# BLUEBERRY HILL MOTEL & CAMPGROUND LTD. 2528 D R.R.#2 Hwy 17N Goulais River, ON POS 1E0



14th Floor - Centre Tower 3300 Bloor Street West Safety Authority 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 store	ige capacity on site.	
	Failure to fully complete this form may result in rejection. laking a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i>		
Licence Number	161148810000		
	of propane operations.		
Cylinder		Keylock	
Submit along with this	completed application a Facility Site Plan and a Map of the Surrounding A	ea.	
	SECTION A: GENERAL	INFORMATION	
		0 1 1 1 7 1 1 1 1 1 1	James and Cafatry Act
The Undersigne Propage Storage	ed applies to TSSA for a review for an RSMP und ge and Handling Regulation.	er Ontario's Technical Stand	ards and Salety Act,
Company Nam	111	Or	ntario Corporation No., if applicable
ABUR	berry Hill Moler & Park	pollony of the	1584848
Operator Name	e (if different from above)	alle	
Telephone No.	Fax No. E-mail Address	0010	T .
705-649	15631705-649-4100 dianel	roule @sympa	atrico.ca.
B Street No.	Street Name, Lot / Concession No.	) 1	1
Town / City or	Township / County	Province	Postal Code /
60	olais River	ON	POSTIED
Mailing addr	ress if different from above.		
C Street No.	Street Name, Lot / Concession No.		
Town / City or T	Township/County OULOUS RIVER	Province O W	Postal Code Pos IEO
Information on Location of fa	n Container Refill Centre or Filling Plant		
Street No.	Street Name, Lot / Concession No.	Nearest major intersection	0.0
865C D	DI HWY MORTH	PINESHO	RE KD
Town / City or T	Township / County	Province	Postal Code
9	10UKUS RIVER	00	IFφSILEφ
Name of Licence	e Holder		
ER	RNEST L. MURPOC	K	
Name of a Seni	ior Management person as defined in the regulation holding the Record o	Training (ROT).	OT type
CR	NEST L. MURDOCK		TP9-3
	r municipalities if the facility or its hazard distance touches multiple borde	rs)	Ĭ
6	ioulais River		
Hours of operati	ion.		(4
			_

I hereby declare that the information I have given here is true and qomplete.

	/ / /
Name of Licence Holder Frances + L. Mordack	Signature Date (dd-mm-yyyy)
Name of Senior Management person as defined in the Regulation holding the Record of Training ( MURODCC	, , , , , , , , , , , , , , , , , , ,



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

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

		_
Indicate the year the facility was established.  Indicate the year of any significant mo	diffications, as defined in s.1, O.Reg 211/01, since establishment.	
Identify the psig rating and serial number for each fixed propane storage tank on site.	9 11102	
PSIG Serial Number		
Tank1: 250 at 135 F 35776		
Tank2:	ATTACHED I	
Tank3:		
Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed	inventory that includes the number of tank/vessel for	
each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a sep	parate document.	
Fixed: 1000 USWG Portable: NA	Mobile: NA	
Fixed. Foliable. 1911	Mobile:	
Declaration: I am aware that it is an offence to give fal	ise information in this document and	ż
I hereby declare that the information I have give	ven here is true and complete.	
Name of person completing this form (please print)	Official Title	1
		Ö
Signature Ernest L. Movdack	IN INTONIA	-
Signature	The state of the s	
(1/1/1/ goloth	705-649-5631 10-10-11	J
FS 09195 (11/10) Page 2 of 15		-



Signature

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

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

**Activity Information** 

Name of Propane Supplier(s)			
Mc DOUGAIL ENERGY	INC		
Street No. Street Name Lot / Concession No.			
Town / City or Township / Country	1	Province	Postal Code
SAULT STE MARIE		00	1P6B10A9
Telephone No. Fax No. Contact Nar 105-949-6303 105-949-3535 51-	me eve Hild	erle	4.
Sterehilderley@mcdougall	corp.com	2	
Name of Propane Transporter. If same as above, please check box	х.		
Street No. Street Name Lot / Concession No.			
Town / City or Township / Country	Ī	Province	Postal Code
Telephone No. Fax No. Contact Nar	me		
E-mail			
,	Co.	2	
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.		_8_	47
Town / City or Township / Country		Province	Postal Code
Telephone No. Fax No. Contact Nar	me		
Note: Customer storage is not considered off-site storage.			
BLUEBERRY HILL MOTEL & CAMPGROUND LTD. 2528 D R.R.#2 Hwy 17N Goulais River, ON POS 1E0		8	
Declaration: I am aware that it is an offer I hereby declare that the information	nce to give false information I have given here is	ation in this true and co	document and mplete.
Name of person completing this form (please print)	Official T	itle WNET	

Telephone No.

