

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*

For Office Use Only

Licence Number

0033572001-C

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: **NORTHERN SMALL ENGINES LTD** Ontario Corporation No., if applicable: **1731220**

Operator Name (if different from above): **NANCY MARIE SALTER O/A BUCKHORN GARAGE**

Telephone No.: **705 657 8742** Fax No.: **705 657 8433** E-mail: **BILLBJONES@XPLORNET.COM**

B Street No.: **3192** Street Name / 911 Number / Address, if applicable: **BUCKHORN ROAD BOX 190**

Town / City or Township / County: **BUCKHORN** Province: **ONTARIO** Postal Code: **K0L1J0**

Mailing address if different from above.

C Street No.: **AS ABOVE** Street Name / 911 Number / Address, if applicable: **BOX 190**

Town / City or Township / County: **BUCKHORN** Province: **ONTARIO** Postal Code: **K0L1J0**

Information on Container Refill Centre or Filling Plant

D Location of facility. Street No.: **3192** Street Name / 911 Number / Address, if applicable: **BUCKHORN ROAD** Nearest Major Intersection: **507 HWY LAKEHURST RD / BUCKHORN RD**

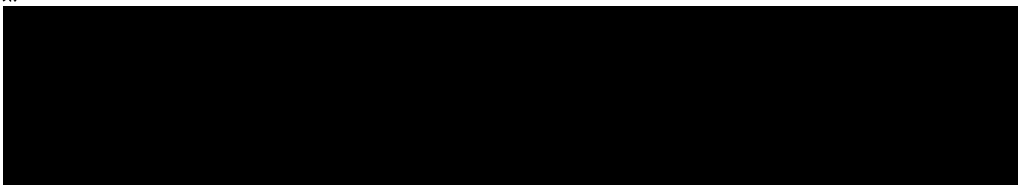
Town / City or Township / County: **BUCKHORN** Province: **ONTARIO** Postal Code: **K0L1J0**

Name of Licence Holder: **NANCY MARIE SALTER O/A BUCKHORN GARAGE**

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): **TODD SALTER / JUSTIN STONE** ROT type: **400-01**

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): **SMITH-ENNISMORE-LAKEFIELD**

Hours of operation.



WILLIAM B JONES



2011

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



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Customer Service: 1.877.682.9772

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

SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 1952 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 2008

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

Tank 1: PSIG 250 @ 150 F° Serial Number S-779811
 Tank 2: _____
 Tank 3: _____

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 2000 USWG Portable: 1184.4 USWG Mobile: N/A

Activity Information
To protect the confidentiality of this information, it will be protected by the Technical Standards and Safety Authority as sensitive, competitive information under provincial and municipal privacy legislation.

Note: Newly built facilities are to complete this section with best available estimates.

Provide the following information for the most recent 12 month period:

Description	Month											
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Throughput (litres)	3447	110	3437	846	4418	4437	2891	8269	7673	1909	0	5227
Maximum No. of transfers (per day)	2	1	7	2	2	1	3	2	2	1	0	1
Number of Deliveries received	100	87	96	246	217	250	380	300	245	118	100	180
Number of Cylinders	0	0	0	0	0	0	0	0	0	0	0	0
Number of Motor Cylinders	0	0	0	0	0	0	0	0	0	0	0	0

Provide the date, throughput in litres (or highest throughput days) of the past year and dates of occurrences:

Date of Occurrence	Throughput (litres)	Date of Occurrence	Throughput (litres)
15/03/2010	208	05/05/2010	208
22/03/2010	208	05/05/2010	208
19/04/2010	208	05/05/2010	208
30/04/2010	208	05/05/2010	208

If throughput exceeded the fixed storage capacity of the site, provide an explanatory note as to the cause.

