



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.

<p style="text-align: center; font-weight: bold; font-size: small;">Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i></p> <p>Licence Number 0023569001-C</p> <p>Check applicable type of propane operations.</p> <p> <input checked="" type="checkbox"/> Cylinder <input type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Keylock </p> <p style="font-size: x-small;">Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p style="text-align: center; font-weight: bold; font-size: small;">For Office Use Only</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
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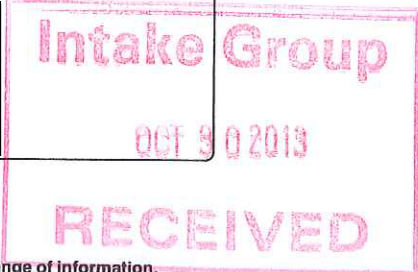
SECTION A: GENERAL INFORMATION

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		Ontario Corporation No., if applicable	
THE HITCH HOUSE INC.		964732	
Operator Name (if different from above)			
Telephone No.	Fax No.	E-mail	
705-722-0008	705-792-3853	hstoate@thehitchhouse.com	
B Street No.			
1490	Street Name / 911 Number / Address, if applicable		
HWY 11, SOUTH R. R. #2			
Town / City or Township / County		Province	Postal Code
SHANTY BAY		ONTARIO	LOL 2L0
Mailing address if different from above.			
C Street No.			
Street Name / 911 Number / Address, if applicable			
Town / City or Township / County		Province	Postal Code

Information on Container Refill Centre or Filling Plant		
Location of facility.		
D Street No.		
1490	Street Name / 911 Number / Address, if applicable	
HWY 11, SOUTH R. R. #2		Nearest Major Intersection
		HWY 93 and HWY 11
Town / City or Township / County		Province
SHANTY BAY		ONTARIO
		Postal Code
		LOL 2L0

Name of Licence Holder	
THE HITCH HOUSE INC.	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).	
TOM STOATE	ROT type
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)	
TOWNSHIP OF ORO	
Hours of operation.	
[REDACTED]	



This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

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Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder THE HITCH HOUSE INC.	[Signature]	1-10-2013
Name of Senior Management person as defined in the Regulation holding the Record of Training TOM STOATE		



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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.

1999

2013

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

	PSIG	Serial Number
Tank 1:	250	6SF002193
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 Portable: 575.44 Mobile: N/A



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Name of person completing this form (please print) HIEDI STOATE	Official Title SERVICE MANAGER	
Signature 	Telephone No. 705-722-0008	Date (dd-mm-yyyy) 1-10-2013



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) CARLING PROPANE INC.		For Office Use - Party No. [REDACTED]	
Street No. 19752	Street Name / 911 Number / Address, if applicable HOLLAND LANDING ROAD		
Town / City or Township / Country HOLLAND LANDING		Province ONTARIO	Postal Code L9N 0A1
Telephone No. 905-952-0146	Fax No. 905-952-0155	Contact Name ALEX L. GOERK	
E-mail carlingpropaneinc@bellnet.ca			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No.	
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			

Off-site Cylinder and/or Mobile Storage N/A		Capacity stored off-site, in USWG	For Office Use - Party No.
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

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

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Signature 		Telephone No. 705-722-0008	Date (dd-mm-yyyy) 1-10-2013



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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.

Metal storage cabinet for fuel (gas and diesel) will hold 300 litres. It is located outside barn service building. Fresh lube oil storage tanks located inside pit bays holds 1250 litres. Metal double walled used oil storage tank holds 2000 litres. 168 kg drum of paint thinners and 150 litres of paint, thinners and hardeners in the paint mixing room. Metal storage cabinet (3' side x 1.5' deep x 6' high) holds various spray aerosol cans for touch up paint. 168 kg drum waist paint thinners.

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

There is a monitored (24 hr) fire detection system in specific areas protecting the service bays and body shop bays. There are fire extinguishers located in all areas of the building including temporary office trailers. There is a automatic fire suppression system for the paint booth. 1 x 10 lb Dry Chemical fire extinguisher located at the propane dispenser.

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.

