



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto, Ontario M9X 2K4
Tel: 416-231-4500
Customer Service: 1.877.692.8772

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

ACT PR

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.

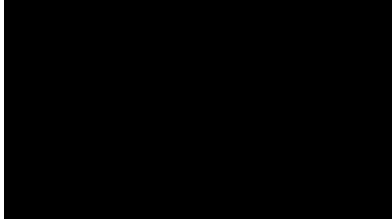
Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the Technical Standards and Safety Act.

License Number: 0043-0034524001-C

Check applicable type of propane operations:

Cylinder Motor Fill Filling Plant Cash/Keybox

Submit along with this completed application: Facility Site Plan and a Map of the Surrounding Area.



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: RALPH'S AUTO PROPANE Ontario Corporation No., if applicable: _____

Operator Name (if different from above): _____

Telephone No.: 705-682-7721 Fax No.: 705-682-3851 E-mail: _____

B. Street No.: 555 Street Name / 911 Number / Address, if applicable: JAMES ST WEST

Town / City or Township / County: GRAVENHURST Province: ON Postal Code: P1P 1K4 1P4

C. Street No.: Box 1410 Street Name / 911 Number / Address, if applicable: STATION MAIN

Town / City or Township / County: GRAVENHURST ON Province: ON Postal Code: P1P 1K5

Information on Container Refill Centre or Filling Plant

D. Location of facility:

Street No.: 555 Street Name / 911 Number / Address, if applicable: JAMES ST WEST Nearest Major Intersection: NORAH KOUZDRA LAKE ROAD

Town / City or Township / County: GRAVENHURST Province: ON Postal Code: P1P 1K4

Name of License Holder: RALPH SCALES

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): RALPH SCALE ROT type: FULL-TIME PROPANE OPERATOR

Municipality (or municipalities if the facility or its hazard distance touch two municipalities): DISTRICT OF MUSKOKA GRAVENHURST ON.

Hours of operation:

This document is valid until the next license 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 this information I have given here is true and complete.

Name of License Holder: RALPH SCALES Signature: [Signature] Date (dd/mm/yyyy): 08/11/11

Name of Senior Management person as defined in the Regulation holding the Record of Training: RALPH SCALES Signature: [Signature] Date (dd/mm/yyyy): 08/11/11



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 1980 1-TANK Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 2008 - ADDED EXTRA CAPACITY -

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

	PSIG	Serial Number
Tank 1:	<u>250 -</u>	<u>68F - 007121</u>
Tank 2:	<u>250 -</u>	<u>68F 007120</u>
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.

2 - Fixed: 1000 USG Portable: _____ Mobile: _____

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Name of person completing this form (please print) <u>DAVID SCALOS</u>	Official Title <u>OWNER</u>
Signature <u>[Signature]</u>	Telephone No. <u>705-687-7721</u> Date (dd-mm-yyyy) <u>08/11/11</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) <i>BUDGET PROPANE</i>			
Street No. <i>1011</i>	Street Name / 911 Number / Address, if applicable <i>BRIERS Rd - RR 1</i>		
Town / City or Township / Country <i>GRAVENHURST</i>		Province <i>ON</i>	Postal Code <i>P1P 1R1</i>
Telephone No. <i>888 405 7770</i>	Fax No.	Contact Name <i>JANE SALLOU</i>	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			
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	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		Postal Code
Telephone No.	Fax No.	Contact Name

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

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Name of person completing this form (please print) <i>JOANNE SCALIS</i>	Official Title <i>Owner</i>
Signature <i>[Signature]</i>	Telephone No. <i>705-687-7721</i>
	Date (dd-mm-yyyy) <i>NOV 08/11</i>



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN

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

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

1- 500 GAL SKID TANK - USED FOR STOVE OIL
EMPTY IN SUMMER

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

FIRE EXTINGUISHERS ON SITE AT
PROPANE FILL AS PER CODE

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.

SHUT AT PALICE AS PER CODE

NO BLEETROKAL FIRE SIGNAL AT SITE

Maintenance and testing schedule for fire protection controls and devices.

FIRE EXTINGUISHER ANNUAL CHECK
BUDGET INSPECTION TWICE EACH
YEAR

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Name of person completing this form (please print)	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)
SCALES	705 687-7721	NOV 08/11



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SECTION B - EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)
Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		2. Facility Contact Personnel - Alternate Contact	
Name: RALPH SCALES	For Office Use - Party No.	Name: KALPA SCALES	For Office Use - Party No.
Official Title: OWNER		Official Title: OWNER	
Telephone No.: 705 687-7721	Fax No.	Cell No.: NIL	Fax No.
E-mail:		E-mail:	
Role and responsibilities in emergency: CONTROL AND DIRECTION		Role and responsibilities in emergency: CONTROL AND DIRECTION	

3. Local Fire Services - Key Contact		4. Local Fire Services - Alternate Contact	
Name:	For Office Use - Party No.	Name: RALPH SCALES	For Office Use - Party No.
Official Title:		Official Title: OWNER	
Telephone No.: 705 687-7721	Fax No.	Telephone No.: 705 687-7721	Fax No.
E-mail:		E-mail:	
Role and responsibilities in emergency: CONTROL AND DIRECTION		Role and responsibilities in emergency: CONTROL AND DIRECTION	

5. Propane Supplier Key Contact Person		6. Municipal Contact	
Name:	For Office Use - Party No.	Name: JAMES CALLOE	For Office Use - Party No.
Official Title:		Official Title: BRANCH MANAGER	
Telephone No.:	Fax No.	Telephone No.: 505-665-7777	Fax No.
E-mail:		E-mail:	
Role and responsibilities in emergency:		Role and responsibilities in emergency:	

7. Municipal Contact		8. Municipal Contact	
Name:	For Office Use - Party No.	Name: RAND JEREMY	
Official Title:		Official Title: PHARMACEUTICAL	
Telephone No.:	Fax No.	Telephone No.: 705-687-3412	Fax No.
E-mail:		E-mail: JRAND@GRANDHEARST.CA	
Role and responsibilities in emergency:		Municipality: TOWN OF GRANDHEARST	

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Name of person completing this form (please print): RALPH SCALES	Official Title: OWNER
Signature: <i>Ralph Scales</i>	Telephone No.: 705 687 7721 Date (dd-mm-yyyy): 04/10/12



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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>RALPH SCALES</i>	For Office Use - Party No.	Name <i>RALPH SCALES</i>	For Office Use - Party No.
Official Title <i>OWNER</i>		Official Title <i>OWNER</i>	
Telephone No. <i>705 687-7721</i>	Fax No.	Cell No. <i>NIL</i>	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency <i>CONTROL AND DIRECTION</i>		Role and responsibilities in emergency <i>CONTROL AND DIRECTION</i>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>RALPH SCALES</i>	For Office Use - Party No.	Name <i>RALPH SCALES</i>	For Office Use - Party No.
Official Title <i>OWNER</i>		Official Title <i>OWNER</i>	
Telephone No. <i>705 687-7721</i>	Fax No.	Telephone No. <i>705 687-7721</i>	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency <i>CONTROL AND DIRECTION</i>		Role and responsibilities in emergency <i>CONTROL AND DIRECTION</i>	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name	For Office Use - Party No.	Name <i>JAMIRS CALLOC</i>	For Office Use - Party No.
Official Title		Official Title <i>BRANCH MANAGER</i>	
Telephone No.	Fax No.	Telephone No. <i>888-465 7777</i>	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name	For Office Use - Party No.	Name	
Official Title		Official Title	
Telephone No.	Fax No.	Telephone No.	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency		Municipality	

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



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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.

WE HAVE OTHER LOCATIONS WITH FIRE
EXTINGUISHERS 3 MORE TOTAL -
STORAGE BUILDINGS ON SITE

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) RALPH SCALIS	Official Title OWNER	
Signature 	Telephone No. 705-687-7722	Date (dd-mm-yyyy) NOV 08/11



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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: <u>RALPH SCALRS</u>
	Print Name of Instructor:
Training Date (dd-mm-yyyy) <u>APRIL 08/11</u>	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) <u>AUG 10/11</u>	Print Name of Training Provider: <u>RALPH SCALRS</u>
	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) <u>APRIL 08/11</u>	Print Name of Training Provider: <u>RALPH SCALRS</u>
	Print Name of Instructor:
Training Date (dd-mm-yyyy) <u>AUG 10/11</u>	Print Name of Training Provider: <u>RALPH SCALRS</u>
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) <u>RALPH SCALRS</u>	Official Title <u>OWNER</u>
Signature <u>Ralph Scals</u>	Telephone No. <u>705-687-7721</u> Date (dd-mm-yyyy) <u>Nov 08/11</u>



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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) MAY 06/12	Print Name of Training Provider: RALPH SCALIS
	Print Name of Instructor:
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) MAY 06/12	Print Name of Training Provider: RALPH SCALIS
	Print Name of Instructor:
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) AUG 04/12	Print Name of Training Provider: RALPH SCALIS
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) RALPH SCALIS	Official Title OWNER
Signature Ralph Scalise	Telephone No. 705-687-7721
	Date (dd-mm-yyyy) 11/04/11



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

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

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).

PERSON OR PERSONS ON SITE

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).

ALL PERSONS WILL GO TO THE BOSTON PIZZA LOCATION ON MUSKOGEE BAY -

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).

