

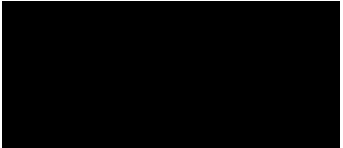


Technical Standards and Safety Authority  
 www.tssa.org  
 14th Floor - Centre Tower  
 3300 Bloor Street West  
 Toronto Ontario M8X 2X4  
 Fax: 416.231.4903  
 Customer Service: 1.877.682.8772

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>Failure to fully complete this form may result in rejection.          Making a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i></p> <p>Licence Number: <u>0032497001-C</u></p> <p>Check applicable type of propane operations.</p> <p><input type="checkbox"/> Cylinder    <input checked="" type="checkbox"/> Motor Fill    <input checked="" type="checkbox"/> Filling Plant    <input type="checkbox"/> Card/Keylock</p> <p>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p>For Office Use Only</p> 
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**SECTION A: GENERAL INFORMATION**

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

**A** Company Name: BLACK MOTOR SALES Division of 684447 OUT INC Ontario Corporation No., if applicable: 684447

Operator Name (if different from above): \_\_\_\_\_

Telephone No.: 705 384 5338 Fax No.: 705 384 7477 E-mail Address: \_\_\_\_\_

**B** Street No.: 1573 Street Name, Lot / Concession No.: Hwy #11 Lot 20 CONQ Strong P.O. Box 161

Town / City or Township / County: SUNBRIDGE Province: Ontario Postal Code: P0A 1Z0

Mailing address if different from above:

**C** Street No.: \_\_\_\_\_ Street Name, Lot / Concession No.: P.O. Box 161

Town / City or Township / County: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: P0A 1Z0

**Information on Container Refill Centre or Filling Plant**

Location of facility: \_\_\_\_\_

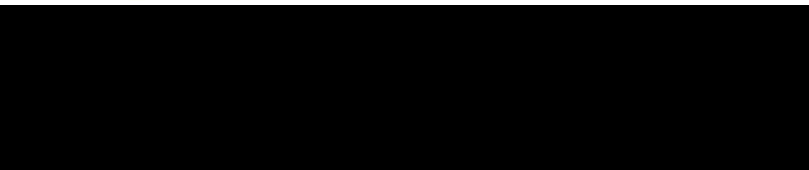
**D** Street No.: 1573 Street Name, Lot / Concession No.: Hwy #11 <sup>OLD</sup> Hwy 124 <sup>NEW</sup> Nearest major intersection: MAIN, ALBERT, & Hwy #11

Town / City or Township / County: SUNDRIDGE Province: Ontario Postal Code: P0A 1Z0

Name: BLACK MOTOR SALES Division of 684447 OUT INC

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): WILLIAM E BLACK ROT type: # 10037

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): SUNDRIDGE Twp of STRONG

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.

Name of Licence Holder: <u>Black Motor Sales Div of 684447</u>	Signature: <u>William E Black</u>	Date (dd-mm-yyyy): <u>Jan 20/11</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training: <u>WILLIAM E BLACK</u>	Signature: <u>William E Black</u>	Date: <u>Jan 20/11</u>



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**SECTION A: GENERAL INFORMATION (cont'd)**

Indicate the year the facility was established. 1993      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 2010

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>5.593.229</u>
Tank 2:	_____	_____
Tank 3:	_____	_____

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 2000 Vertical      Portable: 40.8      Mobile: 0

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Name of person completing this form (please print) <u>William E Black</u>		Official Title <u>PRESIDENT</u>
Signature <u>William E Black</u>	Telephone No. <u>705-384-5338</u>	Date (dd-mm-yyyy) <u>Dec 3/11</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) <i>Superior Propane</i>		For Office Use - Party No. [REDACTED]	
Street No.	Street Name Lot / Concession No. <i>1019 GORDON STREET</i>		
Town / City or Township / Country <i>BAHA</i>		Province <i>ONTARIO</i>	Postal Code <i>POC1C0</i>
Telephone No. <i>1-877-873-7447</i>	Fax No. <i>1-866-421-7764</i>	Contact Name <i>KAREN PARSONS</i>	
E-mail <i>WWW.SUPERIORPROPANE.COM</i>			

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 Lot / Concession No.		
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 Lot / Concession No.		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

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

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) <i>William E. Bach</i>	Official Title <i>President</i>
Signature <i>William E. Bach</i>	Telephone No. <i>705-384-5338</i>
	Date (dd-mm-yyyy) <i>Dec 3/11</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 2 underground gasoline storage tank each 22700 litres ON MAP  
#2 Welding gas cyls depo ON MAP

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

FIRE extinguishers at Propane tank AND in store AS PER MAP

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.

