



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

DEC 08 2011

- 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 600 USWG of portable propane storage capacity on site.

GREATER SUDBURY FIRE SERVICES  
FIRE PREVENTION

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: 000076648298

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.

For Office Use Only

**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: Penage Bay Marina Lnc. Ontario Corporation No., if applicable: 338949

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

Telephone No.: 705-866-2427 Fax No.: same E-mail Address: penage@xplornet.com

B Street No.: 1886 Street Name, Lot / Concession No.: Penage Lake RD

Town / City or Township / County: Whitfish Province: ON Postal Code: R0M 1B0

C Mailing address if different from above. Street No.: \_\_\_\_\_ Street Name, Lot / Concession No.: \_\_\_\_\_

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

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

D Location of facility. Street No.: 1886 Street Name, Lot / Concession No.: Penage Lake RD

Town / City or Township / County: Whitfish Nearest major intersection: Northshore RD / Penage Lake RD

Province: ON Postal Code: R0M 1B0

Name of Licence Holder: Guy Richard

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Guy Richard ROT type: Propane Cylinder Filling

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

Hours of operation: Summer Hours

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	Print name: <u>Guy Richard</u>	Signature: <u>[Signature]</u>	Date (dd-mm-yyyy): <u>15/01/11</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>Guy Richard</u>	<u>[Signature]</u>	<u>15/01/11</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 1977 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 2010 Superior propane exchanged the Tank

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

Tank 1:	<u>250</u> <sup>PSIG</sup>	<u>5431494-01</u> <sup>Serial Number</sup>
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: 1000 USWG Portable: \_\_\_\_\_ Mobile: \_\_\_\_\_

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Name of person completing this form (please print) <u>Guy Richard</u>	Official Title <u>President</u>
Signature <u>SR</u>	Telephone No. <u>875-866-2427</u> Date (dd-mm-yyyy) <u>09/05/2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)		[Redacted]	
Superior Propane			
Street No.	Street Name Lot / Concession No.		
	P.O. Box 2875 Station M		
Town / City or Township / Country		Province	Postal Code
Calgary		AB	T2P 1S61
Telephone No.	Fax No.	Contact Name	
477-873-7467		Guy Richard	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		[Redacted]	
Superior Propane			
Street No.	Street Name Lot / Concession No.		
2475	Maley Drive		
Town / City or Township / Country		Province	Postal Code
Sudbury, Ont. P3A4S1		Ont	P3A4S1
Telephone No.	Fax No.	Contact Name	
705-566-7067	705-566-5814	Paul Bastien cell 705-677-8431	
E-mail			
5614			

Off-site Cylinder and/or Mobile Storage	Capacity stored off-site, in USWG	For Office Use - Party No.
NA		
Street No.	Street Name Lot / Concession No.	
Town / City or Township / Country		Province
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)	Guy Richard		Official Title	President
Signature			Telephone No.	705-866-22427
			Date (dd-mm-yyyy)	20/01/2011



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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.

None

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

Fire extinguisher  
Emergency shut off switch

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 switch

Maintenance and testing schedule for fire protection controls and devices.

Fire extinguisher is checked on a monthly basis.  
Inspected by Firecheck every year.

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Name of person completing this form (please print)	Guy Richard	Official Title	President
Signature		Telephone No.	705-866-2427
		Date (dd-mm-yyyy)	13/06/2011



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

1. Contacts for Emergency Response

**1. Facility Contact Personnel - Key Contact**

Name: Guy Richard For Office Use - Party No.  
Official Title: President  
Telephone No.: 705-866-2427 Fax No.: 705-866-2427  
E-mail: penage@xplornet.com  
Role and responsibilities in emergency: Leader

**5. Facility 24-Hour Contact Person**

Name: Guy Richard For Office Use - Party No.  
Official Title: President  
Cell No.: 705-507-7677 Fax No.: 705-866-2427  
E-mail: penage@xplornet.com  
Role and responsibilities in emergency: leader

