



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;">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 <input style="width: 300px;" type="text" value="000076637494"/></p> <p>Check applicable type of propane operations.</p> <p> <input checked="" type="checkbox"/> Cylinder <input checked="" type="checkbox"/> Motor Fill <input checked="" type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Keylock </p> <p>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p> | <p style="text-align: center;">For Office Use Only</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> |
|---|---|

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.

| | | | |
|---|--|--|-------------|
| Company Name | | Ontario Corporation No., if applicable | |
| A | 1535477 Ontario Limitee Husky Plus | | |
| Operator Name (if different from above) Husky Plus | | | |
| Telephone No. | Fax No. | E-mail | |
| 705-362-7513 | 705-372-1911 | huskyplus@ntl.sympatico.ca | |
| B | Street No. / Street Name / 911 Number / Address, if applicable | | |
| 1565 | Hwy 11 West | | |
| Town / City or Township / County | | Province | Postal Code |
| Hearst | | Ontario | P0L 1N0 |
| Mailing address if different from above. | | | |
| C | Street No. / Street Name / 911 Number / Address, if applicable | | |
| | Box 906 | | |
| Town / City or Township / County | | Province | Postal Code |
| Hearst | | Ontario | P0L 1N0 |

| | | | |
|--|------------|---|----------------------------|
| Information on Container Refill Centre or Filling Plant | | | |
| Location of facility. | | | |
| D | Street No. | Street Name / 911 Number / Address, if applicable | Nearest Major Intersection |
| | 1565 | Hwy 11 West | Hwy 11 & 15th Street |
| Town / City or Township / County | | Province | Postal Code |
| Hearst | | Ontario | P0L 1N0 |

| | |
|---|----------------------|
| Name of Licence Holder | |
| 1535477 Ontario Limitee Husky Plus | |
| Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). | ROT type |
| Marc Plourde | 100-01, Cert. #92323 |
| Municipality (or municipalities if the facility or its hazard distance touches multiple borders) | |
| Hearst Ontario | |

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.

| | | |
|---|-----------|-------------------|
| Print name | Signature | Date (dd-mm-yyyy) |
| Name of Licence Holder 1535477 Ontario Limitee Husky Plus | | 15/09/2011 |
| Name of Senior Management person as defined in the Regulation holding the Record of Training Marc Plourde | | 15/09/2011 |



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SECTION A: GENERAL INFORMATION (cont'd)

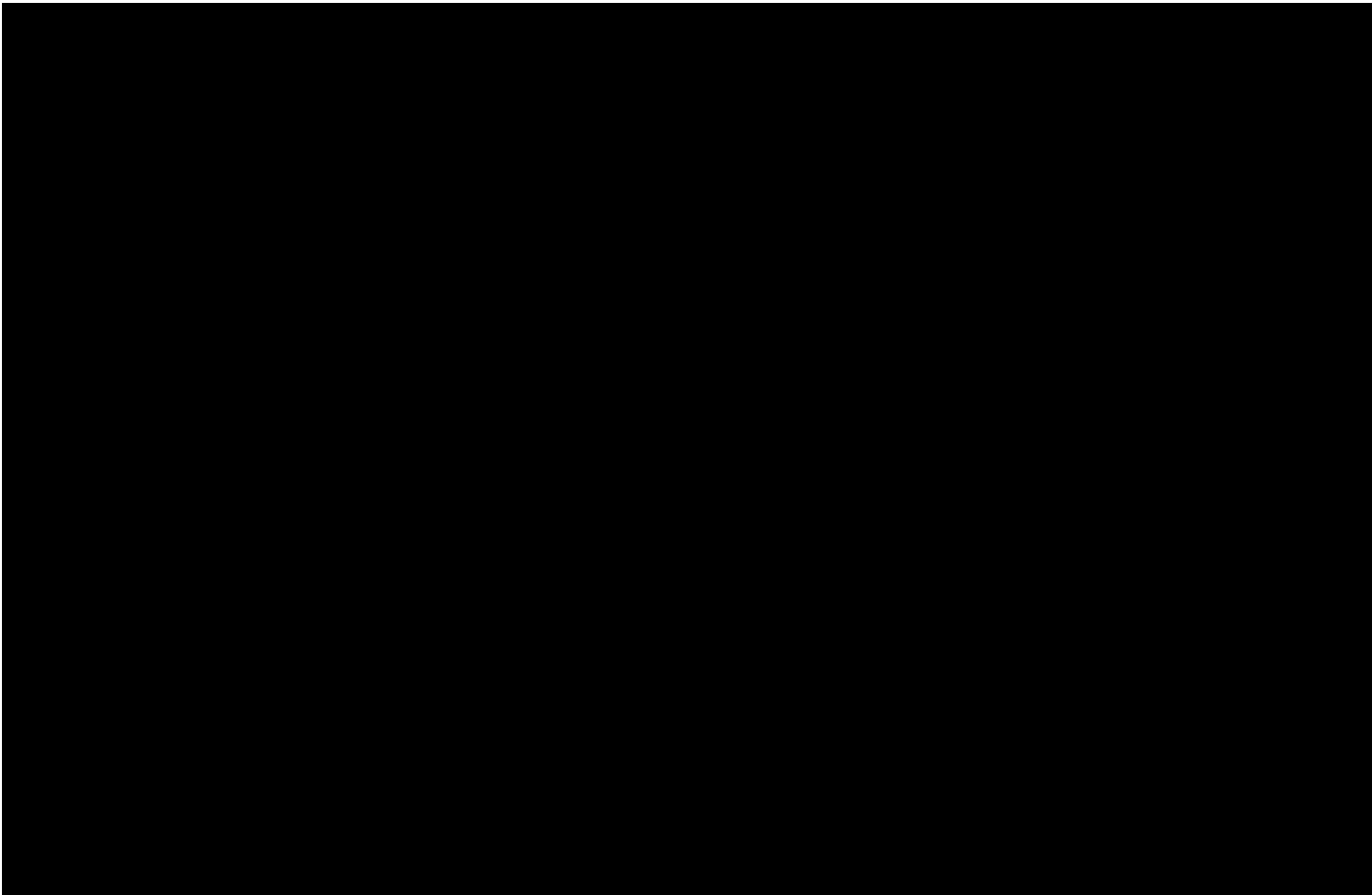
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
1958 2010