Fusible Link on cable operated internal safety valve if a fire should occur the link will melt & shut off flow, Electrical shut off which the solenoid valve stops the flow of propane to the dispenser hose, Electric shut off at Panel in store Break away hose connectors which will stop flow if hose is pulled.

Maintenance and testing schedule for fire protection controls and devices.

Fire extinguishers are inspected monthly by staff annually by fuel supplier & visually daily by staff yearly inspected by "Fire Alert" Fire Protection services

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Name of person completing this form (please print) William F Black	Official Title PRESIDENT
Signature William Black	Telephone No. 705-384-5338
	Date (dd-mm-yyyy) Jan 15/12



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

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name: <i>William E Black</i>	For Office Use - Party No. [Redacted]	Name: <i>William E Black</i>	For Office Use - Party No. [Redacted]
Official Title: <i>President</i>		Official Title: <i>President</i>	
Telephone No.: <i>705-384-5338</i>	Fax No.: <i>705-384-7477</i>	Cell No.: <i>705-498-3322</i>	Fax No.: <i>705-384-7477</i>
E-mail: <i>705-384-0394</i>		E-mail:	
Role and responsibilities in emergency: <i>OWNER</i>		Role and responsibilities in emergency: <i>OWNER</i>	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name: <i>Penny J. Black</i>	For Office Use - Party No. [Redacted]	Name: <i>William E Black</i>	For Office Use - Party No. [Redacted]
Official Title: <i>Wife</i>		Official Title: <i>President</i>	
Telephone No.: <i>705-384-5338</i>	Fax No.: <i>705-384-7477</i>	Telephone No.: <i>705-384-5338</i>	Fax No.: <i>705-384-7477</i>
E-mail:		E-mail:	
Role and responsibilities in emergency: <i>OWNER</i>		Role and responsibilities in emergency: <i>OWNER OPERATOR</i>	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name: <i>WAYNE BEAVIS</i>	For Office Use - Party No.	Name: <i>W.M (Jack) LaRocque</i>	For Office Use - Party No.
Official Title: <i>FIRE CHIEF</i>		Official Title: <i>Key Account Manager (Muskoka/LA)</i>	
Telephone No.: <i>705-384-7378</i>	Fax No.: <i>705-384-5757</i>	Telephone No.: <i>877-873-7467</i>	Fax No.: <i>705-686-3212</i>
E-mail: <i>BEAVISW@SUNDRIDGE.CA</i>		E-mail: <i>LAROCQUE@SUPERIORPROPANE.COM</i>	
Role and responsibilities in emergency: <i>CHIEF FIRE COMMAND, TRAINING</i>		Role and responsibilities in emergency: <i>MANAGER</i>	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name: <i>ANDY FORSYTH</i>	For Office Use - Party No.	Name: <i>Linda Maurer</i>	For Office Use - Party No. [Redacted]
Official Title: <i>CAPTAIN</i>		Official Title: <i>clerk-treasurer</i>	
Telephone No.: <i>705-384-7378</i>	Fax No.: <i>705-384-7378</i>	Telephone No.: <i>705-384-5819</i>	Fax No.: <i>705-385-5892</i>
E-mail:		E-mail: <i>clerk@strongtownship.com</i>	
Role and responsibilities in emergency: <i>TRAINING, FIRE FIGHTING OFFICE DUTIES</i>		Municipality: <i>Twp. of Strong.</i>	

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): <i>William E Black</i>	Official Title: <i>President</i>
Signature: <i>William E Black</i>	Telephone No.: <i>705-384-5338</i>
	Date (dd-mm-yyyy): <i>Oct 31/11</i>





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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.