The propane station has a remote shutoff which is located in breaker box just outside the park. There is a breakaway hose coupling on the filling facility. There is a ISC valve on the 1 x 1000 USWG tank. We have a main electrical shut off for the whole facility located at the North end of the main building.

Maintenance and testing schedule for fire protection controls and devices.

Fire extinguishers are inspected monthly by the safety committee members for pressure and expiration dates. The extinguishers are re-certified yearly by OFS. The extinguishers are inspected to ensure everything is in good operating condition, replace or recharge as necessary. The fire detection system is inspected yearly by OFS. They also inspect the automatic fire suppression system for the paint booth twice every year.

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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 TOM STOATE	For Office Use - Party No.	Name HIEDI STOATE	For Office Use - Party No.
Official Title GENERAL MANAGER		Official Title SERVICE MANAGER	
Telephone No. 705-722-0008	Fax No. 705-721-5061	Cell No. 705-733-6430	Fax No. 705-792-3853
E-mail tstoate@thehitchhouse.com		E-mail hstoate@thehitchhouse.com	
Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES - SPOKESPERSON & COMMUNICATE WITH EMERGENCY SERVICES		Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES - EMERGENCY MEETING PLACE MANAGER, RESPONSIBLE FOR CALLING 911	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name PAUL LEWIS	For Office Use - Party No.	Name TOM STOATE	For Office Use - Party No.
Official Title TECHNICAL SERVICE MANAGER		Official Title GENERAL MANAGER	
Telephone No. 705-722-0008	Fax No. 705-792-3853	Telephone No. 705-722-0008	Fax No. 705-721-5061
E-mail plewis@thehitchhouse.com		E-mail tstoate@thehitchhouse.com	
Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES - SHUT DOWN MANAGER		Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES - SPOKESPERSON & COMMUNICATE WITH EMERGENCY SERVICES	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name HUGH MURRAY	For Office Use - Party No.	Name ALEX L. GOERK	For Office Use - Party No.
Official Title FIRE CHIEF	E-mail hmurray@oro-medonte.ca	Official Title PRESIDENT	E-mail carlingpropaneinc@bellnet.ca
Telephone No. 705-238-7655 (CELL #)	Fax No. 705-835-5884	Telephone No. 905-952-0146	Fax No. 905-952-0155
Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES		Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES	
Fire Services Address 3375 LINE 4 NORTH, BOX 100, ORO, ONTARIO L0L 2X0		Propane Supplier Address 19752 HOLLAND LANDING ROAD, HOLLAND LANDING, ON L9N 0A1	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name ROB JERMEY	For Office Use - Party No.	Name ROBIN DUNN	
Official Title DEPUTY FIRE CHIEF	E-mail rjerme@oro-medonte.ca	Official Title CHIEF ADMINISTRATIVE OFFICER (CAO)	
Telephone No. 705-330-6576 (CELL #)	Fax No. 705-835-5884	Telephone No. 705-487-2171	Fax No. 705-487-0133
Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES		E-mail rdunn@oro-medonte.ca	
Fire Services Address 3375 LINE 4 NORTH, BOX 100, ORO, ONTARIO L0L 2X0		Municipality Name and Address TOWNSHIP OF ORO-MEDONTE, 148 LINE 7 SOUTH, ORO, ON L0L 2X0	

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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.

TRAINING PLAN PUT IN PLACE TO ENSURE SAFETY OF ALL STAFF IN CASE OF AN EMERGENCY.

LOT IS MAINTAINED TO A HIGH STANDARD OF ORGANIZATION WHICH ALLOWS EMERGENCY VEHICLES TO MOVE FREELY AROUND THE LOT AND HAVE ACCESS TO ALL AREAS WITHOUT BEING HINDERED BY HAVING A VEHICLE OR OBJECT IN THE WAY.

DAILY VISUAL INSPECTION OF FACILITIES AND SYSTEM.

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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) 20-03-2013	Print Name of Training Provider: THE HITCH HOUSE INC. Print Name of Instructor: HIEDI STOATE
Training Date (dd-mm-yyyy) 03-10-2013	Print Name of Training Provider: THE HITCH HOUSE INC. Print Name of Instructor: HIEDI STOATE
Training Date (dd-mm-yyyy) 04-10-2013	Print Name of Training Provider: THE HITCH HOUSE INC. Print Name of Instructor: HIEDI STOATE

Training on the facility's Emergency Management Procedures provided to staff.