CALLS TO FIRE/911 AND MUNICIPALITY AS SOON AS POSSIBLE

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

ON SITE 24/7 -

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

EMAIL, PHONE REPORT CONTACT

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

SITE IS NEVER UNOCCUPIED

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Name of person completing this form (please print)	ALPHA SCALERS		Official Title	OWNER
Signature			Telephone No.	705 687 7772
			Date (dd-mm-yyyy)	FEB/12



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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		

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



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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)	Capacity of single largest propane storage vessel (USWG)
10-31-2011	1000
Tank setback coordinates: Indicate placement on the map.	
Front: 26ft 81.7m	Right side property line: 21' 6.4m
Rear: 36' 10.97m	Left side property line: 38' 11.58m
GPS coordinates of single largest vessel: 44.91687°N 72.38624°W	

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Name of person completing this form (please print)	Official Title
RAULPH SCALES	OWNER
Signature	Telephone No. Date (dd-mm-yyyy)
<i>Ralph Scales</i>	705-687-7721 04/09/12



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SECTION C: SUBMISSIONS

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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.
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14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below .

Required Mapping Information from Updated Site Plan

Date Map Prepared (dd-mm-yyyy)	Capacity of single largest propane storage vessel (USWG)
Tank setback coordinates. Indicate placement on the map.	
Front: <u>268"</u>	Right side property line: <u>21'</u>
Rear: <u>36'</u>	Left side property line: <u>38'</u>
GPS coordinates of single largest vessel: _____	

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



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SECTION C: SUBMISSIONS (cont'd)
Applicant must include a Facility Site Plan and Map of Surrounding Area

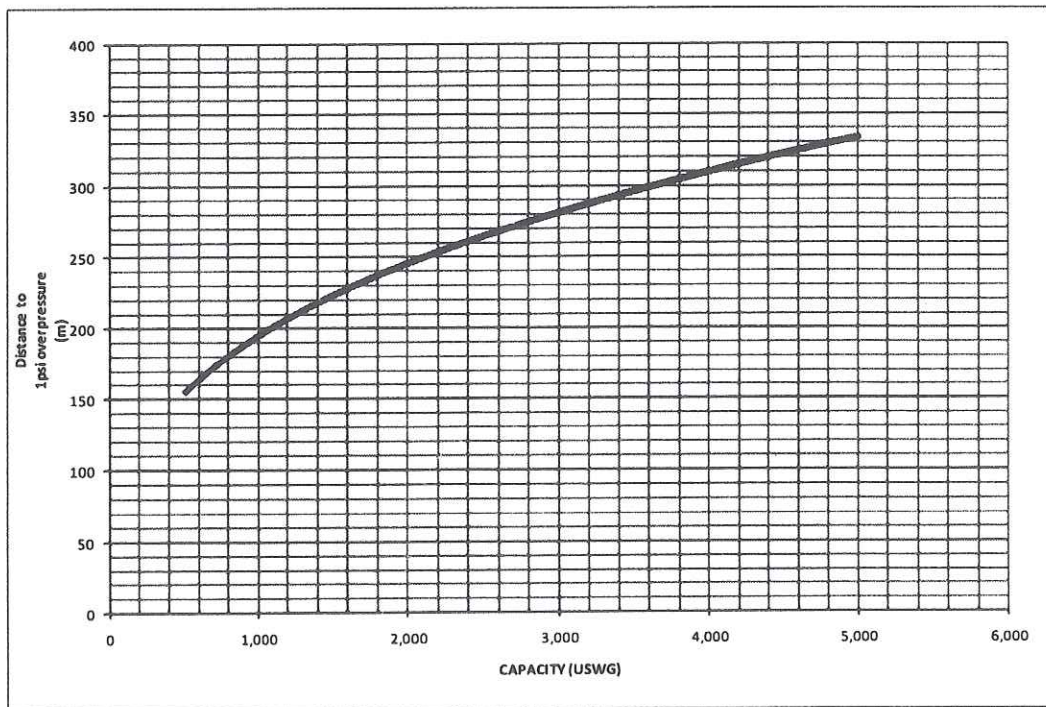
Table 1: Distance Table

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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Name of person completing this form (please print) <i>RALPH S CALES</i>	Official Title <i>OWNER</i>
Signature <i>Ralph Cales</i>	Telephone No. <i>205 687-7722</i> Date (dd-mm-yyyy) <i>FEB/12</i>



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

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>BALL DIAMOND / PARK</u> Address: <u>JAMES ST WEST</u> City: <u>GRAVINBURST</u> Province <u>ON</u> Postal Code <u>?</u>		X			<u>113</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]				X	<u>65</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>AMBULANCE GARAGE MUSKOKA F.M.S.</u> Address: <u>MULDRUP LAKE RD & JAMES ST. WEST</u> City: <u>GRAVINBURST</u> Province <u>ON</u> Postal Code _____		X			<u>218</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>KARLA SCALES</u>	Official Title <u>owner</u>
Signature <u>Karla Scales</u>	Telephone No. <u>705 687-7721</u> Date (dd-mm-yyyy) <u>04/10/12</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

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

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	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]		X			380. FT
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>G.F.U.</u> Address: <u>FIRST ST BRAMPTON ONTARIO</u> City: <u>BRAMPTON ONT</u> Province <u>ON</u> Postal Code <u>R6P 1C1</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>JOHN P. SCALERS</u>	Official Title <u>OWNER</u>
Signature <u>[Signature]</u>	Telephone No. <u>705-687-7721</u> Date (dd-mm-yyyy) <u>FEB 22/12</u>



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X2X4
Fax: 416.231.4078
Customer Service: 1.877.682.8772

Application for Renewal of
Level 1 Propane Licence
Technical Standards and Safety Act
Propane Storage and Handling Regulation

CAPACITY INFORMATION

A. Fixed Tanks

	PSIG	Serial Number	Capacity
Tank 1:		6SF007120	1000 GAL
Tank 2:		6SF007121	1000 GAL
Tank 3:			
Total Fixed Capacity:			2000 GAL

B. Portable Storage

Cylinder Size	Capacity in USWG	Quantity	Total Capacity in USWG
# 420	123.9		
# 100	29.5	2	59.00
# 40	11.75		
# 33.3	9.62	12	57.72
# 30	8.8		
# 20	5.8	15	87
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity		Line A	203.72

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Capacity in USWG
Total Tank Capacity		Line B

Total Portable Capacity. Line A plus Line B: 203.72

C. Mobile Tanks

Type	Tank Size In USWG	Quantity	Total Capacity in USWG
Tankers			
Cargo Liners			
Total Mobile Tank Capacity			

You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.

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 of person completing this form.	Official Title	
Signature	Telephone No.	Date (dd-mmm-yyyy)
<u>RALPH SCARLES</u>	<u>205687-7721</u>	<u>22/09/15</u>
<u>Ralph Scarles</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	4 -	495
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	20 -	116
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

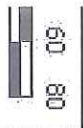
Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume In USWG
#20 -	20 -	116 -
Total Tank Capacity		

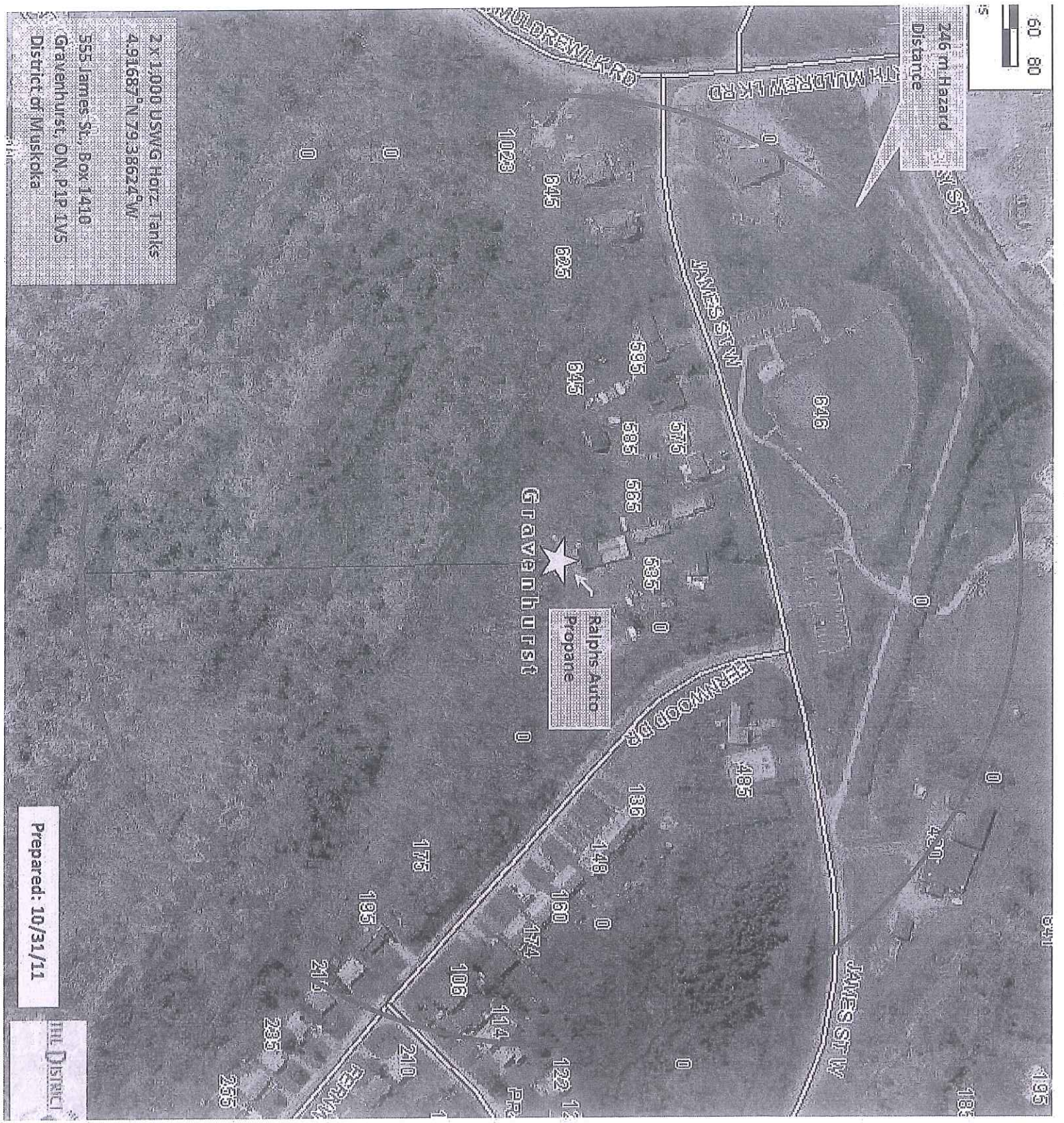
Total Cylinder Capacity	
Total Tank Capacity	
Total Portable Capacity	

