



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 Technical Standards and Safety Act</p> <p>Licence Number 0076599380-C</p> <p>Check applicable type of propane operations.</p> <p> <input checked="" type="checkbox"/> Cylinder <input type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Keylock </p> <p>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>
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SECTION A: GENERAL INFORMATION

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

Company Name		Ontario Corporation No., if applicable	
A 1512179 Ontario Ltd O/A Topnotch Restaurant and Motel			
Operator Name (if different from above)			
Telephone No.	Fax No.	E-mail	
519-534-1310			
B Street No. Street Name / 911 Number / Address, if applicable			
10171	Hwy # 6		
Town / City or Township / County		Province	Postal Code
Georgian Bluffs		Ontario	N0H 2T0
Mailing address if different from above.			
C Street No. Street Name / 911 Number / Address, if applicable			
10171	Hwy # 6 R R # 1		
Town / City or Township / County		Province	Postal Code
Warton		Ontario	N0H 2T0

Information on Container Refill Centre or Filling Plant			
Location of facility.			
Street No.		Street Name / 911 Number / Address, if applicable	Nearest Major Intersection
D 10171		Lot 1 Con 21 Hwy # 6	Provincial Hwy # 6 and County Road # 17
Town / City or Township / County		Province	Postal Code
Township of Georgian Bluffs		Ontario	N0H 2T0

Name of Licence Holder	
1512179 Ontario Ltd O/A Top Notch Restaurant and Motel	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).	ROT type
Alicja Suwala-Andziak	PPO-3
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)	
Township of Georgian Bluffs, Municipality of North Bruce Peninsula	
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.

Printname	Signature	Date (dd-mm-yyyy)
Name of Licence Holder: 1512179 Ontario Ltd O/A Top Notch Restaurant and Motel		09-15-2011
Name of Senior Management person as defined in the Regulation holding the Record of Training: Alicja Suwala-Andziak		09-15-2011



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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.

