



Technical Standards and Safety Authority
 www.tssa.org
 14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 2X4
 Fax: 416 231.4903
 Custom 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.

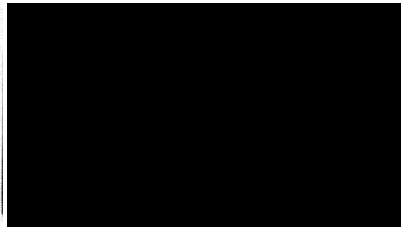
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 000076642845

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 ANDREW MANITOWABI GROUP Ontario Corporation No., if applicable _____

Operator Name (if different from above) JAMES MANITOWABI

Telephone No. 705 859 1378 Fax No. 1 859 23951 E-mail Address amanito@amtelecom.net

B Street No. 2174 Street Name, Lot / Concession No. WIKWEMIKONG WAY PO Box 24

Town / City or Township / County WIKWEMIKONG Province ONT Postal Code POP 2J0

Mailing address if different from above. _____

C Street No. _____ Street Name, Lot / Concession No. _____

Town / City or Township / County _____ Province _____ Postal Code _____

Information on Container Refill Centre or Filling Plant

Location of facility.

D Street No. 2174 Street Name, Lot / Concession No. WIKWEMIKONG WAY Nearest major intersection WIKWEMIKONG WAY

Town / City or Township / County WIKWEMIKONG Province ONTARIO Postal Code POP 2J0

Name of Licence Holder ANDREW MANITOWABI GROUP

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

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) WIKWEMIKONG, ont. POP 2J0

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	Print name: <u>JAMES MANITOWABI</u>	Signature: <u>J. Manito</u>	Date (dd-mm-yyyy)
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>JAMES MANITOWABI</u>		



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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.