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

| | PSIG | Serial Number |
|---------|-------|---------------|
| Tank 1: | 250 | 20J82-61 |
| 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 USGW Portable: _____ Mobile: _____



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| | | | |
|--|--|--|---------------------------------|
| Name of person completing this form (please print) Carmen B Plourde | | Official Title Owner/Operations Manager | |
| Signature <i>Carmen B Plourde</i> | | Telephone No. 705-362-4868 | Date (dd-mm-yyyy) 19-10-2011 |



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SECTION A: GENERAL INFORMATION (cont'd)
Activity Information

| | | | |
|---|---|---|------------------------|
| Name of Propane Supplier(s) Superior Propane | | For Office Use - Party No. [REDACTED] | |
| Street No. 305 | Street Name / 911 Number / Address, if applicable Falcon St. | | |
| Town / City or Township / Country Porcupine, Ontario, Canada | | Province Ontario | Postal Code P0N 1C0 |
| Telephone No. 705-471-9202 | Fax No. 705-495-4415 | Contact Name Loonie Duquette | |
| E-mail duquettl@superiorpropane.com | | | |

| | | | |
|---|---|---|-------------|
| Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/> | | For Office Use - Party No. [REDACTED] | |
| 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 None | | 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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| | | | |
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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.

Clear Diesel 50,000 L

Regular Gas 50,000 L

Marked Diesel 25,000L

Premium Plus 25,000L

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

Emergency Shut Off Button - located on dispensing cabinet & at Cashier's Station in the Convenience Store

Fire Extinguisher - located in dispensing cabinet

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.

8- fire extinguishers inside main building

1 - fire extinguisher at propane dispenser

2- fire extinguishers located at gas islands

1- fire extinguisher inside Wheel Loader

3- fire extinguishers located at cardlock/diesel islands

Smoke & fire detection units throughout building

1- fire extinguisher system in main kitchen over cooking grillers

Emergency Shut Off for all units at Cashier's Counter Convenience Store

Maintenance and testing schedule for fire protection controls and devices.

Superior Propane inspection on dispensing unit including pump and storage tank

Safety Inspection of Site done monthly - forms completed, signed & kept on site for future reference

T. C. Extinguisher checks on fire extinguishers and Diamond Inspection checks on fire suppression system

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| | |
|--|--|
| Name of person completing this form (please print) Carmen B Plourde | Official Title Owner / Operations Manager |
| Signature <i>Carmen B Plourde</i> | Telephone No. 705-362-4868 |
| | Date (dd-mm-yyyy) 15-09-2011 |



