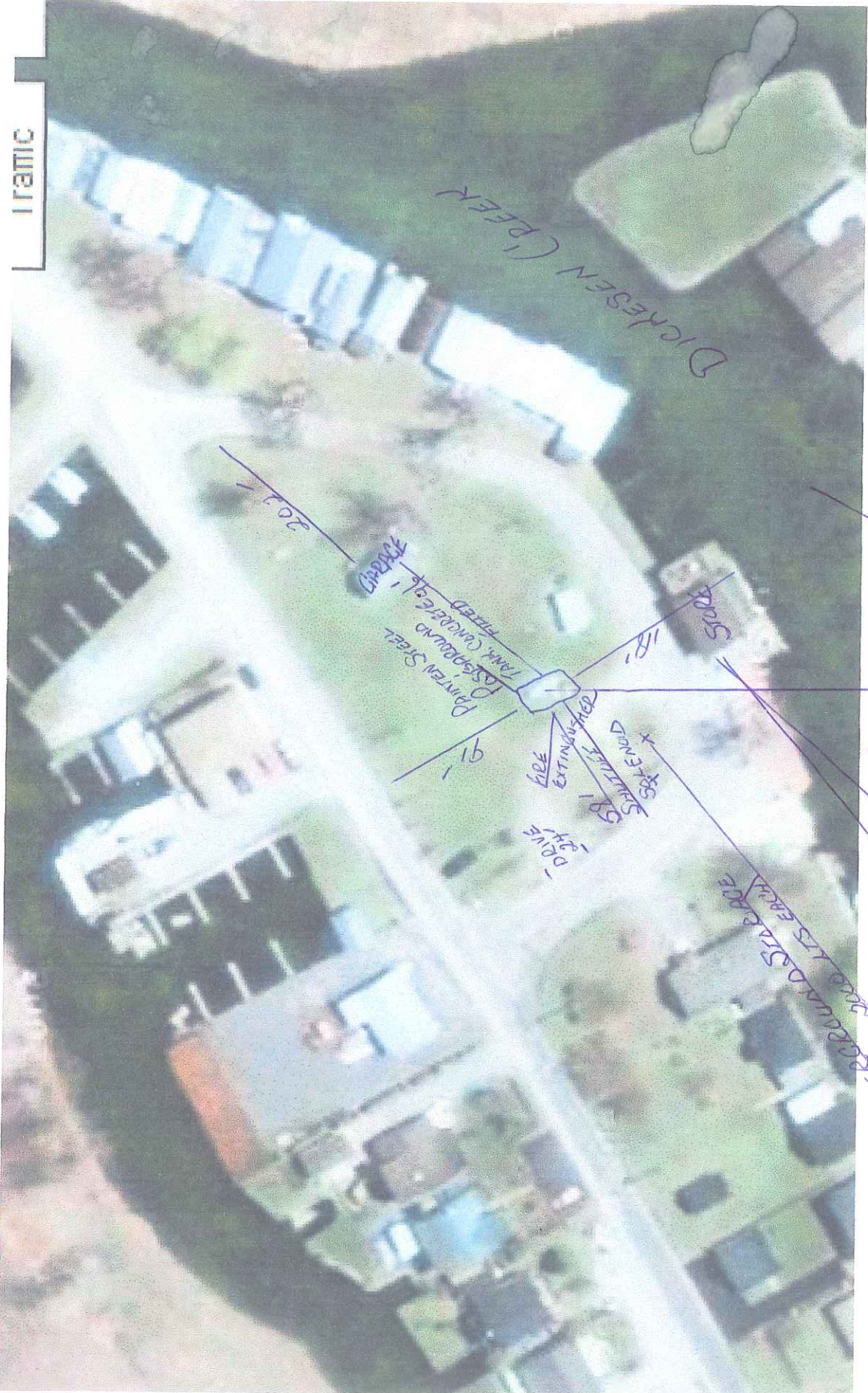
W 080° 23.686'

MUNICIPAL CLERK

BEV WOOD

519-426-8573

IRAMIC



Dighesen Creek

Garage  
Painted Steel Tank (underground)

Dive 20 ft  
Fire Extinguished

2 - Underground Storage Gas 3000 lbs each

Fire Extinguisher

Emergency Shut Off

Fixed 1000 lbs Gal. Tank

Unlimited Water Supply

20.1

20.2