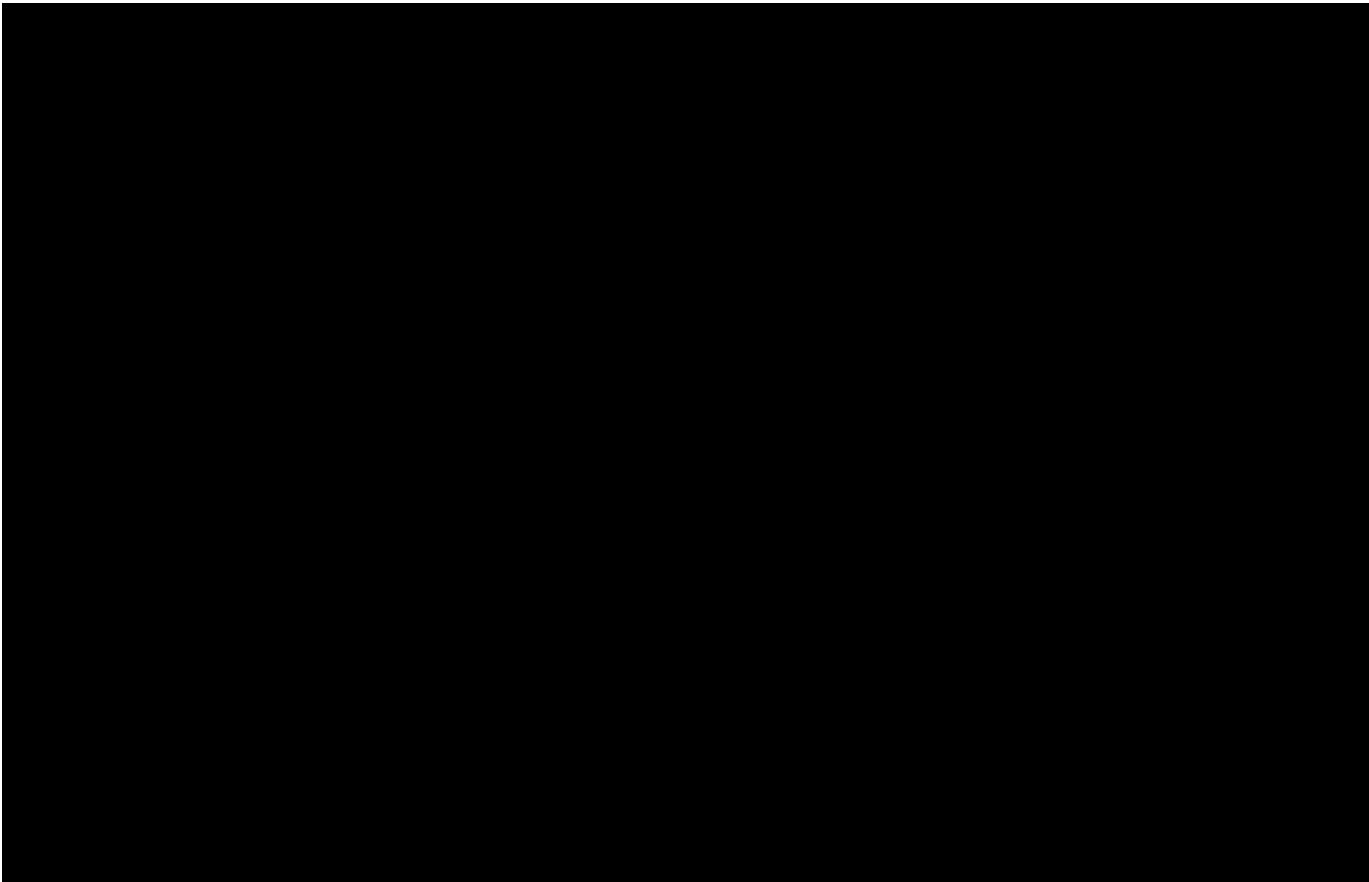
2006 - June

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

	PSIG	Serial Number
Tank 1:	<u>2000 USWG</u>	<u>20582-105</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 USWG Portable: _____ Mobile: _____



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Name of person completing this form (please print) <u>JAMES MANI FARABI</u>		Official Title <u>OWNER/MANAGER</u>	
Signature <u>[Signature]</u>		Telephone No. <u>705 859 3788</u>	Date (dd-mm-yyyy) <u>05/01/12</u>



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

Name of Propane Supplier(s) SUPERIOR PROPANE			
Street No. 2475	Street Name Lot / Concession No. MALEY DRIVE		
Town / City or Township / Country SUDBURY		Province ONT	Postal Code R3A 4S1
Telephone No. 18778737467	Fax No.	Contact Name PAUL BASTIEN	
E-mail BASTIENPA@SUPERIORPROPANE.COM			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			
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		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) JAMES MANITOWAS	Official Title O/M.
Signature <i>J. Manito</i>	Telephone No. 705 859 3788
	Date (dd-mm-yyyy)



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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.

2000 L PROPANE DISPENSER
2 x 2000 L PROPANE STORAGE LAUNDRY & HEATING

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

FIRE HYDRANTS ACROSS STREET
FIRE DEPARTMENT BLOCK AWAY

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.

SHUTOFF ELECTRICAL SWITCH
TO SHUTOFF ELECTRICAL SUPPLY TO SITE

Maintenance and testing schedule for fire protection controls and devices.

once month

WILKING FIRE DEPT IS REQUESTING TO BE SUPPLIED WITH ANNUAL WRITTEN DOCUMENTATION OF MAINTENANCE & TESTING. J. M. 10/27/2011.