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)
<i>[Handwritten Signature]</i>	OWNER 205 687 872 FEB 23/12



246 m Hazard Distance



Ralphs Auto Propane

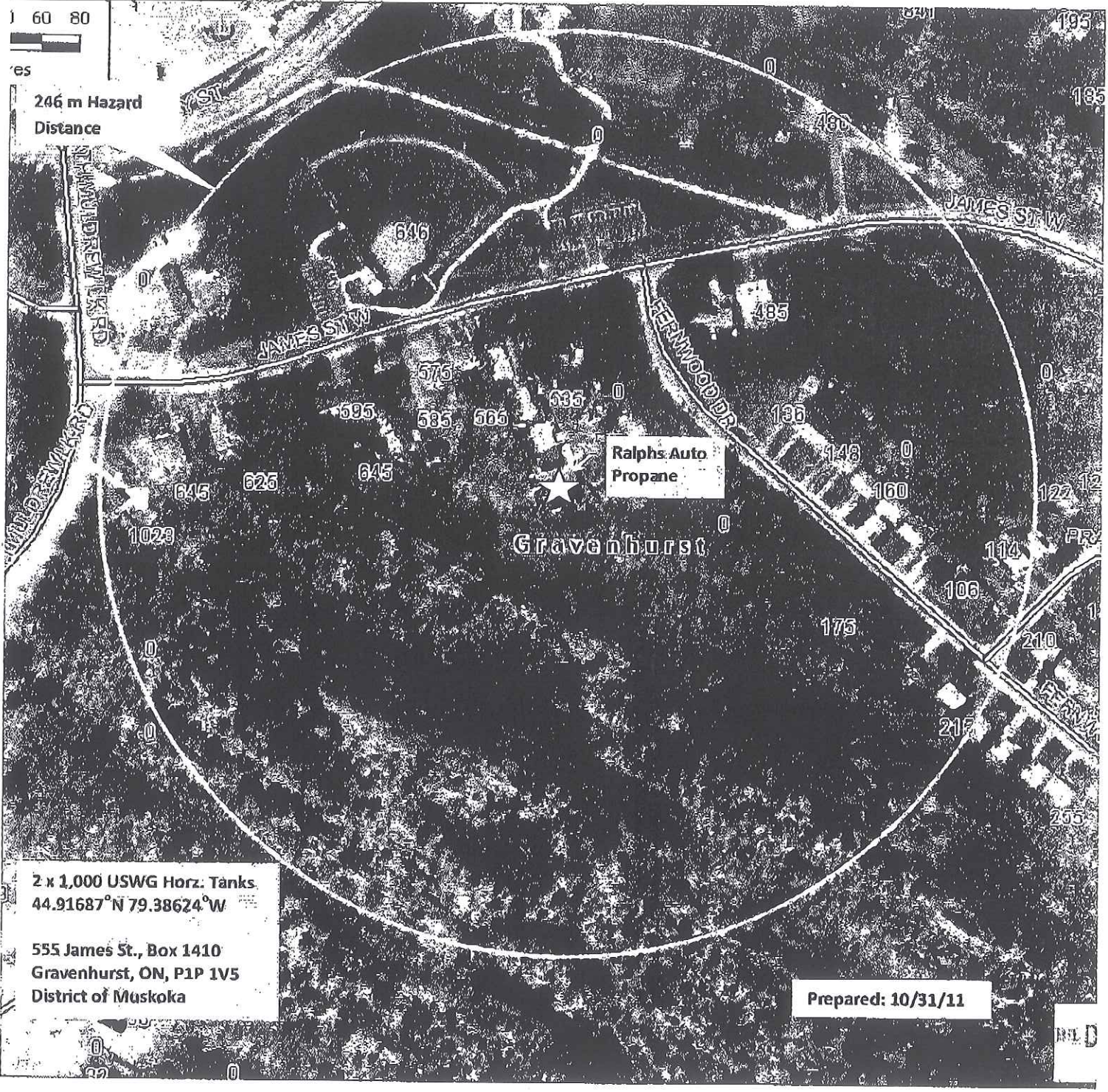
Gravenhurst

2 x 1,000 USWG Horiz. Tanks
4.91687° N 79.38624° W

555 James St., Box 1410
Gravenhurst, ON, P1P 1V5
District of Muskoka

Prepared: 10/31/11

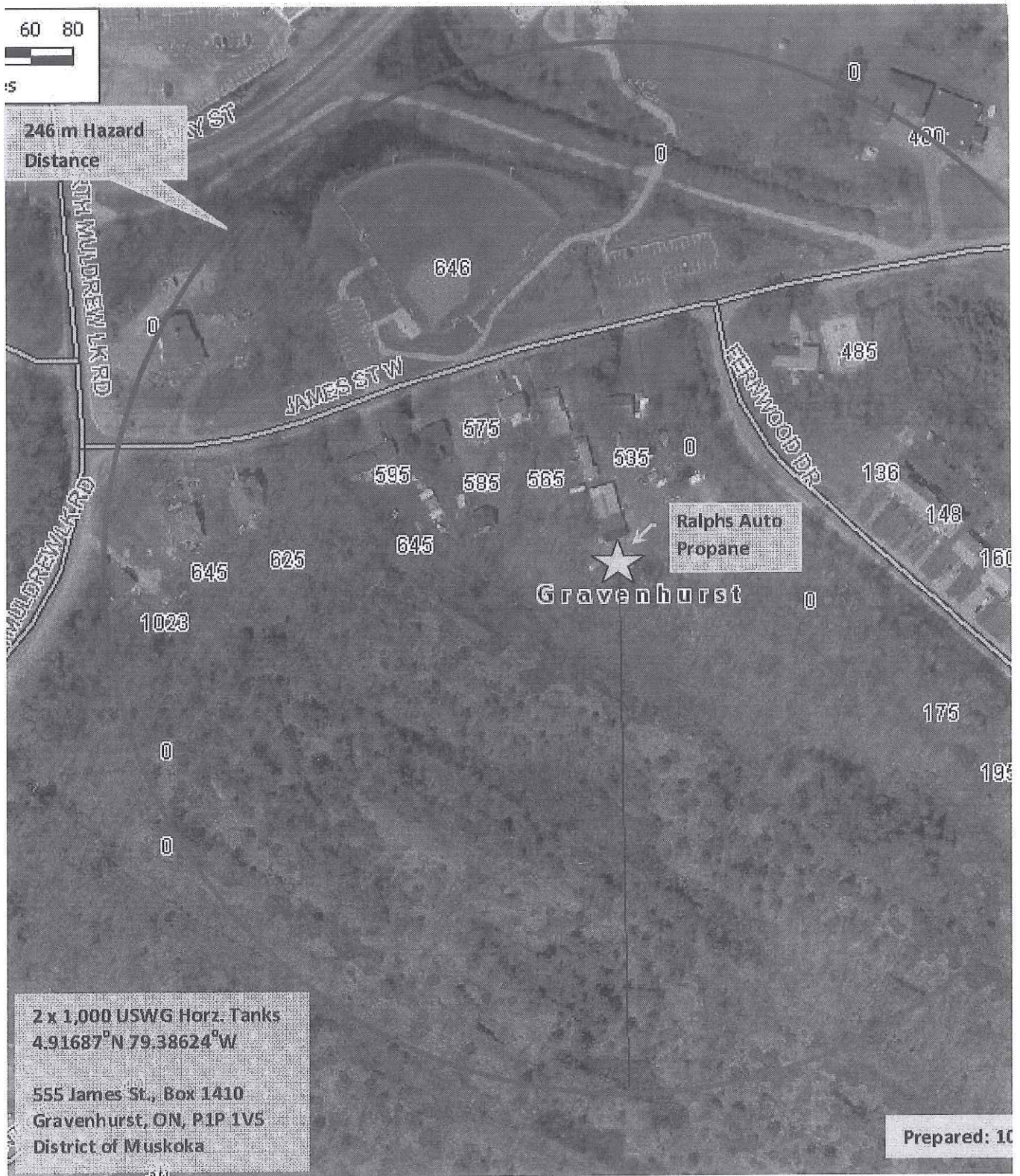
Muskoka District



2 x 1,000 USWG Horz. Tanks.
 44.91687°N 79.38624°W

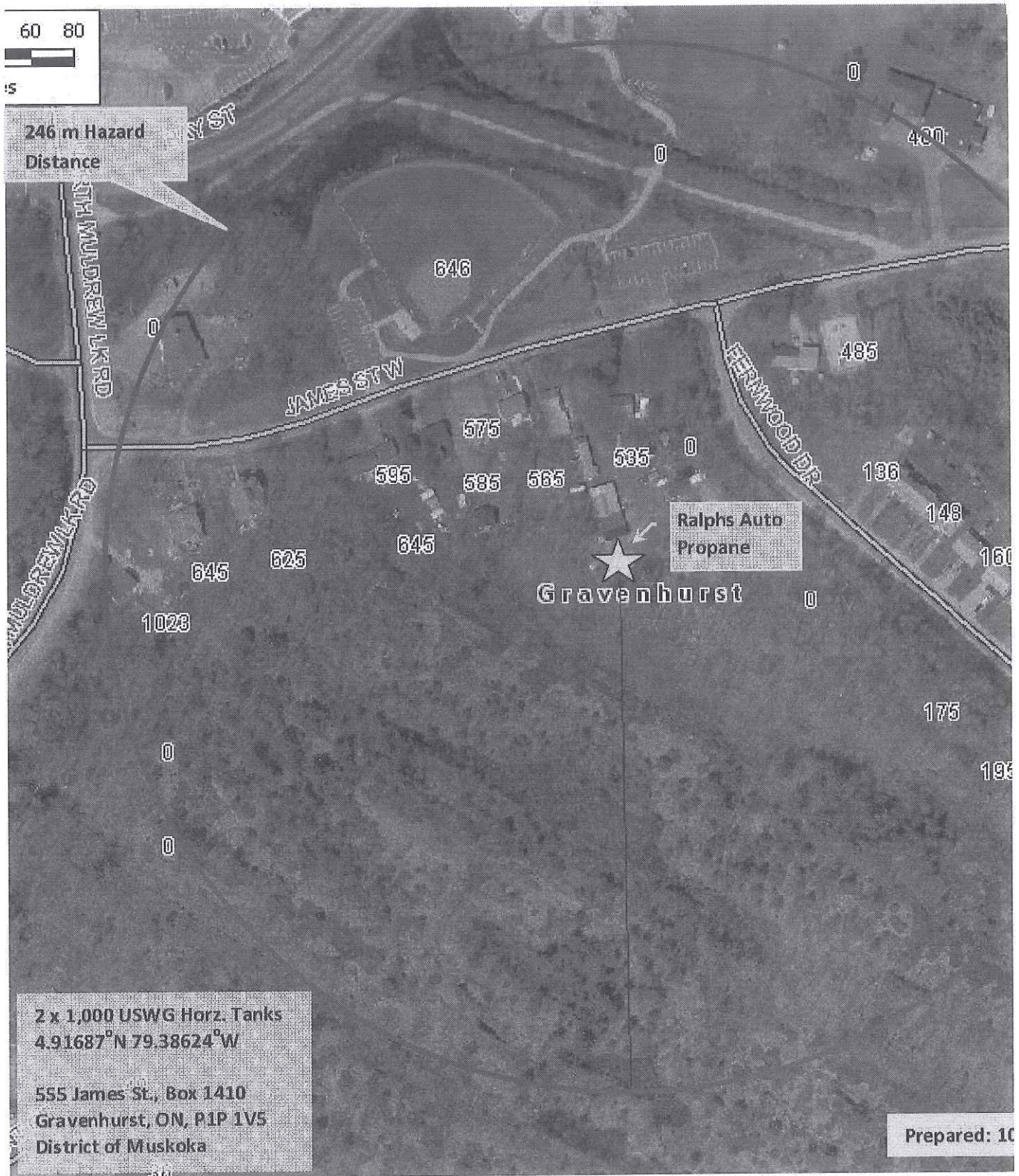
555 James St., Box 1410