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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 Marc Plourde | For Office Use - Party No. | Name Marc Plourde | For Office Use - Party No. |
| Official Title Owner/Operations Manager | | Official Title Owner/Operations Manager | |
| Telephone No. 705-362-4868 | Fax No. 705-372-1911 | Cell No. 705-372-8965 | Fax No. 705-372-1911 |
| E-mail huskyplus@ntl.sympatico.ca | | E-mail huskyplus@ntl.sympatico.ca | |
| Role and responsibilities in emergency Co-ordinate Implementation of emergency response plan | | Role and responsibilities in emergency Co-ordinate Implementation of emergency response plan | |
| 2. Facility Contact Personnel - Alternate Contact | | 6. Name of Facility Manager | |
| Name Carmen B Plourde | For Office Use - Party No. | Name Marc Plourde | For Office Use - Party No. |
| Official Title Owner/Operations Manager | | Official Title Owner/Operations Manager | |
| Telephone No. 705-362-4868 | Fax No. 705-372-1911 | Telephone No. 705-362-7513 | Fax No. 705-372-1911 |
| E-mail carmenxoxo@live.ca | | E-mail huskyplus@ntl.sympatico.ca | |
| Role and responsibilities in emergency Co-Ordinate Implementation of emergency response plan | | Role and responsibilities in emergency Co-Ordinate Implementation of emergency response plan | |
| 3. Local Fire Services - Key Contact | | 7. Propane Supplier Key Contact Person | |
| Name Mario Pitre | For Office Use - Party No. | Name Superior Propane Hot Line | For Office Use - Party No. |
| Official Title Capitaine | E-mail | Official Title | E-mail |
| Telephone No. 705-372-2822 | Fax No. | Telephone No. 1-877-873-7467 | Fax No. |
| Role and responsibilities in emergency Co ordinate on site activity | | Role and responsibilities in emergency | |
| Fire Services Address | | Propane Supplier Address | |
| 4. Local Fire Services - Alternate Contact | | 8. Municipal Contact | |
| Name Marc Lecours | For Office Use - Party No. | Name Mario Pitre | For Office Use - Party No. |
| Official Title Deputy Fire Chief | E-mail | Official Title Capitaine | |
| Telephone No. 705-362-2662 | Fax No. | Telephone No. 705-372-2822 | Fax No. |
| Role and responsibilities in emergency Fire chief alternate | | E-mail Co-Ordinate on site activity | |
| Fire Services Address | | Municipality Name and Address | |

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| | |
|--|--|
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| Signature | Telephone No. 705-362-4868 |
| | Date (dd-mm-yyyy) 15/09/2011 |



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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.

24-hr camera surveillance inside the building, including cameras at all fuel islands

Emergency Response Training at time of hire and annual review with management, cashiers and those holding their propane dispensing certificates receive training & sign off that they have received training.

Copy of Master Training Control Sheet dated October 25 2010

Copy of the Emergency Response Plan for Customer Representatives and Propane Procedures reviewed with employees is also attached.

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| | |
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| Signature <i>Carmen B Plourde</i> | Telephone No. 705-362-4868 |
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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: Husky Energy |
| Annual Update & Review | Print Name of Instructor: Dave Brown, District Manager |
| 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: 1535477 Ontario Limitee |
| 14-02-2011 | Print Name of Instructor: Marc Plourde |
| 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: 705-338-4005 |
| 25-10-2010 | Print Name of Instructor: Jean Gagne |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: Michels Propane Natural Gas |
| 27-10-2010 | Print Name of Instructor: Michel Lamontagne |
| 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) | Official Title |
| Carmen B Plourde | Owner/Operations Manager |
| Signature | Telephone No. |
| | 705-362-4868 |
| | Date (dd-mm-yyyy) |
| | 15-09-2011 |



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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: Husky Energy |
| | Print Name of Instructor: Dave Brown |
| 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: 1535477 Ontario Limitee |
| | Print Name of Instructor: Marc Plourde |
| 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: Jean Gagne |
| | Print Name of Instructor: |
| Target Date (dd-mm-yyyy) | Print Name of Training Provider: Jean Gagne |
| | Print Name of Instructor: |
| 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).
Management personnel on site or Cashier to call 911 - customers requested to leave site - area blocked to prevent public access to site.

Area will be evacuated with all employees meeting at the Assembly areas shown on the Emergency Response Plan.

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).

Management personnel or Cashier on duty to page - instructing customers and employees to evacuate building

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).

24 hour Cashier on duty will call 911, evacuate area, inform management if not on site

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

Site is open 24 hours and can be entered from Hwy 11 east and west.

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

Marc Plourde, Carmen B Plourde and Dave Brown will keep information updated

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

10 - 20 minutes depending on the time of day

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| | | |
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| Name of person completing this form (please print) Carmen B Plourde | Official Title Owner/Operaitons Manager | |
| Signature <i>Carmen B Plourde</i> | Telephone No. 705-362-4868 | Date (dd-mm-yyyy) 15-09-2011 |



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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 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 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 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>150 meters</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>150 meters</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 | Signature | Date (dd-mm-yyyy) |
|--------------------------------------|-----------|-------------------|
| Local Fire Services Name Mario Pitre | | SEP. 30/11 |

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| Signature | Telephone No. 705-362-4868 | |



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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) Sept 29 2011 | Capacity of single largest propane storage vessel (USWG) 2000 |
| Tank setback coordinates. Indicate placement on the map. | |
| Front: 60m | Right side property line: 118 |
| Rear: 72 | Left side property line: 6m |
| GPS coordinates of single largest vessel: 49.691016,-83.686059 | |

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| | |
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| Signature <i>Carmen B Plourde</i> | Telephone No. 705-362-4868 |
| | Date (dd-mm-yyyy) 21-10-2011 |



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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

