



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.

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 0076632025-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 West Guilford Auto Centre Ontario Corporation No., if applicable 8198861

Operator Name (if different from above) _____

Telephone No. 705 754 2401 Fax No. _____ E-mail Address Sawyer.carmen@aol.com

B Street No. 1033 Street Name, Lot / Concession No. Kennisis Lake Rd.

Town / City or Township / County West Guilford Province ON Postal Code K0M 2S0

Mailing address if different from above. _____

C Street No. Box 146 Street Name, Lot / Concession No. _____

Town / City or Township / County West Guilford Province ON Postal Code K0M 2S0

Information on Container Refill Centre or Filling Plant

Location of facility.

D Street No. _____ Street Name, Lot / Concession No. _____ Nearest major intersection Hwy 118 & County Rd 7

Town / City or Township / County Guilford Province ON Postal Code K0M 2S0

Name of Licence Holder West Guilford Auto Centre

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Carm Sawyer ROT type PTO 100-1

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

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	<u>West Guilford Auto Centre</u>	Signature	<u>Carm Sawyer</u>	Date (dd-mm-yyyy)	<u>06/10/11</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>Carm Sawyer</u>	Signature	<u>Carm Sawyer</u>	Date (dd-mm-yyyy)	<u>Oct 6/11</u>



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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.