Date (dd-mm-yyyy) 10-10-11



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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 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 EXTIN GUISHERS AT DISPENSER IN THE BLOG
CLOSE BY & AT THEOPPICE
FIRE HEAT BETECTORS IN MOTER & MAIN BLDG.
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.
SHUT OPP DEVICE ON THE DIS PENSOR - SHUT OPP VALVE
ON BLD CLOSE BY ALSO (15M.) SINGS WITH INSTRUCTION
BY DISPENSER BY VALUE ON BLDG.
DISPERIS STAND ALONE- 15 M. FROM BLDG USED
Maintenance and testing schedule for fire protection controls and devices. SCASON ALY.
ANNUAL INSPECTION ATESTING DONE BY MCDOUGALL.
IGLOD & cement pillous
& shut off valves
GIRE EXTINGUISHERS
MRE EXTINGUISME
BLUESERRY HILL MOTEL &
CAMPGROUND LTD.
111 Am 743131 0 8752
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
Frnest L. Mardock OWNER
Signature Telephone No. Date (dd-mm-yyyy)
2/1/1/ redocke 705-649-831 10-10-11
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### Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

Propane Storage and Handling Regulation

#### 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	
ERNEST MURDOCK	For Office Use - Party No.	Name RNEST MURDOUC	For Office Use - Party No.
Official Title		Official Title	
Telephone No. Fax No. 705-644-563	649.4000	Cell No. 705-649-4819 Fax No. 705-	-649-4600
Finail Manchoule @ Sumpa	tico ca	E-mail diane houle a sum	patico ca
Role and responsibilities in emergency FERECT PIRECT	SIRST.	Role and responsibilities in emergency Text EVACU PTE POWD ANT	FURST
2. Facility Contact Personnel - Alternate Co	ontact	6. Name of Facility Manager	
Name Houle	For Office Use - Party No.	Name DIANE Houle	For Office Use - Party No.
Official Title		Official Title MGR.	
Telephone No. S63 Fax No.	649-4100	Telephone No 4818 Fax No.	349-4100
	obtico.co	Ganehove Sympat	n'co-ca
Role and responsibilities in emergency	FIRST	Role and responsibilities in emergency	GIRST
RESPONDENT	1 1123	RESPONDENT	0 (123)
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name SEFF BOWEN	For Office Use - Party No.	Name Hilderley	For Office Use - Party No.
Official Title CHIEF TGOURISKY	vee Fire Hall	Official Title	
Telephone No. Fax No. 705-64	49-1943	Telephone No.	49-2539
E-mail goulaisfire axplo		E-mail steve hi berley @ mc do	wallonp.c
Role and responsibilities in emergency	e chier	Role and responsibilities in emergency	7
FIRE OPERATIONS			
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name DAVIO RYAN	For Office Use - Party No.	Name . NA	For Office Use - Party No.
Official Title DEPUTY CHIEF		Official Title	
Telephone No. 705 649 3039 Fax No. 705 649 1943		Telephone No.	HEBERIUSE
E-mail		E-mail 3 January CT J GWU	CAMPGRO
Role and responsibilities in emergency  FIRE OPERATIONS		Municipality WH SW.	A A CI DAVE

Name of person completing this form (please print)	Official Title	
Signature Signature	Telephone No. 705-649-5631	Date (dd-mm-yyyy)



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

#### 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.
RESIDENCES OR LOCATION WHERE PEOPLES ARE PRESENT
AT ALL TIMES
HERE IS THREE ALTERNATIVES ROAD TO EVACUATE
PEOPLES IF NEEDED
IN CASE OF FIRE 120,000 L. OF WATER
FROM THE INDOOR POOL IS AVAILABLE FOR
REFILING AT THE POND-
RCTTCUNG HT THE POND-
7

**BLUEBERRY HILL MOTEL &** CAMPGROUND LTD. 2528 D R.R.#2 Hwy 17N Goulais River, ON POS 1E0

Name of person completing this form (please print)	Official Title	
Fract by Mordeck	OW HER	
Signature Signature	Telephone No. 705-649 (763)	Date (dd-mm-yyyy)
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## Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