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) James Maniowas	Official Title O/M
Signature [Signature]	Telephone No. 705 859 3788
	Date (dd-mm-yyyy)



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name <i>JAMES MANITOWABI</i>	For Office Use - Party No.	Name <i>JAMES MANITOWABI</i>	For Office Use - Party No.
Official Title <i>OWNER</i>		Official Title <i>OWNER</i>	
Telephone No. <i>705 859 3788</i>	Fax No. <i>859 2395</i>	Cell No. <i>705 665 3153</i>	Fax No. <i>705 859 2395</i>
E-mail <i>amanita@amtelecom.net</i>		E-mail <i>amanita@amtelecom.net</i>	
Role and responsibilities in emergency <i>KEEP AREA CLEAR / SHUT DOWN POWER</i>		Role and responsibilities in emergency <i>KEEP AREA CLEAR / SHUT DOWN POWER</i>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>LESTER MANITOWABI</i>	For Office Use - Party No.	Name <i>JAMES MANITOWABI</i>	For Office Use - Party No.
Official Title <i>OWNER</i>		Official Title <i>OWNER</i>	
Telephone No. <i>705 859 3788</i>	Fax No.	Telephone No. <i>705 859 3788</i>	Fax No. <i>859 2395</i>
E-mail <i>amanita@amtelecom.net</i>		E-mail <i>ldeuce@amtelecom.net</i>	
Role and responsibilities in emergency <i>KEEP AREA CLEAR / SHUT DOWN POWER</i>		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>BERNIE BRANT</i>	For Office Use - Party No.	Name <i>PAUL BASTIEN</i>	For Office Use - Party No.
Official Title <i>FIRE CHIEF</i>		Official Title <i>MANAGER</i>	
Telephone No. <i>705 859 2011</i>	Fax No. <i>705 859 3851</i>	Telephone No. <i>877-873 7467</i>	Fax No. <i>705 566 5814</i>
E-mail <i>WORK.FIRECHIEF@HOTMAIL.COM</i>		E-mail	
Role and responsibilities in emergency <i>VOL-FIRE DEPT</i>		Role and responsibilities in emergency	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>TIM PANGOWISH</i>	For Office Use - Party No.	Name <i>BAND OFFICE</i>	For Office Use - Party No.
Official Title <i>DEPUTY CHIEF</i>		Official Title <i>ADMIN OFFICE</i>	
Telephone No. <i>705-859-2011</i>	Fax No. <i>705-859-3851</i>	Telephone No. <i>705 859 3122</i>	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency <i>VOLUNTEER FIRE DEPT</i>		Municipality <i>WIKWEMIKONG</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>JAMES MANITOWABI</i>	Official Title <i>OWNER / MANAGER</i>
Signature <i>James Manita</i>	Telephone No. <i>705 859 3788</i>
	Date (dd-mm-yyyy)



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

2. Additional Safety Measures

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

- CALL 911
 - VACATE CUSTOMERS FROM BUSINESS
 - DISCONNECT POWER SUPPLY TO DISPENSING UNIT.
 - NOTIFY SURROUNDING SCHOOL + RESIDENCES,
- KEEP AREA CLEAR

SITE IS AT LEAST 100 FEET
FROM CINDER BLOCK STRUCTURE

SITE IS IN OPEN AREA.

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Name of person completing this form (please print) SAMES MANTEWAB	Official Title O/M
Signature <i>[Signature]</i>	Telephone No.
	Date (dd-mm-yyyy)



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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) <i>13-05-2011</i>	Print Name of Training Provider: <i>SUPERIOR PROPANE</i>
	Print Name of Instructor: <i>PAUL BASTIEN</i>
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:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy)	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) <i>SAME MANITOWAGI</i>	Official Title <i>O/M</i>
Signature <i>[Signature]</i>	Telephone No. / Date (dd-mm-yyyy)



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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)	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:

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

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:
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)	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)	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)



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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)	Print Name of Training Provider:
	Print Name of Instructor: <i>To Be</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor: <i>DeTermined</i>
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)	Print Name of Training Provider:
	Print Name of Instructor: <i>To Be</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor: <i>DeTermined</i>
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)	Print Name of Training Provider:
	Print Name of Instructor: <i>To Be</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor: <i>DeTermined</i>
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) <i>SAMES MANI TO WAB</i>	Official Title <i>O/M</i>
Signature <i>James Mani To Wab</i>	Telephone No. <i>705 859 3788</i> Date (dd-mm-yyyy) <i>25-11-2011</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.