Training Date (dd-mm-yyyy) 03-10-2013	Print Name of Training Provider: THE HITCH HOUSE INC. Print Name of Instructor: HIEDI STOATE
Training Date (dd-mm-yyyy) 04-10-2013	Print Name of Training Provider: THE HITCH HOUSE INC. Print Name of Instructor: HIEDI STOATE
Training Date (dd-mm-yyyy) 07-10-2013	Print Name of Training Provider: THE HITCH HOUSE INC. Print Name of Instructor: HIEDI STOATE

On-site specific training provided to certificate holders / persons with Records of Training.

Training Date (dd-mm-yyyy) 04-03-2013	Print Name of Training Provider: PROPANE TRAINING INSTITUTE Print Name of Instructor: BILL BIRD (#T254)
Training Date (dd-mm-yyyy) 2-08-2013	Print Name of Training Provider: PROPANE TRAINING INSTITUTE Print Name of Instructor: BILL BIRD (#T254)
Training Date (dd-mm-yyyy)	Print Name of Training Provider: Print Name of Instructor:

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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) 15-01-2014	Print Name of Training Provider: THE HITCH HOUSE INC.
	Print Name of Instructor: HIEDI STOATE
Target Date (dd-mm-yyyy) 16-01-2014	Print Name of Training Provider: THE HITCH HOUSE INC.
	Print Name of Instructor: HIEDI STOATE
Target Date (dd-mm-yyyy) 17-01-2014	Print Name of Training Provider: THE HITCH HOUSE INC.
	Print Name of Instructor: HIEDI STOATE

Training on the facility's Emergency Management Procedures provided to staff.

Target Date (dd-mm-yyyy) 15-01-2014	Print Name of Training Provider: THE HITCH HOUSE INC.
	Print Name of Instructor: HIEDI STOATE
Target Date (dd-mm-yyyy) 16-01-2014	Print Name of Training Provider: THE HITCH HOUSE INC.
	Print Name of Instructor: HIEDI STOATE
Target Date (dd-mm-yyyy) 17-01-2014	Print Name of Training Provider: THE HITCH HOUSE INC.
	Print Name of Instructor: HIEDI STOATE

On-site specific training provided to certificate holders / persons with Records of Training.

Target Date (dd-mm-yyyy) 15-01-2014	Print Name of Training Provider: THE HITCH HOUSE
	Print Name of Instructor: PAUL LEWIS/HIEDI STOATE
Target Date (dd-mm-yyyy) 03-25-2013	Print Name of Training Provider: PROPANE TRAINING INSTITUTE
	Print Name of Instructor: BILL BIRD (#T254)
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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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).

If a fire emergency or propane emergency is identified, see manager Tom, Hiedi, Paul, Bruce, Debbie, Chris or Dave. Manager to have reception or

If a fire emergency or propane emergency is identified, see manager Tom, Hiedi, Paul, Bruce, Debbie, Chris or Dave. Manager to have reception or customer service announce evacuation and shut down procedures to begin. This manager to decide which location for emergency meeting area.

If unable to reach these people use intercom system yourself. Sales staff to direct fire department directly to hazardous area.

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).

Location of the hazard will determine which safe meeting area will be used. First choice is vacant lot east of the property beside small building with illuminated Hitch House sign (previously known as the Fina Station); this location is preferred as we can direct emergency vehicles into facility. 2nd choice is McDonald's parking lot. Sales, Parts staff and Service Advisors to show customers to safe meeting area. If you have been dealing with a customer please ensure they are sent to meeting area. Hiedi, Debbie, Bruce, Tom, Chris or Paul to take roll call. Jamie or Dan to start shut down procedure.

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).

Tom Stoate is a license holder and is responsible to call 911 when an emergency is first detected. Hiedi in lieu of Tom. Back ups are Bob Martin for Hiedi and Chris McKee for Tom. On Sunday reception and sales person on duty will both call 911. When 911 is called be clear where emergency is. Call 911 again to update.