 Gravenhurst, ON, P1P 1V5
 District of Muskoka

Prepared: 10/31/11



Attachments:

Emergency Evacuation Procedure Sample.docx	425 KB
Level 1 RSMP Customer Assistance Template.pdf	1.0 MB
Level 1 RSMP Template.pdf	929 KB
Microsoft Word - Ralphs Level 1.jpg	1.4 MB

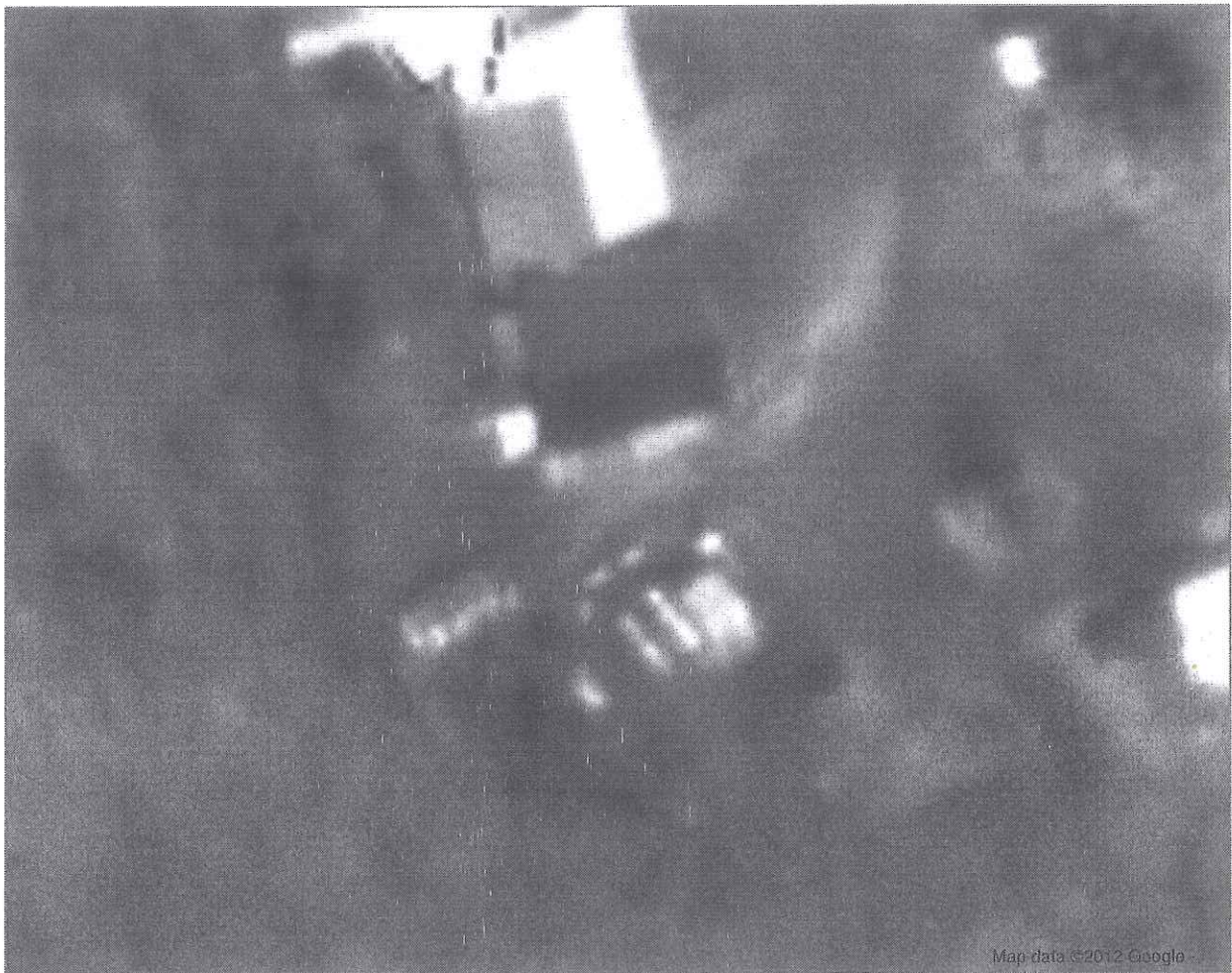


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Level 1 RSMP Template.pdf	929 KB
Microsoft Word - Ralphs Level 1.jpg	1.4 MB

Google

To see all the details that are visible on the screen, use the Print link next to the map.