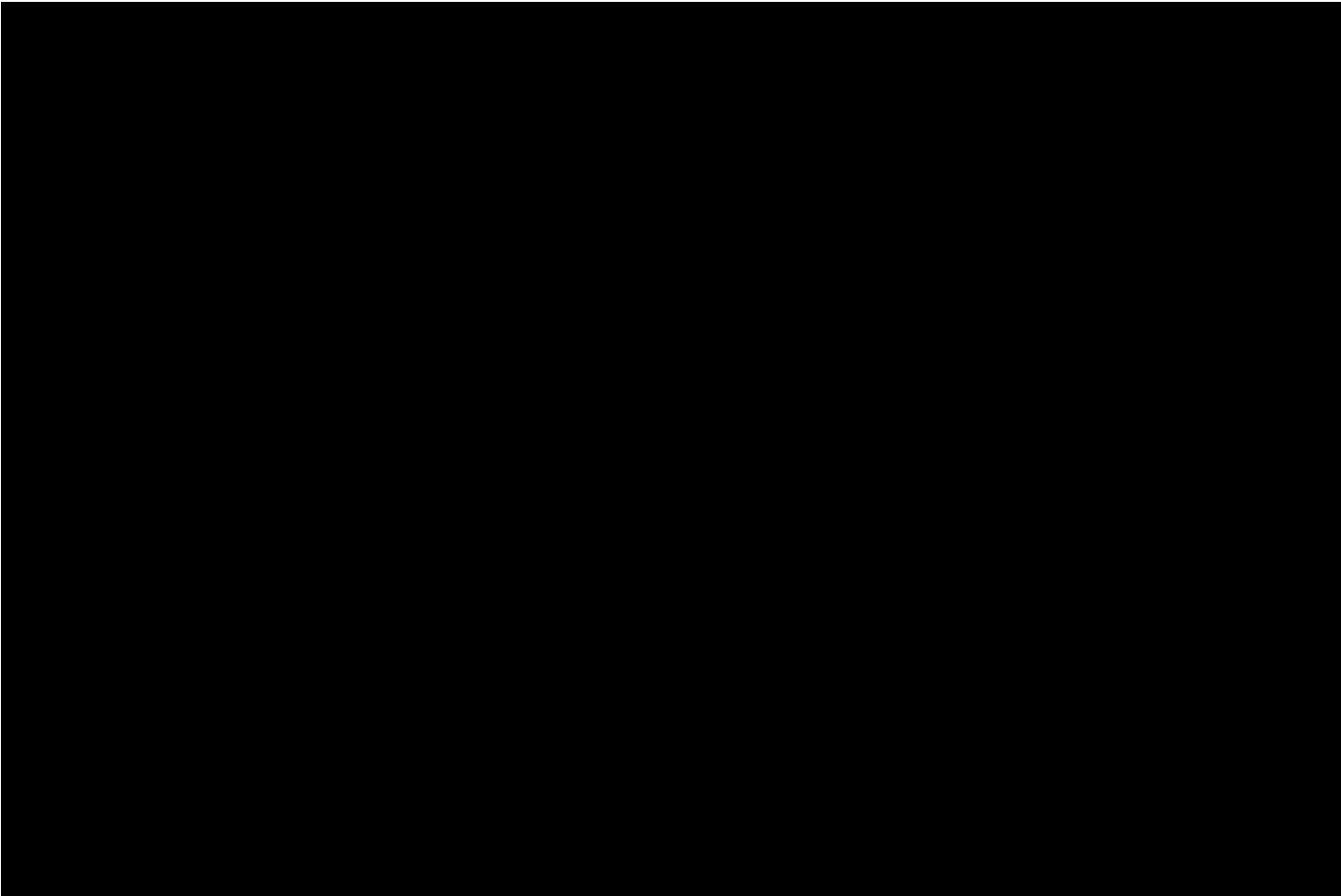
2002 2005

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

	PSIG	Serial Number
Tank1:	250	7111
Tank2:	_____	_____
Tank3:	_____	_____

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: 172.56 Mobile: None



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Name of person completing this form (please print) <u>Alicja Suwala-Abdztak</u>	Official Title <u>Owner (President)</u>
Signature 	Telephone No. <u>619-534-1027</u> Date (dd-mm-yyyy) <u>09-15-2011</u>



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

Name of Propane Supplier(s) Sparlings Propane Company Ltd.		For Office Use - Party No. [REDACTED]	
Street No. 774304	Street Name / 911 Number / Address, if applicable Hwy # 10 North		
Town / City or Township / Country Flesherton		Province Ontario	Postal Code N0C 1E0
Telephone No. 519-924-3331	Fax No. 519-924-3823	Contact Name Fiona Gosetto	
E-mail flg@sparlings.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	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
Telephone No.	Fax No.	Contact Name
Postal Code		

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

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Name of person completing this form (please print) Alicja Suwala-Andzjak	Official Title Owner (President)
Signature 	Telephone No. 519-534-1027
	Date (dd-mm-yyyy) 09-15-2011



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN

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

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

1 x 1,000 uswg propane storage tank located approximately 17 metres from the propane dispenser. this tank is used for private use only.

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

2 x Portable Fire extinguisher; one (1) at the propane dispenser, one (1) inside restaurant behind counter

List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

The internal safety control (ISC) valve in the tank liquid propane outlet is protected with a fusible link. The normally closed valve is pulled open by a cable attached to a lever beside the cabinet door and can only be in the open position when the cabinet door is open. In the event of a fire, the fusible link will melt, allowing the ISC valve to close within the tank. When unattended the lever is returned to the closed position, thus closing th ISC valve. The remote ECO switch located on the south outside wall of the building terminates power to the propane solenoid valve and pump as does the breaker in the hydro panel.

Maintenance and testing schedule for fire protection controls and devices.

The facility is inspected on a monthly basis by the operator. The operation of the ECO function and the ISC valve movement and a visual inspection of the condition of the fire extinguishers are part of the monthly inspection. Any deficiencies found in the propane system are reported to Sparlings Propane for immediate attention.
Sparlings Propane conducts an annual inspection of the entire propane facility.

