



Technical Standards and Safety Authority  
www.tssa.org

14th Floor Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X 2X4  
Fax: 416.31.4903  
Customer Service: 1.877.682.6772

**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: 000076646729

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.

Company Name: MADAWASKA COUNTRY STORE Ontario Corporation No., if applicable: \_\_\_\_\_

Operator Name (if different from above): BONG KIM DOB KIM

Telephone No. 6136371149 Fax No. SAME E-mail Address N/A

Street No. \_\_\_\_\_ Street Name, Lot / Concession No. HWY 60 / HWY 523 PO Box 71

Town / City or Township / County MADAWASKA Province ONTARIO Postal Code K0J 2C0

Mailing address if different from above: \_\_\_\_\_

Street No. \_\_\_\_\_ Street Name, Lot / Concession No. SAME AS ABOVE

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

Information on Container Refill Centre or Filling Plant

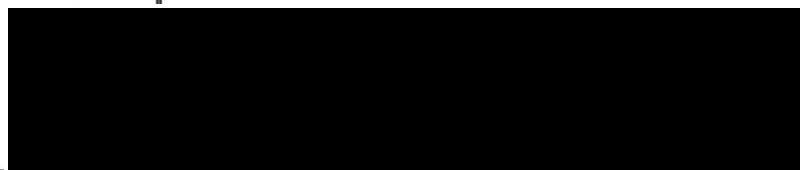
Location of facility:  
 Street No. \_\_\_\_\_ Street Name, Lot / Concession No. HWY 60 / HWY 523 Nearest major Intersection HWY 60 at HWY 523

Town / City or Township / County MADAWASKA Province ONT Postal Code K0J 2C0

Name of Licence Holder: BONG KIM

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): BONG KIM ROT type PPO - 3

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

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>BONG KIM</u>	Signature: <u>BONG KIM</u>	Date (dd-mm-yyyy): <u>18/10/11</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training: _____	Signature: _____	Date: _____





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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) <b>KELLY'S FUEL</b>		For Office Use - Party No. [REDACTED]	
Street No. <b>2085</b>	Street Name Lot / Concession No. <b>Whittington Rd.</b>		
Town / City or Township / Country <b>Peterborough.</b>		Province <b>ONT</b>	Postal Code <b>K0L 1C0</b>
Telephone No. <b>705 745-4629</b>	Fax No. <b>705 745-3621</b>	Contact Name <b>BILL MILLER</b>	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No. [REDACTED]	
<b>KELLY'S FUEL</b>			
Street No. <b>174</b>	Street Name Lot / Concession No. <b>HASTING ST NORTH</b>		
Town / City or Township / Country <b>BANCROFT</b>		Province <b>ONT</b>	Postal Code <b>K0L 1C0</b>
Telephone No. <b>613 332-2294</b>	Fax No. <b>613 332-1570</b>	Contact Name <b>ROGER KELLAR</b>	
E-mail			

Off-site Cylinder and/or Mobile Storage <b>N/A.</b>	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.

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Name of person completing this form (please print) <b>BOW G KIM.</b>	Official Title <b>OWNER</b>	
Signature <b>Bow G Kim</b>	Telephone No. <b>613 637-1149.</b>	Date (dd-mm-yyyy) <b>18/10/11</b>



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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 1000 USG Dispenser  
1 x 500 USG TANK.

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

1 x 10 lb ABC EXTINGUISHER.  
1 x 20 lb " "

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.

Smoke detectors in building.  
PROPANE EMERGENCY SHUT OFF SWITCH  
PROPANE TANK ISC CONTROLLED BY FUSIBLE LINK

Maintenance and testing schedule for fire protection controls and devices.

6 month inspection By Bolan FIRE PROTECTION.

