



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

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

- This Level 1 RSMP applies to:
- a facility with a total propane storage capacity of 5,000 USWG or less; or
  - a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

<p style="text-align: center; font-weight: bold; font-size: small;">Failure to fully complete this form may result in rejection.          Making a false statement may result in a fine or prosecution          under the <i>Technical Standards and Safety Act</i></p> <p>Licence Number <input style="width: 100%;" type="text" value="76646063"/></p> <p>Check applicable type of propane operations.</p> <p> <input checked="" type="checkbox"/> Cylinder            <input type="checkbox"/> Motor Fill            <input type="checkbox"/> Filling Plant            <input type="checkbox"/> Card/Keylock       </p> <p style="font-size: x-small;">Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p style="text-align: center; font-weight: bold; font-size: small;">For Office Use Only</p> <div style="border: 1px solid black; height: 80px; width: 100%; background-color: black;"></div>
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**SECTION A: GENERAL INFORMATION**

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

<b>A</b>	Company Name Hilton Beach Tourist Park (Division of HI BEA Enterprises)	Ontario Corporation No., if applicable
	Operator Name (if different from above) Daniel Thomas Desjardin & Lori Desjardin	
	Telephone No. 705-246-2680	Fax No. 705-246-1303
	E-mail tom.desjard@sympatico.ca	
<b>B</b>	Street No. / Street Name / 911 Number / Address, if applicable 3020 / Bowker Street	
	Town / City or Township / County Hilton Beach	Province / Postal Code On / P0R 1G0
<b>C</b>	Mailing address if different from above.	
	Street No. / Street Name / 911 Number / Address, if applicable 3020 / Bowker Street P.O. Box 202	
	Town / City or Township / County Hilton Beach	Province / Postal Code On / P0R 1G0

<b>Information on Container Refill Centre or Filling Plant</b>		
Location of facility.		
<b>D</b>	Street No. / Street Name / 911 Number / Address, if applicable 3020 / Bowker Street	Nearest Major Intersection Bowker Street & Marks Street
	Town / City or Township / County Hilton Beach	Province / Postal Code On / P0R 1G0

Name of Licence Holder Daniel Thomas Desjardin & Lori Desjardin	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT) Daniel Thomas Desjardin	ROT type OPA PP0-3 Cert # 2134
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Incorporated Village of Hilton Beach	

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.**

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder Daniel Thomas Desjardin	<i>D.T. Desjardin</i>	Aug 26/11
Name of Senior Management person as defined in the Regulation holding the Record of Training Daniel Thomas Desjardin	<i>D.T. Desjardin</i>	Aug 26/11



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*Technical Standards and Safety Act*  
Propane Storage and Handling Regulation