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Name of person completing this form (please print) Alicja Suwala-Andziak		Official Title Owner (President)
Signature 	Telephone No. 519-534-1027	Date (dd-mm-yyyy) 09-15-2011



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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 Alicja Suwala-Andziak	For Office Use - Party No.	Name Alicja Suwala-Andziak	For Office Use - Party No.
Official Title Owner (President)		Official Title Owner (President)	
Telephone No. 519-534-1310	Fax No. 519-534-2056	Cell No. 519-534-1310	Fax No. 519-534-2056
E-mail info@redbaylodge.com		E-mail info@redbaylodge.com	
Role and responsibilities in emergency Assist emergency services as required		Role and responsibilities in emergency Assist emergency services as required	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Frank Andziak	For Office Use - Party No.	Name Frank Andziak	For Office Use - Party No.
Official Title Facility Manager		Official Title Facility Manager	
Telephone No. 519-534-1310	Fax No. 519-534-2056	Telephone No. 519-534-1310	Fax No. 519-534-2056
E-mail info@redbaylodge.com		E-mail info@redbaylodge.com	
Role and responsibilities in emergency Assist emergency services as required		Role and responsibilities in emergency Assist emergency services as required	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Carl Linthorne	For Office Use - Party No.	Name Fiona Gosetto	For Office Use - Party No.
Official Title Fire Chief		Official Title Regional Manager	
Telephone No. 519-376-9933	Fax No. 519-376-6537	Telephone No. 519-924-3331	Fax No. 519-924-3823
E-mail carl.linthorne.itfd@bellnet.ca		E-mail fg@sparlings.com	
Role and responsibilities in emergency Manage Emergency Response		Role and responsibilities in emergency Key Contact to activate Sparlings Propane ERAP #2-0220	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Dave Crothers	For Office Use - Party No.	Name Wayne Trimble	0
Official Title Deputy Fire Chief		Official Title Fire Prevention Officer	
Telephone No. 519-376-9933	Fax No. 519-376-6537	Telephone No. 519-376-9933	Fax No. 519-376-6537
E-mail dave.crothers.itfd@bellnet.ca		E-mail wayne.trimble.itfd@bellnet.ca	
Role and responsibilities in emergency Manage Emergency Response		Municipality Township of Georgian Bluffs	

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Name of person completing this form (please print) Alicja Suwala-Andziak	Official Title Owner (President)
Signature 	Telephone No. 519-534-1027
	Date (dd-mm-yyyy) 09-15-2011



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2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

A sign is affixed to the dispenser that identifies Sparling's Propane as the supplier of fuel as well as the 24/7 Sparling's Propane emergency response contact number (1-800-747-9560).

The dispenser cabinet is locked and closed when the business is not open and unattended thus closing the ISC valve.

The main breaker is turned off when the business is not open and unattended.

Monthly inspections of the facility are completed and recorded by the operator. Any deficiencies found are corrected or reported immediately to Sparlings Propane.

There is one (1) additional fire extinguisher available on the premises.

See the Emergency Response Procedure listed in Tab 8.

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Name of person completing this form (please print) Alicja Suwala-Ardziak		Official Title Owner (President)
Signature 	Telephone No. 519-534-1027	Date (dd-mm-yyyy) 09-15-2011



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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 June 2011	Print Name of Training Provider: 1512179 Ontario Ltd. O/A Top Notch Restaurant and Motel
	Print Name of Instructor: Alicja Suwala-Andziak
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) 20 June 2011	Print Name of Training Provider: 1512179 Ontario Ltd. O/A Top Notch Restaurant and Motel
	Print Name of Instructor: Alicja Suwala-Andziak
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) 20 June 2011	Print Name of Training Provider: 1512179 Ontario Ltd. O/A Top Notch Restaurant and Motel
	Print Name of Instructor: Alicja Suwala-Andziak
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:

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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) 20 June 2012	Print Name of Training Provider: 1512179 Ontario Ltd. O/A Top Notch Restaurant and Motel
	Print Name of Instructor: Alicja Suwala-Andziak
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) 20 June 2012	Print Name of Training Provider: 1512179 Ontario Ltd. O/A Top Notch Restaurant and Motel
	Print Name of Instructor: Alicja Suwala-Andziak
Target Date (dd-mm-yyyy) as needed (new hires)	Print Name of Training Provider: 1512179 Ontario Ltd. O/A Top Notch Restaurant and Motel
	Print Name of Instructor: Alicja Suwala-Andziak
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) 20 June 2012	Print Name of Training Provider: 1512179 Ontario Ltd. O/A Top Notch Restaurant and Motel
	Print Name of Instructor: Alicja Suwala-Andziak
Target Date (dd-mm-yyyy) as needed (new hires)	Print Name of Training Provider: 1512179 Ontario Ltd. O/A Top Notch Restaurant and Motel
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Signature 	Telephone No. 519-534-1027
	Date (dd-mm-yyyy) 09-15-2011



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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.

5. Emergency Response Communications Plan

Warnings and Actions

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).

The on duty operator will call 911 and notify management of the situation.

Also see the Emergency Response Procedures listed in Tab 8.

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).

The on-duty operator is to call 911

The manager (or in his absence the on duty operator) will evacuate the premises and instruct persons to report to the pre-assigned meeting place on the opposite side of Hwy 6 immediately west of the subject property. In the event of a catastrophic failure persons inside the hazard distance will be advised to move to a safe location outside the hazard distance.

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).

The on-duty operator is to call 911. Once at the meeting place, the operator will confirm with the owner that emergency services were notified. The operator will relay information to emergency services until a key contact is on site who will assume responsibility.

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

There is no fence around the dispenser. The fire department has 24 hour access to the site.

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

The operator will assume the responsibility of tracking information until a key contact is present. The key contact will then assume responsibility for keeping emergency services updated.

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

1 minute

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Signature 		Telephone No. 519-534-1027	Date (dd-mm-yyyy) 09-15-2011



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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>83 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>N/A</u>

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Signature 	Telephone No. 519-534-1027	Date (dd-mm-yyyy) 09-15-2011



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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.

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:

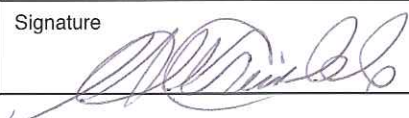
To be completed by the Licence Holder

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 WAYNE TRIMBLE CFPD Local Fire Services Name	Signature 	Date (dd-mm-yyyy) 27/09/2011
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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. 13 2011	Capacity of single largest propane storage vessel (USWG) 2,000uswg
Tank setback coordinates. Indicate placement on the map.	
Front: <u>35meters</u>	Right side property line: <u>161 meters</u>
Rear: <u>42 meters</u>	Left side property line: <u>43 meters</u>
GPS coordinates of single largest vessel: <u>44.435.89 north by 081.08.20.68 west</u>	

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Signature 	Telephone No. 519-534-1027	Date (dd-mm-yyyy) 09-15-2011



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SECTION C: SUBMISSIONS (cont'd)