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).

WIKWEMIKONG Police Dept

WIKWEMIKONG FIRE DEPT DND 10/27/2014

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).

IMMEDIATELY VACATE ALL CUSTOMERS FROM BUSINESS
WARN ALL STAFF TO MEET IN FRONT OF BUILDING IN PARKING LOT. 10/27/14

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).

Keep AREA CLEAR & CALL 911
ANY SIGN OF LEAKS (MAJOR)

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

SITE IS IN AN OPEN AREA
NO FENCE RESTRICTIONS.

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

STAY ON PHONE WITH 911
TILL FIRE OR POLICE ARE ON SITE
PHONE OR EMAIL TSSA

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

1-2 MINUTES

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Name of person completing this form (please print) S MANTOVARI	Official Title O/M
Signature [Signature]	Telephone No. [Blank]
	Date (dd-mm-yyyy)



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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 type="checkbox"/>	<input checked="" 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>135 m.</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>135 m.</u>

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Name of person completing this form (please print) <i>JAMES MANITOWABI</i>	Official Title <i>O/M</i>
Signature <i>James Maniowabi</i>	Telephone No. <i>705 859 3788</i>
	Date (dd-mm-yyyy)



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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 BERNIE BRANT	Signature	Date (dd-mm-yyyy) 10/27/2011
Local Fire Services Name WIKWEMIKONG FIRE DEPT		

WIKWEMIKONG FIRE DEPARTMENT
P.O. BOX 112, 19-A COMPLEX DRIVE
WIKWEMIKONG - ONTARIO POP-2 J0
1-705-859-2011 (PHN) 1-705-859-3851 (FAX)
WUIR.FIRECHIEF@HOTMAIL.COM.

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) JAMES MANI TOWARI	Official Title O/M
Signature	Telephone No. 705-859-3788 Date (dd-mm-yyyy) 10/25/11



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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>GOOGLE EARTH 10/24/11</i>	Capacity of single largest propane storage vessel (USWG) <i>2000 US gallon</i>
Tank setback coordinates. Indicate placement on the map.	
Front: _____	Right side property line: _____
Rear: _____	Left side property line: _____
GPS coordinates of single largest vessel: _____	

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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>GOOGLE EARTH 01/05/12</i>	Capacity of single largest propane storage vessel (USWG) <i>2000 US gallon</i>
Tank setback coordinates. Indicate placement on the map. Front: <i>40 m</i> Rear: <i>100 m</i>	Right side property line: <i>105 m</i> Left side property line: <i>35 m</i>
GPS coordinates of single largest vessel: <i>45.47.58.47N 81 43 57 83W</i>	

- 9 see map
- 10 ~~10~~ BAND OFFICE - FIRE DEPT.
- 11 SEE MAP
- 12 SESAME ST, WIKWEMIKONG WAY, AMIROOK ST.
- 13 2174 WIKWEMIKONG WAY 01, 05-2012
- 14 FIRE CHIEF BRANT OR BAND CHIEF HAZEL FOX

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>JAMES MANITOWABI</i>	Official Title <i>O/M</i>
Signature <i>James Mani...</i>	Telephone No. <i>705 859 388</i> Date (dd-mm-yyyy) <i>05-01-2012</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