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) Sept 29 2011 | Capacity of single largest propane storage vessel (USWG) 2000 |
| Tank setback coordinates. Indicate placement on the map. | |
| Front: 60m | Right side property line: 116m |
| Rear: 72m | Left side property line: 6m |
| GPS coordinates of single largest vessel: 49.691016,-83.686059 | |

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) Carmen B Plourde | Official Title Owner/Operations Manager |
| Signature <i>Carmen B Plourde</i> | Telephone No. 705-362-4868 |
| | Date (dd-mm-yyyy) 15-09-2011 |



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SECTION C: SUBMISSIONS (cont'd)

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

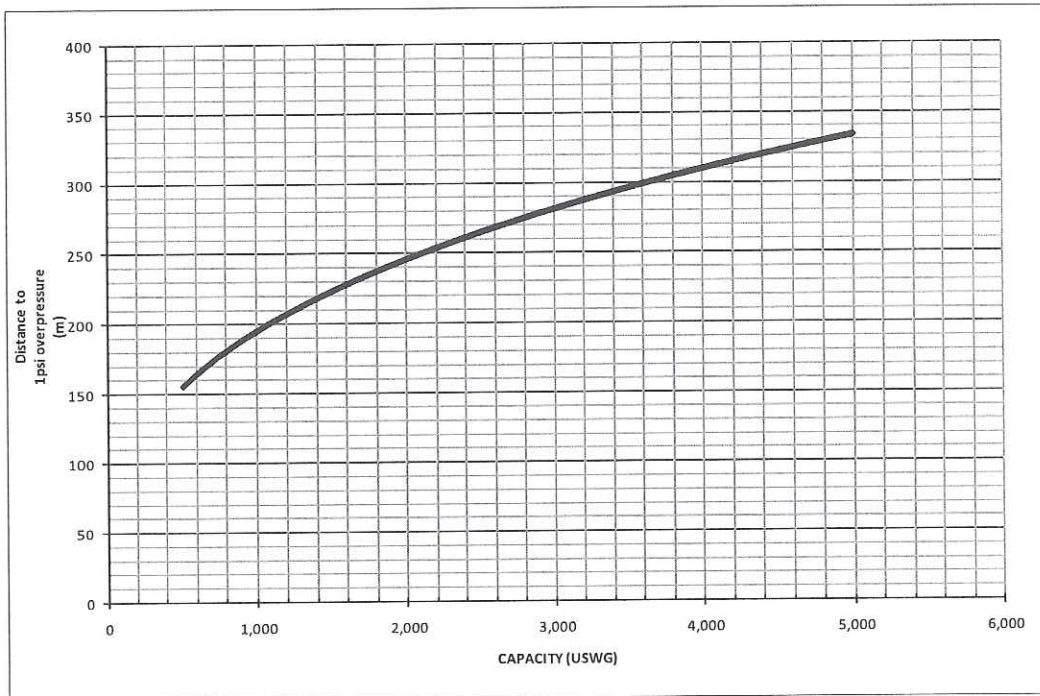
Table 1: Distance Table

| 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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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: Villeneuve Construction Address: 1533 Hwy 11 West City: Hearst Province Ontario Postal Code POL 1N0 | | | x | | 190 m |
| Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted] | | | x | | 286 m |
| Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Home Hardware Address: 1589 Hwy 11 W City: Hearst Province Ontario Postal Code POL 1N0 | | | x | | 51 m |
| Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: Villa Motel Address: 1605 Hwy 11 West City: Hearst Province Ontario Postal Code POL 1N0 | | x | | | 166 m |
| Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: None Address: City: Province Postal Code | | | | | _____ m |
| Emergency responders specifically fire stations, ambulance stations, and police stations. Name: None 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) Carmen B Plourde | Official Title Owner/ Operations Manager |
| Signature <i>Carmen B Plourde</i> | Telephone No. 705-362-4868 |
| | Date (dd-mm-yyyy) 19-10-2011 |



