



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

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

Licence Number ~~000452051~~ **000206935**

Check applicable type of propane operations.

Cylinder Motor Fill Filling Plant Card/Keylock

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

SECTION A: GENERAL INFORMATION

The Undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act*, Propane Storage and Handling Regulation.

A Company Name: CRS Contractors Rental Supply General Partner Inc. Ontario Corporation No., if applicable: 1258377
 Operator Name (if different from above):
 Telephone No. (519) 569-8631 Fax No. (519) 744-1137 E-mail: wdehnke@crsbarrie.ca

B Street No.: 75 Street Name / 911 Number / Address, if applicable: Centennial Road
 Town / City or Township / County: Kitchener Province: Ontario Postal Code: N2B 3E9

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

D Location of facility.
 Street No.: 560 Street Name / 911 Number / Address, if applicable: Ecclestone Drive Nearest Major Intersection: Highway 11 and Highway 118
 Town / City or Township / County: Bracebridge Province: Ontario Postal Code: P1L 1R2

Name of Licence Holder

CRS Contractors Rental Supply General Partner Inc.

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).

Steve Fay

ROT type

300-01

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

Bracebridge

Hours of operation.

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

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

| | | |
|--|---------------|---------------------------------|
| Print name Name of Licence Holder CRS Contractors Rental Supply General Partner Inc. | Signature | Date (dd-mm-yyyy) 18/03/2013 |
| Name of Senior Management person as defined in the Regulation holding the Record of Training Steve Fay | | |



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Technical Standards and Safety Act
Propane Storage and Handling Regulation

SECTION A: GENERAL INFORMATION (cont'd)

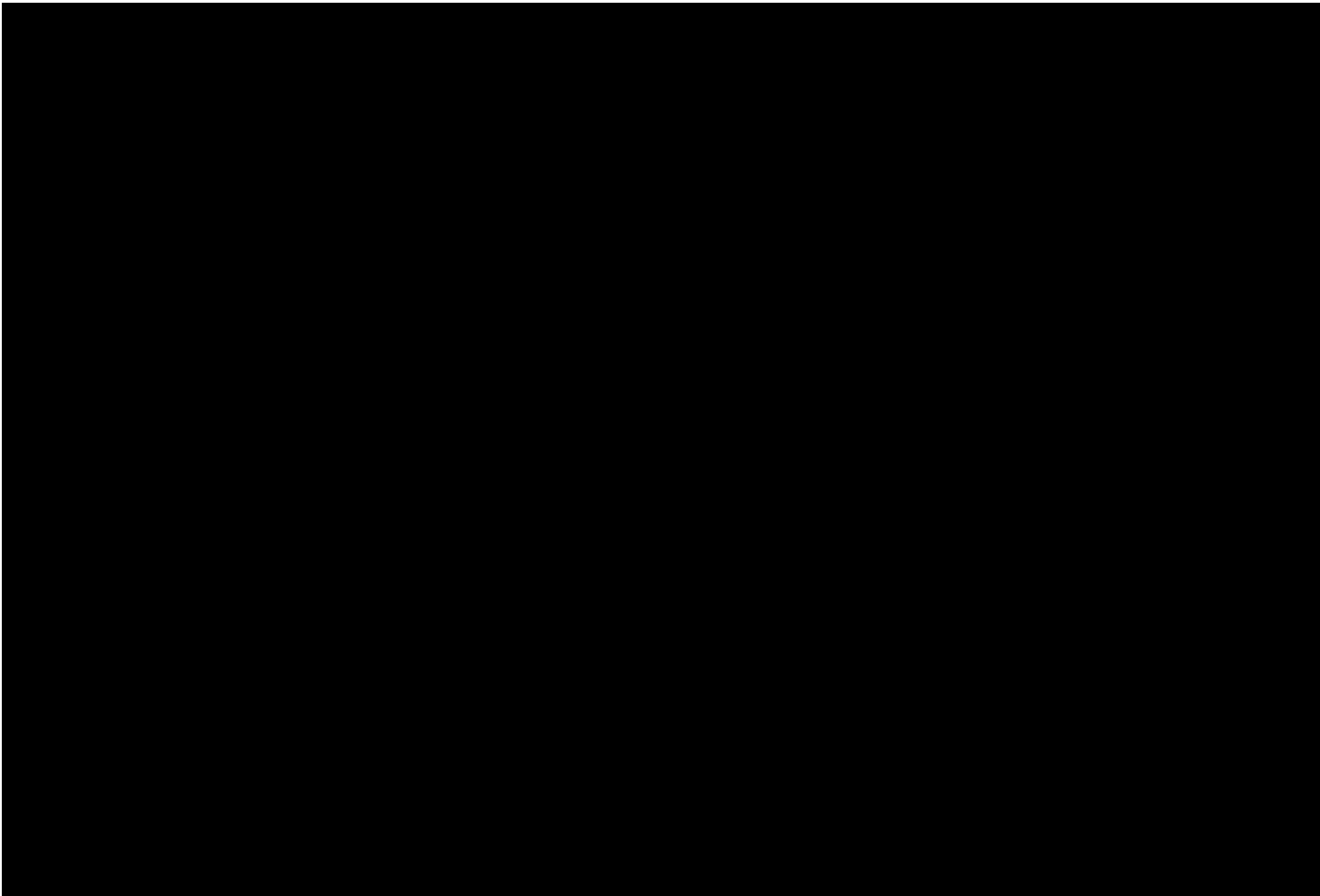
Indicate the year the facility was established. _____ Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. _____