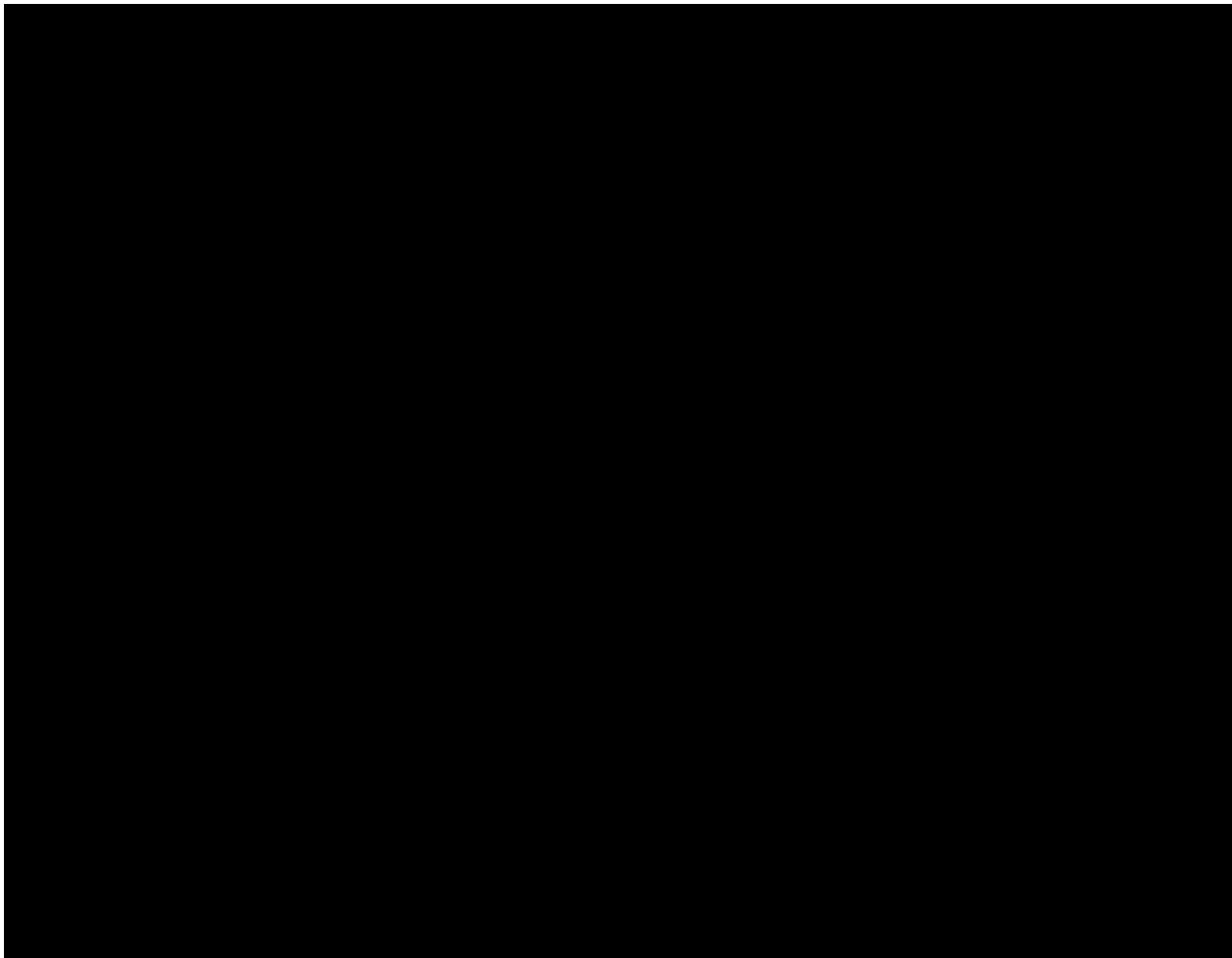
1980 2001 switch propane suppliers

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>65F016474</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 uswg Portable: 12 Mobile: none



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Name of person completing this form (please print) <u>Carm Sawyer</u>		Official Title <u>director</u>	
Signature <u>[Signature]</u>		Telephone No. <u>705 754 2401</u>	Date (dd-mm-yyyy) <u>06 10 11</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) <i>Kelly's Propane</i>			
Street No. <i>174</i>	Street Name Lot / Concession No. <i>Hastings Street</i>		
Town / City or Township / Country <i>Bancroft</i>		Province <i>ON</i>	Postal Code <i>K0L 1C0</i>
Telephone No. <i>613 318 9999</i>	Fax No.	Contact Name <i>Roger Kellar</i>	
E-mail <i>rkellar@kellysfuel.com</i>			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			
Street No.	Street Name Lot / Concession No.		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			

Off-site Cylinder and/or Mobile Storage <i>N/A</i>	Capacity stored off-site, in USWG	For Office Use - Party No.
Street No.	Street Name Lot / Concession No.	
Town / City or Township / Country		Postal Code
Telephone No.	Fax No.	Contact Name

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

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Name of person completing this form (please print) <i>Carm Sawyer</i>	Official Title <i>director</i>	
Signature <i>Carm Sawyer</i>	Telephone No. <i>705 754 2401</i>	Date (dd-mm-yyyy) <i>06 10 11</i>



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN

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

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

diesel fuel 10 000 uswg
premium fuel 10 000 uswg
regular fuel 15 000 uswg
1000 uswg gallon waste oil

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

fire extinguisher (10) throughout the building
fire extinguisher at propane filling site
2 fire extinguishers at gas pumps

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 on propane tank protected by a fuseable link
emergency shut off on side of building
monitor system in building

Maintenance and testing schedule for fire protection controls and devices.

fire extinguishers inspected + tag yearly
fire extinguishers at pumps + propane inspected daily
gas hoses checked on regular basis + propane tank checked

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Name of person completing this form (please print) Carm Sawyer		Official Title director	
Signature 		Telephone No. 705 754 2401	Date (dd-mm-yyyy) 06 10 11



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact

Name <i>Carm Sawyer</i>	For Office Use - Party No.
Official Title <i>director</i>	
Telephone No. <i>705 754 2401</i>	Fax No. <i>N/A</i>
E-mail <i>Sawycarmen@aol.com</i>	
Role and responsibilities in emergency <i>first responder cell phone number 705 854 2401</i>	

5. Facility 24-Hour Contact Person

Name <i>Carm Sawyer</i>	For Office Use - Party No.
Official Title <i>director</i>	
Cell No. <i>705 854 2401</i>	Fax No.
E-mail <i>Sawycarmen@aol.com</i>	
Role and responsibilities in emergency <i>if not on site will immediately respond to site 1. (site security + evage site) 2. (stop flow of products if possible) 3. (call 911) 4. (coordinate response)</i>	

2. Facility Contact Personnel - Alternate Contact

Name <i>Jan Consack</i>	For Office Use - Party No.
Official Title <i>manager</i>	
Telephone No. <i>705 754 9454</i>	Fax No. <i>n/a</i>
E-mail <i>Sawycarmen@aol.com</i>	
Role and responsibilities in emergency <i>responder if Carm unavailable 705 754 9454</i>	

6. Name of Facility Manager

Name <i>Jan Consack</i>	For Office Use - Party No.
Official Title <i>manager</i>	
Telephone No. <i>705 754 9454</i>	Fax No.
E-mail <i>Sawycarmen@aol.com</i>	
Role and responsibilities in emergency <i>same as above, if Carm's unavailable</i>	

3. Local Fire Services - Key Contact

Name <i>Piles Maughan</i>	For Office Use - Party No.
Official Title <i>fire chief</i>	
Telephone No. <i>705-457-2126</i>	Fax No. <i>705-457-1964</i>
E-mail	
Role and responsibilities in emergency	