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

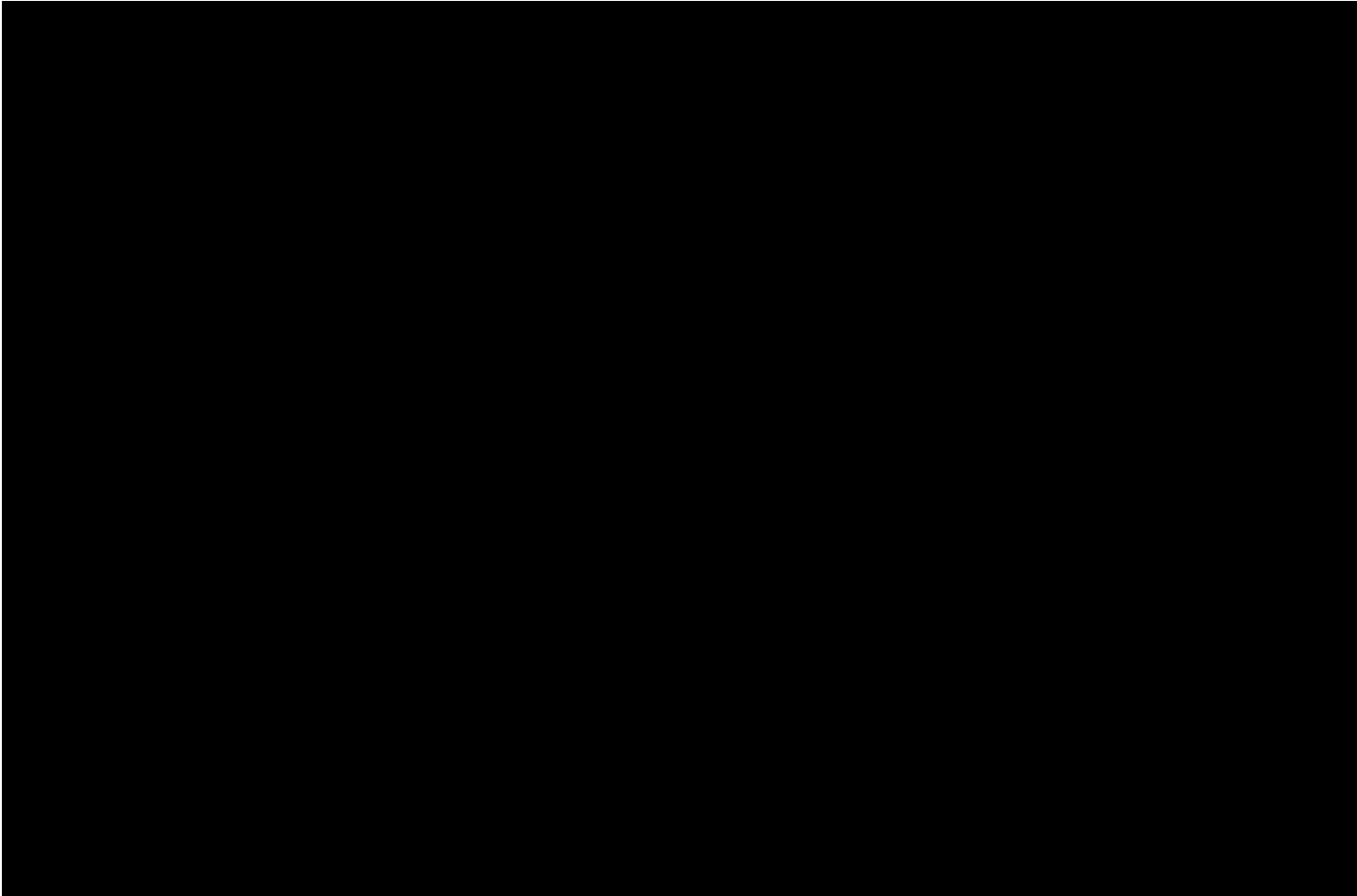
Indicate the year the facility was established.      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.  
1982      2009-2010

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

	PSIG	Serial Number
Tank 1:	250	20D8074953
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      Portable: 0      Mobile: 0



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Name of person completing this form (please print) Thomas Daniel Desjardin	Official Title Owner/Operator <i>D.T. Desjardin</i>
Signature <i>TD Desjardin</i>	Telephone No. 705-246-2680
	Date (dd-mm-yyyy) <i>Aug 26/11</i>



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

<b>Name of Propane Supplier(s)</b>		For Office Use - Party No.	
Superior Propane -Ontario Regional Operation Centre		[REDACTED]	
Street No.	Street Name / 911 Number / Address, if applicable		
251	Woodland Road East Unit 217		
Town / City or Township / Country		Province	Postal Code
Guelph		On	N1H 8J1
Telephone No.	Fax No.	Contact Name	
1-877-873-7467	519-836-7766	Mike Mullins	
E-mail			
mullinsm@superiorpropane.com			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
Superior Propane		[REDACTED]	
Street No.	Street Name / 911 Number / Address, if applicable		
HWY 17	HWY Road 17 East (north of Watson Road)		
Town / City or Township / Country		Province	Postal Code
Echo Bay		On	P0S 1C0
Telephone No.	Fax No.	Contact Name	
705-677-8431	519-836-7766	Paul Bastien	
E-mail			
bastienp@superiorpropane.com			

<b>Off-site Cylinder and/or Mobile Storage</b>		Capacity stored off-site, in USWG	For Office Use - Party No.
NONE			
Street No.	Street Name / 911 Number / Address, if applicable		
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)	Official Title		
Daniel Thomas Desjardin	Owner/Operator	<i>D.T. Desjardin</i>	
Signature	Telephone No.	Date (dd-mm-yyyy)	
<i>D.T. Desjardin</i>	705-246-2680	<i>Aug 26/11</i>	



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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN**

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

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

NONE

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

20 ABC Fire extinguisher Inspected daily & annually by Fire Protection Company

1- @ Propane filling station 20 # ABC

1- @ Office beside filling station 2 1/2 # ABC

1- @ Laundromat beside office 2 1/2 # ABC

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.

