



Technical Standards and Safety Authority
 www.tssa.org
 14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M6X 2X4
 Fax: 416.231.4903
 Customer Service: 1.877.682.6772

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

27 Oct

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.

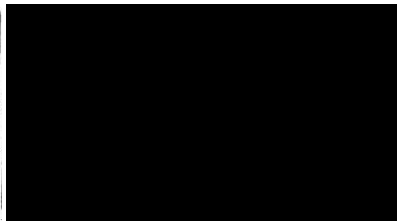
Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the Technical Standards and Safety Act

Licence Number: 000076640716

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: 1056273 Ontario Inc. Ontario Corporation No., if applicable: _____

Operator Name (if different from above): ST. AMANT'S TRAILER PARK + GENERAL STORE

Telephone No.: 705 383 2459 Fax No.: 705 383 2920 E-mail Address: stamants@persoia.internet.com

B. Street No.: 1231 Street Name, Lot / Concession No.: RIVERSIDE DRIVE

Town / City or Township / County: BRITT Province: ON Postal Code: R0G 1A0

Mailing address if different from above:

C. Street No.: _____ Street Name, Lot / Concession No.: _____

Town / City or Township / County: _____ Province: _____ Postal Code: _____

Information on Container Refill Centre or Filling Plant

Location of facility:

D. Street No.: 1231 Street Name, Lot / Concession No.: RIVERSIDE DRIVE Nearest major intersection: Hwy 69 + 526

Town / City or Township / County: BRITT Province: ON Postal Code: R0G 1A0

Name of Licence Holder: ST. AMANT'S TRAILER PARK + GENERAL STORE

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): LARRY ST AMANT ROT type: PP03

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

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>St Amant's Trailer Park + Gen</u>	Signature:	Date (dd-mm-yyyy): <u>2011/11</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training: <u>LARRY ST AMANT</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 2004 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>WP 250 PSIG @ 120°F</u>	<u>5.592495</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: 2000 USWG Portable: _____ Mobile: _____

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>KARIM STAMAK</u>	Official Title <u>SECRETARY / TREASURER</u>	
Signature <u>[Signature]</u>	Telephone No. <u>705-393-2434</u>	Date (dd-mm-yyyy) <u>01092011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)

SUPERIOR PROPANE - ONTARIO REGIONAL Op. CENTRE

Street No. Street Name Lot / Concession No.

251 WOODLAWN ROAD WEST, UNIT 217

Town / City or Township / Country

GUELPH

Province

ON

Postal Code

N1H 8S1

Telephone No.

Fax No.

Contact Name

1-877-873-7467 519-836-7766 MIKE MULLINS

E-mail

MULLINSM@SUPERIORPROPANE.COM

Name of Propane Transporter. If same as above, please check box.

SUPERIOR PROPANE - OUTSIDE OF SPRINGFIELD PLANT

Street No. Street Name Lot / Concession No.

689 COUNTRY LANE

Town / City or Township / Country

OUTSIDE OF SPRINGFIELD

Province

ON

Postal Code

A9Z 2Z9A

Telephone No.

Fax No.

Contact Name

1-877-873-7467 N/A ~~MR BURNS~~ Dave Hawes as per customer.

E-mail

MR BURNS@SUPERIOR.COM

Off-site Cylinder and/or Mobile Storage

Capacity stored off-site, in USWG

For Office Use - Party No.

N/A

Street No. Street Name Lot / Concession No.

Town / City or Township / Country

Province

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)

LARRY STAMANT

Official Title

SECRETARY / TREASUROR

Signature

Telephone No.

705-383-2434

Date (dd-mm-yyyy)

01 09 2011



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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.

4 UNDERGROUND HOLDING TANKS FOR GASOLINE + DIESEL
WITH TOTAL CAPACITY OF 18000 LITERS

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

FIRE EXTINGUISHERS - ONE IN PROPANE TANK DISPENSER CABINET
- ONE IN GAS BAR
- THREE IN STORGE AREA

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 VALVE (MAIN SHUTOFF VALVE)
- 2- EMERGENCY SWITCH MOUNTED ON BOLLARD
- 3- POWER SUPPLY BREAKER IN GAS BAR - SHUTS OFF PUMP, CLOSES SOLENOID
- 4- ISC VALVE INTERLOCK WITH DOOR (VALVE CLOSED WHEN DOOR CLOSED)

Maintenance and testing schedule for fire protection controls and devices.