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

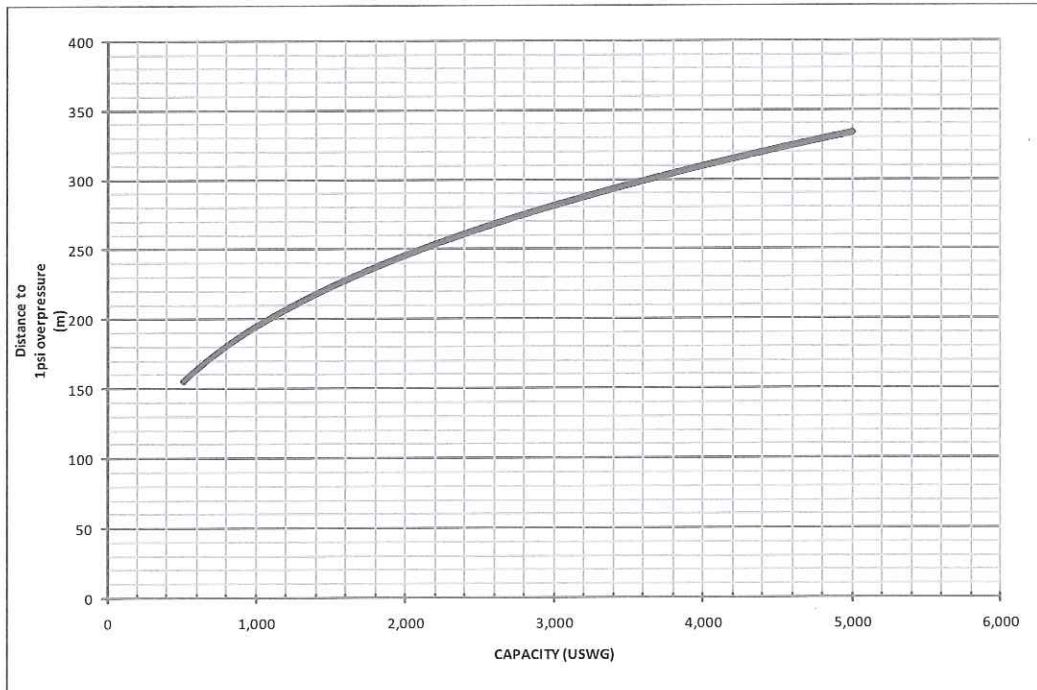
Table 1: Distance Table

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)



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) Alicja Suwala-Andziak	Official Title Owner (President)
Signature <i>Alicja Suwala-Andziak</i>	Telephone No. 519-534-1027
	Date (dd-mm-yyyy) 09-15-2011



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X2X4
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: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____			x		80 _____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Remax Realtor office /Services Ontario office</u> Address: <u>010175 Hwy # 6</u> City: <u>Warton</u> Province <u>Ontario</u> Postal Code <u>N0H 2T0</u>			x		48 _____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>Top Notch Motel</u> Address: <u>010157 Hwy # 6</u> City: <u>Warton</u> Province <u>Ontario</u> Postal Code <u>N0H 2T0</u>		x			29 _____ 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".

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Name of person completing this form (please print) <u>Alicja Suwala-Andziak</u>	Official Title <u>Owner (President)</u>
Signature 	Telephone No. <u>519-534-1027</u>
	Date (dd-mm-yyyy) <u>09-15-2011</u>



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SECTION C: SUBMISSIONS (cont'd)

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

Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5	2	59
# 40	11.75	2	23.5
# 33.3	9.62	3	28.86
# 30	8.8	3	26.4
# 20	5.8	6	34.8
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			172.56