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Name of person completing this form (please print) <u>WILLIAM B JONES</u>	Official Title <u>C0 - OWNER</u>
Signature 	Telephone No. <u>905 903 8138</u>
	Date (dd-mm-yyyy) <u>2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 1952 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 2008

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

	PSIG	Serial Number
Tank 1:	<u>250 @ 150 F°</u>	<u>S-779811</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: 1184.4 USWG Mobile: N/A

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Name of person completing this form (please print) <u>WILLIAM B JONES</u>	Official Title <u>Co - OWNER</u>
Signature <u>[Signature]</u>	Telephone No. <u>905 903 8138</u>
	Date (dd-mm-yyyy) <u>2011</u>

SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Propane Supplier(s) SUPERIOR PROPANE		For Office Use - Party No.
Street Name / 911 Number / Address, if applicable 2 WELLINGTON RD 1245		
City or Township / Country GUELPH	Province ONT	Postal Code N1H 6L3
Phone No.	Fax No. 519 836 7766	Contact Name MARK WAKEFORD / GUS ILIOPOULOS
MARKFORM@SUPERIORPROPANE.COM / LLIOPOULE@SUPERIORPROPANE.COM		

Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No.
Street Name / 911 Number / Address, if applicable		
City or Township / Country	Province	Postal Code
Phone No.	Fax No.	Contact Name



Propane storage is not considered off-site storage.

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Person completing this form (please print) WILLIAM B JONES	Official Title Co - OWNER	
	Telephone No. 905 903 8138	Date (dd-mm-yyyy) 2011



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN

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

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

90,000.00 LTRS GASOLINE, DOUBLE WALL TANKS - TWO 45,000 LTRS INGROUND TANKS BETWEEN BUILDING AND PROPANE DISPENSING TANK.

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

FIRE EXTINGUISHERS ADD SIZES
MPS MAIN POWER SHUT OFF
FIRE ALARM ADD DESCRIPTION NOISE BUILDING ONLY
MSDS SHEETS

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.

FIRE DETECTION SYSTEM MONITORED
TRENT SECURITY PETERBOROUGH ONTARIO

Maintenance and testing schedule for fire protection controls and devices.

MONITORED DAILY TRENT SECURITY SYSTEMS
PETERBOROUGH ONTARIO.
FIRE EXTINGUISHERS - ONCE A WEEK CHECK BY BUCKHAM GARAGE STAFF
AND ANNUAL INSPECTION BY FIRE EXTINGUISHER SUPPLIER

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Name of person completing this form (please print) WILLIAM B JONES		Official Title CO - OWNER	
Signature 		Telephone No. 905 9038138	Date (dd-mm-yyyy) APRIL 17 2011



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Level 1 Risk and Safety Management Plan (RSMP)
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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact

Name **JUSTIN STONE** For Office Use - Party No.

Official Title **OPERATIONS GENERAL MANAGER**

Telephone No. **705 657 8742** Fax No. **705 657 8433**

E-mail **JUSTIN 2@ROGERS-BLACKBERRY-NET**

Role and responsibilities in emergency **ONCE INFORMED NOTIFY ALL AUTHORITIES OF EMERGENCY SITUATIONS AND MAINTAIN FLOW OF INFORMATION**

5. Facility 24-Hour Contact Person

Name **JUSTIN STONE** For Office Use - Party No.

Official Title **OPERATIONS GENERAL MANAGER**

Cell No. **705 772 2407** Fax No. **705 657 8433**

E-mail **JUSTIN 2@ROGERS-BLACKBERRY-NET**

Role and responsibilities in emergency **NOTIFY ALL AUTHORITIES OF EMERGENCY SITUATIONS MAINTAIN CONTINUAL FLOW OF INFORMATION AND SAFETY OF ALL PEOPLE**

2. Facility Contact Personnel - Alternate Contact

Name **TODD SALTER** For Office Use - Party No.

Official Title **RENTALS OPERATION MANAGER**

Telephone No. **705 657 8234** Fax No. **705 657 8433**

E-mail **JAS1@ROGERS-BLACKBERRY-NET**

Role and responsibilities in emergency **NOTIFY ALL AUTHORITIES MAINTAIN CONTINUAL FLOW OF INFORMATION ENSURE ALL PEOPLE HAVE EXITED THE BUILDING**

6. Name of Facility Manager

Name **JUSTIN STONE** For Office Use - Party No.