MAINTENANCE AND TESTING UNDER TAKEN BY SUPERIOR PROPANE
ACCORDING TO SUPERIOR PROPANE'S MAINTENANCE STANDARD. SCHEDULE
FOR KEY EQUIPMENT IS PUMP (3 MONTHS); ISC VALVE (6 MONTHS); PRV'S
(EVERY 2 YEARS VISUAL; REPLACEMENT AS PER PROVINCIAL REGULATIONS)

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	
Larry St-Amant		SECRETARY / TREASURER	
Signature		Telephone No.	Date (dd-mm-yyyy)
		705-383-2434	01092011



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name <i>LARRY ST. AMANT</i>	For Office Use - Party No.	Name <i>SAME AS # 1</i>	For Office Use - Party No.
Official Title <i>OWNER</i>		Official Title	
Telephone No. <i>705-383-2434</i>	Fax No. <i>705-383-2920</i>	Cell No.	Fax No.
E-mail <i>stamants@personainternet.com</i>		E-mail	
Role and responsibilities in emergency <i>CO-ORDINATE SITE RESPONSE</i>		Role and responsibilities in emergency	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>GLEN ST. AMANT</i>	For Office Use - Party No.	Name <i>SAME AS # 1</i>	For Office Use - Party No.
Official Title <i>OWNER</i>		Official Title	
Telephone No. <i>705-383-2434</i>	Fax No. <i>705-383-2920</i>	Telephone No.	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency <i>CO-ORDINATE SITE RESPONSE</i>		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>LARRY OLOS</i>	For Office Use - Party No.	Name <i>SUPERIOR PROPANE HOTLINE</i>	For Office Use - Party No.
Official Title <i>CHIEF</i>		Official Title	
Telephone No. <i>705-393-2570</i>	Fax No.	Telephone No. <i>1-877-873-7467</i>	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency <i>CO-ORDINATE FIRE SERVICE RESPONSE</i> <i>LIAISE WITH POLICE</i>		Role and responsibilities in emergency <i>IDENTIFY & DISPATCH SUPERIOR PROPANE OR LPERGC EMERGENCY RESPONSE PERSONNEL AS REQUIRED</i>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>LARRY ST AMANT</i>	For Office Use - Party No.	Name <i>NONE</i>	For Office Use - Party No.
Official Title <i>DEPUTY CHIEF</i>		Official Title	
Telephone No. <i>705-773-8630</i>	Fax No.	Telephone No.	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency <i>CO-ORDINATE FIRE SERVICE RESPONSE</i> <i>LIAISE WITH POLICE</i>		Municipality	

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Signature 	Telephone No. <i>705-383-2434</i>
	Date (dd-mm-yyyy) <i>01 09 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.

SWITCH

EMERGENCY STOP ~~BOOTH~~ ~~START~~ WHICH TRIPS THE DISPENSER PUMP AND CLOSES THE SOLENOID VALVE UPSTREAM OF THE HOSE(S)

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Signature <i>[Signature]</i>		Telephone No. <i>705-383-2434</i>	Date (dd-mm-yyyy) <i>01092011</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)	Print Name of Training Provider:
	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 Emergency Management Procedures provided to staff.

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 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:
	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:

DONE BY SUPERIOR SUBURBY

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Name of person completing this form (please print)	Official Title
<i>LARRY ST AMANT</i>	<i>SECRETARY / TREASURER</i>
Signature	Telephone No. Date (dd-mm-yyyy)
<i>[Signature]</i>	<i>705-383-2434 01 09 2011</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) TBD	Print Name of Training Provider: 656273 ONTARIO INC
	Print Name of Instructor: LARRY ST AMANT
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) TBD	Print Name of Training Provider: 656273 ONTARIO INC
	Print Name of Instructor: LARRY ST AMANT
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) TBD	Print Name of Training Provider: SUPERIOR PROPANE INC
	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:

Supervisor

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Name of person completing this form (please print) LARRY ST AMANT	Official Title SECRETARY / TREASURER
Signature 	Telephone No. 705-393-2934 Date (dd-mm-yyyy) 01092011



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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).

The ROT PERSON ON DUTY WILL CONTACT THE LOCAL FIRE DEPT. BY CALLING 383-2411 AND WILL PROVIDE WARNINGS OUTLINED IN THE ~~APPENDIX~~ "PROPANE EMERGENCY RESPONSE PROCEDURES" SUPPLIED BY SUPERIOR PROPANE, IF IT IS SAFE TO DO SO & CALL KEY CONTACTS

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).

ACTIONS & WARNINGS WILL BE TAKEN BY THE ON DUTY ROT PERSON AS PER ERP PLACARD. MINIMAL STAFF WILL STAY ON SITE IF SAFE TO DO SO. ALL OTHER STAFF WILL REPORT TO THE SAFE AREA
NOTE: THE FACILITY IS A WIDE OPEN AREA ALLOWING PEOPLE TO SELF EVACUATE

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 at the propane area. This person will usually ascertain any abnormal accident events & implement the appropriate plan when the system is not operating. The ISC Valve is closed.