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

| | PSIG | Serial Number |
|---------|-------|---------------|
| Tank 1: | 250 | 305-96 |
| 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: 2,000 Portable: 2,851.45 Mobile: 0



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| | |
|---|-----------------------------------|
| Name of person completing this form (please print) Will Dehnke | Official Title Propane Manager |
| Signature <i>Will Dehnke</i> | Telephone No. (705) 739-6999 |
| | Date (dd-mm-yyyy) 18/03/2013 |



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

| | | | |
|--|---|--------------|-------------|
| Name of Propane Supplier(s) | | [Redacted] | |
| CRS Contractors Rental Supply General Partner Inc. | | | |
| Street No. | Street Name / 911 Number / Address, if applicable | | |
| 535 | Welham Road | | |
| Town / City or Township / Country | | Province | Postal Code |
| Barrie | | Ontario | L4N 8Z6 |
| Telephone No. | Fax No. | Contact Name | |
| (705) 739-6999 | (705)739-1004 | Will Dehnke | |
| E-mail | | | |
| wdehnke@crsbarrie.ca | | | |

| | | | |
|---|---|----------------------------|--|
| 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 | | Capacity stored off-site, in USWG | 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 | |

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

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| | | |
|--|-----------------|-------------------|
| Name of person completing this form (please print) | Official Title | |
| Will Dehnke | Propane Manager | |
| Signature | Telephone No. | Date (dd-mm-yyyy) |
| <i>Will Dehnke</i> | (705) 739-6999 | 18/03/2013 |



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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.

| | |
|-----------------------|---------------------------------------|
| Gasoline 2,200 litres | 500 litres Acrylic Cure & Sealer |
| Diesel 4,400 litres | 140 litres Paver & Concrete Sealer |
| 2 cylinder oxygen | 350 litres Acrylic Cure and Seal WB |
| 2 cylinder acetylene | 100 litres Chmical Form Release Agent |

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

Fire Extinguishers

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.

Emergency shut-off switches at cylinder fill plant and inside shop to activate solenoid valve at tank outlet
Fusible links on cable that holds internal shut off valve open, links will separate with temperature rise and ISC valve will close with spring tension

Maintenance and testing schedule for fire protection controls and devices.