Map data ©2012 Google

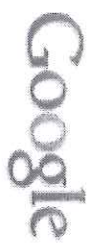
Photos

architecture

Find Tag

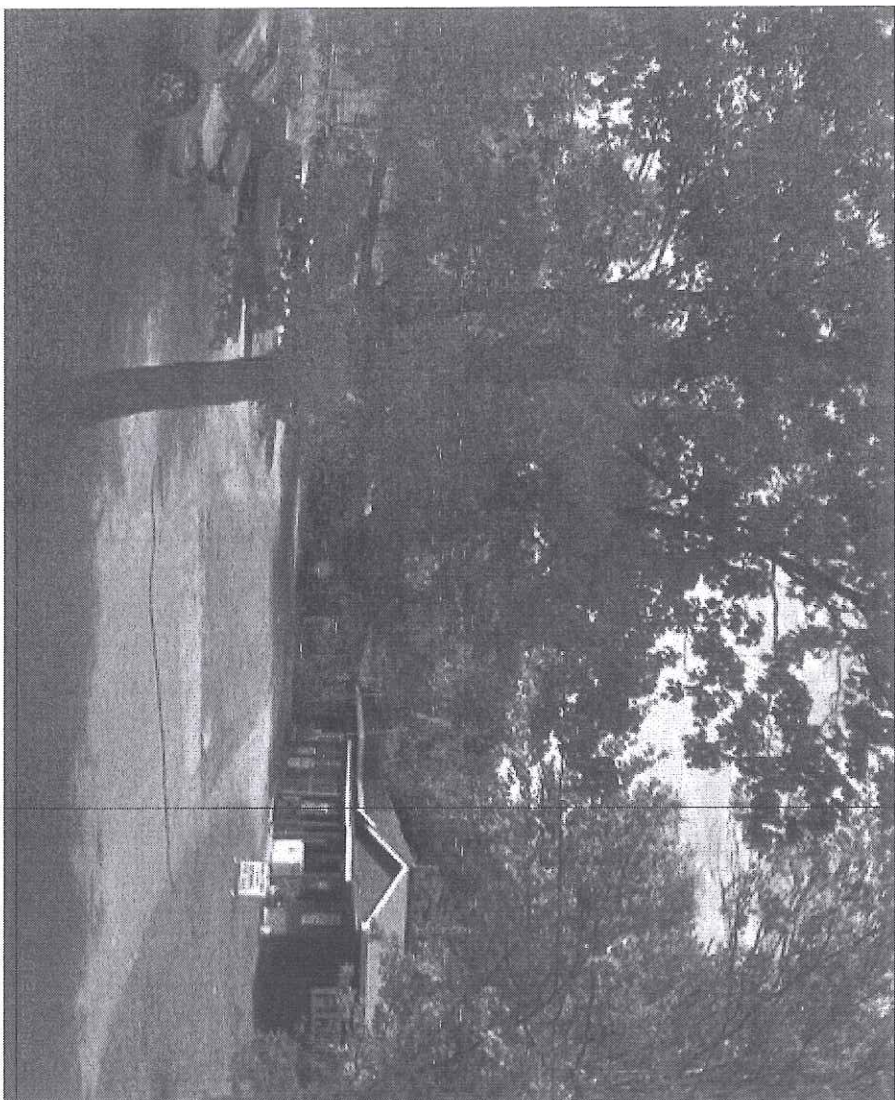
Show All - animals architecture art autumn beach bridge building buildings castle church city clouds flowers hdr lake landscape mountain mountains nature night panorama park people river sea sky snow summer sunset travel trees water winter

Upload your photos to Panoramio
View photos in Google Earth



Address 517 James Street West

Address is approximate



F

N 17° 23' W

374.87'

LOT

S.S.I.B.

N 7° 39' W
119.88'

258.35'

N 22° 56' 30" W

43.5'

76.18'

EXISTING TANK

NEW TANK PAD

CON. III

I.B.

736.20'

26'

31'

59'

82.8'

M.E.P.C. POLE LINE

4" WIRE

10"

28"

GRAVEL BASE

DEED NO. 49159

CONCRETE PAD FOR PROPANE

ADDING CAPACITY TO EXISTING FACIL

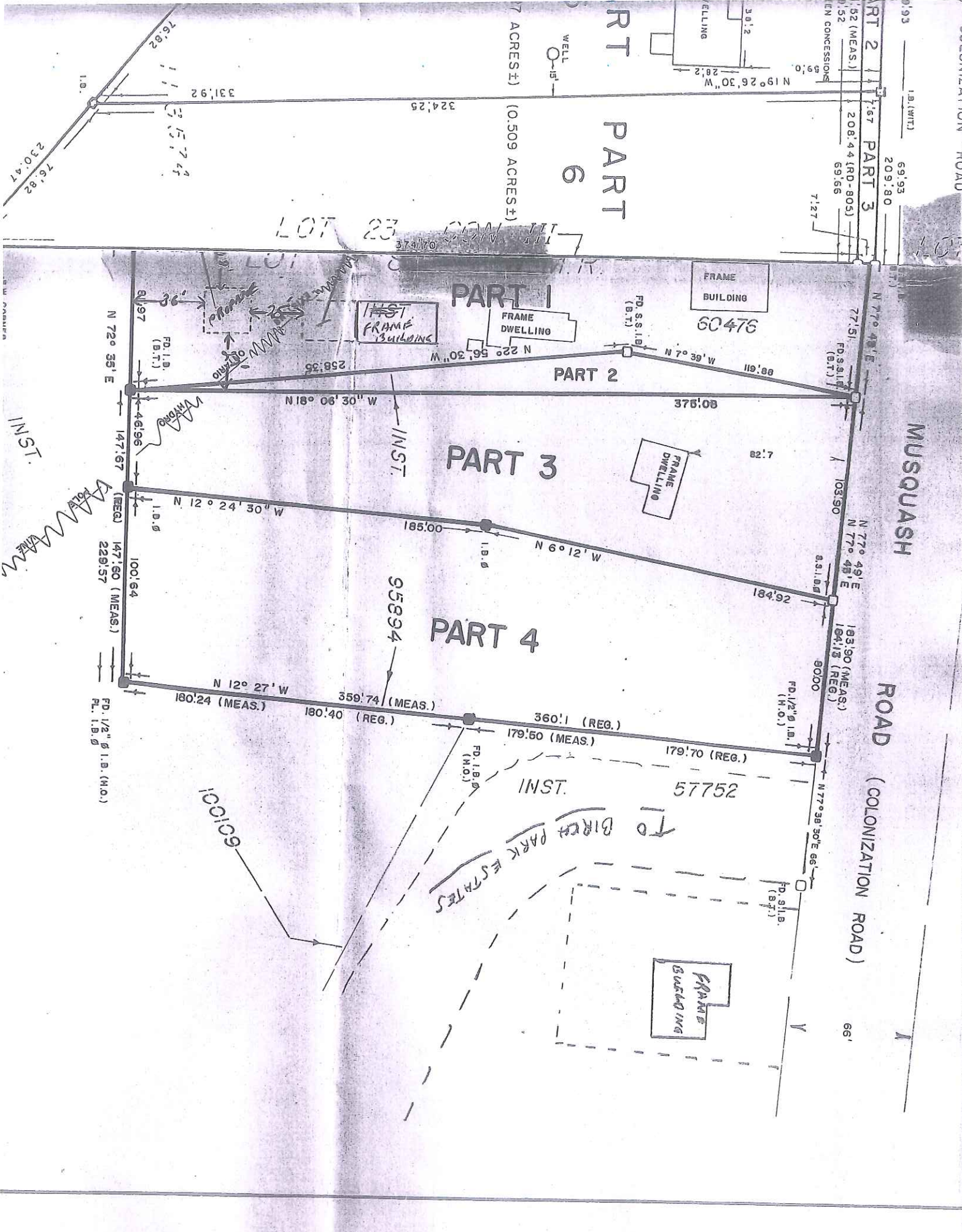
15 FT X 4 FT X 10" DEEP.

3000 P.S.I. 20 MPA

0.6 METERS

RALPH SCALES - 687-772.1

MAR. 91



699.93
2099.80

ART 2
1.52 (MEAS.)
208.44 (IRD-805)
699.66
71.27

77 ACRES ±
(0.509 ACRES ±)

RT
PART
6
PART

LOT 23

PART 1

FRAME BUILDING
60476

FRAME BUILDING

FRAME DWELLING

PART 2

PART 3

FRAME DWELLING

PART 4

MUSQUASH ROAD

ROAD (COLONIZATION ROAD)

To Birch Park Estates

FRAME BUILDING

76.82
230.47
76.82
1.0
331.92
324.25

N 72° 35' E
147.67
147.60 (MEAS.)
229.57
100.64
FD 1/2" Ø 1.0 (H.O.)
R. 1.0 Ø

N 18° 08' 30" W
258.35
46.96
1.0 Ø

N 12° 24' 30" W
185.00
1.0 Ø

N 12° 27' W
180.24 (MEAS.)
359.74 (MEAS.)
180.40 (REG.)
FD 1.0 Ø (H.O.)

N 22° 56' 30" W
375.08
N 7° 39' W
119.88
N 77° 49' E
103.90
N 77° 49' E
184.92
83.18 Ø
183.90 (MEAS.)
164.13 (REG.)
9000
FD 1/2" Ø 1.0 (H.O.)

N 77° 49' E
77.51
FD 3/4" Ø 1.0 (S.T.)
N 77° 38' 30" E
66'
FD 3/4" Ø 1.0 (S.T.)

INST.
INST.
INST.
INST.