1/ WE have extra Fire Extinguishers at the Location  
2/ I have been a Volunteer Fire Fighter for 20 years past  
and worked with police & Fire Depts in our AREA

**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) William E Black	Official Title PRESIDENT	
Signature <i>William E Black</i>	Telephone No. 705-384-5338	Date (dd-mm-yyyy) JUN 30 / 2012



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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) JAN 30/2012	Print Name of Training Provider: CANADIAN Propane Association PT 1911-02
	Print Name of Instructor: WILLIAM E BLACK
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider: CANADIAN Propane Association PT 1911-02
	Print Name of Instructor: WILLIAM E BLACK
Training Date (dd-mm-yyyy) JAN 30/2012	Print Name of Training Provider: CANADIAN Propane Assoc
	Print Name of Instructor: Robert Gore -
Training Date (dd-mm-yyyy) JAN 31/2012	Print Name of Training Provider: CANADIAN Propane Assoc
	Print Name of Instructor: MATT HALL

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider: Ontario Propane Association
	Print Name of Instructor: WILLIAM E BLACK
Training Date (dd-mm-yyyy) JAN 30/2012	Print Name of Training Provider: CANADIAN Out Propane Association
	Print Name of Instructor: Robert Gore
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

**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) WILLIAM E BLACK	Official Title PRESIDENT
Signature <i>William E Black</i>	Telephone No. 705-384-5338
	Date (dd-mm-yyyy) Jan 31/12





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Propane Storage and Handling Regulation

**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) NOV 30 / 2012	Print Name of Training Provider: Robert Gore
	Print Name of Instructor: William E Black
Target Date (dd-mm-yyyy) NOV 29 / 2012	Print Name of Training Provider: MATT HALL
	Print Name of Instructor: William E Black
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) NOV 30 / 2012	Print Name of Training Provider: Robert Gore
	Print Name of Instructor: William E Black
Target Date (dd-mm-yyyy) NOV 27 / 2012	Print Name of Training Provider: MATT HALL
	Print Name of Instructor: William E Black
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) NOV 30 / 2012	Print Name of Training Provider: Robert Gore
	Print Name of Instructor: William E Black
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:

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) William E Black	Official Title President
Signature William E Black	Telephone No. 705-384-5338
	Date (dd-mm-yyyy) Jan 30 / 2012





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

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

5. Emergency Response Communications Plan

**Warnings and Actions**

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

IF AN INCIDENT SHOULD OCCUR I the owner operator will assess the situation and take proper action to control the incident if #2 the owner operator can not control the situation he will evacuate the immediate AREA By verbal & contact emergency services by calling 911 & fuel supplier. The supplier will contact TSSA

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 owner operator will evacuate the area of Clients to a safe distance. The personnel will meet at ARCA Parking Lot at which point the fire dept or emergency services will take control.

**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).

if an incident should occur #1 the owner operator will assess the situation and take proper action to control the incident #2 if the owner operator can not control the situation he will evacuate the immediate AREA & contact emergency services 911 & the fuel supplier. The supplier will contact TSSA when fuel supplier is contacted he will verify the owner has contacted 911

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

The propane fuel supplier as in contact information and the client contact information available

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

The owner operator will contact the propane fuel supplier which in turn will keep the authorities advised.

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

The owner can arrive on site in less than 15 minutes from home

**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) William K Black	Official Title President
Signature William K Black	Telephone No. 705-384-5338
	Date (dd-mm-yyyy) Dec 3/11



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**Level 1 Risk and Safety Management Plan (RSMP)**  
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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>50 metres</u>         |
| 4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? ( distance in metres only) |                                     | <u>50 METRES</u>         |

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Name of person completing this form (please print) <i>William E Black</i>		Official Title <i>President</i>
Signature <i>William E Black</i>	Telephone No. <i>705-384-5338</i>	Date (dd-mm-yyyy) <i>Dec 3/11</i>





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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 <b>FPO JOHN STARK</b>	<i>[Signature]</i>	<b>23-02-2012</b>

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Name of person completing this form (please print)	Official Title
<b>William E Black</b>	<b>PRESIDENT</b>
Signature	Telephone No.
<i>[Signature]</i>	<b>705-384-5338</b>
	Date (dd-mm-yyyy)
	<b>23 02 / 2012</b>



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**Level 1 Risk and Safety Management Plan (RSMP)**  
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**SECTION C: SUBMISSIONS (cont'd)**

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) <i>Dec 3/11</i>	Capacity of single largest propane storage vessel (USWG) <i>2000</i>
Tank setback coordinates. Indicate placement on the map.	
Front: <i>30.48m / 100 Ft</i>	Right side property line: <i>South 167 Ft. 50.90m</i>
Rear: <i>45.72m / 150 Ft</i>	Left side property line: <i>162 Ft 49.38m</i>
GPS coordinates of single largest vessel:	<i>N 45° 45' 860'</i> <i>W 079° 24' 098'</i>