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

License holder will be on site to speak to authorities and provide site plan and hazardous material locations. If license holder is not on site he is available by cell phone. 705-733-6978 for Tom, 705-733-6430 for Hiedi, and 705-730-9560 for Dave McKee.

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

Before authorities arrive we will continue to update 911. Once fire department arrives we will advise who is in charge at The Hitch House, update exact location of the fire, provide site plan, location of hazardous materials and identify if everyone is out of the building. Identify possible fire truck staging areas.

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

Phone Contact - Immediate

Response time to site 15 to 25 minutes.

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

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

6. Building and Site Security and Procedures

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

7. Water Supply

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

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| 1. Is a pressurized water system available at the propane facility site? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location? | <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>600 METRES</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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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
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Fire services comments, if any:

Plan will be updated once the new building has been completed.

To be completed by the Licence Holder

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

Plan to be updated Jan 2014.

The licence holder will respond to the Local Fire Services comments by: 15-10-2013

(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 Hugh Murray		15-10-2013

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SECTION C: SUBMISSIONS

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

Facility Site Plan.

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

Map of Surrounding Area.

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below.

Required Mapping Information from Updated Site Plan

Date Map Prepared (dd-mm-yyyy) 12-08-2013	Capacity of single largest propane storage vessel (USWG) 1 x 1000 HORIZONTAL USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 185 Metres (South)	Right side property line: 155 Metres (East)
Rear: 18 Metres (North)	Left side property line: 115 Metres (West)
GPS coordinates of single largest vessel: Lat. 44.44644, Long -79.61740	

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) HIEDI STOATE	Official Title SERVICE MANAGER
Signature 	Telephone No. 705-722-0008
	Date (dd-mm-yyyy) 1-10-2013



