

14th Floor - Centre Tower 3300 Bloor Street West Safety Authority 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 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 000076636569 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. Ontario Corporation No., if applicable Company Name A Trustjoist A Weyerhaeuser Business Operator Name (if different from above) Weyerhaeuser Company Telephone No. E-mail 807-548-8000 Michaelk.ross@weyerhaeuser.com 807-548-7284 Street Name / 911 Number / Address, if applicable В Street No. Jones Road 1000 Postal Code Province Town / City or Township / County **P9N 3X8** On Kenora Mailing address if different from above. Street Name / 911 Number / Address, if applicable Street No. C 1000 Jones Road Box 1930 Postal Code Town / City or Township / County Province P9N 3X8 On Kenora Information on Container Refill Centre or Filling Plant Location of facility. Street No. Street Name / 911 Number / Address, if applicable Nearest Major Intersection D Trans Canada HWY & HWY 17A Kenora Bypass 1000 Jones Road Postal Code Town / City or Township / County P9N 3X8 On Name of Licence Holder TrustJoist A Weyerhaeuser Business Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type PTI 100-1 Cert # 99410 (PPO-3) William Candline Municipality (or municipalities if the facility or its hazard distance touches multiple borders) City of Kenora 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.

Printname	Signature	Date (dd-mm-yyyy)
Name of Licence Holder		
Name of Senior Management person as defined in the		
Regulation holding the Record of Training William Candline		



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# SECTION A: GENERAL INFORMATION (cont'd) Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. Indicate the year the facility was established. 2011 Identify the psig rating and serial number for each fixed propane storage tank on site. **PSIG** Serial Number 5.780003 Tank 1: \_250 Tank2: Tank3: \_\_\_ Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document. Portable: 173.16 Fixed: 1996

Name of person completing this form (please print)	Official Title	
Michael Ross	Back-up Shipping Team Lea	d
Signature	Telephone No.	Date (dd-mm-yyyy)
	807-548-7274	

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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)  Activity Information						
			<del>- // // // - // - // - // - //</del>			
Name of Propane Suppli					For Office Use - I	Party No.
Superior Propane - Regional						
Street No. Street No. 140 Bannatyr	ame / 911 Number / Address, ne Ave	if applicable				
Town / City or Township / Winnipeg	Country			Province MB		Postal Code R3P 1C2
Telephone No.	Fax No.	Contact Na	ame			
877-873-7467	519-836-7766	Bruce Johns	on			
E-mail johnsonb@superiorpropane	.com					
Name of Propane Transporter. If same as above, please check box.   Superior Propane  For Office Use - Party No.						
SCAPE STATE OF THE	lame / 911 Number / Address, Street	if applicable				
Town / City or Township / Kenora	Country			Province On		Postal Code P9N 3X6
Telephone No. 807-628-6393	12 (1994) 1					
E-mail eddyp@superiorpropane.co	m					
Off-site Cylinder and/or Mobile Storage Capacity stored off-site, in USWG  For Office Use - Party No.						
A SECURE	lame / 911 Number / Address,	if applicable				
Town / City or Township /	Town / City or Township / Country  Province  Postal Code					

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

Fax No.

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.

Contact Name

Name of person completing this form (please print) Michael Ross	Official Title Back-up Shipping Team Lead		
Signature	Telephone No. 807-548-7274	Date (dd-mm-yyyy)	

Telephone No.



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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.  Dyed Diesel - 2 x 20000 litre storage = 40,000 litres, - aboveground tank located North side of building
Description of fire and emergency equipment indicated on facility site map.
A-B-C Fire Extinguishers.
1- Located @ Propane Dispenser
ABC Fire extinguisher located throughout the facility
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.
1- Fusible link on ISC - isolation valve between the tank and the downstream propane dispensing equipment.
2. Emergency Shut Off - at propane tank. This shuts down the pump and closes a solenoid valve upstream of hoses.
3. Power supply breaker inside the gas bar building. This cuts all power to the propane system - shuts down pump; closes solenoid valve.
Maintenance and testing schedule for fire protection controls and devices.  Maintenance and testing is undertaken by Superior Propane according to Superior 's Maintenance Standards. Schedule for key equipment is:
1- Pumps - (pumps every 3 months; pump motor: check belts monthly; grease pump every 6 months).
2- ISC valve (test for closure every 6 months.
3- Storage tank Relief Valves - inspected every 2 years; replacement schedule as per provincial regulations.