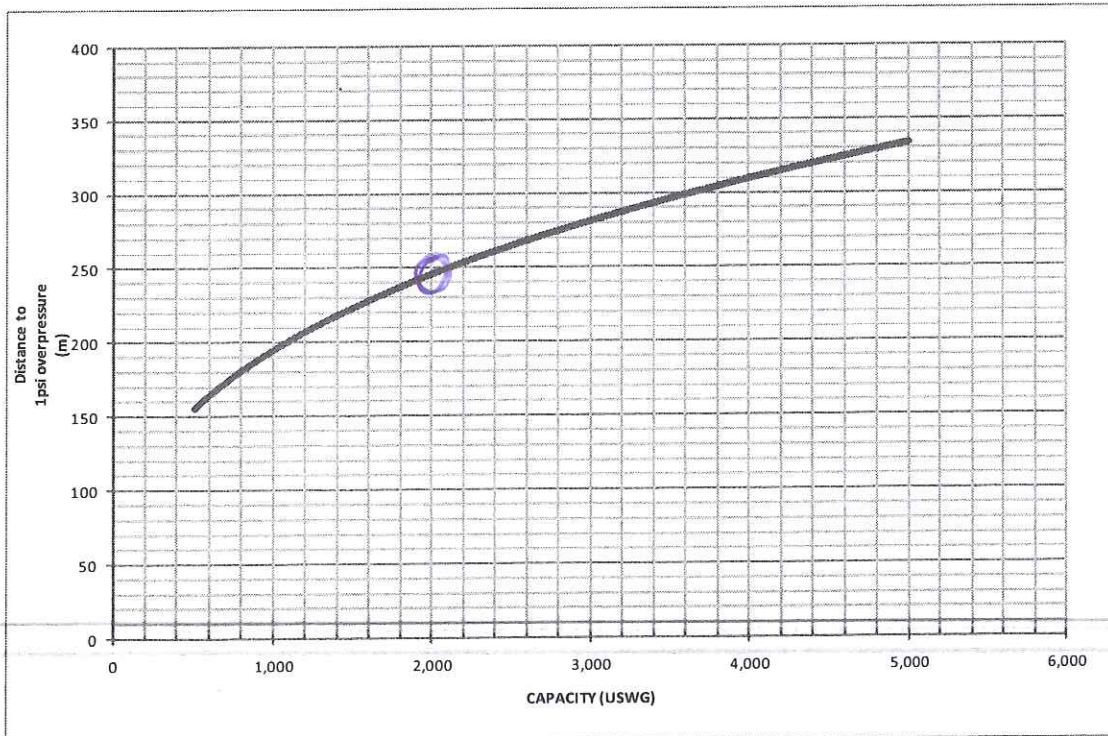
Table 1: Distance Table

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

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

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

Hazard Distance Chart (EPA-TNT model)



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Name of person completing this form (please print) <i>SAME INFORMATION AS</i>		Official Title <i>O/M</i>	
Signature <i>[Signature]</i>		Telephone No.	Date (dd-mm-yyyy)



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SECTION C: SUBMISSIONS (cont'd)

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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. [Redacted]			9		80 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>ADDYS GROCERY</u> Address: _____ City: _____ Province _____ Postal Code _____			2		20 m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>ELDERS - AMIKOOK CENTRE</u> Address: _____ City: _____ Province _____ Postal Code _____			1		120 m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>HUB CENTER SCHOOL</u> Address: _____ City: _____ Province _____ Postal Code _____			1		165 m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>FIRE DEPT</u> Address: _____ City: _____ Province _____ Postal Code _____			1		160 m

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

Jane Smith 25/11/11

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Name of person completing this form (please print) <u>Somes Anita</u>	Official Title <u>O/M</u>
Signature <i>[Signature]</i>	Telephone No. <u>705 859 3788</u>
	Date (dd-mm-yyyy) <u>10/27/11</u>



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SECTION C: SUBMISSIONS (cont'd)

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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		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