WELLS
WELL 0-15'

374.70

374.70

374.70

374.70

374.70

374.70

374.70

374.70

374.70

374.70

374.70

374.70

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374.70

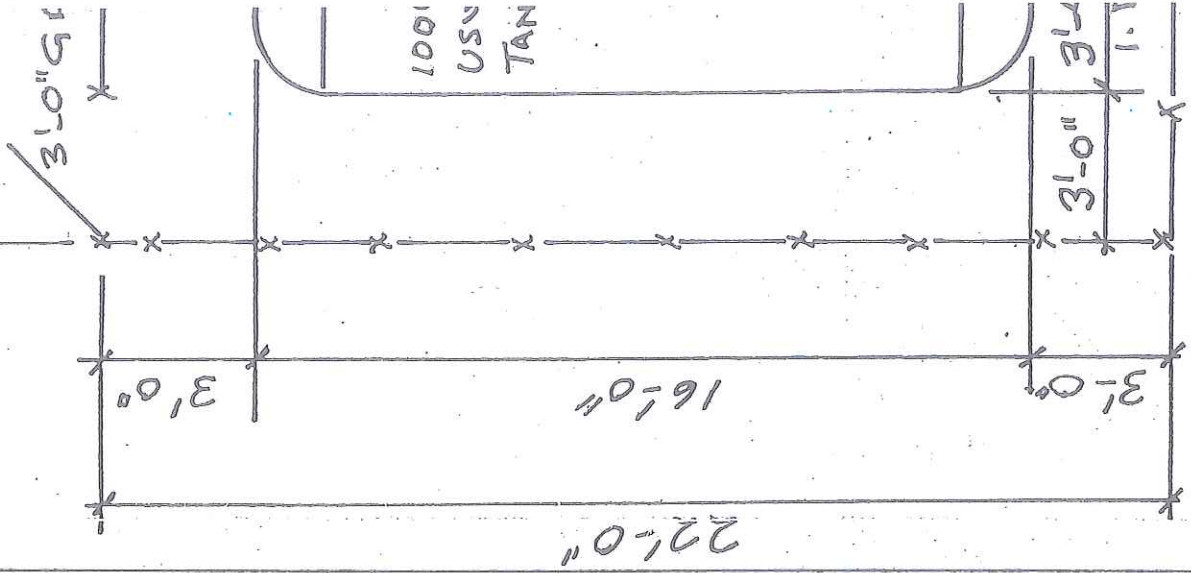
374.70

374.70

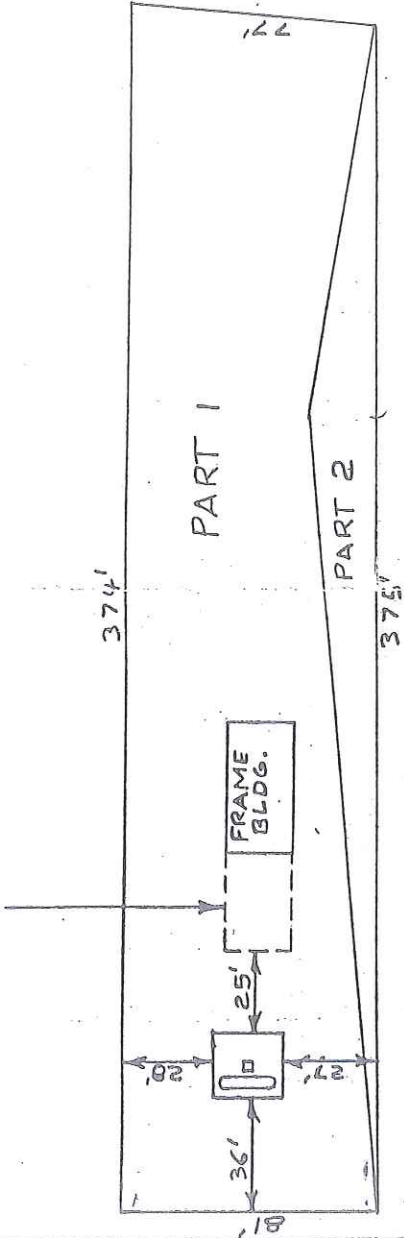
INST.

60101

TANK ENCLOSURE
 74" = 1'-0"



PROPOSED
 ADDITION



MINISTRY OF
 CONSUMER AND COMMERCIAL RELATIONS
 ENERGY SAFETY BRANCH

REVIEWED.....*L.R. HARR*.....19.80.

EMISSIONS REQUIRED.....*0*

SIGNATURE.....*J. w. Wildt*.....

APPROVAL IS SUBJECT
 TO FIELD INSPECTION

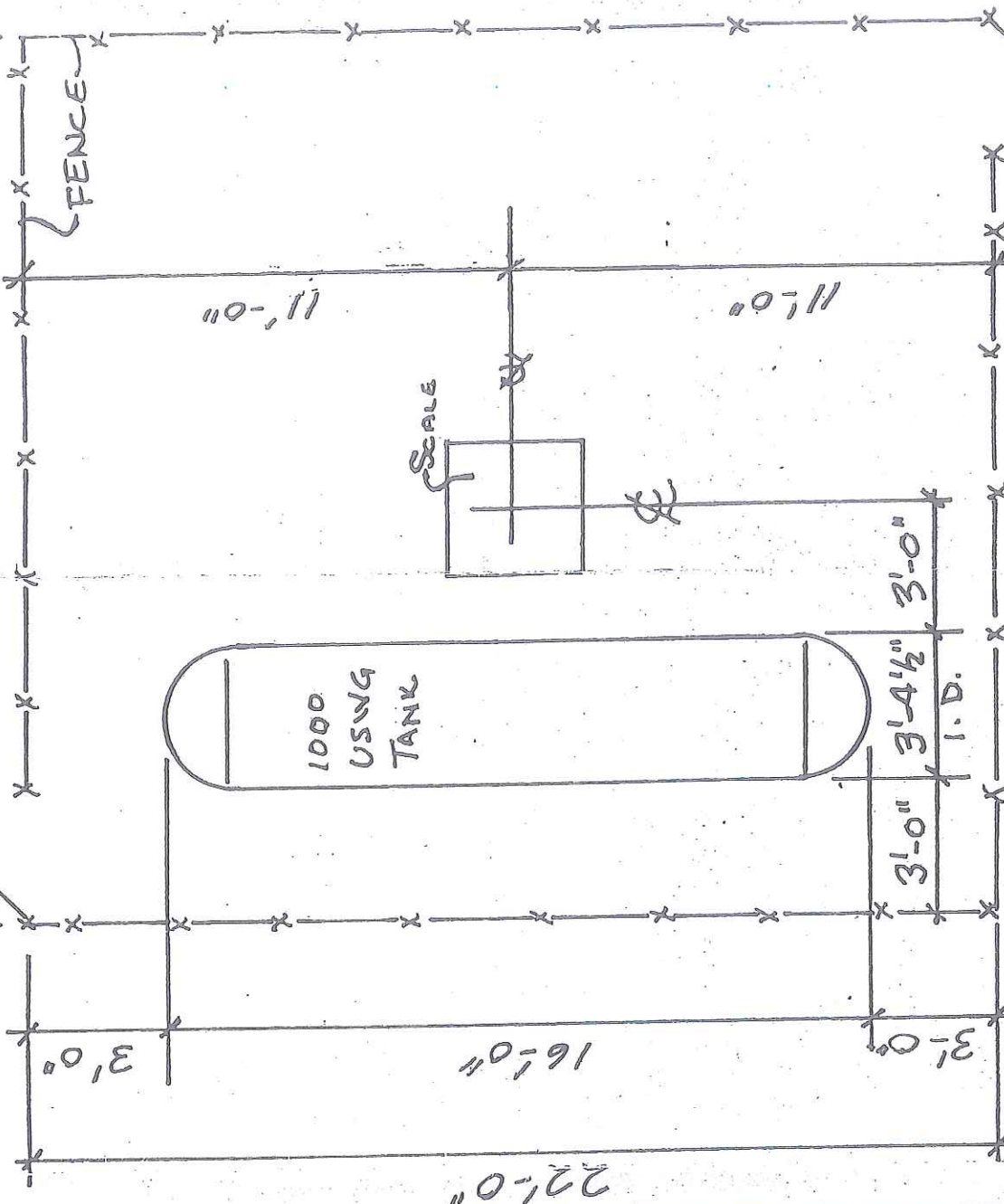
SCALE: 1" = 60'

TANK ENCLOSURE

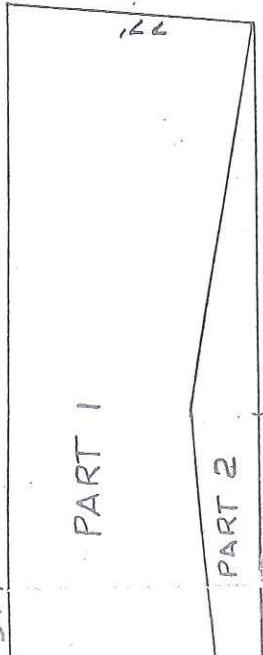
7/4" = 1'-0"

20'-0"

3'-0" GATE



SCALE: 1" = 60'



EXISTING TANK

46'-0"

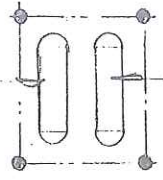
45'-0"