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 & easily accessible from Riverside Drive.

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

The critical information required from the license holder is the fill level in the tank. This information will be provided to the authorities by agent.

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

Approximately 5 minutes after receiving the call

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Name of person completing this form (please print)	Official Title	
LARRY STAMAR	SECRETARY / TREASURER	
Signature	Telephone No.	Date (dd-mm-yyyy)
	705-393-2434	01 09 2011



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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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" 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>1 metre</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>1 metre</u> | |

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Name of person completing this form (please print) <u>LARRY STAMAKIS</u>	Official Title <u>SECRETARY / PROPSA</u>
Signature <u>[Signature]</u>	Telephone No. <u>705-383-2434</u>
	Date (dd-mm-yyyy) <u>01 09 2011</u>



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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes

No

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

Fire services comments, if any:


To be completed by the Licence Holder

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

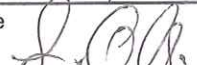
The Licence holder will respond to the Local Fire Services comments by: _____ (dd-mm-yyyy)

LOCAL FIRE SERVICES

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

Print name <i>BRITT AND AREA FIRE AND RESCUE DEPT</i> Local Fire Services Name	Signature 	Date (dd-mm-yyyy) <i>31/08/2011</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>LARRY OLOS</i>	Official Title <i>FIRE CHIEF</i>	
Signature 	Telephone No. <i>705-773-2570</i>	Date (dd-mm-yyyy) <i>31/08/2011</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) <i>07/11/04</i>	Capacity of single largest propane storage vessel (USWG) <i>2000</i>
Tank setback coordinates. Indicate placement on the map.	
Front: <i>74 m</i>	Right side property line: <i>89 m</i>
Rear: <i>60 m</i>	Left side property line: <i>113 m</i>
GPS coordinates of single largest vessel: _____	

SEE MAP.

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Name of person completing this form (please print) <i>ARAY STAMANK</i>	Official Title <i>SECRETARY / TREASURER</i>	
Signature <i>[Signature]</i>	Telephone No. <i>705-383-2434</i>	Date (dd-mm-yyyy) <i>0109 2011</i>



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SECTION C: SUBMISSIONS (cont'd)

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

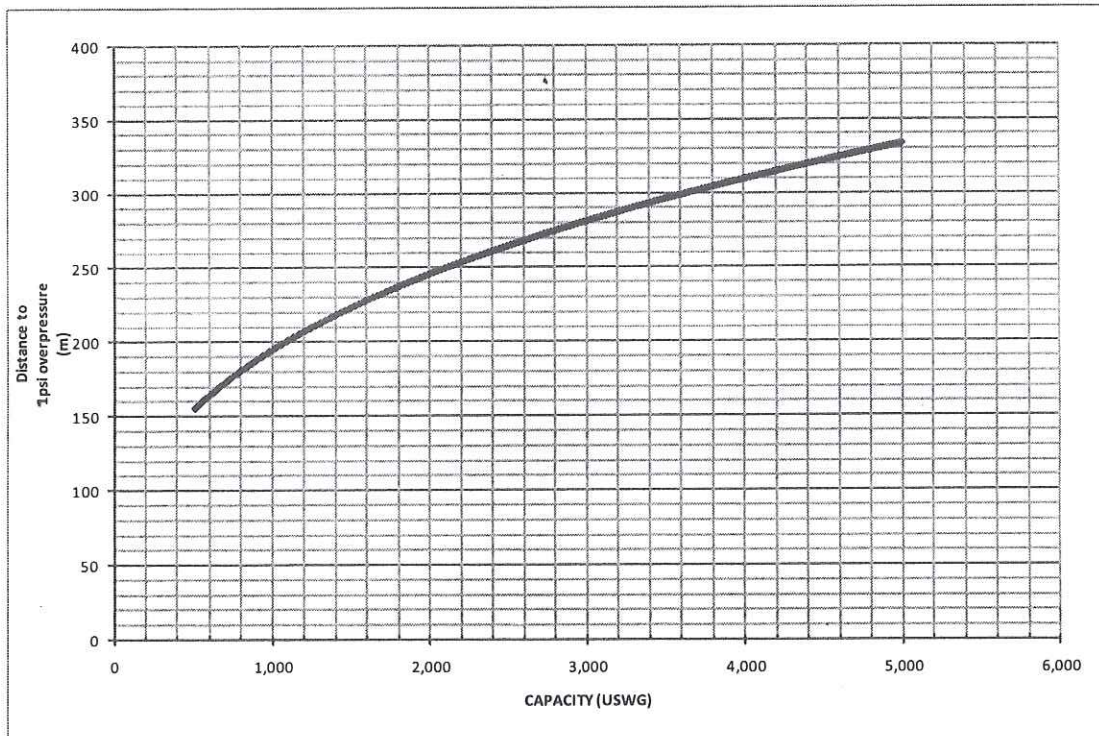
Table 1: Distance Table

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)