7. Propane Supplier Key Contact Person

Name <i>Kevin Dupuis</i>	For Office Use - Party No.
Official Title <i>General manager - Kelly's Fuel</i>	
Telephone No. <i>705 745 4629</i>	Fax No.
E-mail <i>Kdupuis@kellysfuel.com</i>	
Role and responsibilities in emergency <i>proceed to site if required activate the ERAP plan</i>	

4. Local Fire Services - Alternate Contact

Name <i>Dow Stephenson</i>	For Office Use - Party No.
Official Title <i>Deputy Chief</i>	
Telephone No. <i>705-457-2126</i>	Fax No.
E-mail	
Role and responsibilities in emergency	

8. Municipal Contact

Name <i>PATRICIA MARTIN</i>	For Office Use - Party No.
Official Title <i>Municipal Planner</i>	
Telephone No. <i>705457-1740</i>	Fax No. <i>7054571964</i>
E-mail <i>PMartin@Dysart.ca</i>	
Municipality <i>Dysart et al 135 Maple Avenue Box 389</i>	

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Name of person completing this form (please print) <i>Carm Sawyer</i>	Official Title <i>director</i>
Signature <i>[Handwritten Signature]</i>	Telephone No. <i>705 754 2401</i>
	Date (dd-mm-yyyy) <i>06 10 2011</i>



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

2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

daily and monthly fire safety equipment
re-certify fire extinguishers on yearly basis
propane tank protected by posts on three sides
the terran on back side
emergency response assistance plan

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Name of person completing this form (please print) <i>Charm Sawyer</i>	Official Title <i>director</i>	
Signature <i>Charm Sawyer</i>	Telephone No. <i>705 754 2401</i>	Date (dd-mm-yyyy) <i>06 10 11</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>06 10 11</i>	Print Name of Training Provider: <i>Kellys Propane</i>
	Print Name of Instructor: <i>Bruce Hudson</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)	Print Name of Training Provider: <i>West Oakford Auto Centre</i>
	Print Name of Instructor: <i>Carm Sawyer</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)	Print Name of Training Provider: <i>West Oakford Auto</i>
	Print Name of Instructor: <i>Carm Sawyer</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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Name of person completing this form (please print) <i>Carm Sawyer</i>	Official Title <i>director</i>
Signature <i>Carm Sawyer</i>	Telephone No. <i>705 754 2401</i>
	Date (dd-mm-yyyy) <i>06 10 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)	Print Name of Training Provider: <i>Kellys Propane</i>
	Print Name of Instructor: <i>Bruce Howson</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)	Print Name of Training Provider: <i>West Guilford Auto</i>
	Print Name of Instructor: <i>Carm Sawyer</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)	Print Name of Training Provider: <i>West Guilford Auto</i>
	Print Name of Instructor: <i>Carm Sawyer</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>Carm Sawyer</i>	Official Title <i>director</i>
Signature <i>Carm Sawyer</i>	Telephone No. <i>705 7542401</i>
	Date (dd-mm-yyyy) <i>06 10 11</i>



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

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

5. Emergency Response Communications Plan

Warnings and Actions

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

all on site personnel to evacuate and call 911
public notification provided by local fire department

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).

steps taken above will be revisited and tested yearly with all RSH holders
meeting spot West Airlford Community Centre

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).

POSTED SIGN with steps to be taken @ propane filling centre and in the office
yearly review for all staff on procedures
activate emergency response on yearly basis

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

no

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

fire chief will take control of scene

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

Carm Sawyer 4mins
Jan Consack 4mins

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Name of person completing this form (please print) Carm Sawyer		Official Title director
Signature 	Telephone No. 705 754 2401	Date (dd-mm-yyyy) 06 10 11



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

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

6. Building and Site Security and Procedures

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

7. Water Supply

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

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	<u>20m</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>n/a</u>	

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Signature <i>[Signature]</i>	Telephone No. <i>705 754 2401</i>	Date (dd-mm-yyyy) <i>06/10/11</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.

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan? Yes No

If not, please explain (e.g., no fire services).