375'

81'-0"

27'-0"

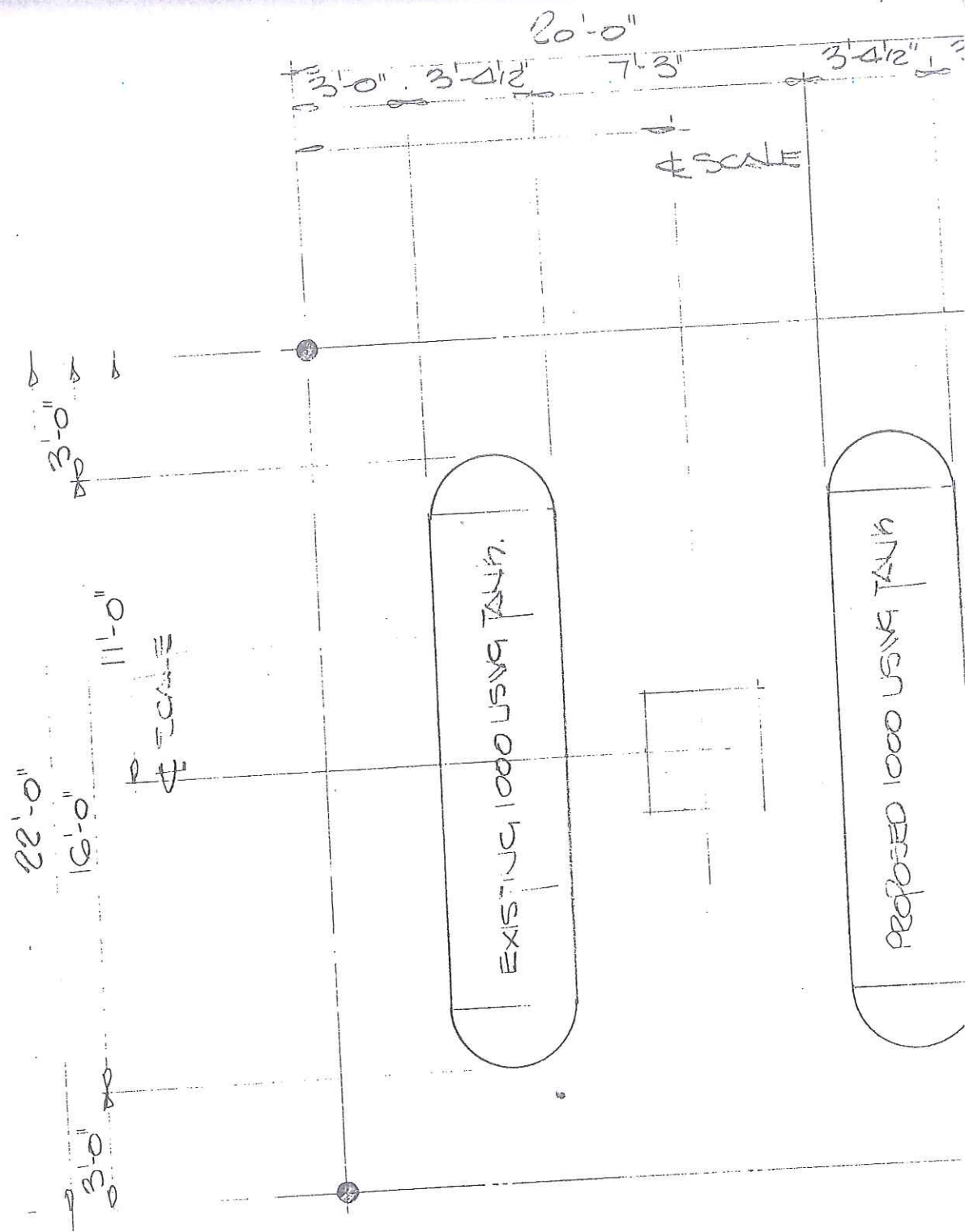
34'-0"



EXISTING FEATURE BLOCK

PART 2

PART 1

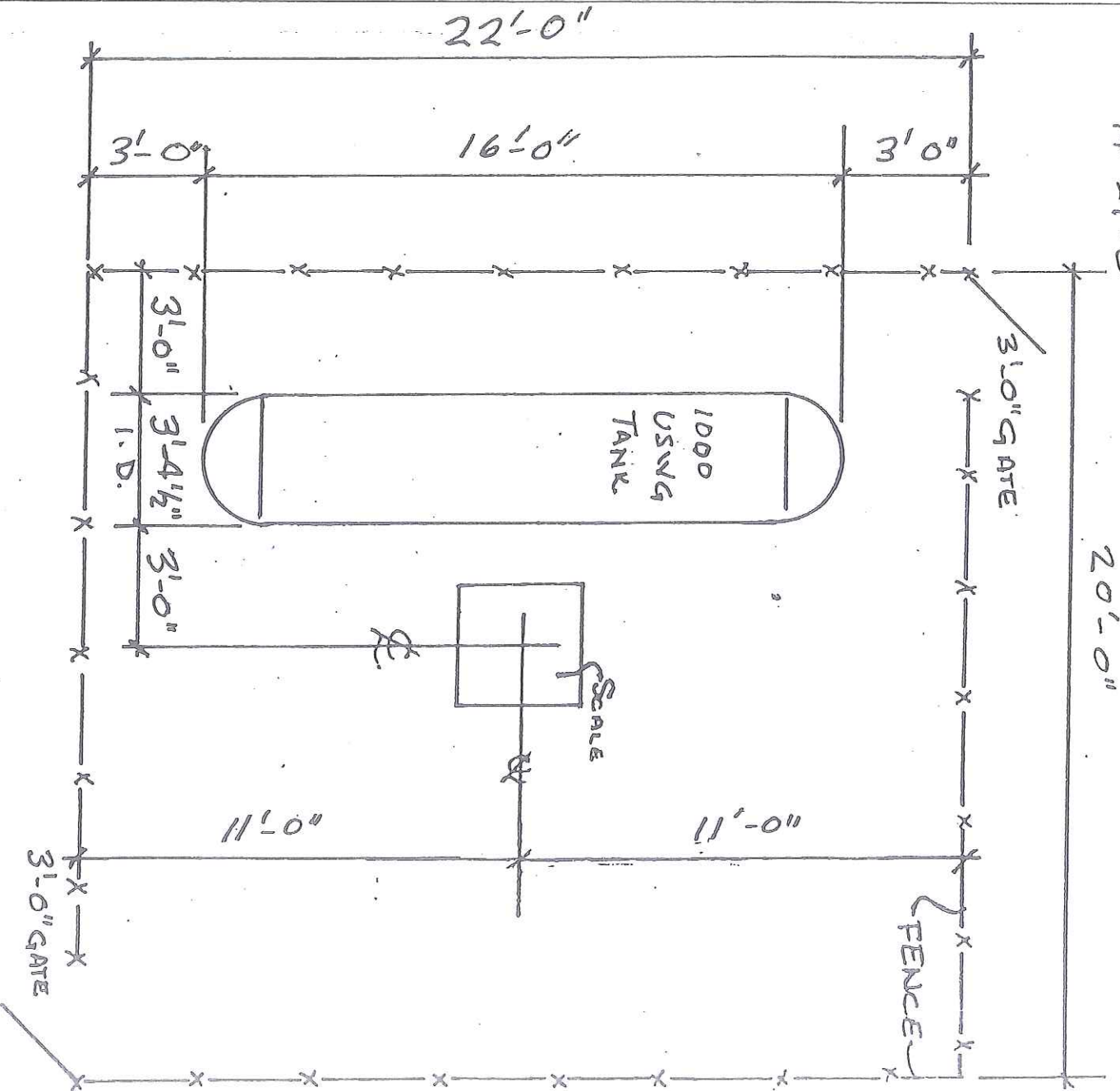


• EXISTING & PROPOSED TANK
 SCALE 1/4" = 1'-0"

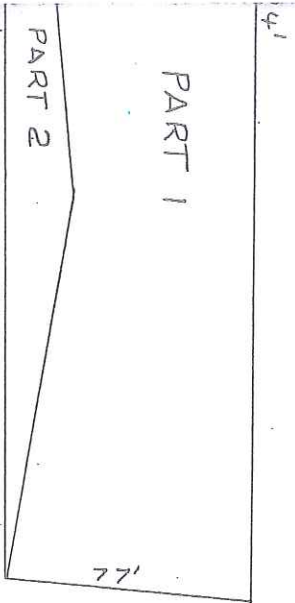
NS

TANK ENCLOSURE
 $\frac{1}{4}" = 1'-0"$

20'-0"



SCALE: 1" = 60'



USFER FACILITY FOR RALPH SCALES LTD. GRAVENHURST ONT.