Official Title **FACILITY GENERAL MANAGER**

Telephone No. **705 657 8742** Fax No. **705 657 8433**

E-mail **JUSTIN 2@ROGERS-BLACKBERRY-NET**

Role and responsibilities in emergency **NOTIFY ALL AUTHORITIES OF EMERGENCY SITUATIONS MAINTAIN CONTINUAL FLOW OF INFORMATION AND SAFETY OF ALL PEOPLE**

3. Local Fire Services - Key Contact

Name **GORD JOPLING** For Office Use - Party No.

Official Title **FIRE CHIEF**

Telephone No. **(705) 292 7282** Fax No. **(705) 292 8634**

E-mail **GJOPLING@NEXICOM-NET**

Role and responsibilities in emergency **CHIEF DIRECTOR OF RESOURCES FOR FIRE FIGHTING COORDINATION**

7. Propane Supplier Key Contact Person

Name **GUS ILIPOULDS** For Office Use - Party No.

Official Title **SERVICE COORDINATOR**

Telephone No. **1 877 873 7467** Fax No. **1 866 341 3395**

E-mail **LLIPOULG@SUPERIORPROPANE.COM**

Role and responsibilities in emergency **COORDINATE ANY/ALL EMERGENCY SERVICE ON PROPANE TANK OR EQUIPMENT**

4. Local Fire Services - Alternate Contact

Name **MIKE CAVANAGH** For Office Use - Party No.

Official Title **FIRE PREVENTION OFFICER**

Telephone No. **(705) 292 7282** Fax No. **(705) 292 8634**

E-mail **MCAVANAGH@NEXICOM-NET**

Role and responsibilities in emergency **INFORMATION COMMUNICATOR OF LOCAL SITE FOR FIRE FIGHTING AND INSPECTION**

8. Municipal Contact

Name **ANGELA CHITTICK** For Office Use - Party No.

Official Title **MUNICIPAL CLERK**

Telephone No. **705 292 9507** Fax No. **705 292 6491**

E-mail **ACHITTICK@NEXICOM-NET**

Municipality **SMITH-ENNISMORE-LAKEFIELD**

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Signature 	Telephone No. 905 903 8138 Date (dd-mm-yyyy) 2011



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

2. Additional Safety Measures

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

DAILY HOUSEKEEPING INSPECTION OF PROPANE FILLING WORK AREA.
DAILY INSPECTION OF PROPANE FILLING SUPPLY LINE & FILLING VALVES.
IMMEDIATELY REPORTING ANY LOSS OF COMMUNICATIONS IN PHONE LINES SERVICE. WITH STAND BY CELL PHONE BACK UP.
COMMUNICATING TO CUSTOMERS OF HANDLING CYLINDERS AND CHECKING CYLINDER SHUT OFF VALVES

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Signature 	Telephone No. 905 903 8138	Date (dd-mm-yyyy) APRIL 17, 2011



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

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

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

Training Date (dd-mm-yyyy) 27-02-2011	Print Name of Training Provider: BUCKHORN GARAGE OWNERS
	Print Name of Instructor: WILLIAM B JONES
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:

(IN BOOK ATTACHED SHEETS)

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

Training Date (dd-mm-yyyy) 1-03-2011	Print Name of Training Provider: BUCKHORN GARAGE
	Print Name of Instructor: JUSTIN STONE / TODD SALTER
Training Date (dd-mm-yyyy)	Print Name of Training Provider: SEE RECORD BOOK ROT. SHEETS
	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) 18 FEB-11	Print Name of Training Provider: SUPERIOR PROPANE
	Print Name of Instructor: R KULZ
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) WILLIAM B JONES	Official Title CO-OWNER
Signature 	Telephone No. 905 903 8138
	Date (dd-mm-yyyy) APRIL 17, 2011



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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mm-yyyy) 27-09-2011	Print Name of Training Provider: BUCKHORN GARAGE
	Print Name of Instructor: WILLIAM B JONES
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) 04-10-2011	Print Name of Training Provider: BUCKHORN GARAGE
	Print Name of Instructor: JUSTIN STONE
Target Date (dd-mm-yyyy)	Print Name of Training Provider: R KULTZ
	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) 09-12-2011	Print Name of Training Provider: SUPERIOR PROPANE
	Print Name of Instructor: R KULTZ
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) WILLIAM B JONES	Official Title CO-OWNER
Signature 	Telephone No. 905 903 8138
	Date (dd-mm-yyyy) 17/09/2011