Fire services comments, if any:

To be completed by the Licence Holder

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

The Licence holder will respond to the Local Fire Services comments by: _____ (dd-mm-yyyy)

LOCAL FIRE SERVICES

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

Print name <i>Dysart Fire Dept.</i> Local Fire Services Name	Signature <i>Miles Maugh</i>	Date (dd-mm-yyyy) <i>14/10/2011</i>
--	---------------------------------	--

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Name of person completing this form (please print) <i>Larm Sawyer</i>	Official Title <i>director</i>	
Signature <i>[Signature]</i>	Telephone No. <i>754-2401</i>	Date (dd-mm-yyyy) <i>06/10/11</i>



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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)		
2/11/11	1000 USWG		
Tank setback coordinates. Indicate placement on the map.			
Front:	60 FT	18.29 m	Right side property line: 55 16.76 m
Rear:	32 FT	9.75 m	Left side property line: 80 24.38
GPS coordinates of single largest vessel: N 45° 46.24 W 07° 30.25			

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Name of person completing this form (please print)	Official Title	
Carl Sawyer	director	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>[Signature]</i>	705 754 2401	06-10-11



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SECTION C: SUBMISSIONS (cont'd)

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

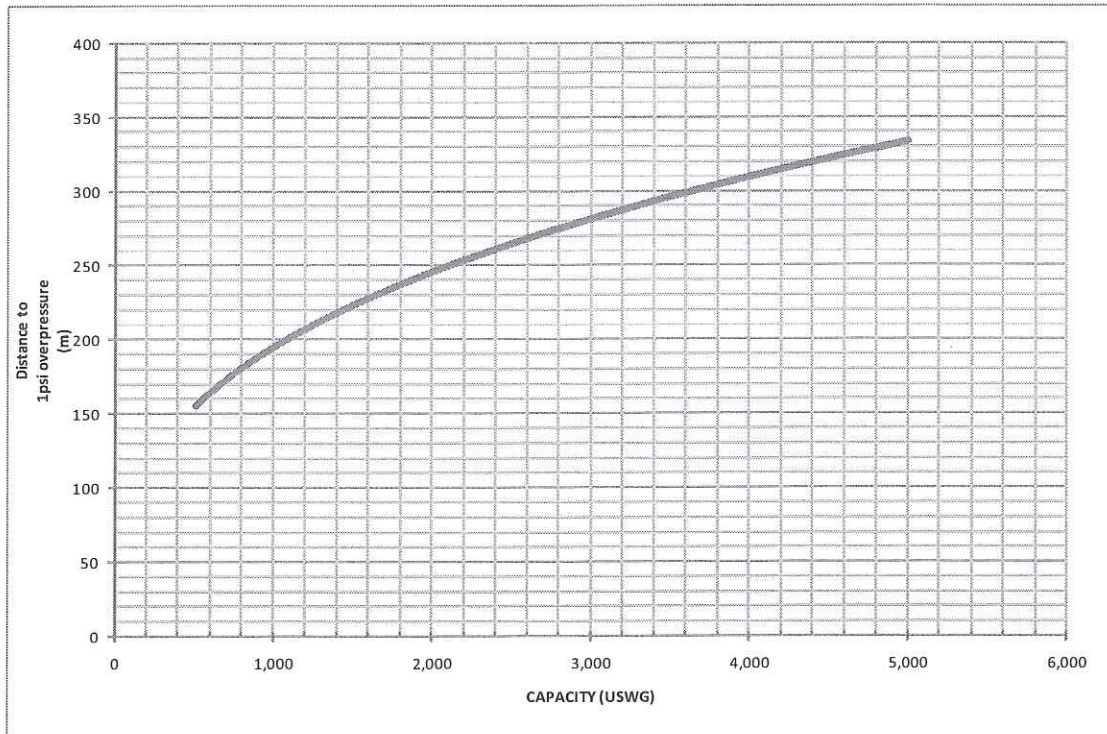
Table 1: Distance Table

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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Signature <i>[Signature]</i>		Telephone No. <i>705 754 2401</i>	Date (dd-mm-yyyy) <i>06 10 11</i>



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Fax: 416.231.4903
Customer Service: 1.877.682.8772

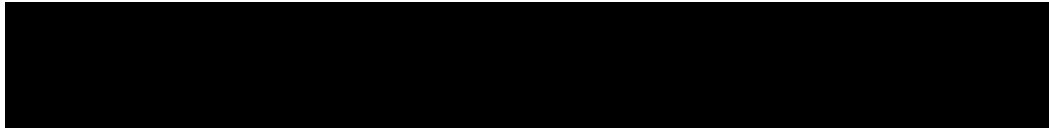
Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
Propane Storage and Handling Regulation

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>Church Cafe</u> Address: <u>ST ANDREWS CRT</u> City: <u>HALIBURTON ON</u> Province <u>ONT</u> Postal Code <u>K0M 2S6</u>		↓			<u>230</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments 			*		<u>163</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>WEST GUILFORD AUTO CENTRE</u> Address: <u>KENNIS LK RD</u> City: <u>HALIBURTON</u> Province <u>ONT</u> Postal Code <u>K0M 2S6</u>			*		<u>5.3</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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