Annual Inspection (copy attached in attachment A)
Monthly Inspection (copy attached in attachment A)

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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 Joe Donald | | For Office Use - Party No. | | Name Joe Donald | | For Office Use - Party No. | |
| Official Title Branch Manager | | | | Official Title Branch Manager | | | |
| Telephone No. (705) 645-1111 | | Fax No. (705) 645-6014 | | Cell No. (705) 645-1111 | | Fax No. (705) 645-6014 | |
| E-mail jdonald@crsbracebridge.ca | | | | E-mail jdonald@crsbracebridge.ca | | | |
| Role and responsibilities in emergency Company on scene commander | | | | Role and responsibilities in emergency Company on scene commander | | | |
| 2. Facility Contact Personnel - Alternate Contact | | | | 6. Name of Facility Manager | | | |
| Name Nathan Marting | | For Office Use - Party No. | | Name Joe Donald | | For Office Use - Party No. | |
| Official Title Assistant Branch Manager | | | | Official Title Branch Manager | | | |
| Telephone No. (705) 645-1111 | | Fax No. (705) 645-6014 | | Telephone No. (705) 645-1111 | | Fax No. (705) 645-6014 | |
| E-mail nmartin@crsbracebridge.ca | | | | E-mail jdonald@crsbracebridge.ca | | | |
| Role and responsibilities in emergency Branch Manager Designate | | | | Role and responsibilities in emergency Company on scene commander | | | |
| 3. Local Fire Services - Key Contact | | | | 7. Propane Supplier Key Contact Person | | | |
| Name Murray Medley | | For Office Use - Party No. | | Name Will Dehnke | | For Office Use - Party No. | |
| Official Title Fire Chief | | E-mail firechief@bracebridgefire.com | | Official Title Propane Manager | | E-mail wdehnke@csrbarrie.ca | |
| Telephone No. (705) 645-8258 | | Fax No. (705) 646-2121 | | Telephone No. (705) 790-2882 | | Fax No. (705) 739-1004 | |
| Role and responsibilities in emergency Fire Chief | | | | Role and responsibilities in emergency Emergency Response Leader | | | |
| Fire Services Address 16 Dominion Street, Bracebridge | | | | Propane Supplier Address 535 Welham Road, Barrie, Ontario | | | |
| 4. Local Fire Services - Alternate Contact | | | | 8. Municipal Contact | | | |
| Name Mike Peake | | For Office Use - Party No. | | Name Kim Horrigan | | [REDACTED] | |
| Official Title Fire Prevention Officer | | E-mail fpo@bracebridgefire.com | | Official Title Director, Development Services | | | |
| Telephone No. (705) 645-8258 | | Fax No. (705) 646-2121 | | Telephone No. (705) 645-5264 | | Fax No. (705) 645-4209 | |
| Role and responsibilities in emergency Officer | | | | E-mail khorrigan@town.bracebridge.on.ca | | | |
| Fire Services Address 16 Dominion Street, Bracebridge | | | | Municipality Name and Address Township of Bracebridge, 1000 Taylor Court, Bracebridge, Ontario P1L 1R6 | | | |

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| Signature <i>Will Dehnke</i> | | Telephone No. (705) 739-6999 | Date (dd-mm-yyyy) 18/03/2013 |



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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.

[Large empty area with horizontal dashed lines for writing additional safety measures.]

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| Signature <i>Will Dehnke</i> | Telephone No. (705) 739-6999 | Date (dd-mm-yyyy) 18/03/2013 |



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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) 20/08/2012 | Print Name of Training Provider: Contractors Rental Supply |
| | Print Name of Instructor: Will Dehnke |
| Training Date (dd-mm-yyyy) Monthly | Print Name of Training Provider: Contractors Rental Supply |
| | Print Name of Instructor: Joe Donald (reviewed in every monthly safety meeting see Attachment B) |
| 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) 20/08/2012 | Print Name of Training Provider: Contractors Rental Supply |
| | Print Name of Instructor: Will Dehnke |
| Training Date (dd-mm-yyyy) 20/08/2012 | Print Name of Training Provider: Contractors Rental Supply |
| | Print Name of Instructor: Joe Donald (reviewed in August safety meeting see Attachment B) |
| 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) 10/04/2013 | Print Name of Training Provider: Contractors Rental Supply (Propane Training Institute) |
| | Print Name of Instructor: Shawn Marles (Trainer T2217) |
| Training Date (dd-mm-yyyy) 16/02/2013 | Print Name of Training Provider: Contractors Rental Supply (Propane Training Institute) |
| | Print Name of Instructor: Shawn Marles (Trainer T2217) |
| 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) Will Dehnke | Official Title Propane Manager |
| Signature <i>Will Dehnke</i> | Telephone No. (707) 739-6999 |
| | Date (dd-mm-yyyy) 18/02/2013 |