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

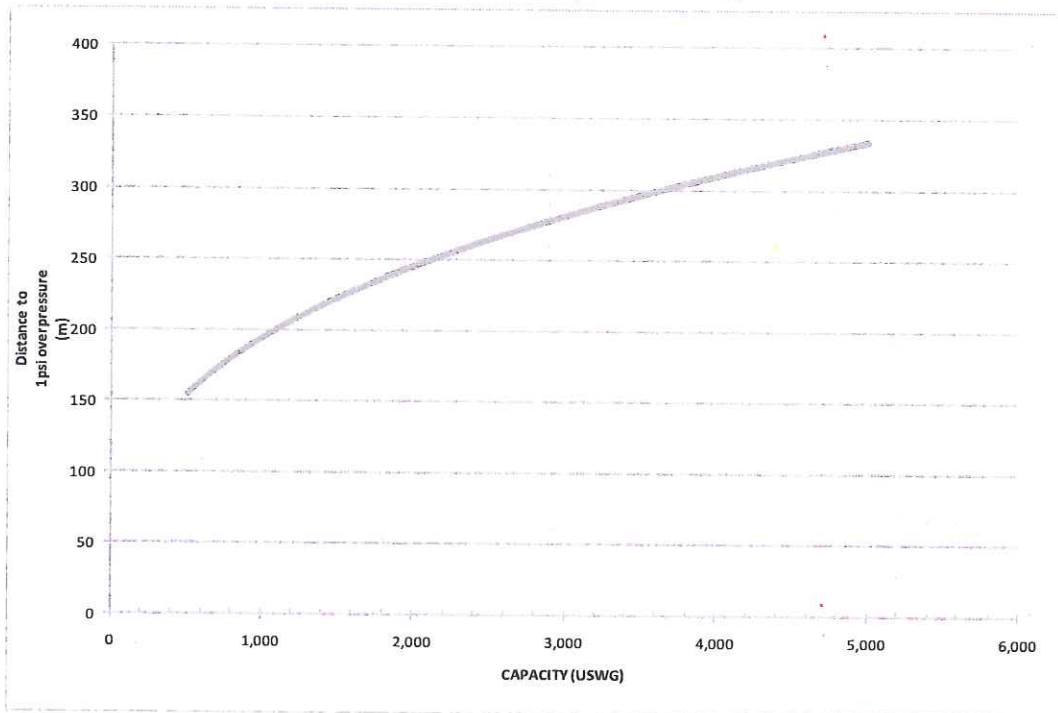
Table 1: Distance Table

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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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>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments Name: _____ Address: _____ City: _____				X	<u>100</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>(COMMERCIAL BUILDING) SHANTY BAY GO-CARTS / MCDONALD'S/ SHELL GAS STATION</u> Address: <u>1548 HWY 11 SOUTH, R. R. #2</u> City: <u>SHANTY BAY</u> Province <u>ONTARIO</u> Postal Code <u>L0L 2L0</u>			X		<u>175</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>(COMMERCIAL BUILDING) STEVE'S TOWING COMPOUND</u> Address: <u>1548 HWY 11 SOUTH, R. R. #2</u> City: <u>SHANTY BAY</u> Province <u>ONTARIO</u> Postal Code <u>L0L 2L0</u>	X	X			<u>195</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> 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>HIEDI STOATE</u>	Official Title <u>SERVICE MANAGER</u>
Signature 	Telephone No. <u>705-722-0008</u> Date (dd-mm-yyyy) <u>1-10-2013</u>



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WORKSHEET

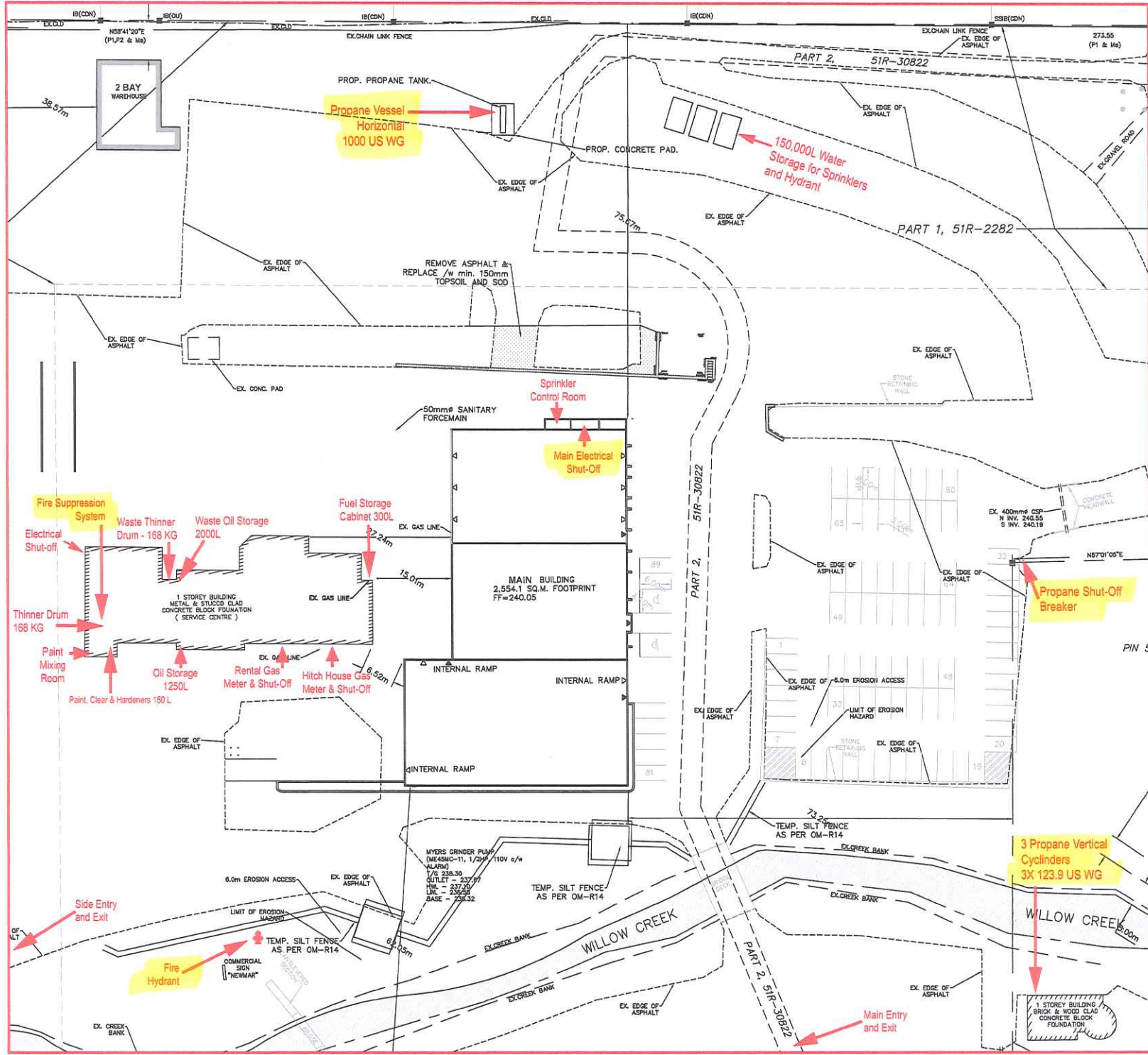
Portable Storage Additional Information Worksheet.