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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).
ANY EMPLOYEE THAT FIRST SEES THE EMERGENCY SITUATION SHOUTS OUT "FIRE" "FIRE" "FIRE" "EXIT THE BUILDING" THROUGH THE INTERCOM PAGING PHONE. IMMEDIATELY FOLLOWING DIALS "911" EMERGENCY GIVING LOCATION AND REASON AND

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).
NOTIFY SUPERIOR PROPANE FOR ANY LEAKS OR FIRE ANY EMPLOYEE THAT FIRST SEES THE EMERGENCY SITUATION NOTIFIES ALL OTHERS IN BUILDING BY SHOUTING OVER THE INTERCOM "FIRE" "FIRE" "FIRE" EXIT THE BUILDING. DIALS "911" EMERGENCY DIRECTS EVERYONE TO THE SOUTHEAST CORNER OF LOT ALONGSIDE HIGHWAY 507 ASSEMBLE AT ALL TIMES OF EMERGENCY.

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).
IMMEDIATELY BECOMING AWARE AND LIASON THROUGH THE OPERATIONS MANAGER WILL PHONE "911" EMERGENCY DESCRIBING THE "REASON" AND LOCATION - 3192 BUCKHORN ROAD BUCKHORN LOT 27 CONCESSION 18 TOWNSHIP LAKEFIELD

Describe provisions for fire department entry when there are no operations or staffing at the propane site.
WINDOW OR DOOR BREAK IN IF ENTRY OF BUILDING NECESSARY. OTHERWISE ALL PROPANE EQUIPMENT AND STORAGE IS ACCESSABLE OUTSIDE EXTERIOR OF BUILDING

Describe how the licence holder will ensure continual flow of updated information to authorities.
OPERATIONS MANAGER WILL PHONE TSSA AND DESCRIBE EMERGENCY SITUATION AND UPDATED ACTIONS TAKEN

How long will it take the facility liaison person to respond to the site.
FACILITY LIAISON PERSON ON SITE DURING OPEN HOURS OFF HOURS NONE OPERATING HOURS 15 MINUTES

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Signature 		Telephone No. 905 903 8138	Date (mm-dd-yyyy) APRIL 17 2011



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

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

6. Building and Site Security and Procedures

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input type="checkbox"/>	<input checked="" type="checkbox"/> IN PROGRESS OF TRANSFERRING RECORD FROM SUPERIOR

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 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>2500 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>2500 m</u>

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Signature 	Telephone No. 905 903 8138	Date (dd-mm-yyyy) 17042011



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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).

SEE ATTACHED LETTER MAY 20 2011
TOWNSHIP OF SMITH - ENNISMORE - LAKEFIELD FIRE DEPARTMENT

Fire services comments, if any:

See attached comment sheet. page numbers on bottom.

SEE ATTACHED LETTER MAY 20 2011
TOWNSHIP OF SMITH - ENNISMORE LAKEFIELD FIRE DEPARTMENT

To be completed by the Licence Holder

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

LIST LOCATION OF MSDS SHEETS LIST EXTINGUISHER SIZES
LIST FIRE ALARM DESCRIPTION FOR BUILDING ONLY

The licence holder will respond to the Local Fire Services comments by: AUG 14 2011

(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 Gord Jopling, Fire Chief		27/05/11

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Signature 	Telephone No. 905 903 8138 Date (dd/mm/yyyy) 27/05/11



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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) <u>03-22-2011</u>	Capacity of single largest propane storage vessel (USWG) <u>2000 USWG</u>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>88'.00</u>	Right side property line: <u>44'.00</u>
Rear: <u>312'.00</u>	Left side property line: <u>206'.00</u>
GPS coordinates of single largest vessel: <u>NORTH 44° 32.617' WEST 078° 19.967'</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) <u>WILLIAM B JONES</u>	Official Title <u>CO-OWNER</u>
Signature 	Telephone No. <u>705 657 8742</u>
	Date (dd-mm-yyyy) <u>APRIL 17, 2011</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