**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) <i>William F Black</i>	Official Title <i>President</i>
Signature <i>William F Black</i>	Telephone No. <i>705-384-5338</i>
	Date (dd-mm-yyyy) <i>Dec 3/11</i>

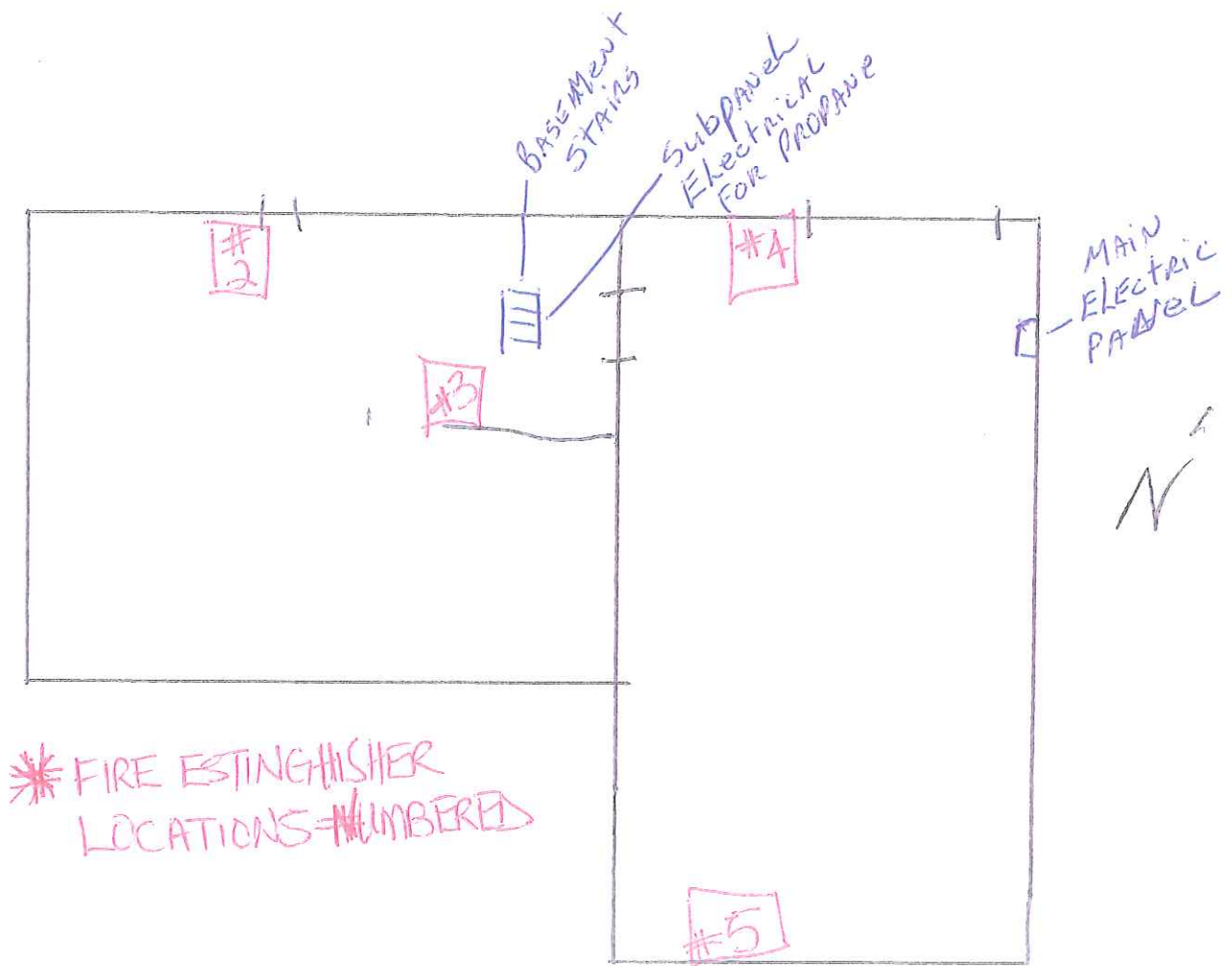


Emergency Supplies Inventory List – located in office

1. Flashlight with batteries
2. First Aid Kit
3. Antibacterial wipes
4. Battery Operated Radio