Propane Storage and Handling Regulation

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

3. Record of Emergency Training Provided - For most recent 12-month period.

Training on Emergency Respo	onse Plan and Procedures provided to facility key contacts.
Training Date (dd-mm-yyyy)	Print Name of Training Provider: OWNER MANAGER
10/10/11	Print Name of Instructor: D. Houle
Training Date (dd-mm-yyyy)	Print Name of Training Provider: OWNER IMANAGER
08/06/11	Print Name of Instructor: D. Hove
Training Date (dd-mm-yyyy)	Print Name of Training Provider: ONNER MANAGEK
04/02/10	Print Name of Instructor: D. Houle
Training on the facility's Emerg	gency 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 provid	ed 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:
NOTE	the one staff allban been certified.
BLUEBERF CAMPGRO	RY HILL MOTEL & DUND LTD.

2528 D R.R.#2 Hwy 17N Goulais River, ON POS 1E0

Name of person completing this form (please print)	Official Title	
Fraest L. Mordack	OWNER	
Signature O A Da A	Telephone No.	Date (dd-mm-yyyy)
E/Mendocle	705-649-5631	10-10-11



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Toronto Ontario M8X 2X4
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Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act Propane Storage and Handling Regulation

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

4. Emergency Training Plan for Coming Year

Training on Emergency Resp	ponse Plan and Procedures provided to facility key contacts.
Target Date (dd-mm-yyyy) 01 -03 -12	Print Name of Training Provider: OWNER MANAGER
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider: OWNER /MAWA (SER
01.05-12	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider: OWNER IMANAGER
01-09-12	Print Name of Instructor: D. Houle
Training on the facility's Eme	rgency 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 provi	ided 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:
NOTE,	the owner manacer d 1 stall have all becom certified.
	BLIFEERRY FILL MOTELS CAMPEROUND LTD 2528 D R R #2 Hwy 17N Coulder Sing Control

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 per	rson completing this form (please print)	Official Title	
	Lonest L. Mardack	OWER	
Signature	Mha 11	Telephone No.	Date (dd-mm-yyyy)
	ElMendole	705-649-1631	10-10-11

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Warnings and Actions

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# Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

 $Propane\,Storage\,and\,Handling\,Regulation$ 

#### 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

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).
As soon as problem is de lected staff will advise Man &
an a direct quests to sake evacuation route.
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 WILL CORDON OFF DISPENSER AREA & ABVISE
QUESTS OF EVACUATION ROUTE, PROVIDE ANSWERS
TO PIRST RESPONDANT & HELP IAS INSTRUCTED BY
PRO PESSIONAL.
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).
OWNEROR MANAGER IS ON SITE AT ALL TIME.
AS SOON AS PROBLEM IS DETECTED 911 will be
CONTACTED
Describe provisions for fire department entry when there are no operations or staffing at the propane site.
SITE IS NOT IN LOCKED DOWN LOCATION -
THERE IS NO GATE
Describe how the licence holder will ensure continual flow of updated information to authorities.
LAND LINE ARE IN ANOTHER LOCATION &
cell coverage is available
license holder will physically be present of
is known to the local fire CREW.
How long will it take the facility liaison person to respond to the site.
OWNER OR MANAGER ARE ON SITE
AT ALL TIMES.
BLUEBERRY HILL MOTELS
CAMPGROUNDLTD
Declaration: I am aware that it is an offence to give false information in this document and the many of a selection.

I hereby declare that the information I have given here is true and complete.

Official Title

Telephone No.

Date (dd-mm-yyyy)

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Signature

Name of person completing this form (please print)



Signature

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

Propane Storage and Handling Req

DWINE

Date (dd-mm-yyyy)

Telephone No.

#### 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 No Yes Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)? Is there adequate night lighting at the site? 2. 3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials? 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? Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? Are weighing systems validated for accuracy? Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)? Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves) Is the schedule of maintenance and testing activities retained on site? 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 Is a pressurized water system available at the propane facility site? Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location? What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only) What is the unobstructed distance to the closest approved water supply with year 000 round access if there are no hydrants? (distance in metres only) **BLUEBERRY HILL MOTEL &** CAMPGROUND LTD. 2528 D R.R.#2 Hwy 17N Goulais River, ON Poplaration: 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



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Local Fire Services Name GOULAIS FIRE & RESCUE

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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 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

Yes No To be completed by the Local Fire Services Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan? If not, please explain (e.g., no fire services). Fire services comments, if any: ITE HAS EASY ACCESS AND IS WELL MARKED. NO ACTION 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. Date (dd-mm-yyyy) Print name JEFF BOWEN Signature Book

> BLUEBLERY HALL MOTHER CAMPGROUND ID 28 D R @ #2 Hoy 1 19 South River OH Charles

07-10-2011

Name of person completing this form (please print)	Merdeck	Official Title	
Signature	h	Telephone No. 705-6491-7631	Date (dd-mm-yyyy)



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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.