**2. Facility Contact Personnel - Alternate Contact**

Name: Terry Long For Office Use - Party No.  
Official Title: Mngt  
Telephone No.: 705-866-2427 Fax No.  
E-mail:  
Role and responsibilities in emergency: Call Emergency #

**6. Name of Facility Manager**

Name: Guy Richard For Office Use - Party No.  
Official Title: President  
Telephone No.: 705-866-2427 Fax No.: 705-866-2427  
E-mail: penage@xplornet.com  
Role and responsibilities in emergency: Leader

**3. Local Fire Services - Key Contact**

Name: Marc Lanthier For Office Use - Party No.  
Official Title: Senior Fire Prevention Officer  
Telephone No.: 705-248-3749 Fax No.: 705-674-8351  
E-mail: marc.lanthier@greatersudbury.ca  
Role and responsibilities in emergency: Inspector

**7. Propane Supplier Key Contact Person**

Name: Superior Propane For Office Use - Party No.  
Official Title: Field Operations Manager  
Telephone No.: 877-873-7467 Fax No.: 705-566-5814  
E-mail: bastien@superiorpropane.com  
Role and responsibilities in emergency: Manager

**4. Local Fire Services - Alternate Contact**

Name: Tim P. Beadman For Office Use - Party No.  
Official Title: Chief of Emergency Services  
Telephone No.: 705-674-4455 Ext 2730 Fax No.: 705-673-2960  
E-mail: tim.beadman@greatersudbury.ca  
Role and responsibilities in emergency: Chief of Emergency Services

**8. Municipal Contact**

Name: Caroline Hallsworth  
Official Title: City Clerk  
Telephone No.: 705-674-4455 Ext 4261 Fax No.: 705-673-0344  
E-mail: caroline.hallsworth@greatersudbury.ca  
Municipality: Greater Sudbury

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Name of person completing this form (please print): Guy Richard Official Title: President  
Signature: [Signature] Telephone No.: 705-866-2427 Date (dd-mm-yyyy): 16/06/2011



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

2. Additional Safety Measures

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

Security camera on pump station  
Double Barrier  
Fencing  
Barb Wire  
Fire extinguisher on site  
Fire department is 15 km away from Premises  
all employees are trained to operate fire extinguishers

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Signature			Telephone No.	705-866-2427
			Date (dd-mm-yyyy)	16/06/2011



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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) 13/07/2010	Print Name of Training Provider: Paul Bastien Trainer #1690
	Print Name of Instructor: PAUL BASTIEN
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor: Guy Richard
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) 13/07/2010	Print Name of Training Provider: Paul Bastien Trainer #1690
	Print Name of Instructor: Paul Bastien
Training Date (dd-mm-yyyy) 13/07/2010	Print Name of Training Provider: Terry Long
	Print Name of Instructor: Paul Bastien
Training Date (dd-mm-yyyy) 13/02/2010	Print Name of Training Provider: Chad Bussan
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	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:

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Name of person completing this form (please print) Guy Richard	Official Title President
Signature 	Telephone No. 705-866-2427
	Date (dd-mm-yyyy) 16/06/2011



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

4. Emergency Training Plan for Coming Year

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Target Date (dd-mm-yyyy) TBD	Print Name of Training Provider: 2022 / N/A
	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) TBD	Print Name of Training Provider: 2022
	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) TBD	Print Name of Training Provider:
	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) Guy Richard	Official Title President
Signature 	Telephone No. 705-866-2427
	Date (dd-mm-yyyy) 09/07/2022





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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).

Employee give warning to leader or manager then relate information to employees, then evacuate all people around facility. TSSA value will be in off position

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).

Turn off power to the site if possible, fire extinguish if possible, call 911, call leader.

**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).

~~When~~ When a problem arise the license holder will call 911 first, if he is not present the staff will call immediately

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

Site is accessible all the time ~~by~~ 24 hrs a day.

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

The license holder will be available on site until problem is resolved. On update authorities by telephone when needed

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

Live on site, if not here secondary liaison will be on site

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Name of person completing this form (please print)	Official Title	
Guy Richard	President	
Signature	Telephone No.	Date (dd-mm-yyyy)
	705-866-2427	15/07/11



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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.