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	3	371.7
# 100	29.5	N/A	N/A
# 40	11.75	6	70.5
# 33.3	9.62	N/A	N/A
# 30	8.8	6	52.8
# 20	5.8	6	34.8
# 10	2.9	N/A	N/A
# 5	1.5	N/A	N/A
Total Cylinder Capacity 529.8 USWG			

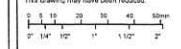
Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
2 x 9.62 (SWEEPER & FORKLIFT SPEARS)		19.24
3 x 8.8 (PURGE TANK, TWO TRAILER TANKS)		26.4
Total Tank Capacity 45.64 USWG		

Total Cylinder Capacity	N/A
Total Tank Capacity	N/A
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	N/A



This drawing has been created electronically.
 Handwritten or manual revisions to the drawing are only valid when accompanied by the design engineer's initials.
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 Check and verify all dimensions and information on the drawings and report all errors or omissions to the Consultant before proceeding with the work.
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 This drawing, and all design concepts it contains, are an instrument of professional service and remain the property of Gerrits Engineering.
 This drawing may have been reduced.



Property Line

Professional Engineer	Professional Engineer
Professional Engineer	Professional Engineer

LEGEND

- 235.70
235.70
⊙ EXISTING SANITARY MAINTENANCE HOLE
- ⊙ PROPOSED STORM MAINTENANCE HOLE
- PROPOSED ELEVATION
- EXISTING ELEVATION
- ⊠ EXISTING HYDRO TRANSFORMER
- SERVICE CAP
- ▶ MANDOR
- ▷ OVERHEAD DOOR