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Signature <i>Bong Kim</i>	Telephone No. <b>613 637-1149</b> Date (dd-mm-yyyy) <b>18/10/11</b>



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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> Name: <b>BONG KIM</b> For Office Use - Party No. Official Title: <b>OWNER</b> Telephone No.: <b>613 637-1149</b> Fax No.: <b>613-637-5356</b> E-mail: Role and responsibilities in emergency: <b>call all + EVACUATION.</b>		<b>5. Facility 24-Hour Contact Person</b> Name: <b>BONG KIM</b> For Office Use - Party No. Official Title: <b>OWNER</b> Cell No.: <b>SAME + 705 448</b> Fax No.: E-mail: <b>3788</b> Role and responsibilities in emergency:	
<b>2. Facility Contact Personnel - Alternate Contact</b> Name: <b>ANNE</b> For Office Use - Party No. Official Title: <b>EM PLAYER</b> Telephone No.: <b>613-637-2011</b> Fax No.: E-mail: <b>ATCG@NEXICOM.NET</b> Role and responsibilities in emergency: <b>all + EVACUATION.</b>		<b>6. Name of Facility Manager</b> Name: <b>BONG KIM</b> For Office Use - Party No. Official Title: <b>OWNER</b> Telephone No.: <b>613 637-1149</b> Fax No.: E-mail: Role and responsibilities in emergency: <b>call 613 332 2294 - evacuation.</b>	
<b>3. Local Fire Services - Key Contact</b> Name: <b>AUREL THOM</b> For Office Use - Party No. Official Title: <b>CHIEF</b> Telephone No.: <b>613-637-5533</b> Fax No.: <b>613-637-1113</b> E-mail: <b>chiefthom@xplornet.ca</b> Role and responsibilities in emergency: <b>CONTROL SCENE, call other agencies</b>		<b>7. Propane Supplier Key Contact Person</b> Name: <b>ROGER KELLAR</b> For Office Use - Party No. Official Title: <b>DISPATCHER</b> Telephone No.: <b>613 332-2294</b> Fax No.: E-mail: Role and responsibilities in emergency: <b>Activate Mutual Aid.</b>	
<b>4. Local Fire Services - Alternate Contact</b> Name: <b>Russ Woods</b> For Office Use - Party No. Official Title: <b>Deputy CHIEF</b> Telephone No.: <b>613-637-5533</b> Fax No.: <b>613-637-1113</b> E-mail: Role and responsibilities in emergency: <b>first response, control scene</b>		<b>8. Municipal Contact</b> Name: <b>Harold LuckASAVITZ</b> For Office Use - Party No. Official Title: <b>clerk Tressure</b> Telephone No.: <b>613-6372650</b> Fax No.: <b>613-637-5368</b> E-mail: <b>Harold.TSA@xplornet.com</b> Municipality: <b>Township of South ALGONQUIN</b>	

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Name of person completing this form (please print): <b>Bong Kim</b>	Official Title: <b>OWNER</b>
Signature: <i>Bong Kim</i>	Telephone No.: <b>613 637-1149</b> Date (dd-mm-yyyy): <b>18/10/11</b>

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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.

Daily shift inspections, with lock out if something not right  
Monthly Safety meetings  
Regular maintenance check of all equipment.  
Regular on site clean up of area.  
Posted Contact INFO VISIBLE TO ALL

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Name of person completing this form (please print)	Official Title	
BONG KIM	OWNER	
Signature	Telephone No.	Date (dd-mm-yyyy)
Bong Kim	613 637 1149	18/10/11



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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) DEC 20/10	Print Name of Training Provider: Kellys Fuel
	Print Name of Instructor: BRUCE HOWSON PPO-3
Training Date (dd-mm-yyyy) Dec 20/10	Print Name of Training Provider: Kellys Fuel
	Print Name of Instructor: BRUCE HOWSON PPO-3
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) BONG Kim. Dec 20	Print Name of Training Provider: KELLIS FUEL
	Print Name of Instructor: BRUCE HOWSON PPO-3
Training Date (dd-mm-yyyy) LISA Kim Feb 10	Print Name of Training Provider: KELLIS FUEL
	Print Name of Instructor: BRUCE HOWSON PPO-3
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) 15/07/2011	Print Name of Training Provider: KELLIS FUEL
	Print Name of Instructor: BRUCE HOWSON PPO-3
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) BONG KIM.	Official Title OWNER
Signature Bong Kim	Telephone No. 613 637 1149
	Date (dd-mm-yyyy) 18/10/11



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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mm-yyyy) 15/12/11	Print Name of Training Provider: BONG KIM
	Print Name of Instructor: BONG KIM
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) 15/12/11	Print Name of Training Provider: BONG KIM
	Print Name of Instructor: BONG KIM
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) 15/12/2013	Print Name of Training Provider: Kelly's Fuel
	Print Name of Instructor: Bruce Howson PPO-3
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) BONG KIM	Official Title OWNER
Signature Bong Kim	Telephone No. 613 637 1149 Date (dd-mm-yyyy) 18/10/11





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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.