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



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: 1.877.662.6772

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: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
	X				_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>St. Amant's Trailer Park - Genl. Stree</u> Address: <u>1231 RIVERSIDE DR</u> City: <u>BRIT</u> Province <u>ON</u> Postal Code <u>R0G 1W3</u>		X			<u>11</u> m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive Institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ 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>LARRY ST AMANT</u>	Official Title <u>SECRETARY / TREASURER</u>
Signature 	Telephone No. <u>705-393-2434</u> Date (dd-mm-yyyy) <u>01 09 2011</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
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

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		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

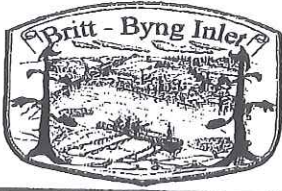
Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	2000
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) LARRY STAMANT	Official Title SECRETARY / TREASURER
Signature 	Telephone No. 705-393-2434
	Date (dd-mm-yyyy) 01 09 2011



Local Services Board of Britt - Byng Inlet

2010- 2011 Board:

Lloyd Lamore, Larry Olds(Chair), Patrick St Amant, James Lewis,.

P.O. Box 58, Britt
Ontario, P0G1A0

lsbobbi@vianet.ca

Secretary to the Board: Joan Rae

MNDM Advisor: Larry Taylor

Local Services Board information: http://www.mndm.gov.on.ca/nordev/lsb_e.asp

2011/09/28

To Whom it May Concern;

This is to certify that the property at 1231 Riverside Drive, known as St.Amants Trailer Park and General Store, is in the unorganized township of Wallbridge and is under the Local Services Board of Britt-Byng Inlet.

Larry Olds (Chair)

1231 RIVERSIDE
DR.

BRITZ W
POB-1120

N 45.77204

W 80.56643

TANK

MOTEL
1 STOREY
2,322.8 sq. ft.
215.8 sq. m.

RESIDENTIAL
2 STOREY
1,601.5 sq. ft.
148.8 sq. m.

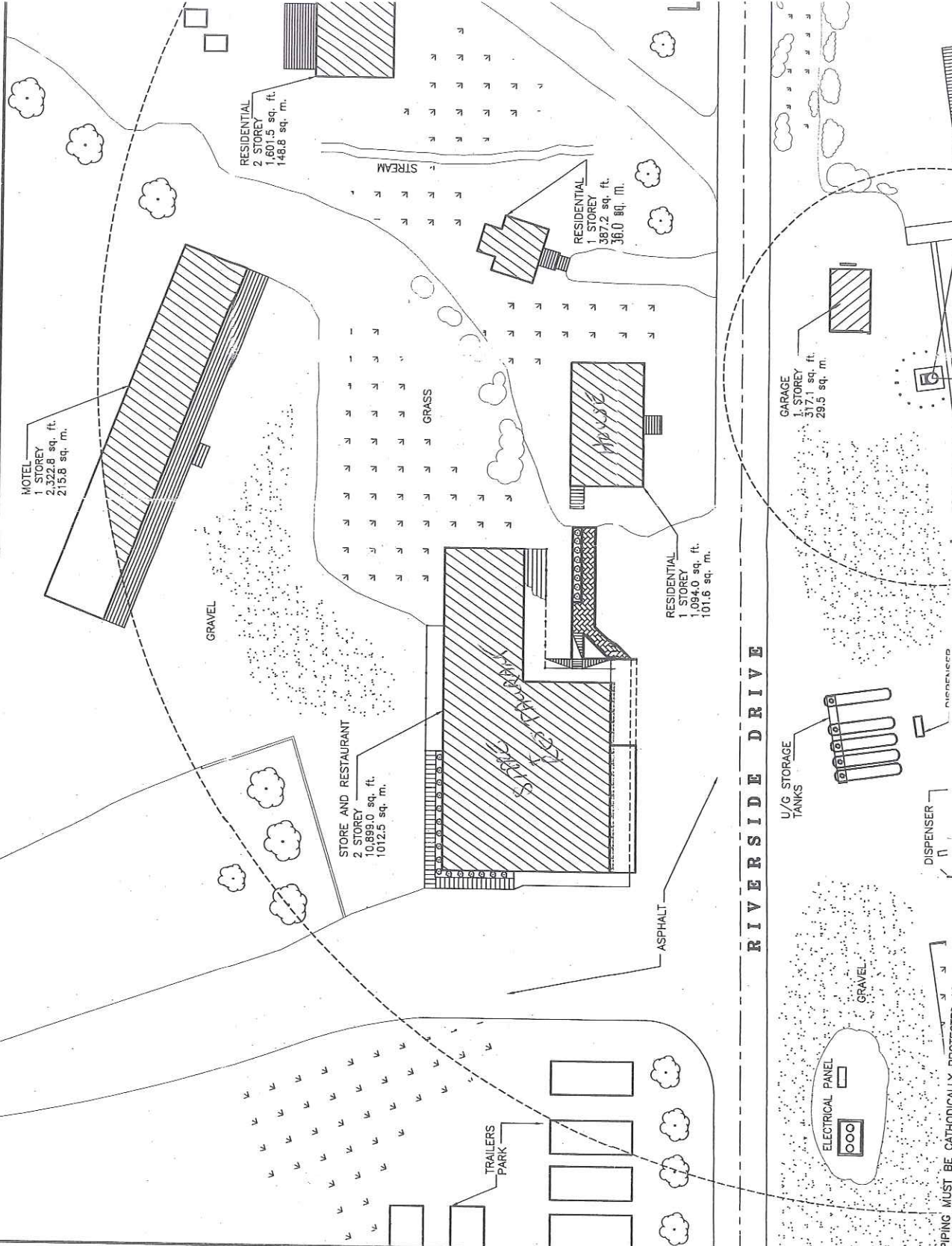
RESIDENTIAL
1 STOREY
387.2 sq. ft.
36.0 sq. m.