Name of person completing this form (please print) Michael Ross	Official Title Back-up Shipping Team Lead			
Signature	Telephone No. 807-548-7274	Date (dd-mm-yyyyy)		



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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)

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key	y Contact			5. Facility 24-Hour Contact Pers	on		)	
Name Michael Ross				Name Paul Beckerton				
Official Title Back-up Shipping Team Lead				Official Title Production Manager				
Telephone No. 807-548-7274	Fax No. 807-548-7	284		Cell No. 807-548-7167	Fax No. 807-548-7200			
E-mail Michael.ross2@weyerhaeuser.com	•			E-mail Paul.beckerton@weyerhaeuser.com				
Role and responsibilities in emergence	y			Role and responsibilities in emergency				
Co-ordinate site response plan (ERP)				Co-ordinate site response plan (ERP)				
2. Facility Contact Personnel - Al	ternate Co	ntact		6. Name of Facility Manager				
Name Paul Beckerton				Name Bill Candline	N3	Foi	flice Use - Partv No,	
Official Title Production Manager				Official Title Mill Manager				
Telephone No. 807-548-7167	Fax No. 807-548-7	200		Telephone No. 807-548-7174	Fax No. 807-548-7134			
E-mail Paul.beckerton@weyerhaeuser.com	•			E-mail Bill.candline@weyerhaeuser.com				
Role and responsibilities in emergence	y			Role and responsibilities in emerger	ncy			
Co-ordinate site response plan (ERP)				Co-ordinate site response plan (ERP)				
3. Local Fire Services - Key Conta	ct			7. Propane Supplier Key Contact	Person			
Name Warren Brinkman		For Of	ice Use - Party No.	Name Superior Propane Hot Line		For O	ffice Use - Party No.	
Official Title Fire Chief				Official Title				
Telephone No. 807-467-2107 Cell# 807-467-7573	Fax No. 807-476-2	155		Telephone No. 877-873-7467	Fax No. N/A			
E-mail wbrinkman@kenora.ca				E-mail n/a				
Role and responsibilities in emergence	у			Role and responsibilities in emerger				
Coordiante Emergency Response / adv	ise on Fire	Service	9	Identify and dispatch Superior Propar	ne and or LPERGO	emer	gency response	
Response. Liaise with police services.				personal as required				
				8. Municipal Contact			<u>J</u>	
4. Local Fire Services - Alternate C	Contact			or marrierpar contact				
A. Local Fire Services - Alternate C Name None	Contact	For Of	fice Use - Party No.	Name Joanne McMillin		For O	ffice Use - Party No.	
Name	Contact	For Of	fice Use - Party No.	Name		For O	пісе Use - Рапу No.	
Name None	Fax No.	For Of	ice Use - Party No.	Name Joanne McMillin Official Title	Fax No. 807-467-2009	For O	mice Use - Party No.	
Name None Official Title		For Of	iice Use - Party No.	Name Joanne McMillin  Official Title City Clerk  Telephone No.	VA. 35002 00000 - party carrier	For O	mice Use - Party No.	
Name None Official Title Telephone No.	Fax No.	For Of	iice Use - Party No.	Name Joanne McMillin  Official Title City Clerk  Telephone No. 807-467-2027  E-mail	VA. 35002 00000 - party carrier	For O	mice Use - Party No.	
Name None Official Title Telephone No. E-mail	Fax No.			Name Joanne McMillin  Official Title City Clerk  Telephone No. 807-467-2027  E-mail jmcmillin@kenora.ca	VA. 35002 00000 - party carrier	For O	mice Use - Party No.	

Name of person completing this form (please print)	Official Title	
Michael Ross	Back-up Shipping Team Lea	ad
Signature	Telephone No.	Date (dd-mm-yyyy)
	807-548-7274	



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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.  E-stop located @ the dispenser area to cut the electrical in the event of an emergency, shutting the power of to the solenoid stopping the flow of propane.
E-stop located @ the dispenser area to cut the electrical in the event of an emergency, shatting the power of to the soletion stopping the now of property.