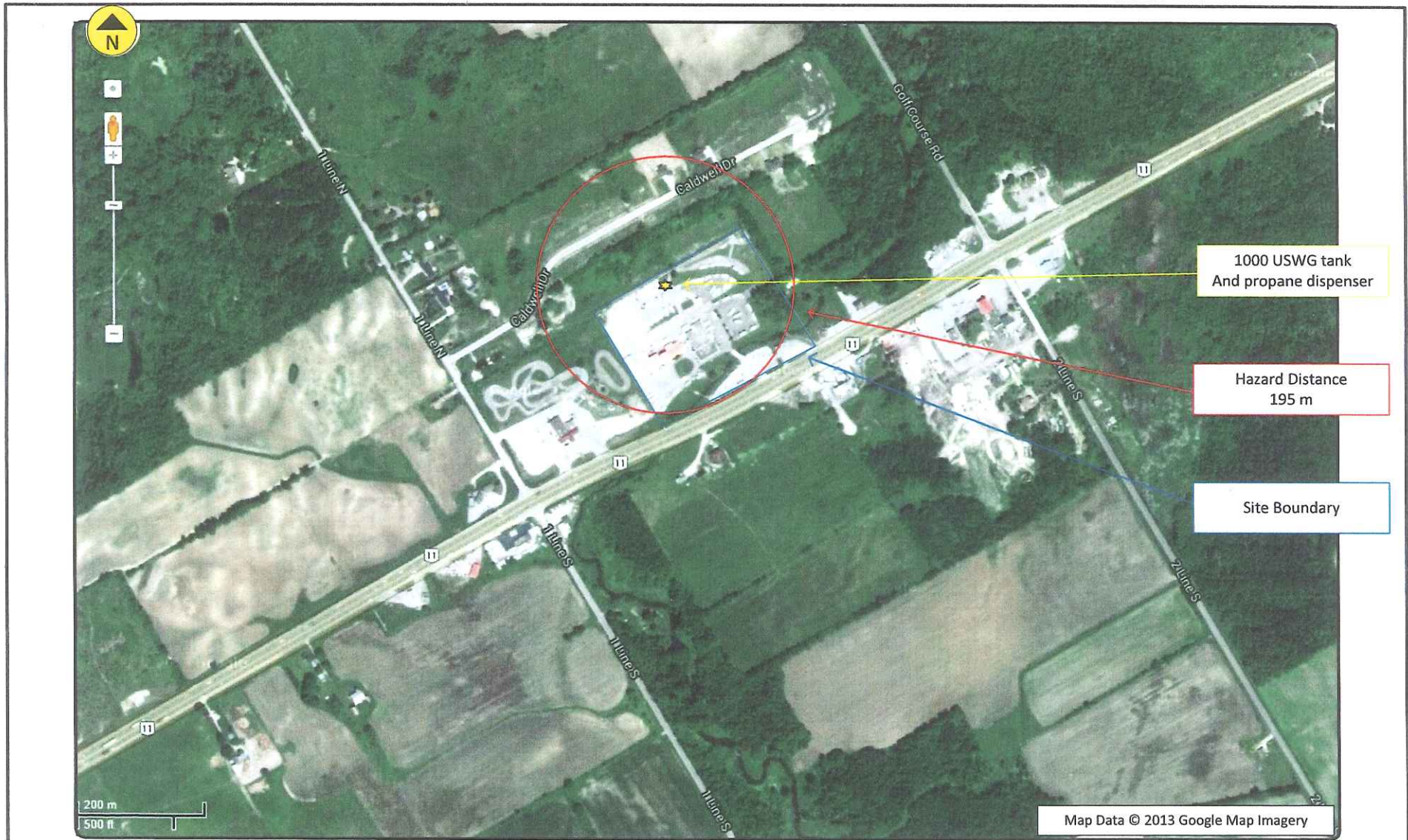
ISSUED FOR:
FIRST SUBMISSION

Client: **THE HITCH HOUSE**
 Project: **THE HITCH HOUSE
 1490 HWY #11S
 SHANTY BAY, ON**