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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.
- Visual indication of property line information.
- 12. The location and name of roads within or abutting the site.
- 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.
- 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 storagevessel (USWG)
Tank setback coordinates. Indicate placement on Front: 265 W.  Rear: 166.5	the map.  Right side property line: 70 m.  Left side property line: 269 m.
GPS coordinates of single largest vessel:	46 42' 40.3" W 84° 20' 27.4"

BLUEBERRY HILL MOTEL & CAMPGROUND LTD. 2528 D R.R.#2 Hwy 17N Goulais River, ON POS 1E0

Name of person co	ompleting this form (please print)	Official Title	
1	rnest h. Mar doch	DUNCK	
Signature	00112211	Telephone No.	Date (dd-mm-yyyy)
	2/1 / lowelach	707-649-3631	10-10-11



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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

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

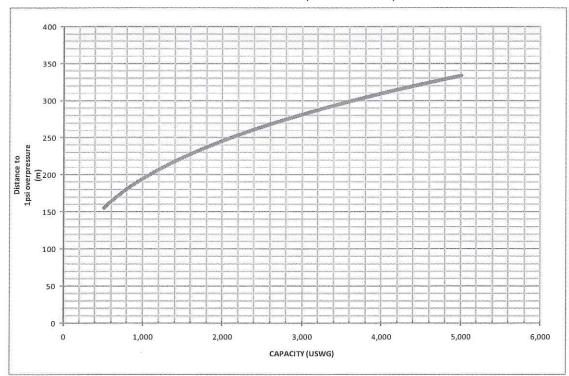
Assume all vessels are 80% full

1 gallon [US, liquid] = 0.003785411784 cubic meter

1 cubic metre = 264.17 USWG

BLUEBERRY HILL MOTEL & CAMPGROUND LTD. 2528 D R.R.#2 Hwy 17N Goulais River, ON P0S 1E0

#### Hazard Distance Chart (EPA-TNT model)



Name of person completing this form (please print)  Lenest Lenest Mardack	Official Title	
Signature Signature	Telephone No. 105 649 - 7631	Date (dd-mm-yyyy)
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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

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	0.000	and Fe	of Build eatures th an "2 2-10	X")	Distance from Tank to Closest Building or Feature
Industrial buildings or parks or golf courses  Name: Toloo (SEASONA) USE)  Address: 25 28 D Hwy I) N.  City: Goulou's River Province ON Postal Code POSICO		X			m
Residential huilding units specifically permanent single family dwellings condominiums and apartments		X			<u>46</u> 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. CABIN  Name: DFFICE - MOTEL - POOL "CAUNDROWAT  Address: 25 28 D HWY D.N  City: Quality RVRR Province ON Postal Code POS LCD	i e	X			<u>43</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons.  Name:				æ	m
Emergency responders specifically fire stations, ambulance stations, and police stations.  Name:  Address:  City:  Province  Postal Code					m

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	n completing this form (please print)	Official Title	
Signature	EMMurdah	Telephone No.	Date (dd-mm-yyyy)

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<sup>\*</sup> For multi-unit buildings, count each unit as "1".



14th Floor - Centre Tower 3300 Bloor Street West Toronto Ontario M8X2X4 Fax: 416.231.4903