Name of person completing this form (please print) <u>Carm Sawyer</u>	Official Title <u>director</u>
Signature 	Telephone No. <u>705 754 2401</u> Date (dd-mm-yyyy) <u>06/10/11</u>



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
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Level 1 Risk and Safety Management Plan (RSMP)
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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	
# 100	29.5	0	
# 40	11.75	0	
# 33.3	9.62	0	
# 30	8.8	0	
# 20	5.8	12 empty	0
# 10	2.9	0	
# 5	1.5	0	
Total Cylinder Capacity			

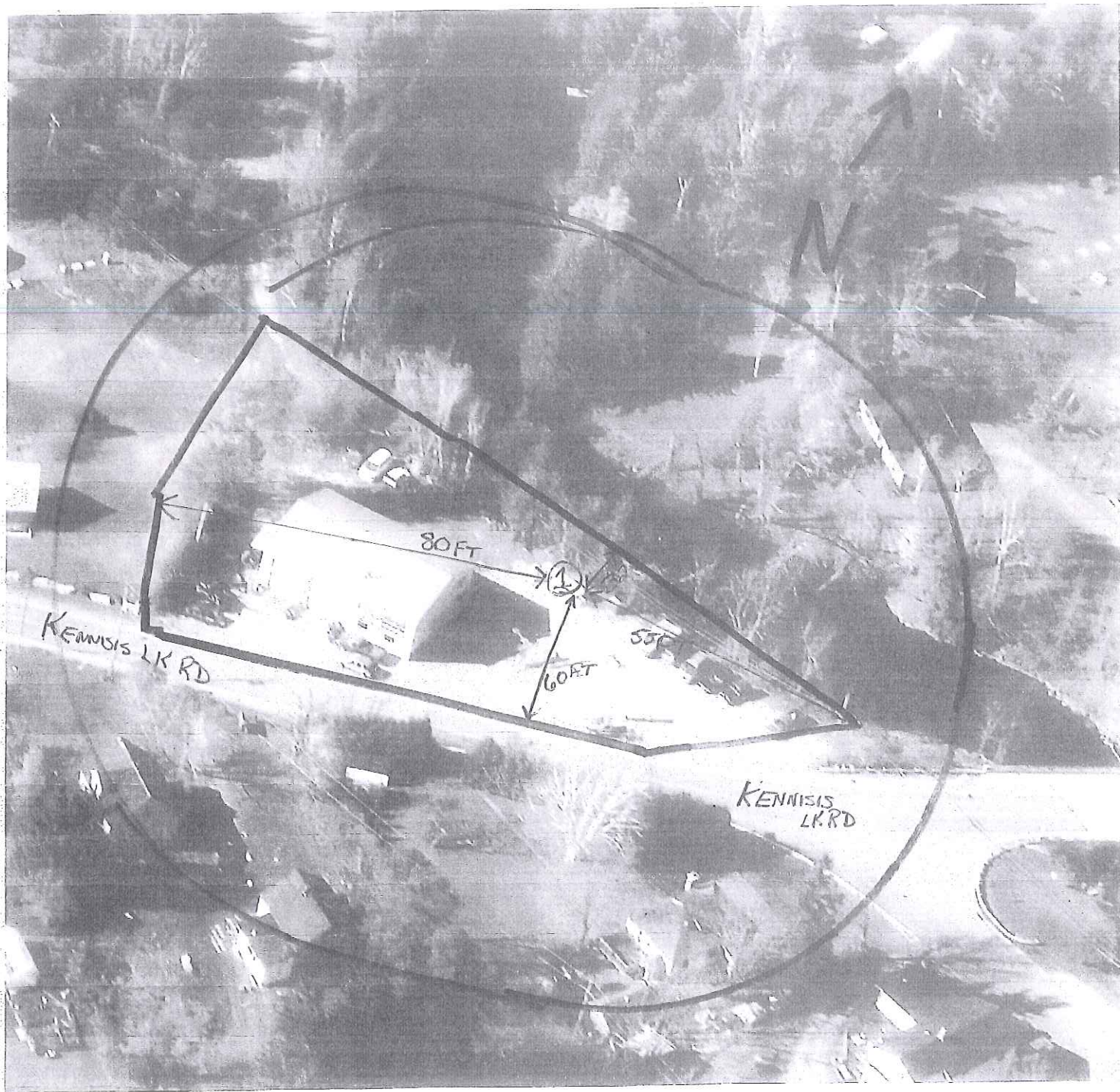
Tanks Stored On-site Not Connected for Use