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).

Staff 911 CALL 613-637-5533  
613 637 5533

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).

Staff - EVACUATION, 911 meeting place  
towards hwy 523 EMERGENCY shut off switch  
613-637-5533

**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).

portable phone phone booth across street  
call Fire deptmet.  
call Kelly Fuel Service

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

clear open space by hwy 60 & HWY 523

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

MAIL FAX PHONE

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

Within 105 mins.  
Ann Turner (staff) across st.

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Signature Bong Kim		Telephone No. 613 637 1149	Date (dd-mm-yyyy) 18/10/11



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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 type="checkbox"/>	<input checked="" type="checkbox"/> <i>no storage.</i>
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 checked="" 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>NA</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>300 + 400 metres</u>	

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Name of person completing this form (please print) <i>AUREL THOM</i>	<i>[Signature]</i>	Official Title <i>CHIEF</i>
Signature <i>[Signature]</i>	Telephone No. <i>613-637-5533</i>	Date (dd-mm-yyyy) <i>14/10/2011</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.

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:

*Reviewed Plan with licence holder.*

**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: *Phone / Fax / in person.*  
(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 <i>Downsview South Alder</i>	<i>[Signature]</i>	<i>14/10/2011</i>

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Name of person completing this form (please print)	Official Title
<i>AUREL THOM</i>	<i>CHIEF</i>
Signature	Telephone No.
<i>[Signature]</i>	<i>613-637-5533</i>
	Date (dd-mm-yyyy)
	<i>14/10/2011</i>

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# 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

### 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)
AUG 23 / 2011	1000 USG
Tank setback coordinates. Indicate placement on the map.	
Front: 13 meters	Right side property line: 68 meters
Rear: 149 meters	Left side property line: 6 meters
GPS coordinates of single largest vessel: N 45° 30.118 W 077 59.052	

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BONG KIM	OWNER	
Signature	Telephone No.	Date (dd-mm-yyyy)
Bong/K	613 637 1149	18/10/