5. Batteries

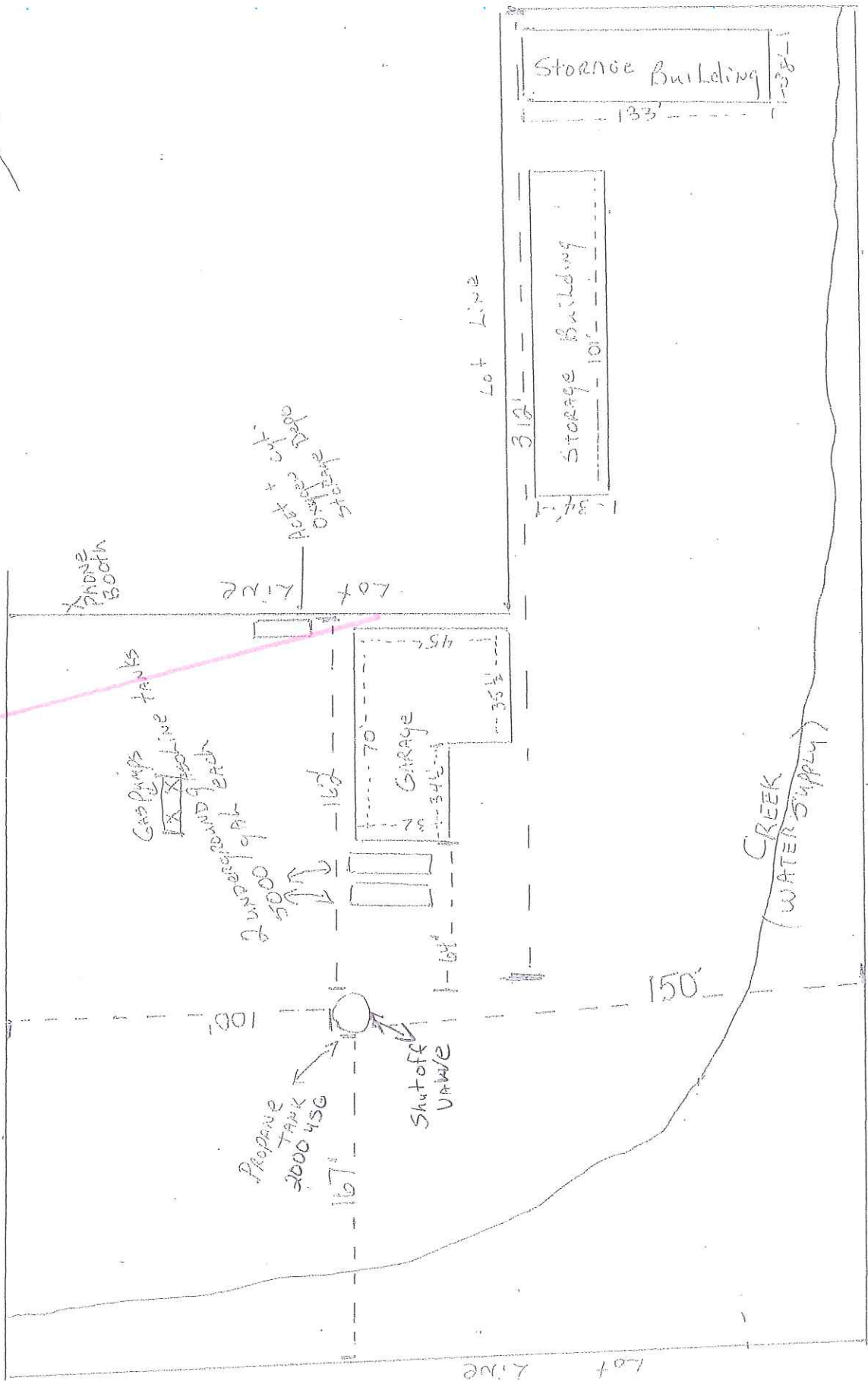
Fire extinguisher locations:

6. Fire extinguisher # 1 – In Propane Dispenser Cabinet
7. Fire extinguisher # 2 – Located at front door
8. Fire extinguisher # 3 – Located at top of basement stairs
9. Fire extinguisher # 4 – Located in garage by garage door
10. Fire extinguisher # 5 - Located at the back of the garage by window