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WORKSHEET

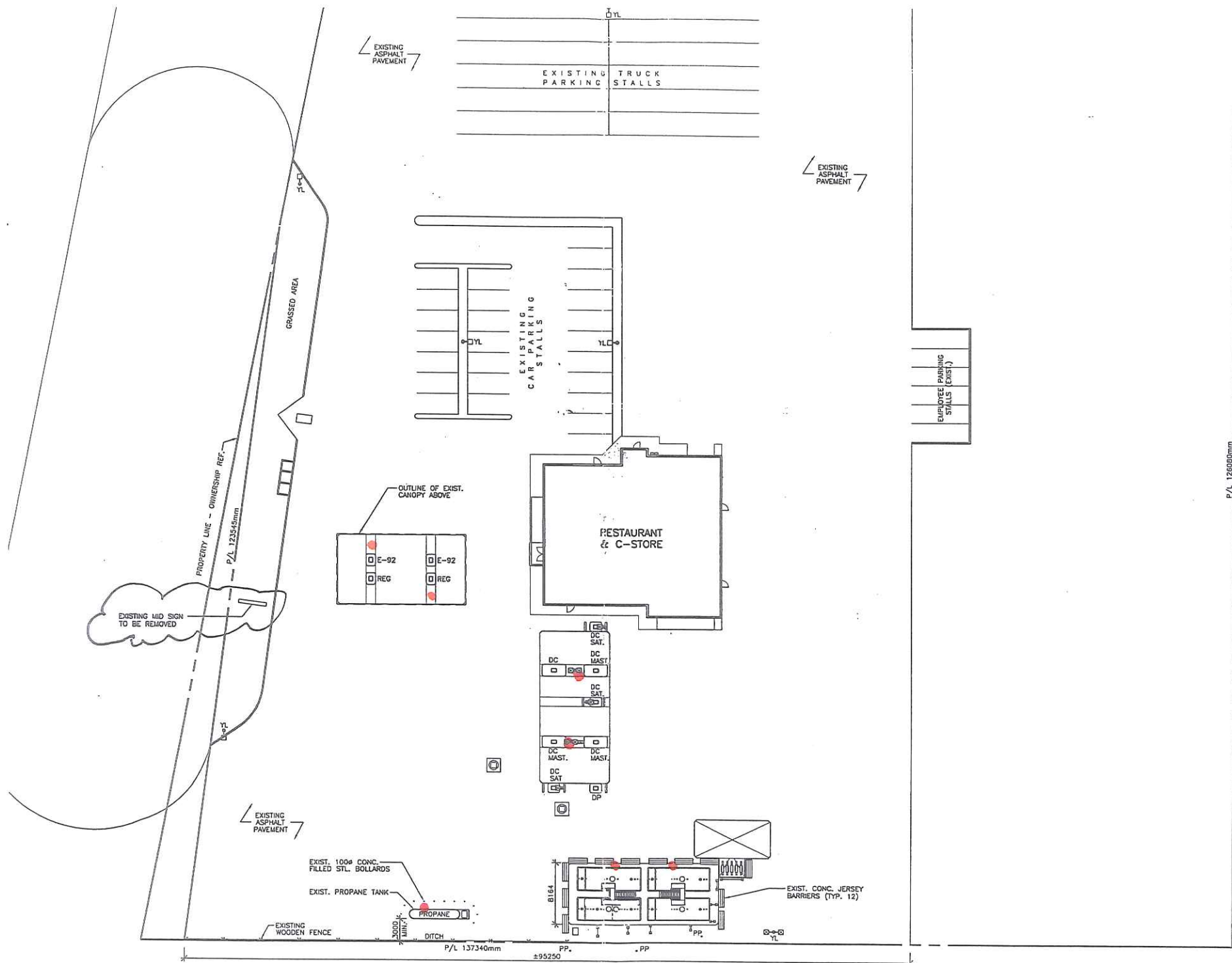
Portable Storage Additional Information Worksheet

| Cylinder Size | Capacity in USWG | Quantity | Total Volume in USWG |
|--------------------------------|------------------|----------|----------------------|
| # 420 | 123.9 | | none |
| # 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 |
|----------------------------|----------|----------------------|
| | | none |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Tank Capacity | | |

| | |
|---|-----------|
| Total Cylinder Capacity | 2000 USWG |
| Total Tank Capacity | |
| Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity) | |



Red dots for exterior fire extinguishers.