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

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

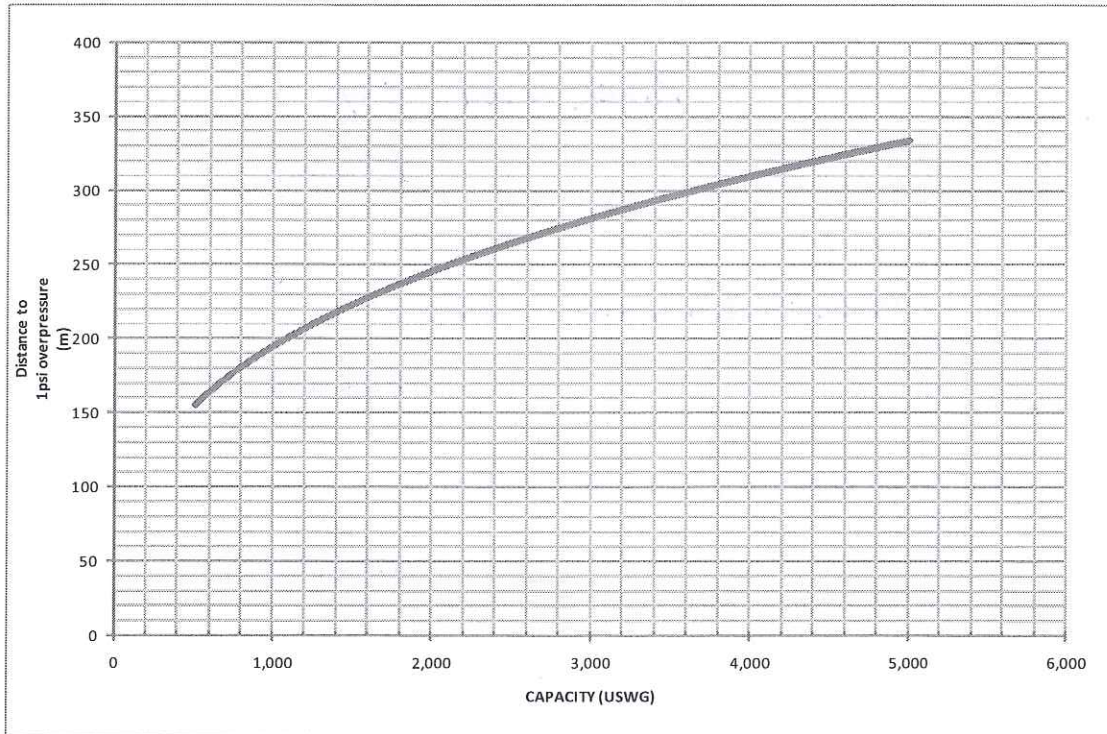
Table 1: Distance Table

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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Signature <i>Bowg Kim</i>		Telephone No. <i>613 637 1149</i>	Date (dd-mm-yyyy) <i>18/10/11</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: <u>Stone GAS BAR, Allstar variety</u> Address: <u>ACROSS STREET</u> City: <u>MADAWASKA</u> Province <u>ONT</u> Postal Code <u>K0L 2C0</u>		X			<u>80</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]				X	<u>33</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Holy Trinity Anglican Church</u> Address: <u>ACROSS ST HWY 60</u> City: <u>MADAWASKA</u> Province <u>ONT</u> Postal Code <u>K0L 2C0</u>		X			<del>70</del> <u>255</u> m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>CAMP GROUND RIVER Land Lodge</u> Address: <u>HWY 60</u> City: <u>MADAWASKA</u> Province <u>ONT</u> Postal Code <u>K0L 2C0</u>		X			<u>309</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>SCHOOL (MADAWASKA PUBLIC SCHOOL)</u> Address: <u>HWY 60</u> City: <u>MADAWASKA</u> Province <u>ONT</u> Postal Code <u>K0L 2C0</u>		X			<u>320</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>COMUNITY CENTER / FIRE HALL</u> Address: <u>HWY 523</u> City: <u>MADAWASKA</u> Province <u>ONT</u> Postal Code <u>K0L 2C0</u>		X			<u>194</u> 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) <u>BONG KIM</u>	Official Title <u>OWNER</u>
Signature <u>Bong Kim</u>	Telephone No. <u>613 637 1149</u> Date (dd-mm-yyyy) <u>18/10/11</u>



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

NA

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		
<b>Total Cylinder Capacity</b>			

Tanks Stored On-site Not Connected for Use

NA

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

Total Cylinder Capacity	
Total Tank Capacity	1 x 500 USG Tank / 1 x 1000 USG DISPENSER
Total Portable Capacity	

**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) <b>BONG KIM</b>	Official Title <b>OWNER</b>
Signature <i>Bong Kim</i>	Telephone No. <b>603 637 1149</b>
	Date (dd-mm-yyyy) <b>18/10/11</b>

MADAWASKA COUNTRY STORE Kot IXO Date of Map : 05/10/11

Community Centre

Major Lake Rd



R = 195 m

Tank

Hwy 523

Township : South Algoumain

Capacity of propane Storage tank 12 tonnes  
 Tank Set Back  
 Front - 13m Right - 6.9m  
 Rear - 4.9m Left - 6m  
 GPS : N45°30'18" W 077°59'052"  
 Township : South Algoumain  
 Person contact : Harold Luckasavage  
 613-637-5368