NATURAL GAS u R GROUND LINE

Previously Hwy #11  
Now Hwy #124



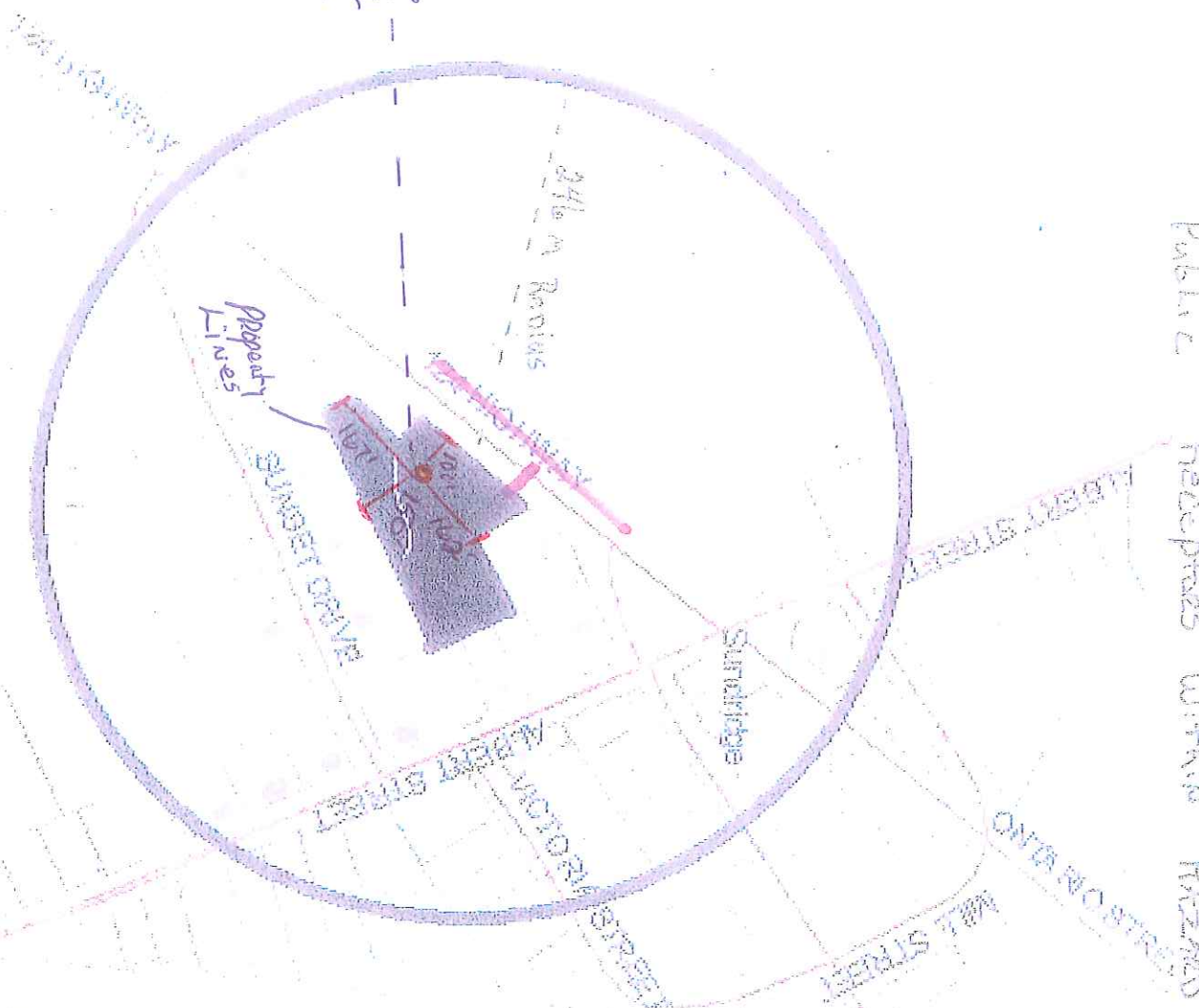
G.P.S. Position  
 N 45° 45' 860'  
 ALT 1130'



Public Receipts within Hazard Zone Distance

27

2000 USWB  
Fixed Vertical  
Storage Tank  
Propane



# BLACK MOTOR SALES

Township of STONW

1573 Highway # 11 Old #

## Legend

- Industrial Commercial
- Residential
- Natural Gas Pipe
- Underground

GPS Coordinates

N 45° 45' 360'