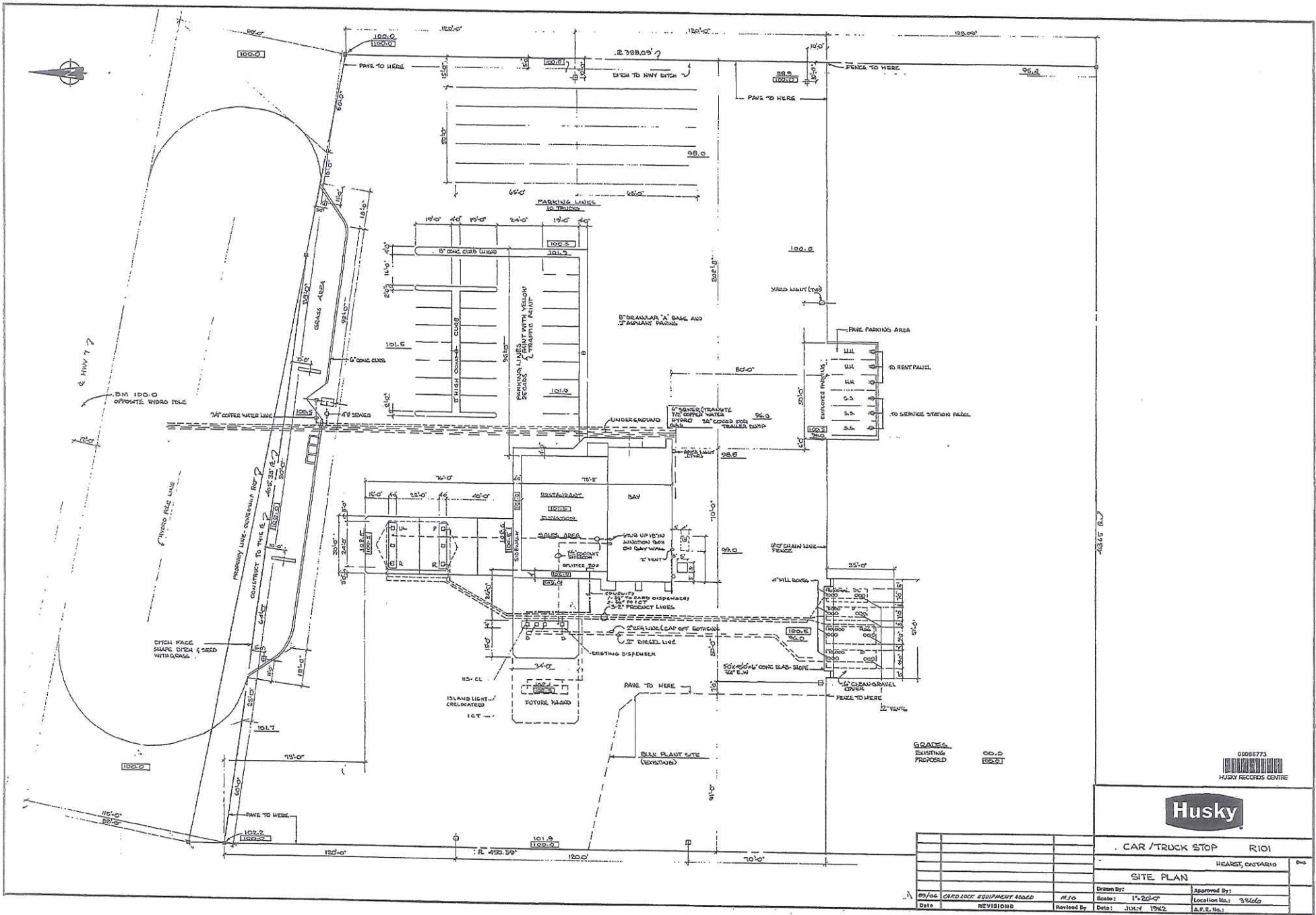
ALL ELECTRICAL WORK TO BE DONE BY THE ELECTRICAL INSPECTION APPLICANT. FOR MORE INFORMATION CONTACT:


NORTH BAY
 PHONE:
 (705) 497-7378
 1-800-836-7107

THE CORPORATION OF THE TOWN OF HEARST
 POSTAL BAG 51,00
 HEARST, ONTARIO
 TEL: (705) 362-4341
 THIS PLAN FOR ISSUANCE ON BASIS FOR ISSUANCE PERMIT NO. B