1- Fusible link on ISC - isolation valve between the tank and the downstream propane dispensing equipment. (Shuts down flow of propane in a emergency)

2- Power supply breaker inside main office building @ panel and emergency stop button @ on door of Propane Filling station (cuts off electrical to filling STN)

3- 50 metres there is a fire hydrant outside the gate from the filling station. Also the whole lake front 50 metres away, water hose 6 metres away.

Maintenance and testing schedule for fire protection controls and devices.

Maintenance and testing is undertaken by Superior Propane according to Superior Propane's Maintenance Standards. Schedule for key equipment is:

1- Pumps (Pumps every 3 months; Pump motor: check belts monthly; grease motor every 6 months)

2- ISC Valves (tested for closure every 6 months)

3- Storage tank Relief Valves - Inspected every 2 years; replacement scheduled as per provincial regulations

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Signature <i>D.T. Desjardin</i>	Telephone No. 705-246-2680
	Date (dd-mm-yyyy) <i>Aug 26/11</i>



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

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name Daniel Thomas Desjardin    Lori Desjarden	For Office Use - Party No.	Name Daniel Thomas Desjardin    Lori Desjarden	For Office Use - Party No.
Official Title Owner/Operator		Official Title Owner/Operator	
Telephone No. 705-246-2680	Fax No. 705-246-1303	Cell No. 705-246-2680	Fax No. 705-246-1303
E-mail tom.desjardin@sympatico.ca		E-mail tom.desjardin@sympatico.ca	
Role and responsibilities in emergency Co-ordinate site response		Role and responsibilities in emergency Co-ordinate site response	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Lucien Laliberte	For Office Use - Party No.	Name Daniel Thomas Desjardin    Lori Desjarden	For Office Use - Party No.
Official Title Assistant Manager		Official Title Manager	
Telephone No. 705-246-0611	Fax No. Nil	Telephone No. 705-246-2680	Fax No. 705-1303
E-mail Nil		E-mail tom.desjardin@sympatico.ca	
Role and responsibilities in emergency Co-ordinate site response		Role and responsibilities in emergency Co-ordinate site response	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Jerry Shields	For Office Use - Party No.	Name Superior Propane Hotline	For Office Use - Party No.
Official Title Fire Chief		Official Title	
Telephone No. 705-246-0895	Fax No. 705-246-0130	Telephone No. 1-877-873-7467	Fax No.
E-mail jerryshields@gmail.com		E-mail N/A	
Role and responsibilities in emergency Co-ordinate / advise on Fire Service Response. Liaise with police		Role and responsibilities in emergency Identify and dispatch Superior Propane and or LPGERC emergency response personal as required	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Joe Brooks	For Office Use - Party No.	Name Gloria Fisher	For Office Use - Party No.
Official Title Fire Prevention Officer		Official Title Clerk Treasure	
Telephone No. 705-246-0895	Fax No. 705-246-0130	Telephone No. 705-246-2242	Fax No. 705-246-2913
E-mail N/A		E-mail info@hiltonbeach.com	
Role and responsibilities in emergency Alternate- Co-ordinate / advise on Fire Service Response. Liaise with police		Municipality Incorporated Village of Hilton Beach	

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Name of person completing this form (please print) Daniel Thomas Desjardin	Official Title Owner/Operator	<i>DT Desjardin</i>
Signature <i>DT Desjardin</i>	Telephone No. 705-246-2680	Date (dd-mm-yyyy) <i>Aug 26/11</i>



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

2. Additional Safety Measures

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

None

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Signature <i>DT Desjardin</i>	Telephone No. 705-246-2680	Date (dd-mm-yyyy) <i>Aug 26/11</i>