W 079° 24' 098'

10299 Hwy 124  
New #



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X 2X4  
Fax: 416.231.4903  
Customer Service: 1.877.682.8772

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

**SECTION C: SUBMISSIONS (cont'd)**

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

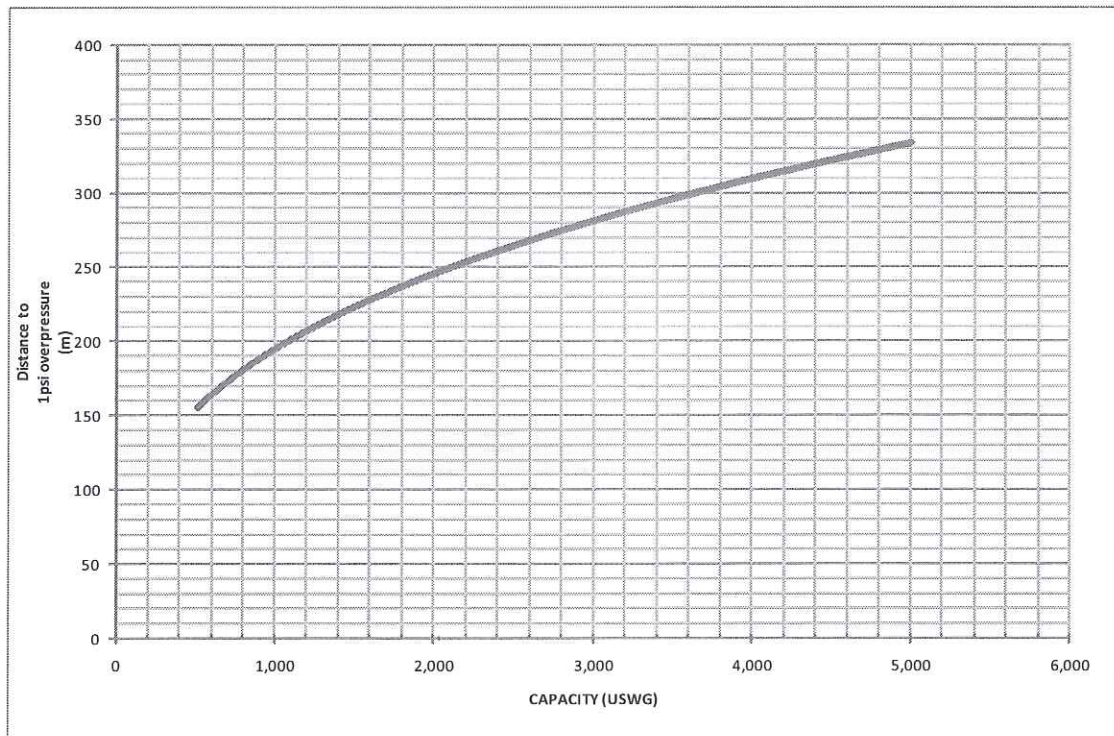
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

**Formula:**  $D = 16.94 \times (1.524 \times C)^{1/3}$   
 D = Distance to overpressure of 1 psi (meters)  
 C = Tank Total Capacity in USWG

**Parameters:** Density of Propane is 0.5033 kg per litre @ 15 C  
 Assume all vessels are 80% full  
 1 gallon [US, liquid] = 0.003785411784 cubic meter  
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)



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**SECTION C: SUBMISSIONS (cont'd)**

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

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings, or parks or golf courses Name: <u>Sundridge Strong Jolly ARENA</u> Address: <u>14 ALBERT ST</u> City: <u>Sundridge</u> Province <u>ON</u> Postal Code <u>R0A1Z0</u>		X			<u>217</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]				X	<u>36</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>ENZO'S MTO &amp; SIGNCRAFT</u> Address: <u>4 ONTARIO STREET</u> City: <u>Sundridge</u> Province <u>ON</u> Postal Code <u>R0A1Z0</u>			X		<u>231</u> m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>NA</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>N-A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>Sundridge-Strong Fire Department</u> Address: <u>146 ONTARIO STREET</u> City: <u>Sundridge</u> Province <u>Ont.</u> Postal Code <u>R0A1Z0</u>	X				<u>1779</u> m

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

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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		
# 40	11.75		
# 33.3	9.62		
# 30	8.8	2	17.6
# 20	5.8	4	23.20
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			<b>40.80</b>