RESIDENTIAL
1 STOREY
1,094.0 sq. ft.
101.6 sq. m.

GARAGE
1 STOREY
317.1 sq. ft.
29.5 sq. m.

STORE AND RESTAURANT
2 STOREY
10,899.0 sq. ft.
1012.5 sq. m.

RIVERSIDE DRIVE



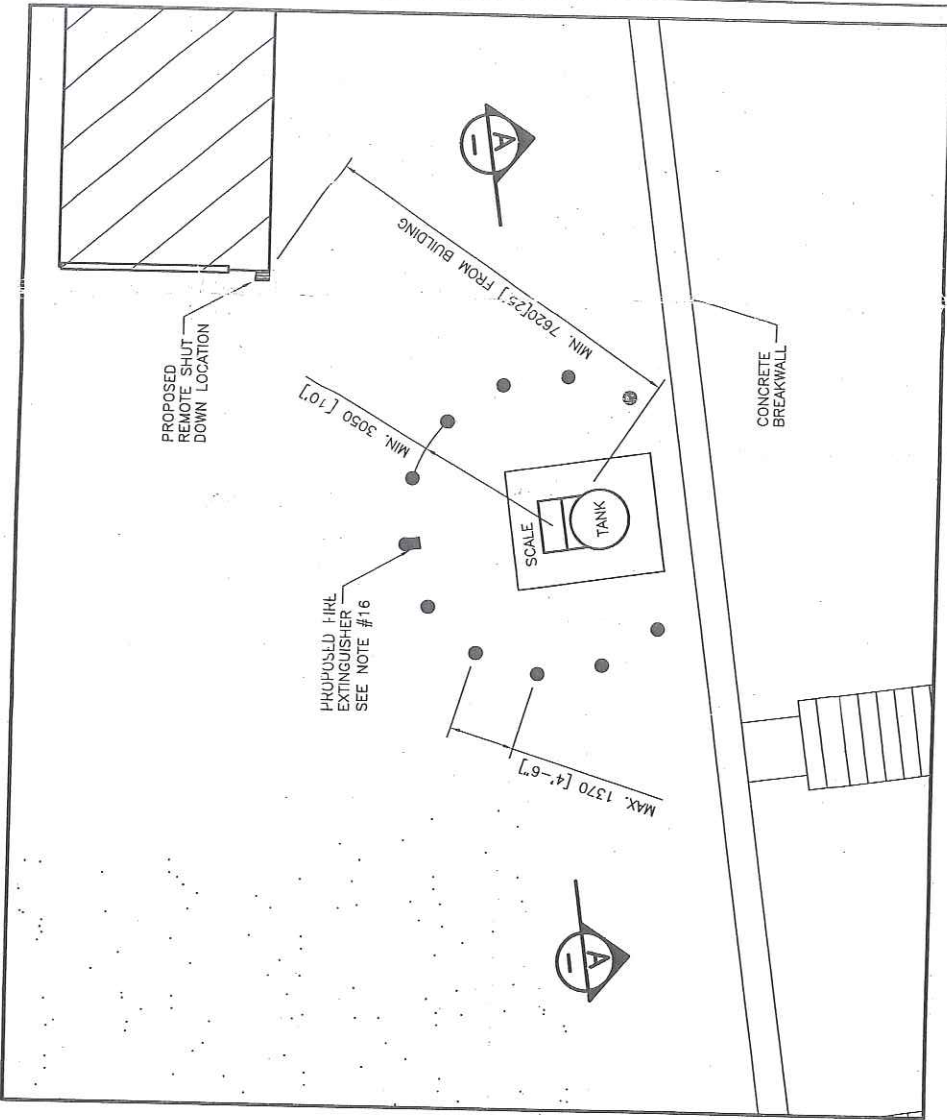
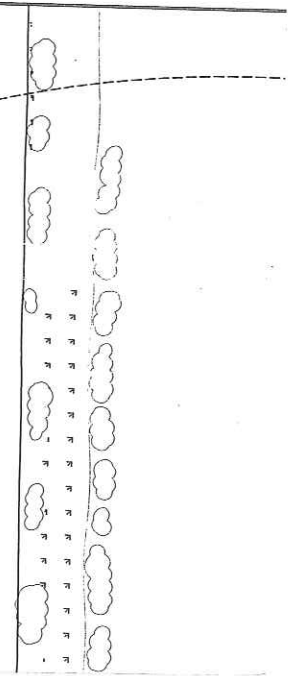
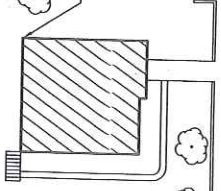
- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.