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

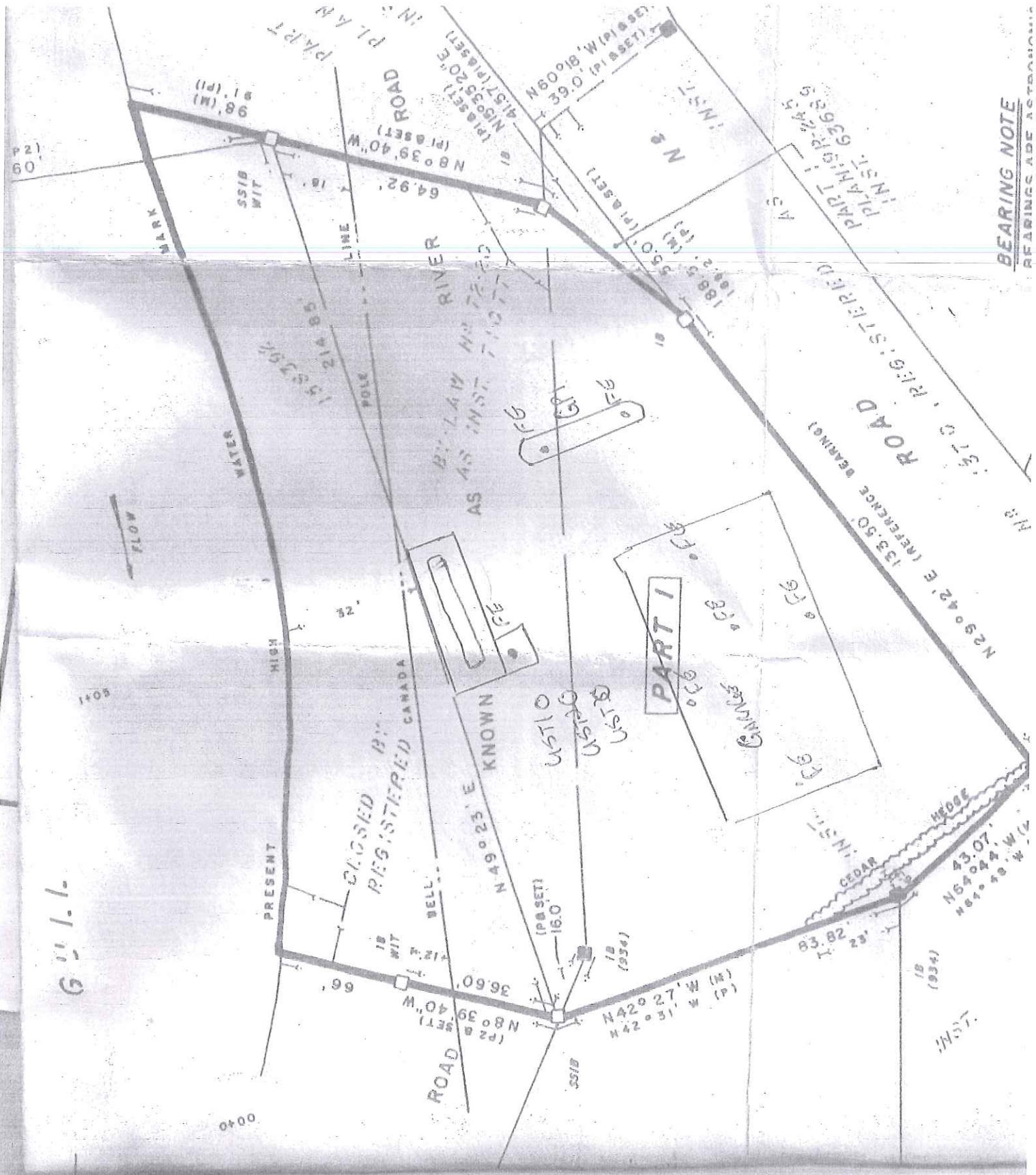
Total Cylinder Capacity	12
Total Tank Capacity	0
Total Portable Capacity	0

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>Carm Sawyer</i>	Official Title <i>Director</i>	
Signature <i>[Signature]</i>	Telephone No. <i>705 754 2401</i>	Date (dd-mm-yyyy) <i>06 10 11</i>