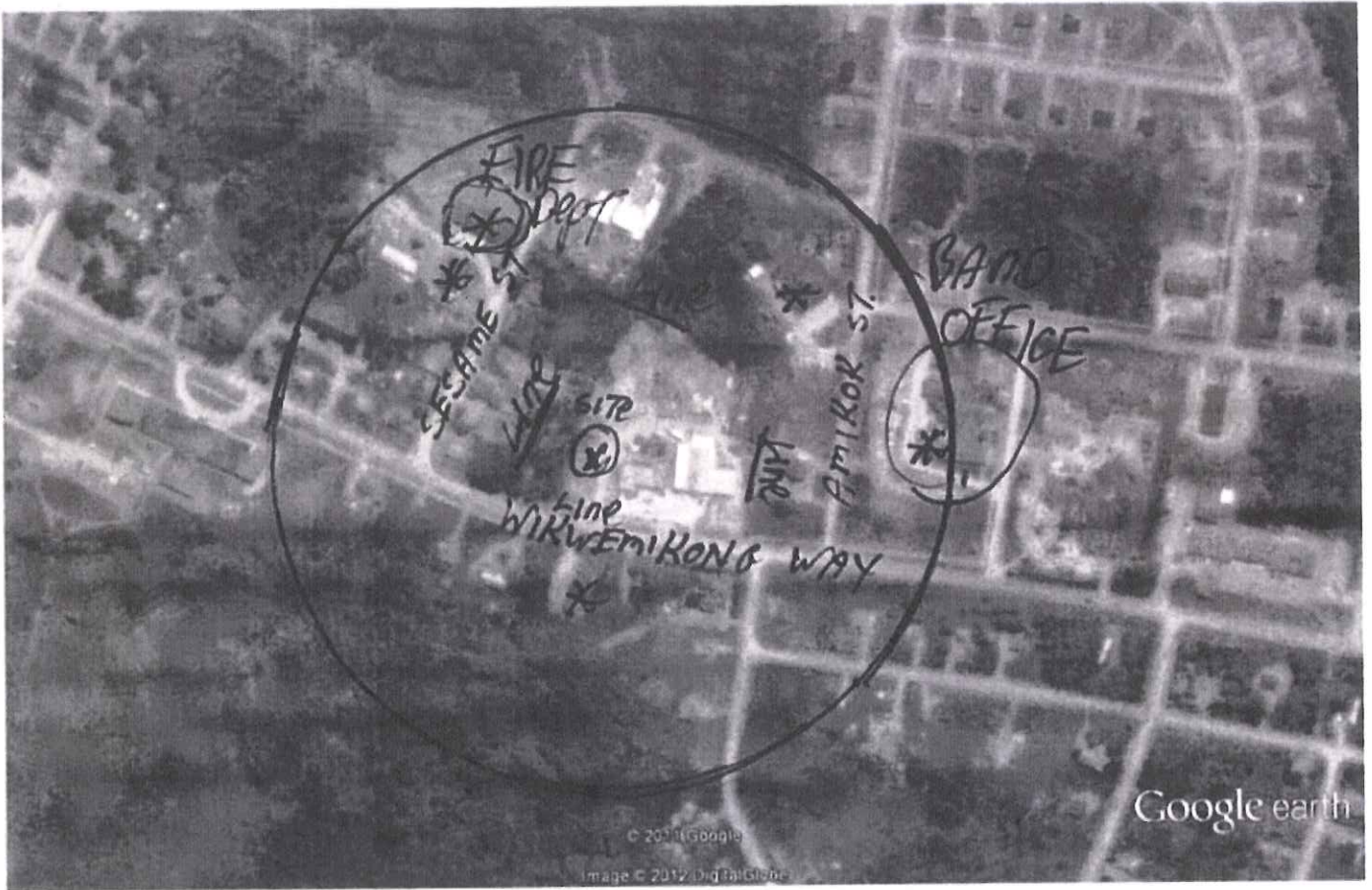
Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
2000 USWG	2	
THESE TANKS ARE FOR BUSINESS SUPPLY		
USE ONLY RE:- LAUNDROMAT - HEATING		
Total Tank Capacity		