ALL UNDERGROUND PIPING MUST BE CATHODICALLY PROTECTED AS PER CLAUSE 6.2.3 OF B.C.O.A.C.



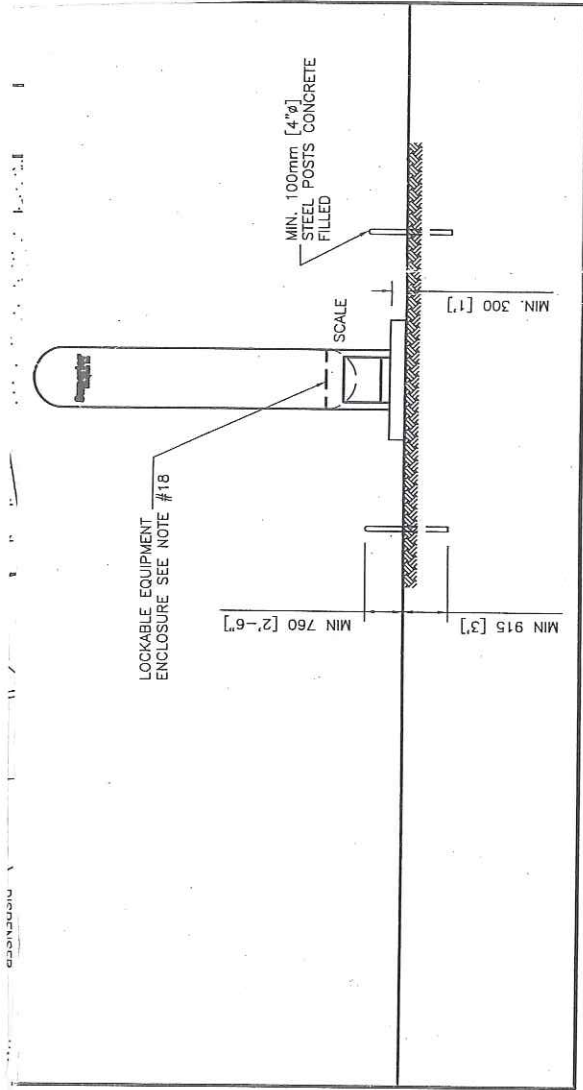
DRIVEWAY

RESIDENTIAL
1 STOREY
950.2 sq. ft.
88.3sq. m.