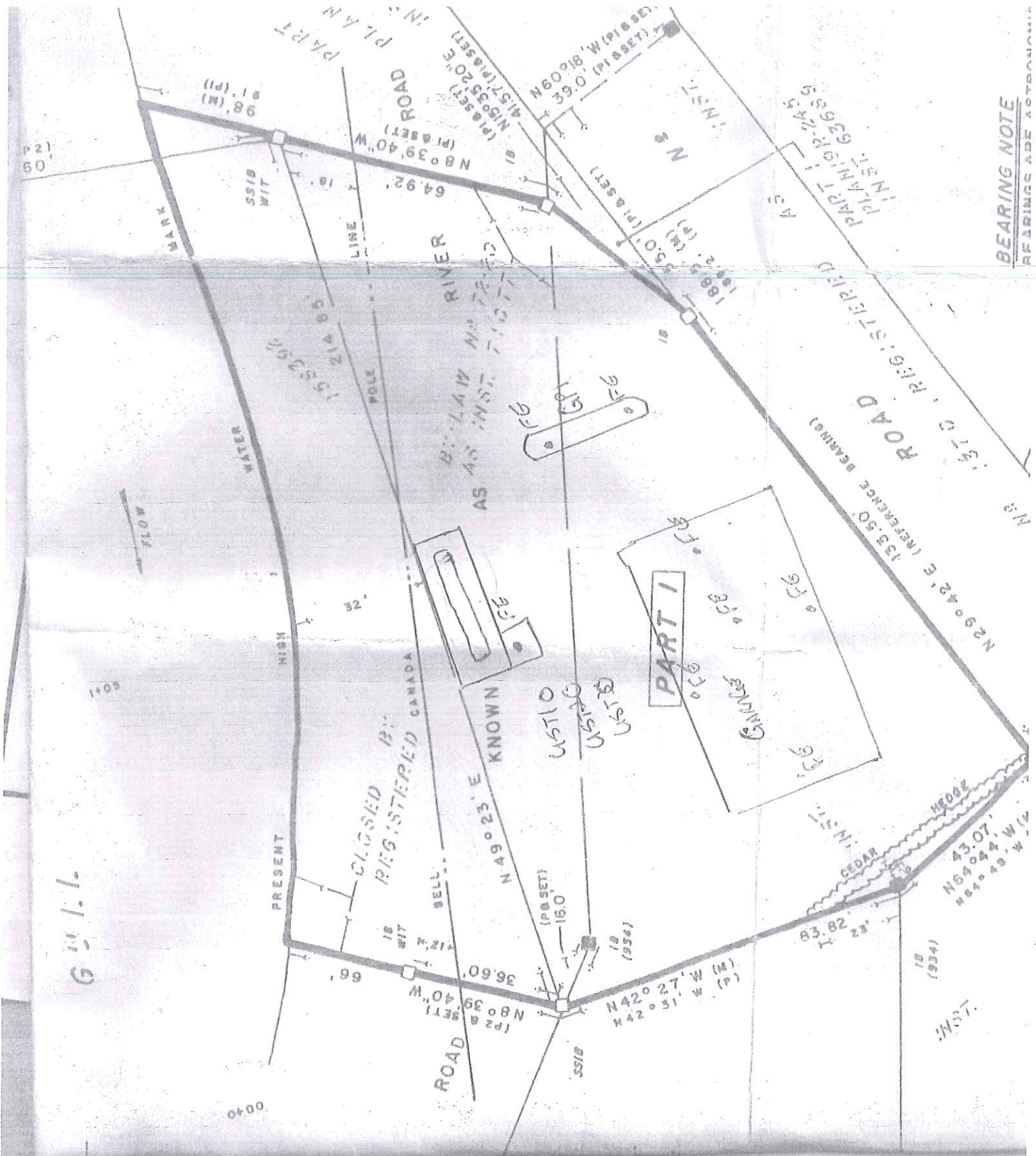
- ① = 1000 USWG N45°06.624 W07°36.025
- ② = INSIDE Circle all of municipality of DISACTOTAL
- ③ Address 1033 KENNIS LK RD
- ④ MUNICIPAL CONTACT PAT MARTIN - MUNICIPAL PHONE 705-457-1740 -
- 135 MAPLE AVENUE Box 359



BEARING NOTE
 READINGS MADE ACCORDING TO

G.U.L.L.