June 11, 2011
 DATE

P/L 126000mm



0008773

 HUSKY RECORDS CENTRE

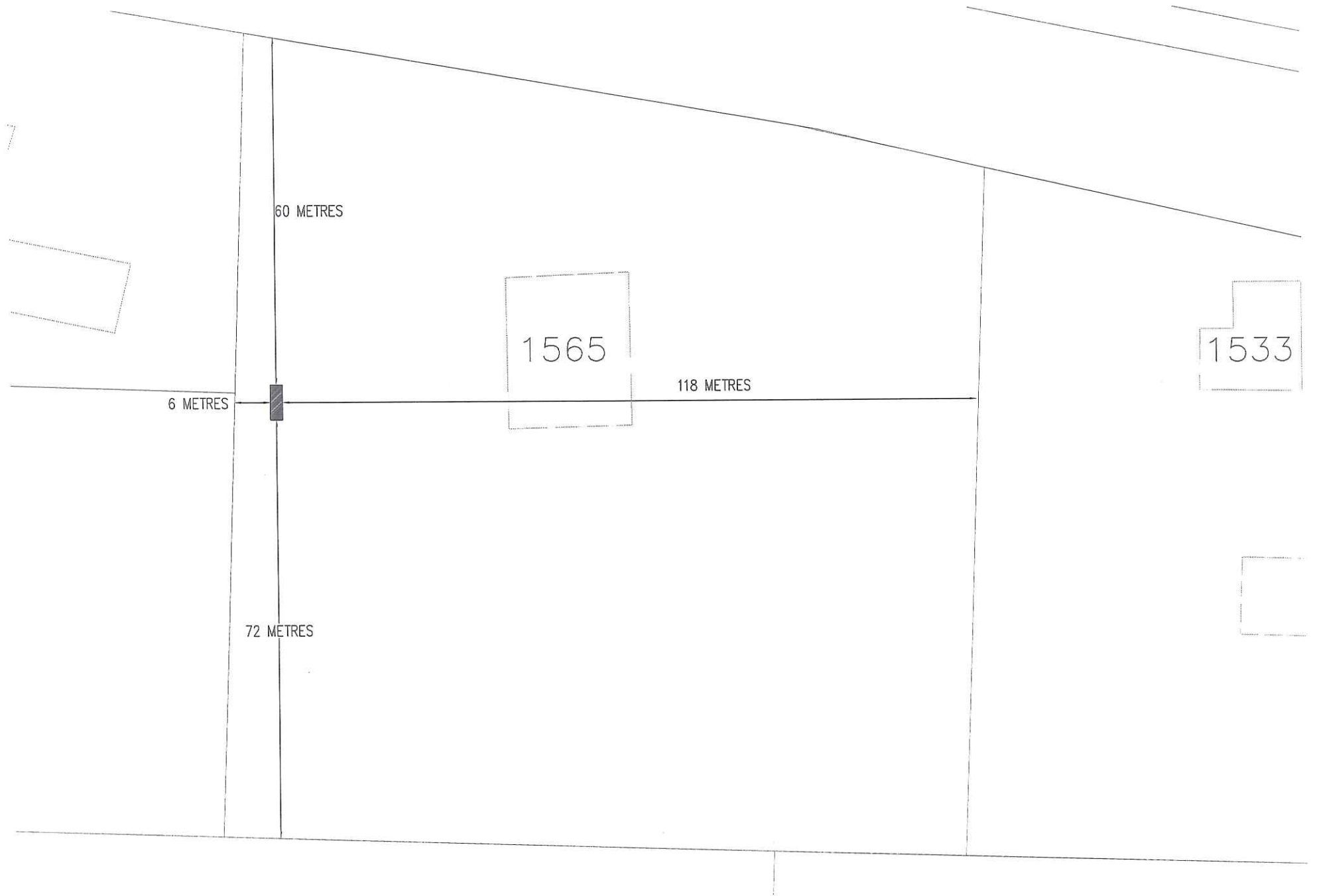
Husky

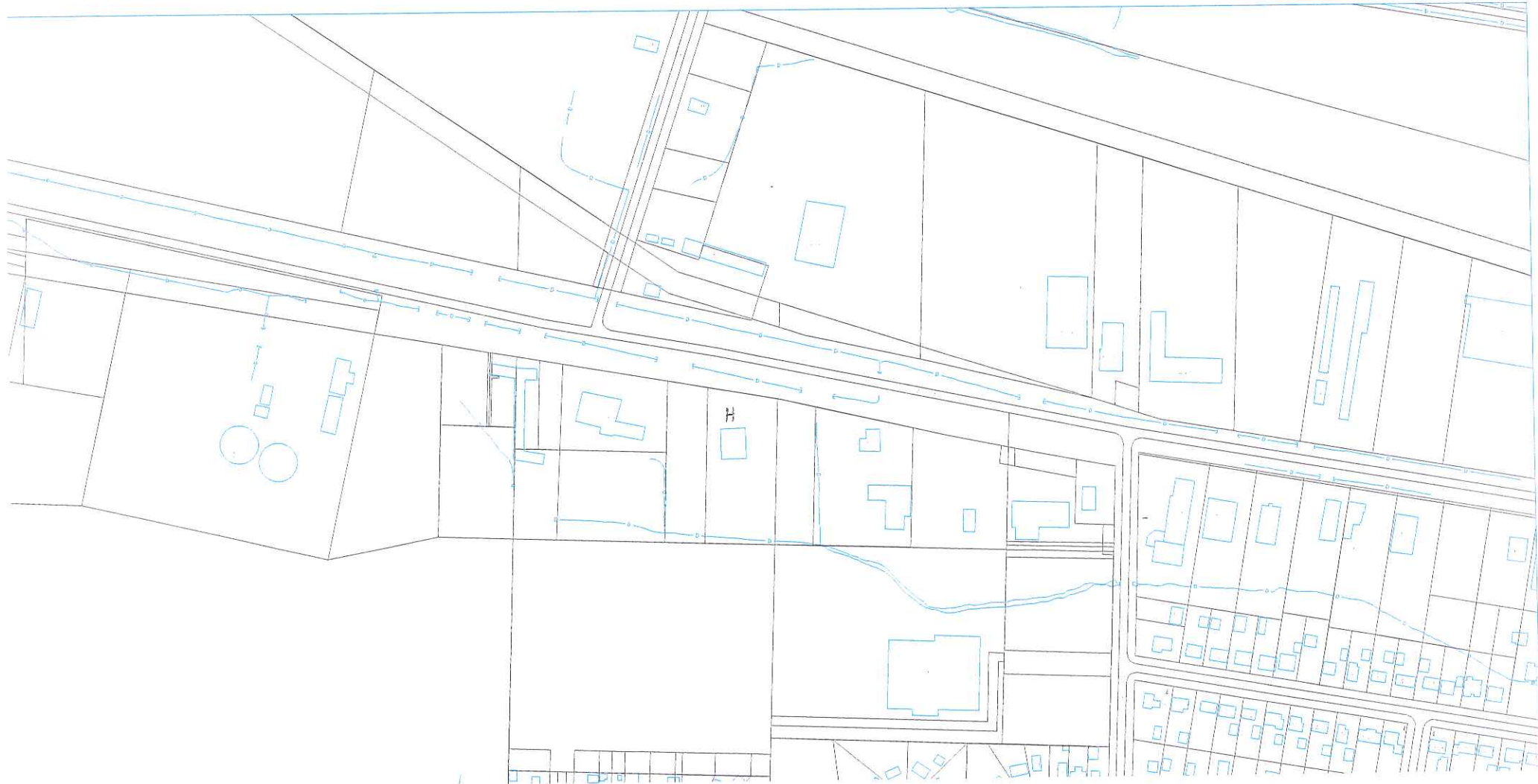
. CAR /TRUCK STOP R101

HEARST, ONTARIO

SITE PLAN

| | |