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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) 02-06-2010	Print Name of Training Provider: Superior Propane Print Name of Instructor: Dave Hawes (service tech)
Training Date (dd-mm-yyyy) 11-08-2010	Print Name of Training Provider: Superior Propane Print Name of Instructor: Dave Hawes (service tech)
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) N/A	Print Name of Training Provider: N/A 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) 27-08-2011	Print Name of Training Provider: Ontario Propane Association Print Name of Instructor: Steve Hilderley Cert. # 130	Please note: A ROT is valid for 3 years
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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Signature <i>DT Desjardin</i>	Telephone No. 705-246-2680
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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) Q4-11	Print Name of Training Provider: Superior Propane or Alternate Print Name of Instructor: to be arranged	Please note: TSSA is currently developing the course content and it and it's provider should be available to teach in the fourth quarter of this year
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) Q4- 2011	Print Name of Training Provider: Key contact to train staff Print Name of Instructor: To be arranged
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) Q4- 2011	Print Name of Training Provider: Superior Propane Print Name of Instructor: To be arranged	Please note: a ROT is valid for 3 years
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) Daneil Thomas Desjardin	Official Title Owner/Operator	<i>D.T. Desjardin</i>
Signature <i>D.T. Desjardin</i>	Telephone No. 705-246-2680	Date (dd-mm-yyyy) <i>Aug 26/11</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.

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).  
The operator or alternate will contact emergency services by calling 911 and will provide warnings outlined in the attached: "Propane Emergency Response Procedures" placard (to be posted on the site and part of the employee training). If it is safe to do so this could involve advising neighbors to evacuate. The owner/operator may also contact Superior Propane via the emergency number identified in the ERP.

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).  
The Owner/Operator or alternate should first follow the actions in the ERP provided herein. Staged evacuation, if the release of propane cannot be stopped by cutting electrical power may be required. Note a specific muster point is not advisable; since a propane plume can blow in any direction.  
Actions will be taken by on duty ROT person(s)

**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 the system is operational, a ROT person will be on duty and be in the propane tank area. This person will be able to visually ascertain abnormal/accident event and implement the appropriate emergency response actions. When the system is not in operation, the ISC valve (main isolation valve) is closed, and the propane system is unattended. Any accident involving the propane tank during such times will require the intervention of random, nearby individuals or store staff.

Describe provisions for fire department entry when there are no operations or staffing at the propane site.  
The propane tank system is located in a wide open area that is easily accessible.  
These fire access routes are identified in the attached site plan.

Describe how the licence holder will ensure continual flow of updated information to authorities.  
The critical information required from the licence holder is (a) how to shut the system down and (b) the fill level in the tank (if known)  
Fill level is relevant from a time-to-BLEVE perspective (a near empty tank will BLEVE sooner than a full tank if there is fire impingement on the tank)  
The information will be provided to the authorities by agent - Daniel Thomas Desjardin

How long will it take the facility liaison person to respond to the site.  
Less than 5 minutes from receiving the call

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Signature <i>D.T. Desjardin</i>	Telephone No. 705-246-2680
	Date (dd-mm-yyyy) <i>Aug 26/11</i>



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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 type="checkbox"/>	<input checked="" 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)		50 metres _____
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)		50 metres _____

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Signature <i>DT Desjardin</i>	Telephone No. 705-246-2680
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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:

IT IS IMPORTANT TO HAVE A PLANNED EVACUATION WARNING PLAN THAT WOULD IDEALLY HAVE A WARNING SIGNAL ALONG WITH MEANS OF EGRESS AWAY (AND NOT PASSING) THE PROPANE TANK.

**To be completed by the Licence Holder**

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

THE PLAN & WARNING WILL BE DONE AS PART OF THE EMERGENCY PREPAREDNESS TRAINING IN Q4

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.

HILTON UNION FIRE DEPT.  
Local Fire Services Name

Print name

JERRY SWIEGOS

Signature

Date (dd-mm-yyyy)

31/08/2011

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Name of person completing this form (please print) Daniel Thomas Desjardin		Official Title Owner/Operator
Signature	Telephone No. 705-246-2680	Date (dd-mm-yyyy)



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**SECTION C: SUBMISSIONS**

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) 26-07-2011	Capacity of single largest propane storage vessel (USWG) 1000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: <u>135 m</u>	Right side property line: <u>163 m</u>
Rear: <u>160 m</u>	Left side property line: <u>63 m</u>
GPS coordinates of single largest vessel:	<u>46.2597 - 83.893</u>

**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) Daniel Thomas Desjardin	Official Title Owner/Operator <i>DT Desjardin</i>
Signature <i>DT Desjardin</i>	Telephone No. 705-246-2680
	Date (dd-mm-yyyy) <i>Aug 26/11</i>



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
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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