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
<b>Total Tank Capacity</b>		

<b>Total Cylinder Capacity</b>	<b>40.80</b>
<b>Total Tank Capacity</b>	
<b>Total Portable Capacity</b>	

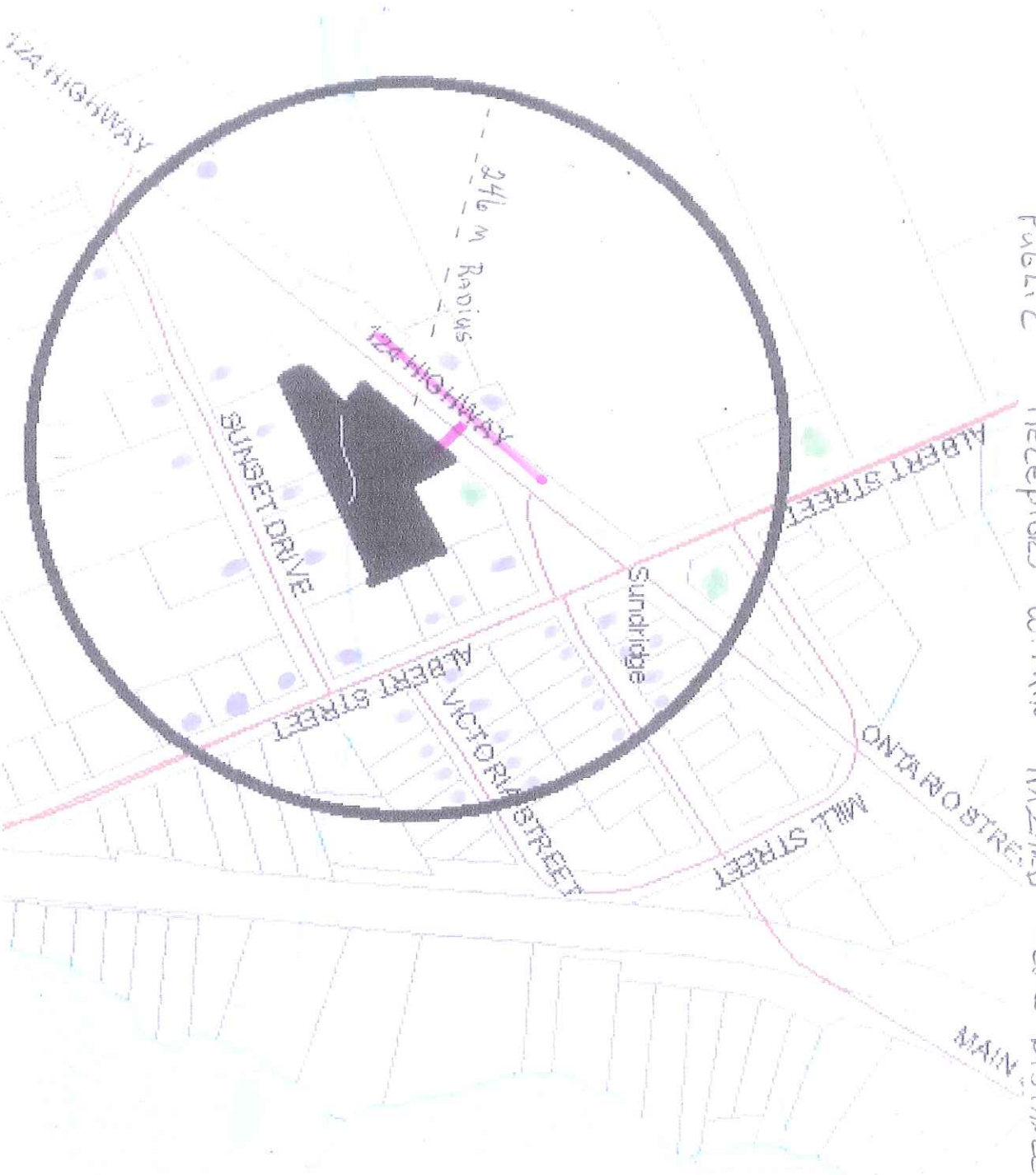
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NA

Public Receptacles within Hazard Zone Distance



Legend

- Industrial Commercial
- Residential
- Natural Gas Pipe
- Underground

1573 Highway # 11 Old #

BLACK MOTOR SALES

10299 Hwy 124 New #