Customer Service: 1.877.682.8772

# Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

Propane Storage and Handling Regulation

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

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

#### Portable Storage Additional Information Sheet

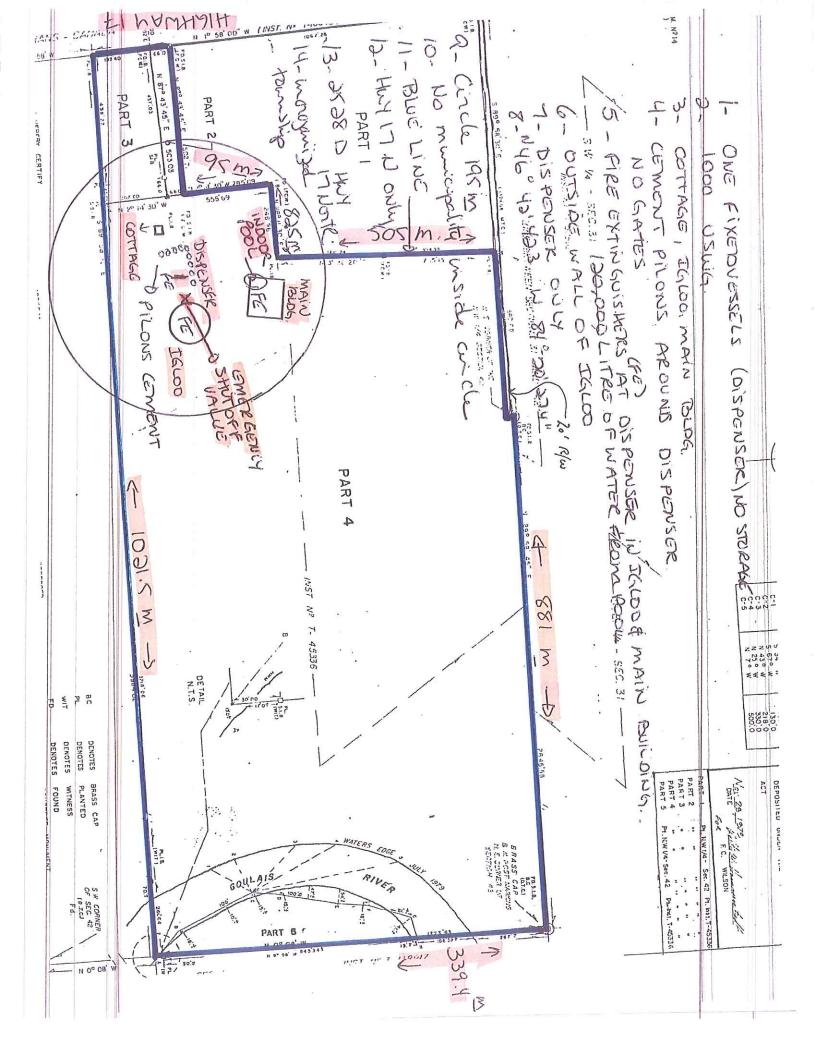
Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75	1 N	
# 33.3	9.62	W/K	
# 30	8.8	1	
# 20	5.8		
# 10	2.9		
# 5	1.5		

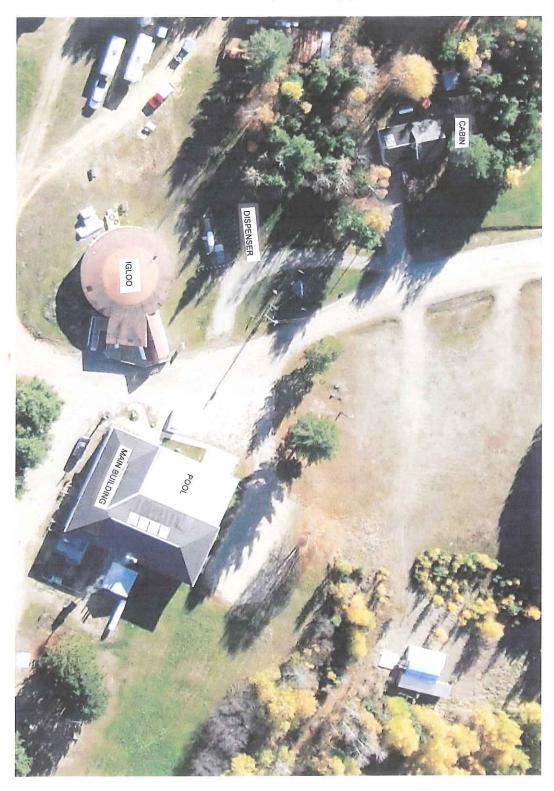
#### Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
	NI,	
Total Tank Capacity	*	
Carried Calledon Consolina		
Total Cylinder Capacity		
Total Tank Capacity		H
Total Portable Capacity	P	\1
DEBEKKY HILL MOTEL &	18	

I hereby declare that the information I have given here is true and complete. Official Title Name of person completing this form (please print) Telephone No Signature Date (dd-mm-yyyy)

Declaration: I am aware that it is an offence to give false information in this document and





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Goulais River, ON P0S 1E0