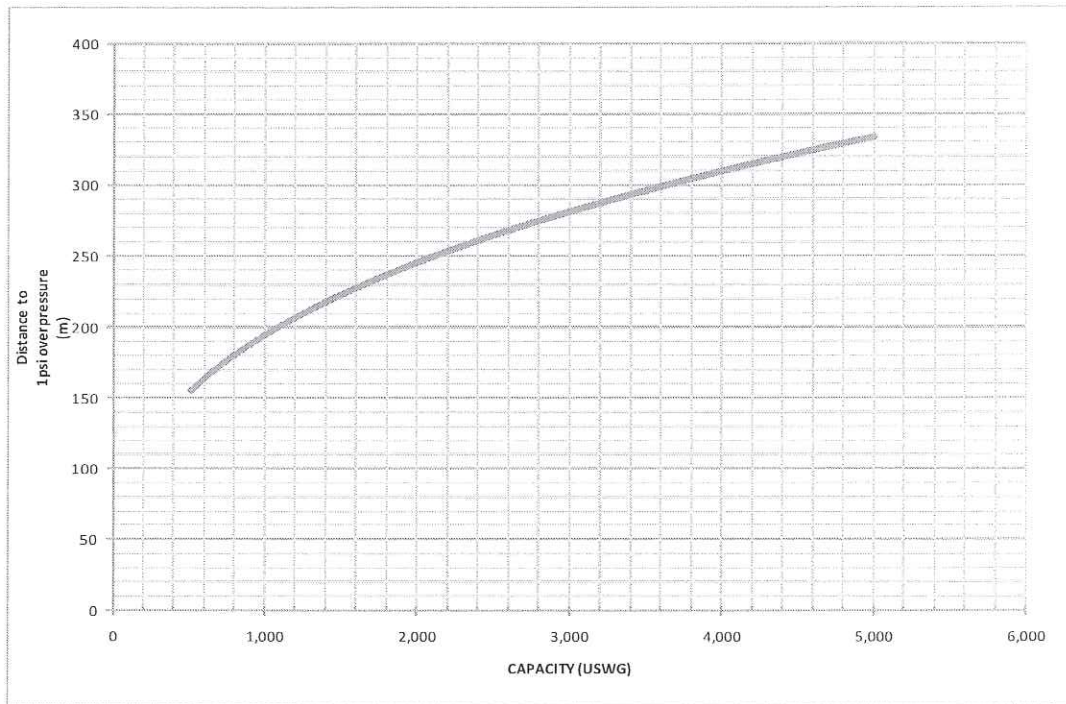
Table 1: Distance Table

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

Hazard Distance Chart (EPA-TNT model)



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**SECTION C: SUBMISSIONS (cont'd)**  
Applicant must include a Facility Site Plan and Map of Surrounding Area

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

**Table 2: Buildings and Features**

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				0 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]				x	100 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				0 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: Hilton Beach Tourist Park (Hi Bea Enterprises Ltd) (Office) Address: 3020 Bowker Street City: Hilton Beach Province On Postal Code P0R 1G0				x	4.5 m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				0 m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: Fire Station Address: 2983 Base Line City: Hilton Beach Province On Postal Code P0R 1G0		x			1500 m

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

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**SECTION C: SUBMISSIONS (cont'd)**  
Applicant must include a Facility Site Plan and Map of Surrounding Area