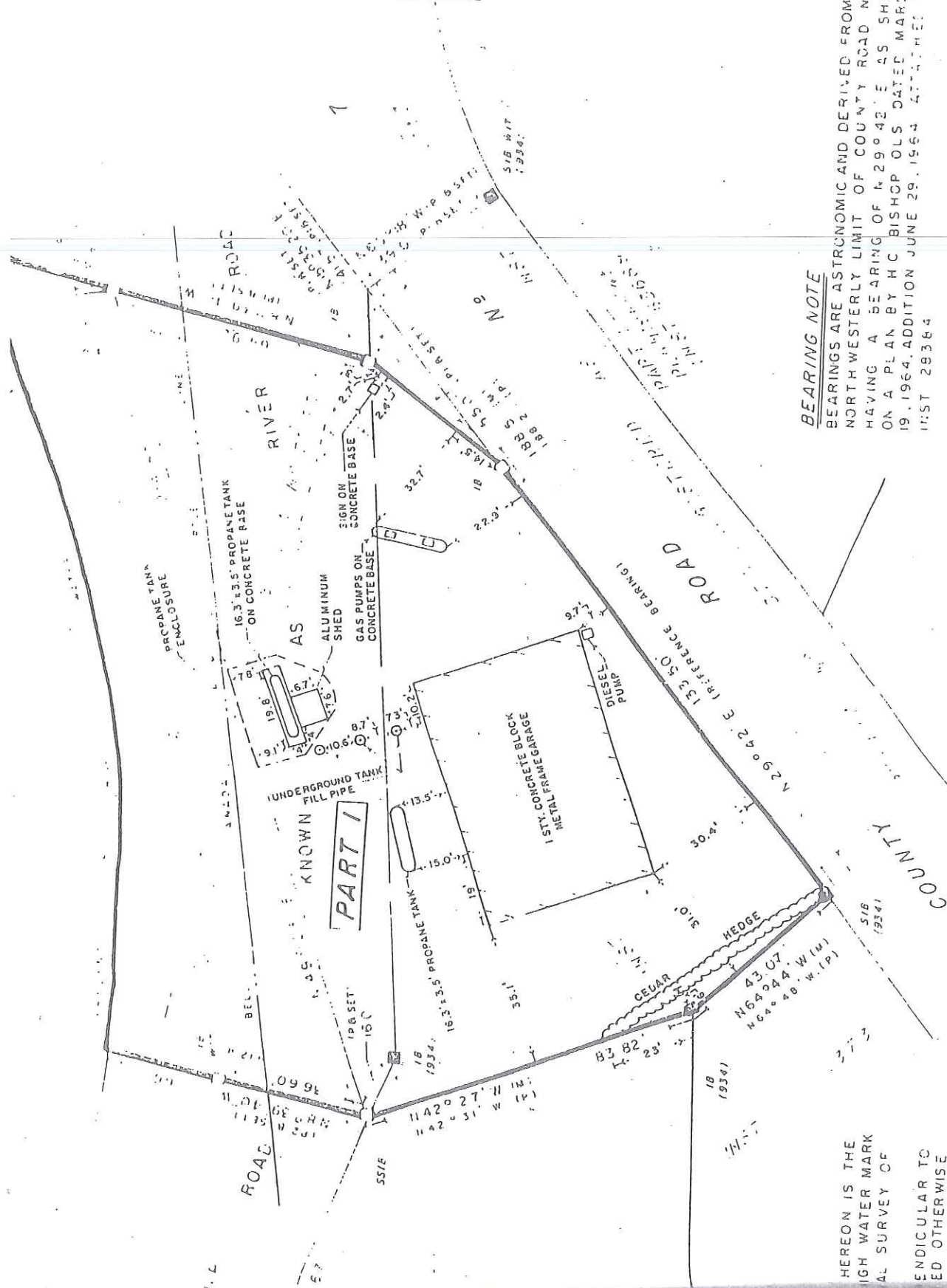
Legend
 GPI - Gasoline Pumps Island
 FE - ABC Fire Extinguisher
 POST - propane storage Area
 UST 1 - 15,000 L Gasoline Underground Storage Tank
 UST 2 - 10,000 L Gasoline Underground Storage Tank



BEARING NOTE
 BEARINGS ARE ASTROGNOMIC

- Legend
- GA - Gasoline Pump Island
 - FE - ABC Fire Extinguisher
 - POST - propane storage Area
 - UST 1 - 15,000 L Gasoline Underground Storage Tank
 - UST 2 - 10,000 L Gasoline Underground Storage Tank
 - UST 3 - 10,000 L Gasoline Underground Storage Tank

SCHEDULE A



BEARING NOTE

BEARINGS ARE ASTRONOMIC AND DERIVED FROM THE NORTH WESTERLY LIMIT OF COUNTY ROAD NO. 7 HAVING A BEARING OF N 29° 42' E AS SHOWN ON A PLAN BY H.C. BISHOP OLS DATED MARCH 19, 1964. ADDITION JUNE 29, 1964 AT 11:15 A.M. T. INST 28384

HEREON IS THE HIGH WATER MARK SURVEY OF PERPENDICULAR TO ED OTHERWISE