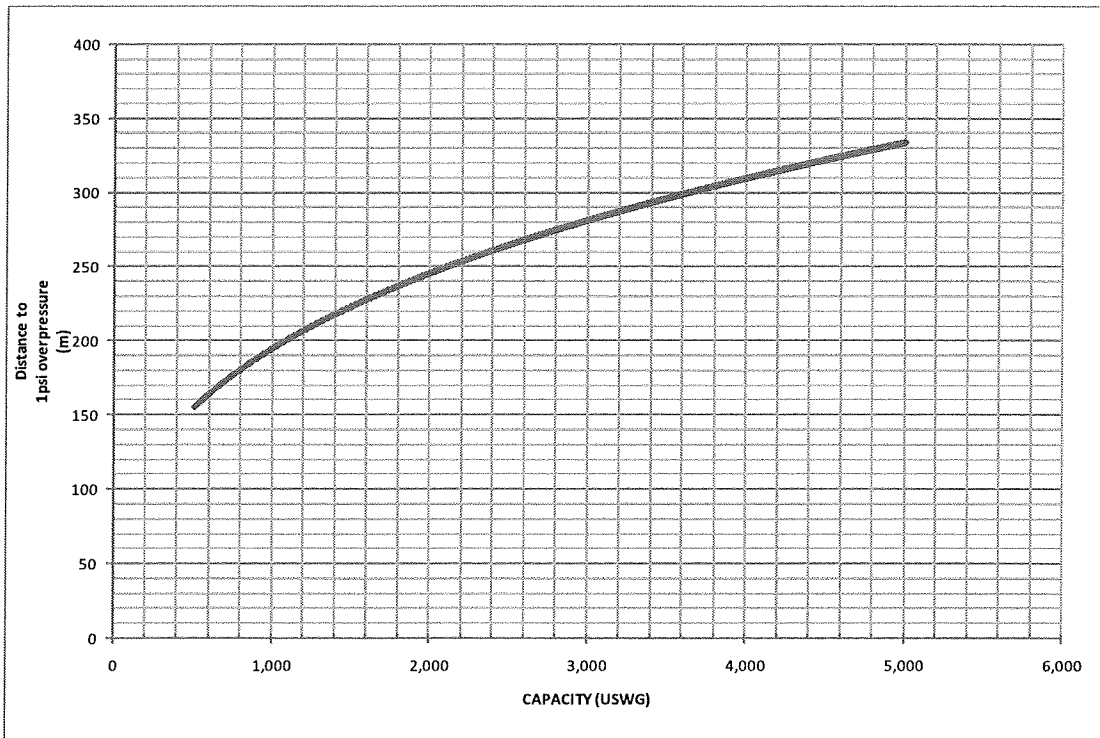
Table 1: Distance Table

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) WILLIAM B JONES	Official Title Co - OWNER
Signature <i>[Handwritten Signature]</i>	Telephone No. 905 903 8138
	Date (dd-mm-yyyy) 17 04 2011



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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				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments [REDACTED]			X		<u>90</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>COUNTRY BOB'S CHIP WAGON (SUB RENTED)</u> Address: <u>3192 PART LOT 1/27 BUCKHORN ROAD</u> City: <u>BUCKHORN</u> Province <u>ON</u> Postal Code <u>K0L1J0</u>		X			<u>65</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ 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				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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Name of person completing this form (please print) <u>WILLIAM B JONES</u>	Official Title <u>Co - OWNER</u>
Signature 	Telephone No. <u>905 903 8138</u> Date (dd-mm-yyyy) <u>17 04 2011</u>



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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		
# 100	29.5	36	1062.00
# 40	11.75		
# 33.3	9.62		
# 30	8.8	6	52.8
# 20	5.8	12	69.6
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity		1184.4 USWG	

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
N/A		
Total Tank Capacity		

Total Cylinder Capacity	1184.4 USWG
Total Tank Capacity REFILL CYLINDER FILL	2000 USWG
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)	WILLIAM B JONES		Official Title	CO - OWNER
Signature			Telephone No.	905 903 8138
			Date (dd-mm-yyyy)	17 04 2011