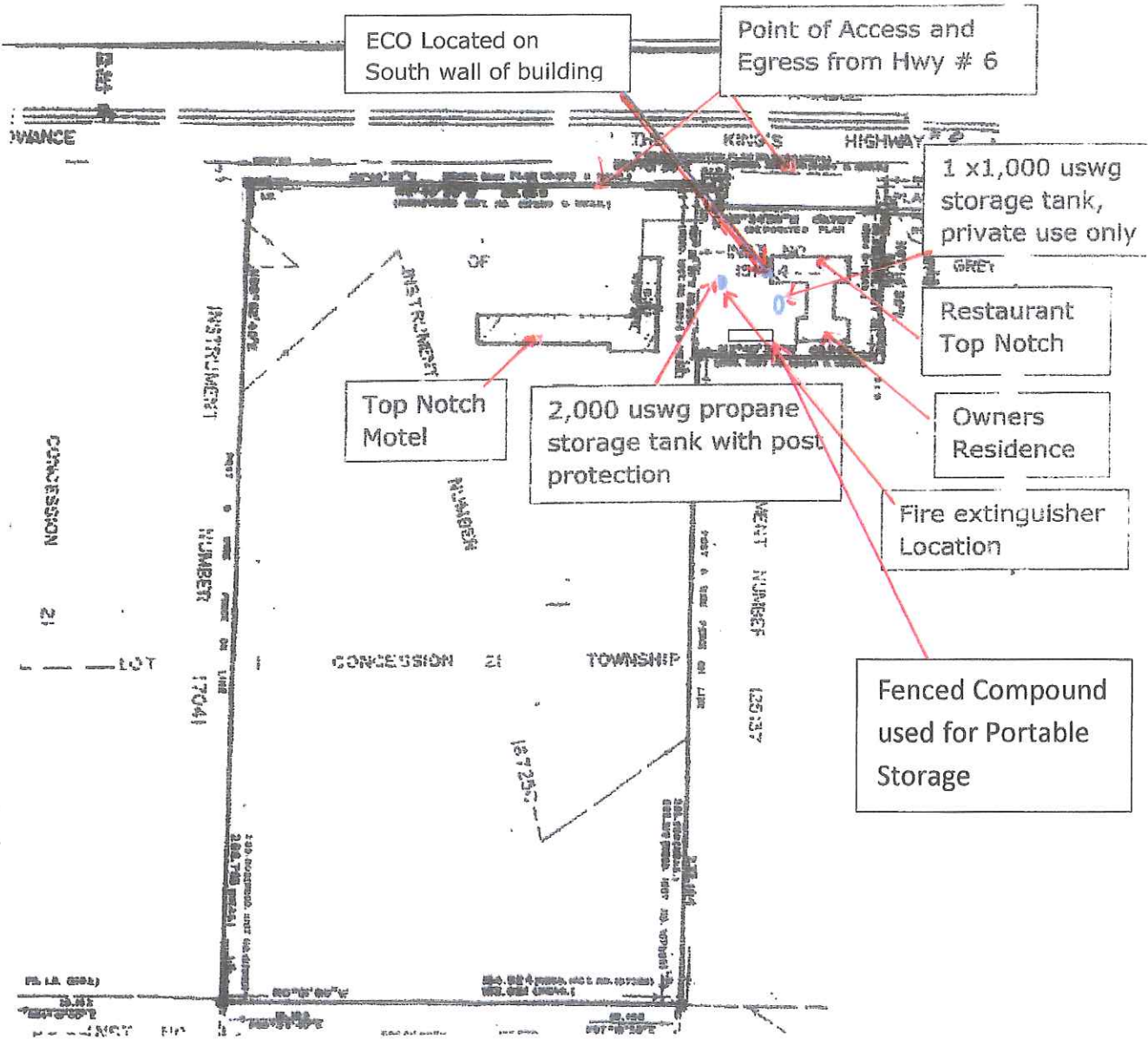
Tanks Stored On-site Not Connected for Use