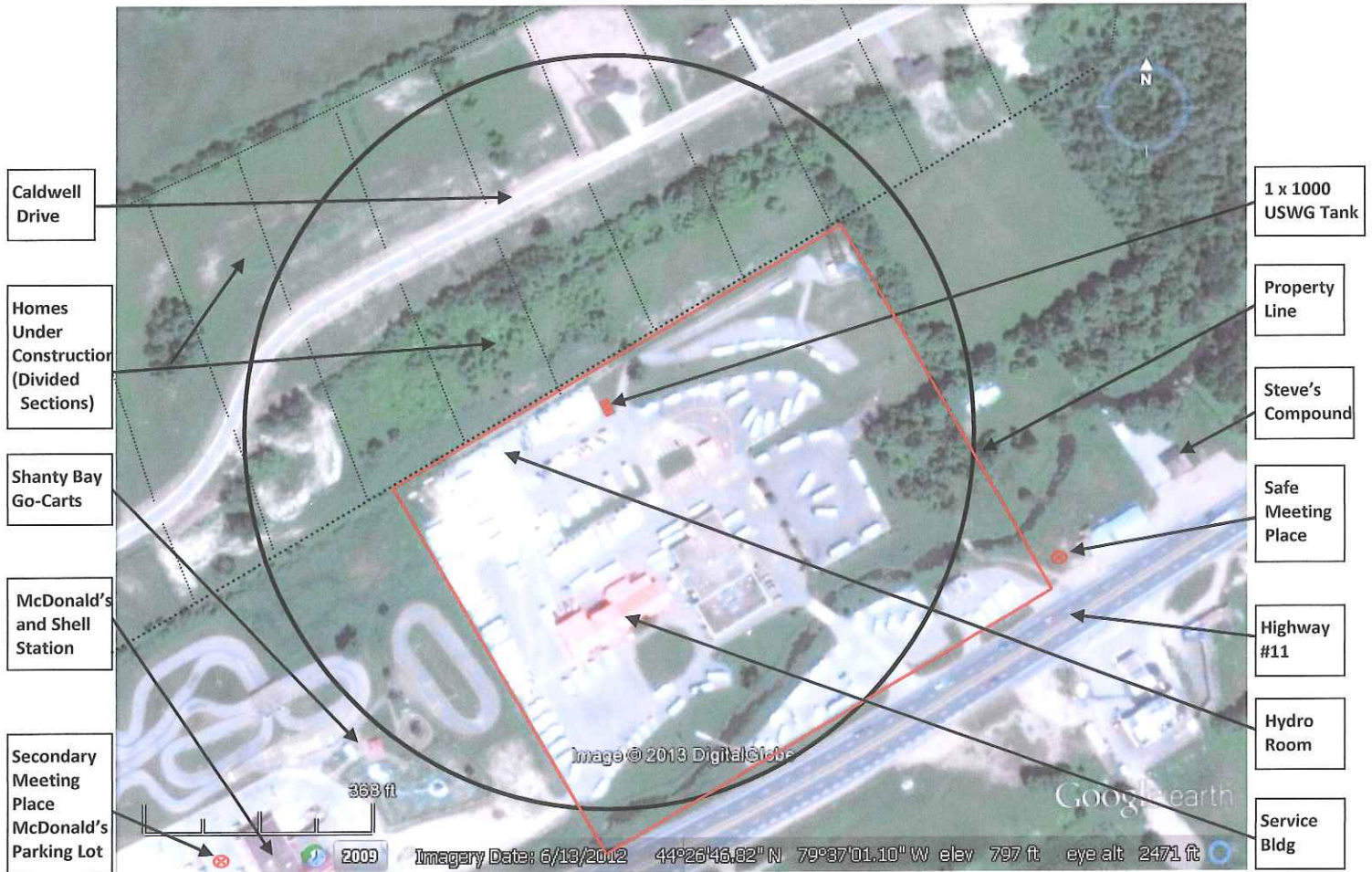
Drawing: **ADDENDUM 3
 RELOCATION OF
 PROPANE TANKS**

Project No: 205-025-12
 Scale: 1:5000
 Date: 1:5000
 Drawn by: CS
 Checked by: JDM
 Approved by: JDM

Drawing No: **ADD-3**



SETBACK DISTANCES OF TANK: North: 18 m East: 155 m South: 185 m West: 115 m	CAPACITY OF PROPANE TANK: 1000 USWG MUNICIPALITY: Oro-Medonte	MAP OF SURROUNDING AREA: The Hitch House Inc. 1490 Hwy 11, North R.R. #2 Shanty Bay, ON <i>Legal Description: Conc 2 PT Lot 11</i> Drawn By: K. Almey August 12, 2013
GPS COORDINATES OF PROPANE STORAGE TANK: Lat. 44.44644, Long. -79.61740	MUNICIPAL CONTACT: Robin Dunn, CAO Municipality of Oro-Medonte Tel: (705) 487-2171 Fax: (705) 487-0133	
CIRCULAR DISTANCE TO 1 psi OVERPRESSURE: 195 m		



THE HITCH HOUSE INC.

LOCATION: 1490 Hwy 11, North, R. R. #2, Shanty Bay, ON
PREPARED: August 22, 2013
TANK CAPACITY: 1 x 1000 USWG Horizontal Tank
TANK SETBACKS: Front – 185 Metres (South), Right – 155 Metres (East)
Rear – 18 Metres (North), Left – 115 Metres (West)
RADIUS: 195 Metres
GPS COORDINATES: Latitude – 44.446272 / Longitude – 79.616743
MUNICIPALITY: Municipality of Oro-Medonte
MUNCIPAL CLERK: Robin Dunn, CAO
MUNICIPAL ADDRESS: 148 Line 7, P.O. Box 100, Oro, ON L0L 2L0