**Portable Storage Additional Information Sheet**

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

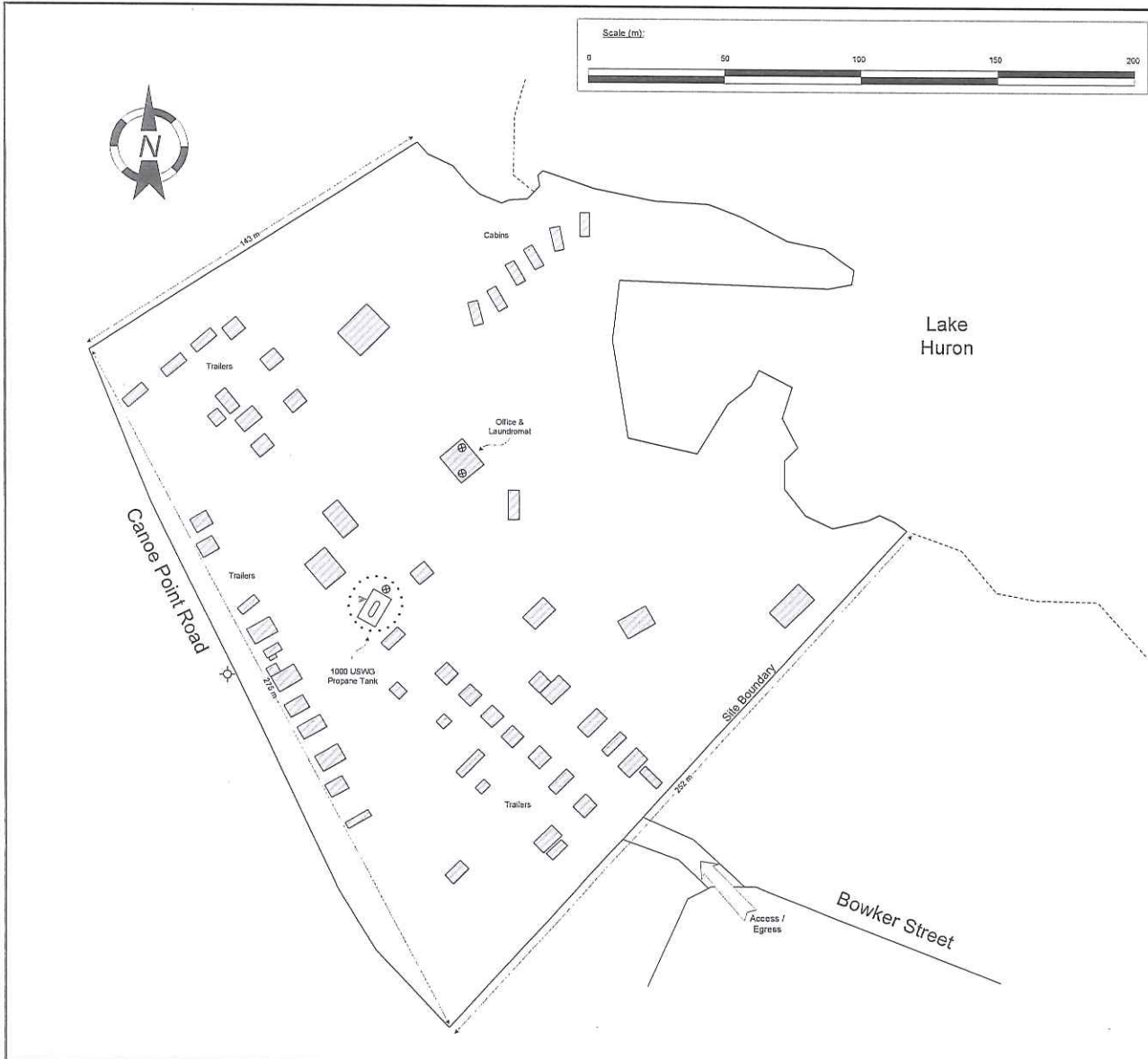
**Tanks Stored On-site Not Connected for Use**

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

<b>Total Cylinder Capacity</b>	N/A
<b>Total Tank Capacity</b>	1000 USWG
<b>Total Portable Capacity</b>	N/A

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Signature <i>DT Desjardin</i>	Telephone No. 705-246-2680
	Date (dd-mm-yyyy) <i>Aug 26/11</i>