|-------------------------------|------------------------------------|
| Drawn By: Scale: 1"=20'-0" | Assumed By: Location No.: 31660 |
| Date: REVISION B | Revised By: Date: JULY 1942 |

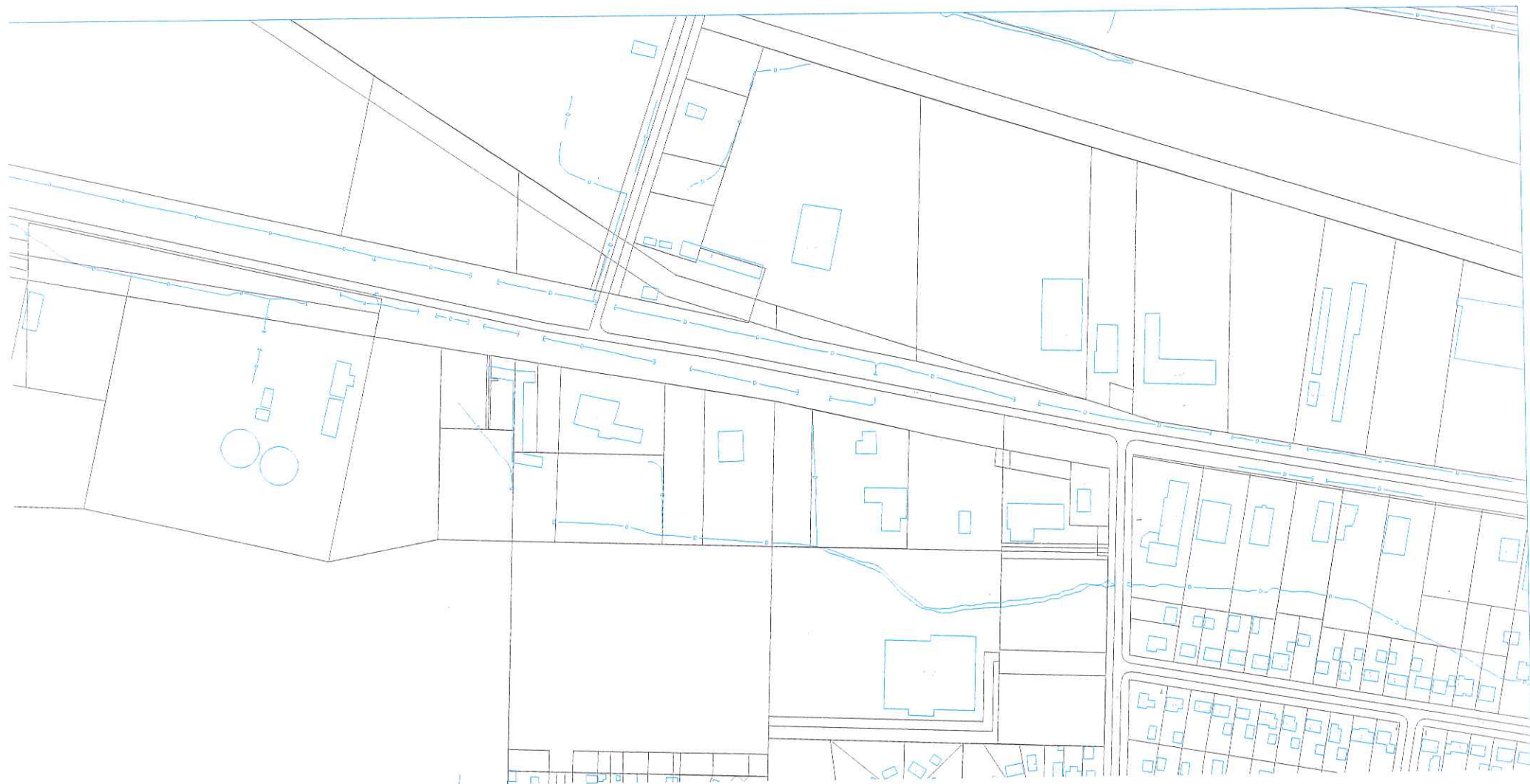




4.5 m = 20 m



4mm = 20m



4.5 mm = 20m