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

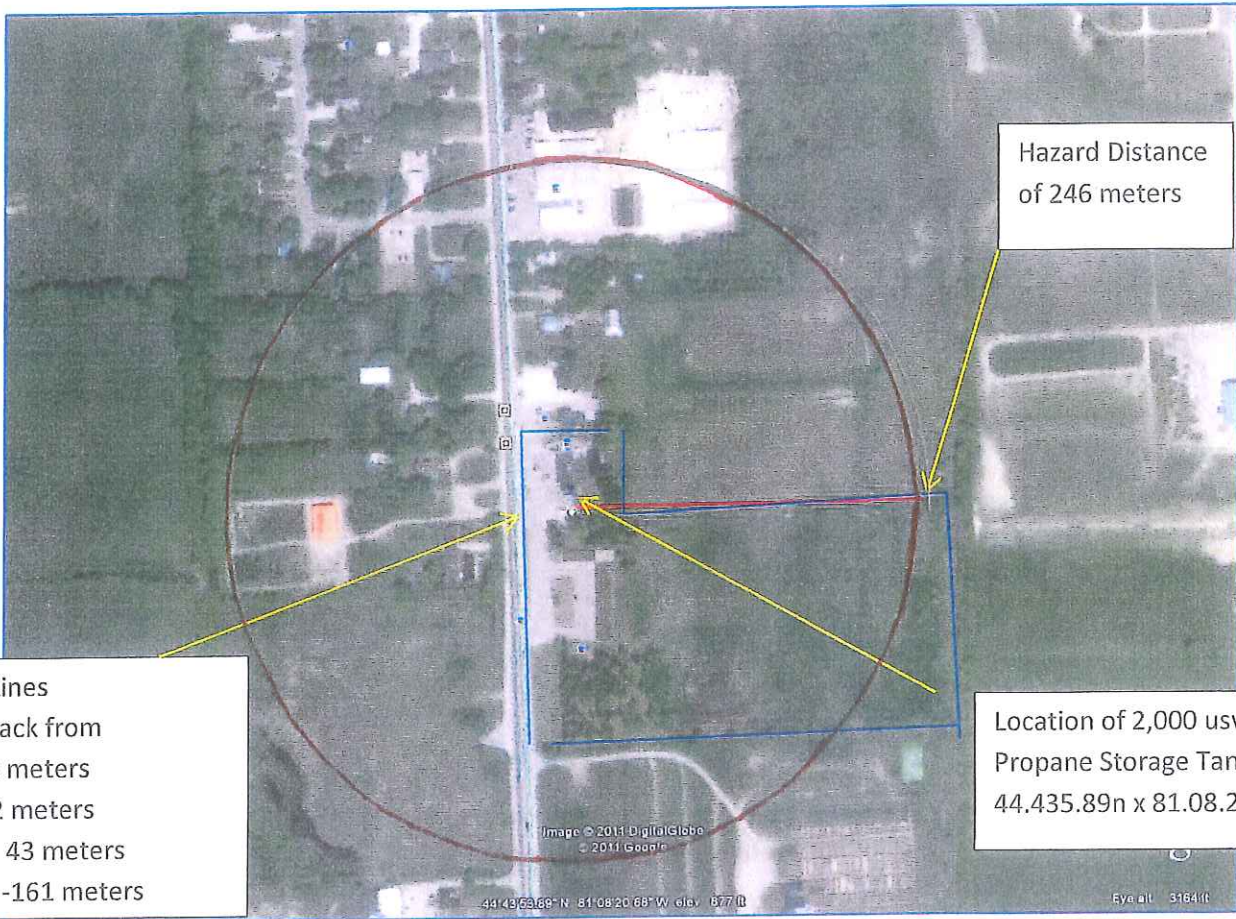
Total Cylinder Capacity	172.56
Total Tank Capacity	0
Total Portable Capacity	172.56

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) Alicja Suwała-Andziak		Official Title Owner (President)	
Signature 		Telephone No. 519-534-1027	Date (dd-mm-yyyy) 09-15-2011



**AERIAL MAP OF 1512179 ONTARIO LTD. O/A TOP NOTCH RESTAURANT
AND MOTEL, 10171 HWY # 6, LOT 1, CONC 21,
GEORGIAN BLUFFS, COUNTY OF GREY**



Property Lines
 Tank set back from
 Front - 35 meters
 Back - 42 meters
 Left side - 43 meters
 Right Side -161 meters

Hazard Distance
 of 246 meters

Location of 2,000 uswg
 Propane Storage Tank
 44.435.89n x 81.08.20.68W

<p>Facility Address: 10171 HWY # 6, LOT 1, CONC 21, GEORGIAN BLUFFS, COUNTY OF GREY</p>	<p>Legal Description of Property: 10171 HWY # 6, LOT 1, CONC 21, GEORGIAN BLUFFS, COUNTY OF GREY</p>
<p>Municipal Contact Information: Wayne Trimble, Chief Fire Prevention Officer 180 12th Street West, Owen Sound, Ontario N4K 3V2</p>	<p>Date Map Prepared: Sept 13, 2011</p>