**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 type="checkbox"/>            | <input checked="" 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)            |                                     | 100 metre lake                       |
| 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) |                                     | <del>None</del> 50 metre garden hose |

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Name of person completing this form (please print) <i>Guy Richer</i>	Official Title <i>President</i>	
Signature <i>SR</i>	Telephone No. <i>705-866-2427</i>	Date (dd-mm-yyyy) <i>16/07/11</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 Department was on site awaiting for complete report.*

Fire services comments, if any:

**To be completed by the Licence Holder**

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

*Fire department was on site did complete inspection all in good working condition. Supervisor propane is on site once per month do the inspection of I S C valve and other components.*

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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Name of person completing this form (please print) <i>Guy Richard</i>	Official Title <i>President</i>	
Signature <i>[Signature]</i>	Telephone No. <i>705-866-2421</i>	Date (dd-mm-yyyy) <i>10/01/2012</i>



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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)	Capacity of single largest propane storage vessel (USWG)
02/05/2011	1000 G
Tank setback coordinates/ Indicate placement on the map.	
Front: 130 m	Right side property line: 100 m
Rear: 270 m	Left side property line: 190 m
GPS coordinates of single largest vessel: 44 46.2725 N 20 81.3508 W	

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Name of person completing this form (please print)	Official Title
Guy Richard	President
Signature	Telephone No. 703-866-2427
	Date (dd-mm-yyyy) 01/09/2011



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

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

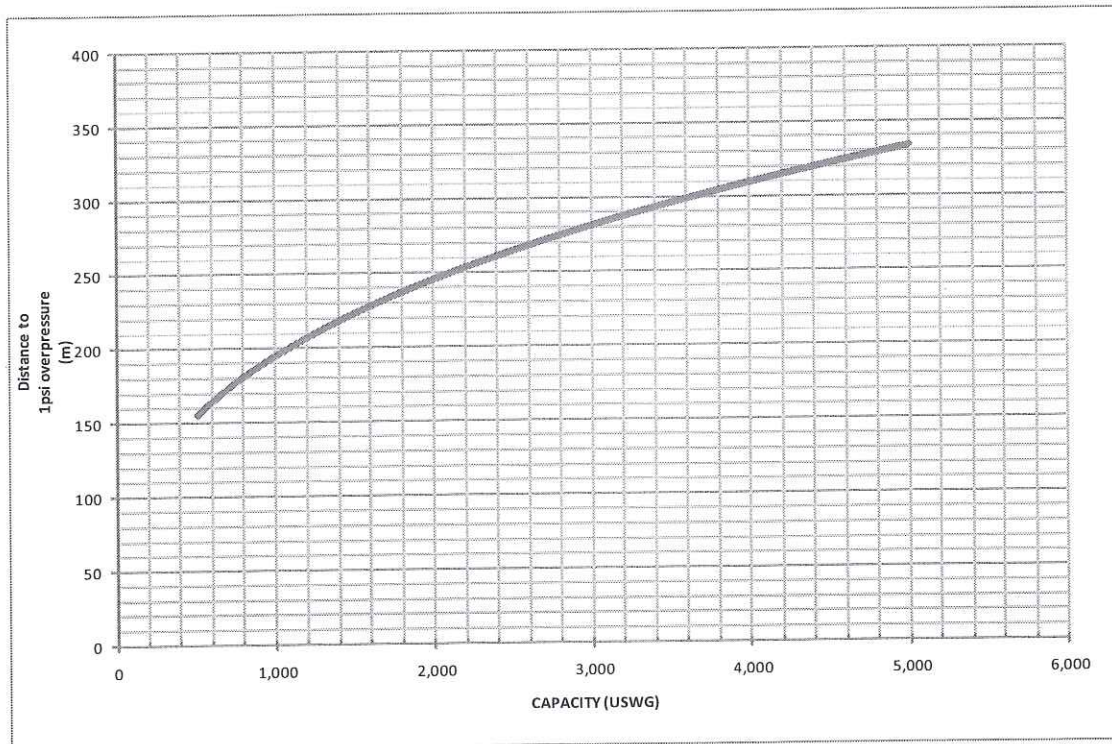
Table 1: Distance Table

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

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

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

Hazard Distance Chart (EPA-TNT model)