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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) 15/04/2013 | Print Name of Training Provider: Contractors Rental Supply (Monthly Safety Meeting see Attachment B) |
| | Print Name of Instructor: Joe Donald |
| Target Date (dd-mm-yyyy) 15/05/2013 | Print Name of Training Provider: Contractors Rental Supply (Monthly Safety Meeting see Attachment B) |
| | Print Name of Instructor: Joe Donald |
| Target Date (dd-mm-yyyy) 15/06/2013 | Print Name of Training Provider: Contractors Rental Supply (Monthly Safety Meeting see Attachment B) |
| | Print Name of Instructor: Joe Donald |

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

| | |
|--|--|
| Target Date (dd-mm-yyyy) 15/08/2013 | Print Name of Training Provider: Contractors Rental Supply |
| | Print Name of Instructor: Joe Donald (Annual review with all staff, part of August safety meeting, see Attachment B) |
| 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) as required | Print Name of Training Provider: Contractors Rental Supply (Propane Training Institute) |
| | Print Name of Instructor: Will Dehnke (Trainer 924) or Shawn Marles (Trainer 2217) |
| 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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| | |
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| Name of person completing this form (please print) Will Dehnk | Official Title Propane Manager |
| Signature <i>Will Dehnke</i> | Telephone No. (705) 739-6999 |
| | Date (dd-mm-yyyy) 18/03/2013 |



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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).
See attached Emergency Response Plan (Attachment C)

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).
See attached Emergency Response Plan (Attachment C)

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).
See attached Emergency Response Plan (Attachment C)

Describe provisions for fire department entry when there are no operations or staffing at the propane site.
As agreed with Bracebridge Fire Department in meeting held July 6, 2011, bolt cutters will be used to gain access and Contractors Rental Supply will replace lock

Describe how the licence holder will ensure continual flow of updated information to authorities.
See attached Emergency Response Plan (Attachment C)

How long will it take the facility liaison person to respond to the site.
Maximum of 1 hour

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| Signature <i>Will Dehnke</i> | Telephone No. (705) 739-6999 | Date (dd-mm-yyyy) 18/02/2013 |



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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>70</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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| Name of person completing this form (please print) Will Dehnk | Official Title Propane Manager | |
| Signature <i>Will Dehnk</i> | Telephone No. (705) 739-6999 | Date (dd-mm-yyyy) 18/03/2013 |



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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

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

Yes

No

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

Fire services comments, if any:

To be completed by the Licence Holder

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

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

LOCAL FIRE SERVICES

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

| | | |
|---|--------------------------------|--|
| Print name <i>Mike Peake</i> Local Fire Services Name | Signature <i>Mike Peake</i> | Date (dd-mm-yyyy) <i>26/03/2013</i> |
|---|--------------------------------|--|

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| Signature <i>Will Dehnke</i> | Telephone No. (705) 739-6999 | Date (dd-mm-yyyy) 18/02/2013 |



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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.

SEE BACK COVER OF BINDER

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 .