N 19° 01' W 250'.00

LOT LINE

SMITH-ENNISMORE-LAKEFIELD

LOT 27 PART 2
CONCESSION 18
2.296 ac
HWY 507

BUCKHORN GARAGE
3192 BUCKHORN RD
BUCKHORN
KOLISO

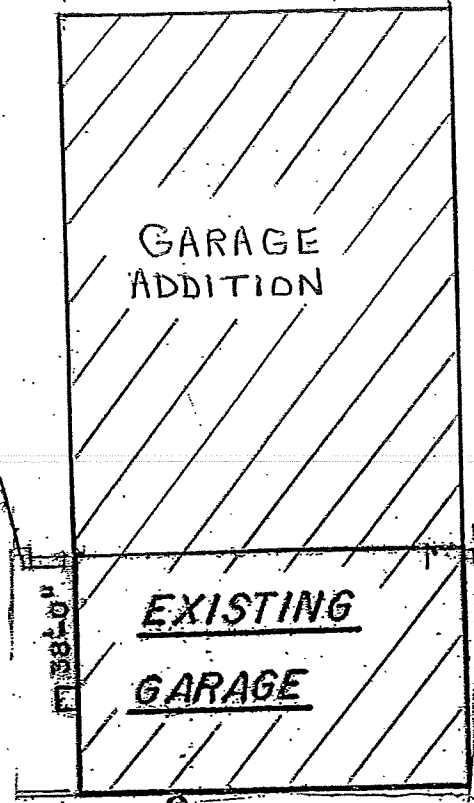
N 72° 55' E

400'.00

0' 01' E

FLOT LINE

FENCE LINE



NORTH 44° 32.617'
WEST 078° 19.967'

PROPANE HOLDING TK.
AND FILL UP
2000 USWG

GATE

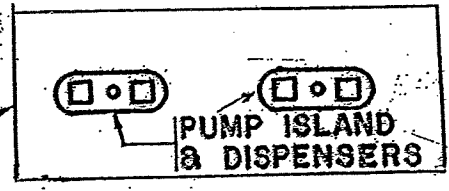
FENCE LINE

FLOT LINE

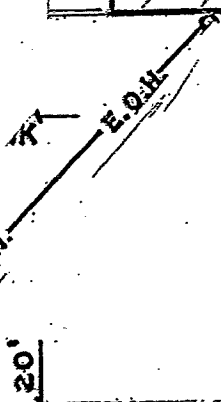
N 72° 55' E

400'.00

INGROUND GAS STORAGE TANKS



38.00



LIGHT POLE EXIST. SIGNAGE

E.H.P. SIGNAGE

N 19° 01' W
250'.00

CULVERT

CULVERT

LOT LINE



TOWNSHIP OF:
SMITH-ENNISMORE-
LAKEFIELD
CONCESSION 18

LOT 27
CONCESSION 18
3192 Buck HORN

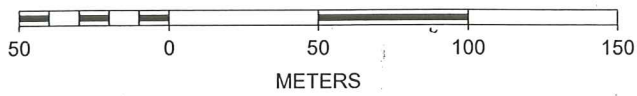
ROAD ALLOWANCE BETWEEN CONCESSION 17
CONCESSION 17

NOT TRAVELLED



CORPORATION OF THE
TOWNSHIP OF
SMITH-ENNISMORE-LAKEFIELD
www.smithennismorelakefield.on.ca

SCALE 1 : 2,500



Mailing Address: P.O. Box 270, Bridgenorth, ON K0L 1H0
Office Location: 1310 Centre Line, R.R. #4, Peterborough, ON
Tel: (705) 657-1166 • Fax: (705) 657-1177

BUCKHORN GARAGE

3192 Buckhorn Road,
Buckhorn, ON K0L 1J0
705.657.8742
Fax 705.657.8433

Date Map Prepared (mm-dd-yyyy)
3-22-2011

Capacity of single largest propane storage vessel (USWG)
2000 USWG

Tank setback coordinates. Indicate placement on the map.

Front: **88'.00'**
Rear: **312'.00'**

Right side property line: **44'.00'**
Left side property line: **206'.00'**

GPS coordinates of single largest vessel:

NORTH 44° 32-617' WEST 078° 19-967'

246M RADIUS

NOT TRAVELLED

BUCKHORN RD
SECONDARY HWY No. 507

3186
3182
3178
3174
3170

MUNICIPAL CLERK
ANGELA CHITTICH
705 292 9507