Total Cylinder Capacity	
Total Tank Capacity	4000 USWG
Total Portable Capacity	

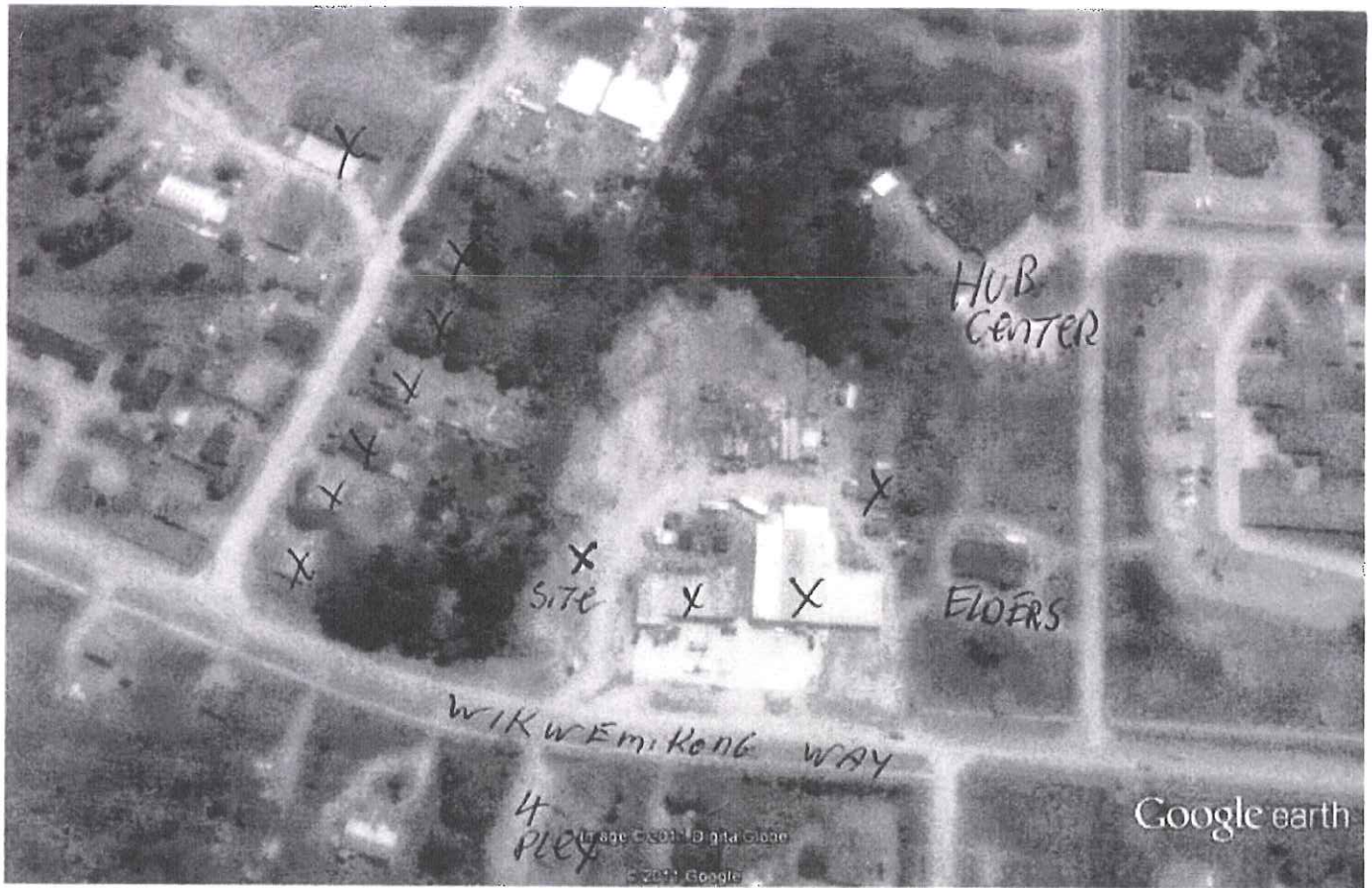
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Name of person completing this form (please print)	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)
	705 859 3788	



Google earth





Google earth

feet
meters



- HUB center (school)
- Elders center
- 4 Pley unit
- X single dwellings



- HUB-CENTRE (DAYCARE) ✓
- ELDERS DROP IN CENTER ✓
- 4 UNIT APARTMENT ✓
- 16 SINGLE DWELLINGS
- ANDY'S BUSINESS COMPLEX