SEE ATTACHMENT D

Required Mapping Information from Updated Site Plan

| | |
|--|---|
| Date Map Prepared (dd-mm-yyyy) 20/07/2011 | Capacity of single largest propane storage vessel (USWG) 2,000 |
| Tank setback coordinates. Indicate placement on the map. | |
| Front: 81.3 _____ | Right side property line: 10.8 _____ |
| Rear: 53.3 _____ | Left side property line: 80.2 _____ |
| GPS coordinates of single largest vessel: 45 37.63'N 79 19'12.43"W _____ | |

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| Signature <i>Will Dehnke</i> | Telephone No. (705) 739-6999 | Date (dd-mm-yyyy) 18/03/2013 |



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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

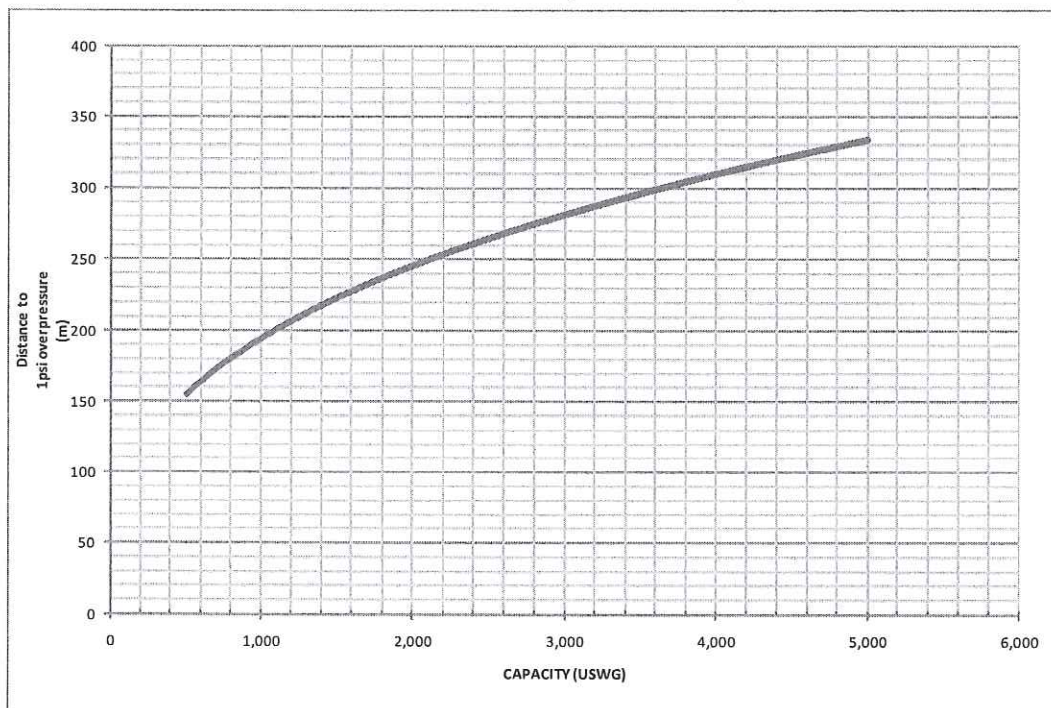
Table 1: Distance Table

| 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)





Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
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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>Brendar Environmental Recycling Inc.</u> Address: <u>540 Ecclestone Drive</u> City: <u>Bracebridge</u> Province <u>Ontario</u> Postal Code <u>P1L 1R2</u> | | | x | | <u>86</u> m |
| Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED] | | x | | | <u>200</u> m |
| Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>The Woods Clothing Company</u> Address: <u>570 Ecclestone Drive</u> City: <u>Bracebridge</u> Province <u>Ontario</u> Postal Code <u>P1L 1R2</u> | | x | | | <u>92</u> m |
| Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____ | x | | | | _____ m |
| Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____ | x | | | | _____ m |
| Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____ | x | | | | _____ m |

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

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

| | |
|---|-----------------------------------|
| Name of person completing this form (please print) Will Dehnke | Official Title Propane Manager |
| Signature <i>Will Dehnke</i> | Telephone No. (705) 739-6999 |
| | Date (dd-mm-yyyy) 18/02/2013 |