Name of person completing this form (please print)	Official Title	
Michael Ross	Back-up Shipping Team Lead	
Signature	Telephone No.	Date (dd-mm-yyyy)
	807-548-7274	



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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 Res	esponse Plan and Procedures provided to facility key contacts.				
Training Date (dd-mm-yyyy)	Print Name of Training Provider:				
None	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:				
Training on the facility's Em	nergency Management Procedures provided to staff.				
Training Date (dd-mm-yyyy)	Print Name of Training Provider:				
None	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 pro	ovided to certificate holders / persons with Records of Training.				
Training Date (dd-mm-yyyy)	Print Name of Training Provider: Canadian Propane Asso. Please Note - a ROT is valid for	or 3 years			
27-09-2011	Print Name of Instructor: Mike Ross Cert# T1536				
Training Date (dd-mm-yyyy)	Print Name of Training Provider: Canadian Propane Asso				
03-10-2011	Print Name of Instructor: Mike Ross Cert# T1536				
Training Date (dd-mm-yyyy)	Print Name of Training Provider:				
	Print Name of Instructor:				

Name of person completing this form (please print)	Official Title	
Michael Ross	Back-up Shipping Team Lead	
Signature	Telephone No.	Date (dd-mm-yyyy)
1007	807-548-7274	



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

4. Emergency Training Plan for Coming Year

Target Date (dd-mm-yyyy)	esponse Plan and Procedures provided to facility key contacts.  Print Name of Training Provider: Superior Propane or Alternate	Please note: Canadian Propane Gas Association
Q2-2012	Print Name of Instructor: to be arranged	is currently developing the course
Target Date (dd-mm-yyyy)	New Thomas Consideration of Control Application Control Contro	content and it and its provider should be available to
<b>3</b>	Print Name of Instructor:	teach in the first quarter of this 2012.
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Training on the facility's En	nergency Management Procedures provided to staff.	<u> </u>
Target Date (dd-mm-yyyy)	Print Name of Training Provider: Key Contact to train staff	
Q2-2012	Print Name of Instructor: to be arranged	
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 pr	ovided to certificate holders / persons with Records of Training.	
Target Date (dd-mm-yyyy)	Print Name of Training Provider: Canadian Propane Asso.	Please Note - a ROT is valid for 3 years
Q3-12-2011	Print Name of Instructor: Mike Ross Cert. # T1536	Note: To call training provider if any training is required
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	in 2012
	Print Name of Instructor:	
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	

Name of person completing this form (please print)	Official Title	
Michael Ross	Back-up Shipping Team Lea	d
Signature	Telephone No.	Date (dd-mm-yyyy)
	807-548-7274	



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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

Warni	inas	and	Acti	ons

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate). The operator or Alternate will contact emergency services by calling 911 and will provide warnings outlined in the attached: "Propane Emergency Response

Procedures" placard (to be posted on site and part of the employee training). If it is safe to do so this could involve advising neighbors to evacuate. The owner/operator may also contact Superior Propane via the emergency number identified in the ERP.

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).

The owner /operator or alternate should first follow the actions in the ERP provided herein. Stage evacuation, if the release of propane cannot be stopped by cutting electrical power may be required. Note a specific muster point is not advisable, since a propane plume can blow in any direction.

Actions will be taken by an on duty ROT person(s)

#### 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).

When the system is operational, a ROT person will be on duty and be in the propane tank area. This person will be able to visually ascertain any abnormal/ accident event and implement the appropriate emergency response actions. When the system is not in operation, the ISC valve (main isolation valve) is closed, and the propane system is unattended. Any accident involving the propane tank during such times will require the intervention of random, nearby individuals.

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

The propane tank system is located in a wide open area that is easily accessible.

The fire access routes are identified in the attached site plan.

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

The critical information required from the license holder is (a) how to shut the system down and (b) the fill level in the tank (if known)

Fill level is relevant from a time-to-BLEVE perspective (a near empty tank will BLEVE sooner than a full tank if there is a fire impingement on the tank).

This information will be provided to the authorities by Michael Ross or alternate.