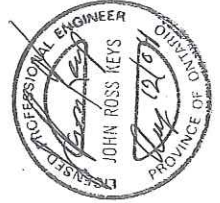
PLAN DETAIL OF PROPOSED INSTALLATION

SCALE: 1:100



A DETAIL ELEVATION OF TANK

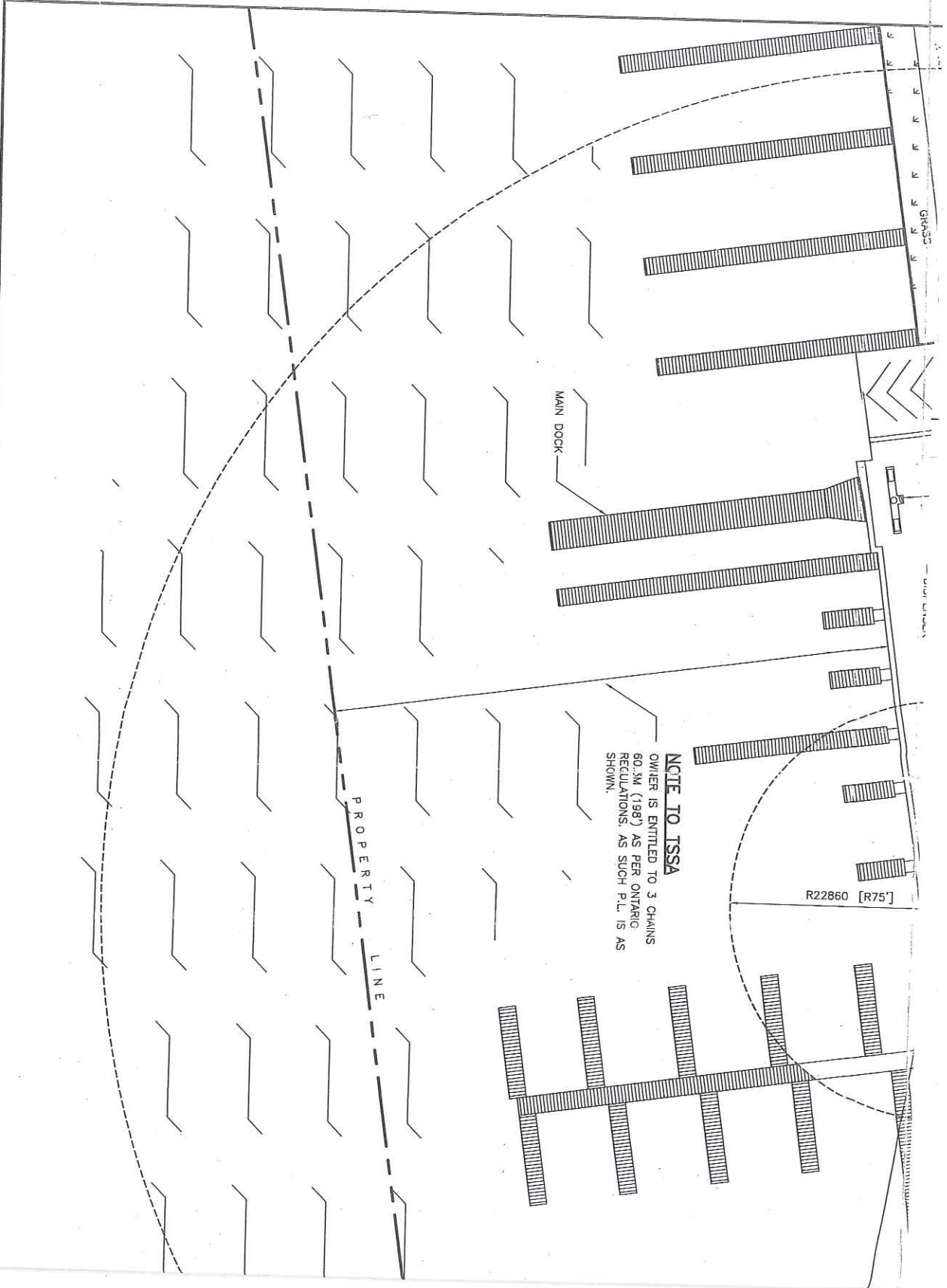
SCALE: 1:100



R91440 [R300]

SITE PLAN

SCALE: 1"=40'



APPLICATION MADE BY THE SUDBURY CSC
OF SUPERIOR PROPANE INC.

PROPANE BRANCH STANDARD NUMBER 9 STATISTICS

AREA A (INDUSTRIAL AREA WITHIN 75') =	0.0 sq. ft.
AREA B (NON-INDUSTRIAL AREA WITHIN 75') =	317.1 sq. ft.
AREA C (INDUSTRIAL AREA BETWEEN 75' AND 300') =	0.0 sq. ft.
AREA D (NON-INDUSTRIAL AREA BETWEEN 75' AND 300') =	17,254.7 sq. ft.
AREA E = AREA A + (2 x AREA B) =	634.2 sq. ft.
AREA F = AREA C + (2 x AREA D) =	34,509.5 sq. ft.
A/G TANK AREA = AREA E + (0.1 x AREA F) =	4,085.2 sq. ft.

0	AUG. 11, 04	ISSUED FOR TSSA APPROVAL	D.C.
No.	Date	Description	By

REVISIONS

Superior
Propane Inc.