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<i>Guy Richard</i>	<i>President</i>	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>[Signature]</i>	<i>416-242-1032</i>	<i>01/10/2011</i>



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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: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ 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: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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

Name of person completing this form (please print)	Official Title
Signature	Date (dd-mm-yyyy)
<i>Gary Rickan</i>	<i>resident</i>
	Telephone No. <i>705 866-2427</i>
	<i>09/05/2011</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

Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	<del>0</del>	
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			

Tanks Stored On-site Not Connected for Use

Tank Size in USWG	Quantity	Total Volume in USWG
	<del>0</del>	
<b>Total Tank Capacity</b>		

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

**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>Conny Richard</i>	Official Title	<i>President</i>
Signature	<i>[Signature]</i>	Telephone No.	<i>755-866-2427</i>
		Date (dd-mm-yyyy)	<i>01/01/2011</i>

Location: 1886 Pevage Lake rd, Whitefish, ON

Prepare: JAN 19, 2012

1000 USWG Horizontal Tank

Tank set backs 130 m North from South Loop / East from West

Radius:

GPS Coordinates

A46.2725 N

W 81.3568 W

City Clerk:

Caroline Hallsworth

Address

City Clerk Office

200 Bredy st

Subbury, ON

P3A SP3

Popane Hor. Tank

Pevage Lake Rd

Property Line

Lake

Northshore RD



There is NO House or other Buildings in Area



Road

Driveway

Garage

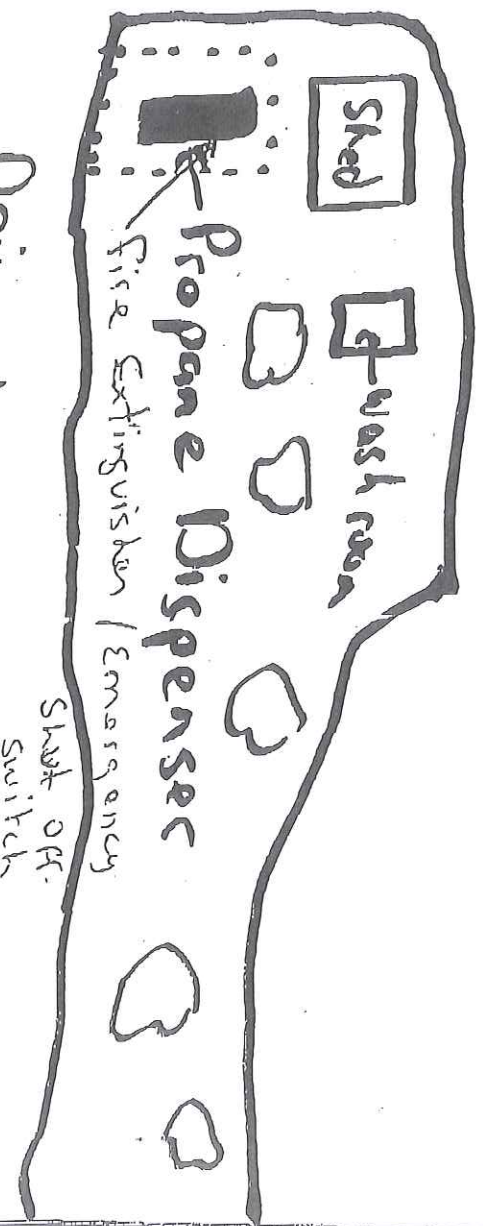
Water

~~Post House~~  
Garage  
House

House

Tree Trunk

Driveway



Shut off switch

Propane Dispenser  
Fire Extinguisher / Emergency

Shed

Wash rack