**Key Plan**



**Notes:**

1. Tank distances to property lines:

Property Line Setbacks	Distance
North	164 m
South	125 m
East	169 m
West	61 m

2. Fire Extinguisher

3. Egress/Fire Access Route:  
Site entrance can be accessed from Bowker Street – identified on site plan.

4. E-Stop

5. Municipal Fire Hydrant

**FSN Training & Development**

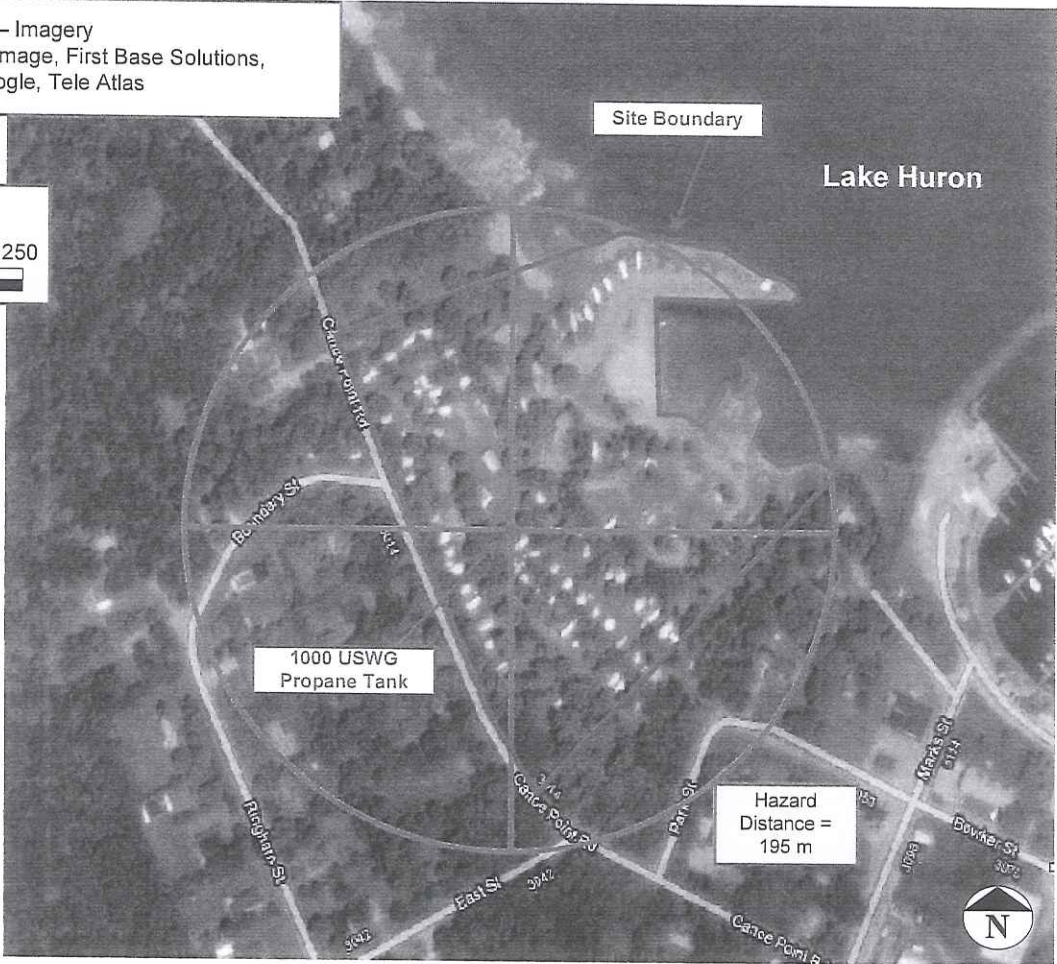
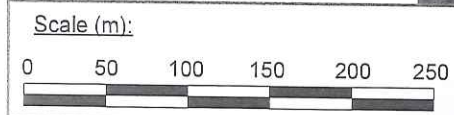
**Site Plan**  
**Hilton Beach Tourist Park (Hi Bea Enterprises Ltd.)**  
 3020 Bowker Street, Hilton Beach, ON, P0R 1G0

*Lot D Concession 17 Plan 1R-10200, Township of Hilton*

Drawn by: S. Oliverio	Checked by:
Date: August 2, 2011	Rev 0



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<p><b>Setback Distances to Site Boundary</b></p> <p>North : 164 m East: 169 m          South: 125 m West: 61 m</p>	<p><b>Municipality (ies) within the 1 psi overpressure circle:</b></p> <p>Village of Hilton Beach</p>	<p><b>Map of Surrounding Area</b></p> <p>Hilton Beach Tourist Park (Hi Bea Enterprises Ltd.)          3020 Bowker Street, Hilton Beach, ON, P0R 1G0          Lot D Concession 17 Plan 1R-10200,          Township of Hilton</p>
<p><b>Capacity of Propane Storage Tank:</b></p> <p>Capacity of Propane Storage Tank = 1000 USWG</p>	<p><b>Municipal Contact:</b></p> <p>Gloria Fischer          Clerk Treasurer, Village of Hilton Beach          3100 Bowker Street, Hilton Beach, ON, P0R 1G0          Tel: 705-246-2242 Fax: 705-246-2913          email: info@hiltonbeach.com</p>	
<p><b>GPS Co-ordinates of Propane Storage Tank:</b></p> <p>GPS Co-ordinates = 46.2593, -83.8925</p>	<p>Drawn by: S. Oliverio Date: July 26, 2011</p>	
<p><b>Circular Distance to 1 psi overpressure:</b>          Denoted by circle centred on tank; radial distance = 195 m</p>		