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WORKSHEET

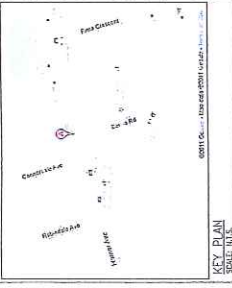
Portable Storage Additional Information Worksheet

| Cylinder Size | Capacity in USWG | Quantity | Total Volume in USWG |
|--------------------------------|------------------|----------|----------------------|
| # 420 | 123.9 | 10 | 1239 |
| # 100 | 29.5 | 43 | 1268.5 |
| # 40 | 11.75 | 5 | 58.75 |
| # 33.3 | 9.62 | 10 | 96.2 |
| # 30 | 8.8 | 5 | 44 |
| # 20 | 5.8 | 25 | 145 |
| # 10 | 2.9 | 0 | 0 |
| # 5 | 1.5 | 0 | 0 |
| Total Cylinder Capacity | Potential | 98 | 2851.45 |

Tanks Stored On-site Not Connected for Use

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

| | |
|---|---------|
| Total Cylinder Capacity | 2851.45 |
| Total Tank Capacity | 3000 |
| Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity) | 2851.45 |



NOTES:
 CONFORMANCE DISTANCE TO AN OVERPRESSURE LEVEL OF 1 psi
 BASED ON THE CONFORMANCE METHOD AS PER ASSESSMENT
 PLAN FOR THE IMPLEMENTATION OF THE RISK AND SAFETY MANAGEMENT
 PLAN

$$D = 17.1 \sqrt[3]{\frac{Q}{K}} \times \frac{1}{\sqrt{R_{max}}} = 24m$$

CONFORMANCE DISTANCE TO AN OVERPRESSURE LEVEL OF 1 psi
 BASED ON THE CONFORMANCE METHOD AS PER ASSESSMENT
 PLAN FOR THE IMPLEMENTATION OF THE RISK AND SAFETY MANAGEMENT
 PLAN

| PROPERTY LINE SETTINGS | |
|------------------------|-------|
| NORTH | 10.0m |
| SOUTH | 80.2m |
| EAST | 83.8m |
| WEST | 53.2m |

| GPS COORDINATES | |
|-----------------|-------------|
| LATITUDE | 45°37'28.7" |
| LONGITUDE | 77°07'23.5" |

AS PER TSSA GUIDELINES FOR THE IMPLEMENTATION OF THE RISK AND
 SAFETY MANAGEMENT PLAN, THE FACILITY SHALL UNDER CATEGORY 2, THERE
 SHALL BE A 24M CONFORMANCE DISTANCE TO AN OVERPRESSURE LEVEL OF 1 psi
 568 Ecclestone Dr., Bracebridge, Ontario
 Part of Lot 3, Concession 12, Huronville North Ward
 Being Part 1 of Plan B14-059 and Part 2 of Plan 35R-3227
 Town of Bracebridge, District of Huronville
 Plan No. 410 928 001 001

PLANNING AND SAFETY INFORMATION:
 AS PER TSSA JARVIS REQUIREMENTS, THE FOLLOWING
 PLANNING INFORMATION IS PROVIDED BELOW:



| NO. | DATE | ISSUE FOR REVISION | REVISIONS | BY |
|-----|------------|--------------------|-----------|-----|
| 0 | JUL 20 '11 | ISSUE FOR RFP | | JRC |

CRS
 CONSULTING
 1500 SHEPPARD AVE. E. UNIT 100
 SCARBOROUGH, ONTARIO M1S 1V6
 AUGUST 2/12

ALTENG Inc.
 Alternative Energy Consulting
 126 Helm Crescent, Toronto, Ontario L2T 3J3
 Phone: (416) 944-1844 Fax: (416) 944-9988

| | |
|----------------|---------------------------|
| Drawn By: | D.T. |
| Checked By: | J.F.K. |
| Date: | JUL 20 '11 |
| Project: | 350 ECCLESTONE DR. SUPPLY |
| City: | BRACEBRIDGE, ONTARIO |
| Drawing Title: | BLAST RADIUS PLAN LAYOUT |
| File Number: | 092400 |
| Sheet Number: | P-200 |