ALTENG Inc.
Alternative Energy Consulting

126 Holm Crescent, Thornhill, Ontario L3T 5J3
Telephone: (905)764-1644 Fax: (905)764-5986

Project: ST. AMANT'S TRAILER PARK & GENERAL STORE 1231 RIVERSIDE DRIVE BRITT, ON. P0G-1A0	Drawn By: DC	
	Checked By: JRK	
	Date: 07/11/04	
Drawing Title: PROPOSED 2,000 USWG VERTICAL PROPANE TANK c/w CYLINDER REFILL	Drawing Scale: AS SHOWN	
	ACAD INFORMATION	
	Drawing File: 04130J-P-100	
	Drawing Size: D	
Drawing Number: P-100	File Number: 04130J	
Plotting Scale: 1=1		

NOTES:

1. AREAS SHOWN REPRESENT PORTIONS OF BUILDINGS BOUNDED BY THE 0-75 FEET AND 75-300 FEET RADII AS INDICATED.
2. AREAS CALCULATED ARE USED FOR TSSA PROPANE BRANCH STANDARD #9 REQUIREMENTS.
3. AREA REQUIREMENTS FOR BRANCH STANDARD #9 IS 4,085.2 sq. ft., WHICH IS LESS THAN THE 15,000 sq. ft. RESTRICTION. FACILITY IS IN COMPLIANCE WITH BRANCH STANDARD #9.
4. SITE IS IN COMPLIANCE WITH THE B149.1-00 & B149.2-00 CODES REQUIREMENTS, AS PER APPROVED DISTANCES IF LOCATED AS SHOWN. ALL EQUIPMENT IS TO MEET APPLICABLE CODE REQUIREMENTS.
5. ANY UPPER STORIES OF BUILDINGS THAT FALL WITHIN THE 75 FEET AND 300 FEET RADII ARE ALSO USED IN CALCULATING BRANCH STANDARD #9 LIMITS.
6. INFORMATION TAKEN DURING SITE VISIT PERFORMED BY ALTENG PERSONNEL ON JUNE 5/2004 TO CONFIRM SITE CONDITIONS.
7. ALL MECHANICAL AND ELECTRICAL EQUIPMENT TO BE APPROVED FOR PROPANE USE AND INSTALLED IN THE APPROPRIATE CLASSIFIED AREAS (i.e.. HAZARDOUS, NON-HAZARDOUS, ETC.)
8. ELECTRICAL EQUIPMENT IN THE VICINITY OF THE PROPANE TANK MUST BE APPROVED FOR CLASS 1, ZONE 1 AND ZONE 2, GROUP IIA HAZARDOUS LOCATIONS AS REQUIRED BY THE CEC LATEST EDITION.
9. FACILITY USED FOR RETAIL CYLINDER REFILLING ONLY.
10. DISTANCES OF TANK AND ITS' RELATED EQUIPMENT FROM CATCH BASINS TO BE MINIMUM 7.62 m (25 ft.) AS PER THE B149.2-00 CODE. INSTALLER TO VERIFY SITE CONDITIONS ARE IN COMPLIANCE.
11. OCCUPANCY CLASSIFICATIONS HAVE BEEN SELECTED BY "MAIN OCCUPANCY" AS DEFINED BY THE ONTARIO BUILDING CODE 1990, WHERE DUAL OCCUPANCY CLASSIFICATIONS EXIST, THE MAIN FUNCTION HAS BEEN PRESUMED. (i.e. MERCANTILE 30% INDUSTRIAL 70%, F CLASSIFICATION USED.) UNLESS OTHERWISE SHOWN.
12. SIGNS COMPLYING WITH CLAUSE 6.20.6 OF THE PROPANE STORAGE AND HANDLING CODE B149.2-00, SHALL BE PROMINENTLY DISPLAYED.
13. ANY TANK DIMENSIONS ARE TYPICAL, ACTUAL TANK DIMENSIONS MAY VARY.
14. PROPANE AND ELECTRICAL SHUTDOWN MUST BE PROVIDED FOR PROPANE DISPENSING EQUIPMENT AS PER CLAUSE 6.19.1.7 OF B149.2-00. THIS MUST BE INSTALLED.
15. TANK MUST BE MORE THAN 3 m (10 ft.) FROM UNDERGROUND PETROLEUM TANKS, CLAUSE 6.1.8.
16. PORTABLE FIRE EXTINGUISHER NOT LESS THEN 20-B,C RATING TO BE MOUNTED AT SITE AS PER SUB CLAUSE 6.19.1.6.
17. PROPANE TRANSPORTATION VEHICLES (ie. BULK TRUCKS) ARE NOT ALLOWED TO PARK OVERNIGHT ON THIS SITE AND THEREFORE THE OWNER WILL NOT BE SUBJECT TO THE REGULATIONS UNDER SECTION 7.15 OF THE B149.2-00 CODE.
18. PROTECTION OF PRIMARY VALVES BY A CABINET CONSTRUCTED AS PER SUB CLAUSE 6.19.3 CAN ELIMINATE THE NEED OF ENCLOSING THE TANK BY FENCING AS PER SUB CLAUSE 6.19.2. THIS FACILITY NEEDS AN ENCLOSURE.
19. ANY FENCES TO BE CONSTRUCTED IN ACCORDANCE WITH CLAUSE