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

Key Contact: -20 to 30 minutes to arrive at the facility in the event of an emergency

Name of person completing this form (please print) Michael Ross	Official Title Back-up Shipping Team Lead	
Signature	Telephone No. Date (dd-m 807-548-7274	



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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 Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)? Is there adequate night lighting at the site? Are procedures in place that ensure access routes, aisles, storage area, filling areas 3 and the grounds are kept clear from unwanted materials? 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? Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? Are weighing systems validated for accuracy? 6 Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)? Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves) Is the schedule of maintenance and testing activities retained on site? 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. No Is a pressurized water system available at the propane facility site? Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location? What is the unobstructed distance to the closest water supply that could be used for 9.2 m fire hydrant firefighting activities? (distance in metres only) What is the unobstructed distance to the closest approved water supply with year N/A round access if there are no hydrants? (distance in metres only)

Name of person completing this form (please print) Michael Ross	Official Title Back-up Shipping Team Lead		
Signature	Telephone No. 807-548-7274	Date (dd-mm-yyyy)	



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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 Fill If not, please explain (e.g., no fire services).	Yes Tesponse and Preparedness Plan?	No				
Fire services comments, if any:						
To be completed by the Licence Holder In response to the above comments, the following action(s) is required:						
The licence holder will respond to the Local Fire Services comments	by:(dd-mm-yyyy)					
LOCAL FIRE SERVICES						
The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.						
Print name Signature Date (dd-mm-yyyy)						
Local Fire Services Name						

Name of person completing this form (please print) Michael Ross	Official Title Back-up Shipping Team Lead		
Signature	Telephone No. 807-548-7274	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 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.
- 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.
- 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)  15-03-2012  Capacity of single largest propan 1996 USWG		
dicate placement on the map.		
8.1 m	Right side property line:	487.9 m
6.7 m	Left side property line:	179.8 m
8	3.1 m	Right side property line:  Left side property line:

Thorough deviate and the manufacture of the control				
Name of person completing this form (please print)	Official Title			
Michael Ross	Back-up Shipping Team Lead			
Signature	Telephone No.	Date (dd-mm-yyyy)		
	807-548-7274			



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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

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:

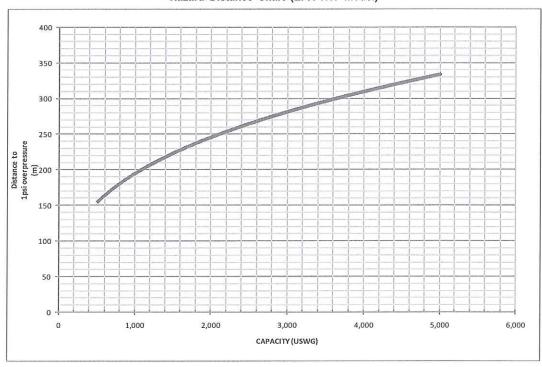
Density of Propane is 0.5033 kg per litre @ 15 C

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)



	W
Official Title	
Back-up Shipping Team Lead	
Telephone No.	Date (dd-mm-yyyy)
807-548-7274	
	Back-up Shipping Team Lea Telephone No.



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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

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") 0 1 2-10 11+		
Industrial Name: Address: City:	buildings or parks or golf courses Weyerhaeuser Company  1000 Jones Road  Kenora  Province ON Postal Code P9N 3X8		x			170.7 m	
Name:	al building units specifically permanent single family dwellings, condominiums, and apartments.  None  Province Province Postal Code	X				0 m	
Name:	ial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes.  None ProvincePostal Code	X				0 m	
Name:	ial building units – continuous occupancy specifically hotels, campgrounds, and resorts.  None  Province Postal Code	X				0m	
institution Name:	institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health s, and prisons.  None ProvincePostal Code	x				0 m	
Name:	ey responders specifically fire stations, ambulance stations, and police stations.  None  Province Postal Code	х				0 m	

Name of person completing this form (please print) Michael Ross	Official Title Back-up Shipping Team Lead	
Signature	Telephone No. 807-548-7274	Date (dd-mm-yyyy)

<sup>\*</sup> For multi-unit buildings, count each unit as "1".



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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	0	0
# 100	29.5	0	0
# 40	11.75	0	0
# 33.3	9.62	18	173.16
# 30	8.8	0	0
# 20	5.8	0	0
# 10	2.9	0	0
# 5	1.5	0	0

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

Tank Size In USWG	Quantity	Total Volume in USWG
	0	0

Total Cylinder Capacity	173.16
Total Tank Capacity	1996 USWG
Total Portable Capacity	173.16

Declaration: I am aware that it is an offence to give false information in this document and

Name of person completing this form (please print) Michael Ross	Official Title Back-up Shipping Team Lead	
Signature	Telephone No. 807-548-7274	Date (dd-mm-yyyy)





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