Hwy 60

Madawaska Public School

Holy Trinity Anglican Church

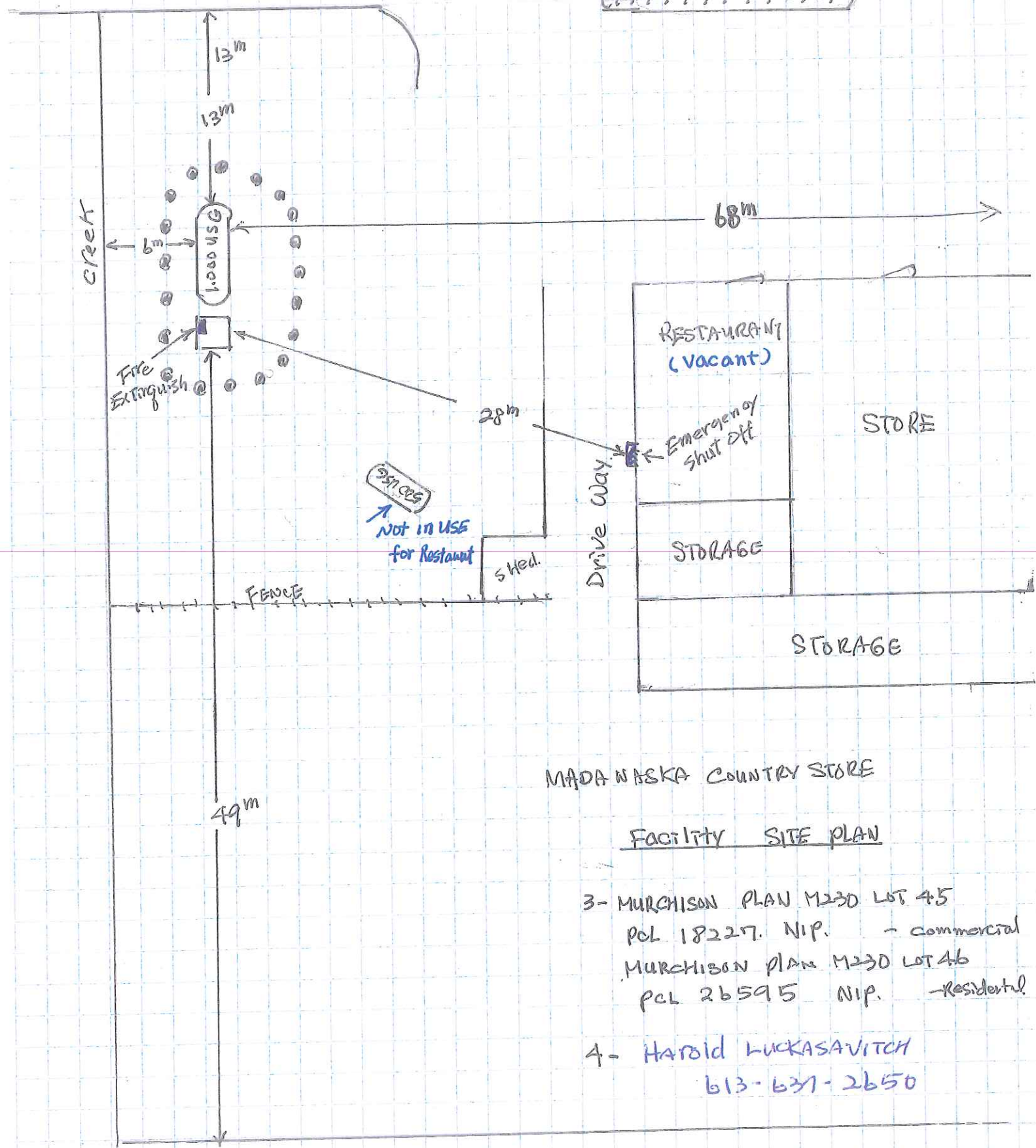
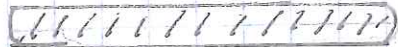
Menton St

Riverland Lodge and Camp



Hwy 60

Hwy 60



MADANASKA COUNTRY STORE

Facility SITE PLAN

- 3- MURCHISON PLAN M230 LOT 45  
PCL 18227. NIP. - commercial
- MURCHISON PLAN M230 LOT 46  
PCL 26595 NIP. - residential

4- HAROLD LUCKASAVITCH  
613-631-2650