COUNTY
 MUSKOKA

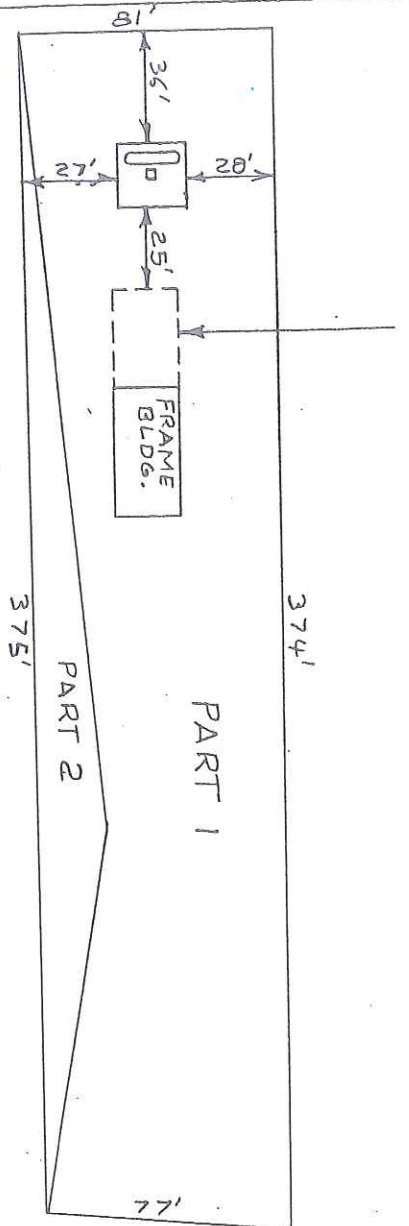
SCALE:
 AS SHOWN

DATE:
 14 FEB 80

DRAWN BY:
 MARTEL/ACL

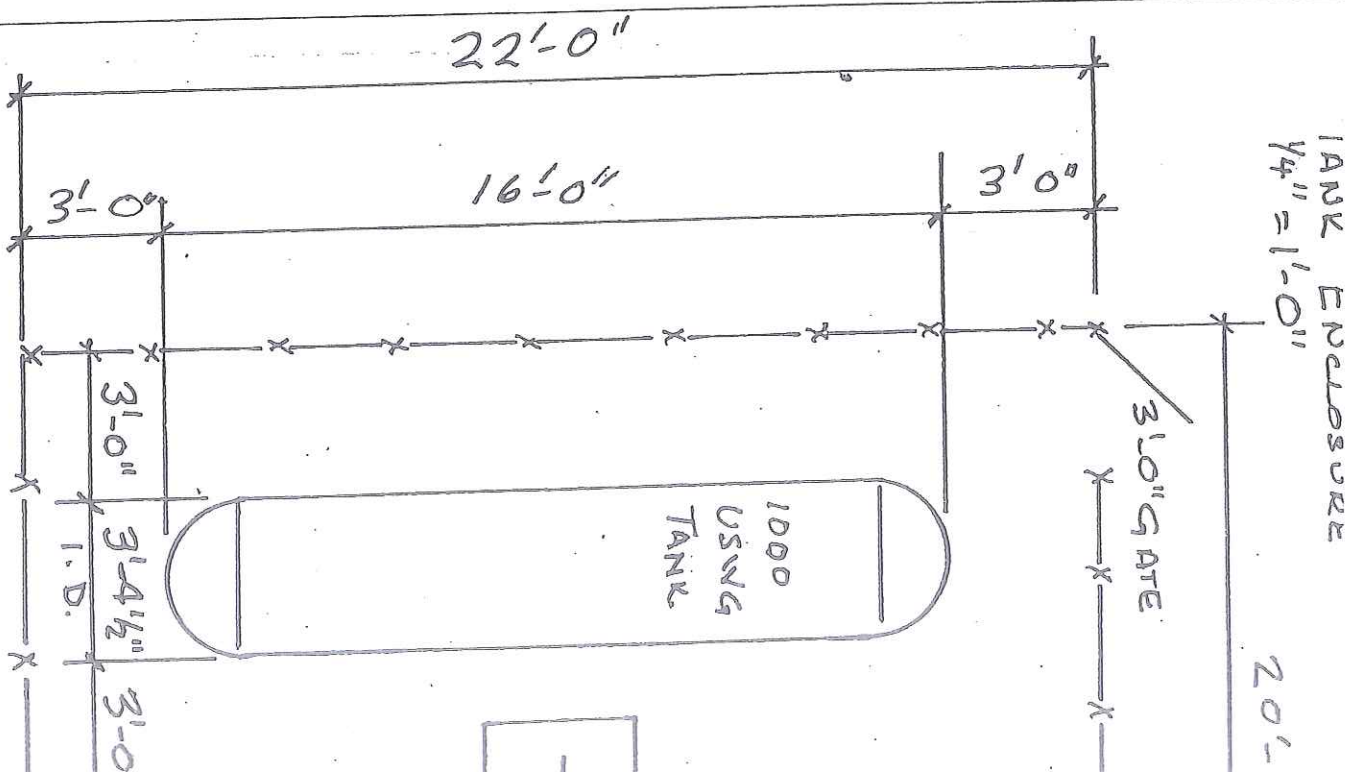
NO:
 S.P. 5133

PROPOSED
ADDITION



AGENCY OF
CONSUMER AND COMMERCIAL RELATIONS
PUBLIC SAFETY DIVISION
APPROVED..... 12. 14. 80.
NOTES REQUIRE..... 19. 80.
SIGNATURE..... *J. W. White*
APPROVAL IS SUBJECT
TO FIELD INSPECTION

SCALE: 1" = 60'



SUPERIOR PROPANE LTD.

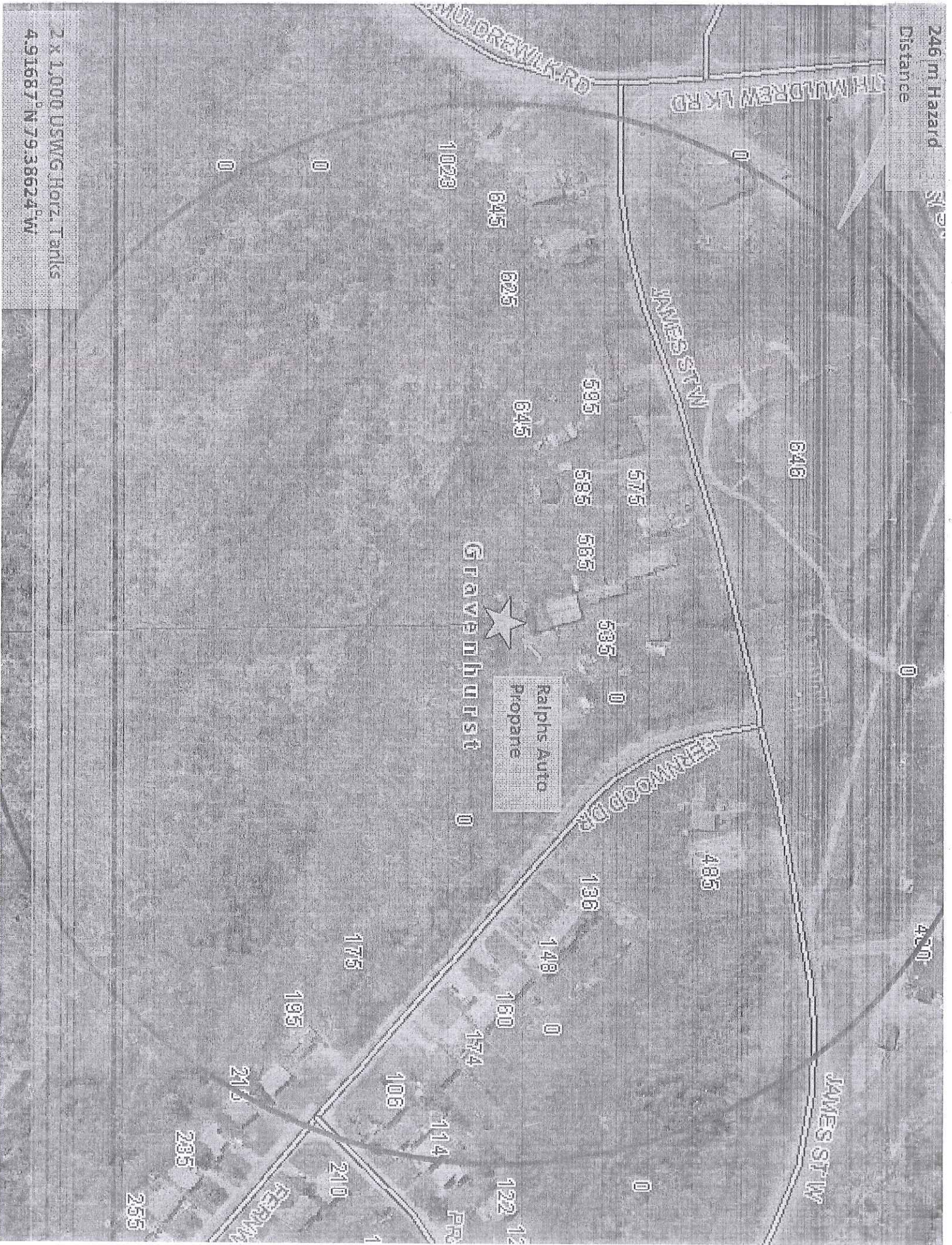
TRANSFER FACILITY FOR RALPH SCALES LTD. GRAVENHURSTONT.

COUNTY
MUSKOGA

SCALE:
AS SHOWN

246 m Hazard

Distance



Ralphs Auto
Propane

Gravenhurst

2 X 1,000 USWIG Horiz. Tanks
4.91687°N 79.38624°W