



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.

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

0076436575-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.

Company Name A BERTHIAUME SERVICE CENTRE		Ontario Corporation No., if applicable 1662382
Operator Name (if different from above) 3460 Hwy 144 CHILMSFORD		
Telephone No. 705-855-4538	Fax No. 705-855-9109	E-mail Address

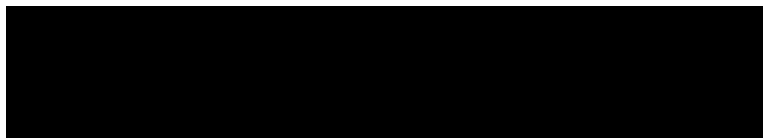
B Street No. 3460	Street Name, Lot / Concession No. Hwy 144	Province ON	Postal Code P0M 1L0
Town / City or Township / County CHILMSFORD			
Mailing address if different from above.			

C Street No. 3460	Street Name, Lot / Concession No. Hwy 144	Province ON	Postal Code P0M 1L0
Town / City or Township / County CHILMSFORD			

Information on Container Refill Centre or Filling Plant			
Location of facility.			
D Street No. 3460	Street Name, Lot / Concession No. Hwy 144	Nearest major intersection Hwy 144	
Town / City or Township / County CHILMSFORD	Province ON	Postal Code P0M 1L0	

Name of Licence Holder ANDRÉ BERTHIAUME	ROT type 93185 P00B
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT) ANDRÉ BERTHIAUME	
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) CHILMSFORD	

Hours of operation.



This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Name of Licence Holder	Print name ANDRÉ BERTHIAUME	Signature 	Date (dd-mm-yyyy) 13/07/11
Name of Senior Management person as defined in the Regulation holding the Record of Training			



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SECTION A: GENERAL INFORMATION (cont'd)

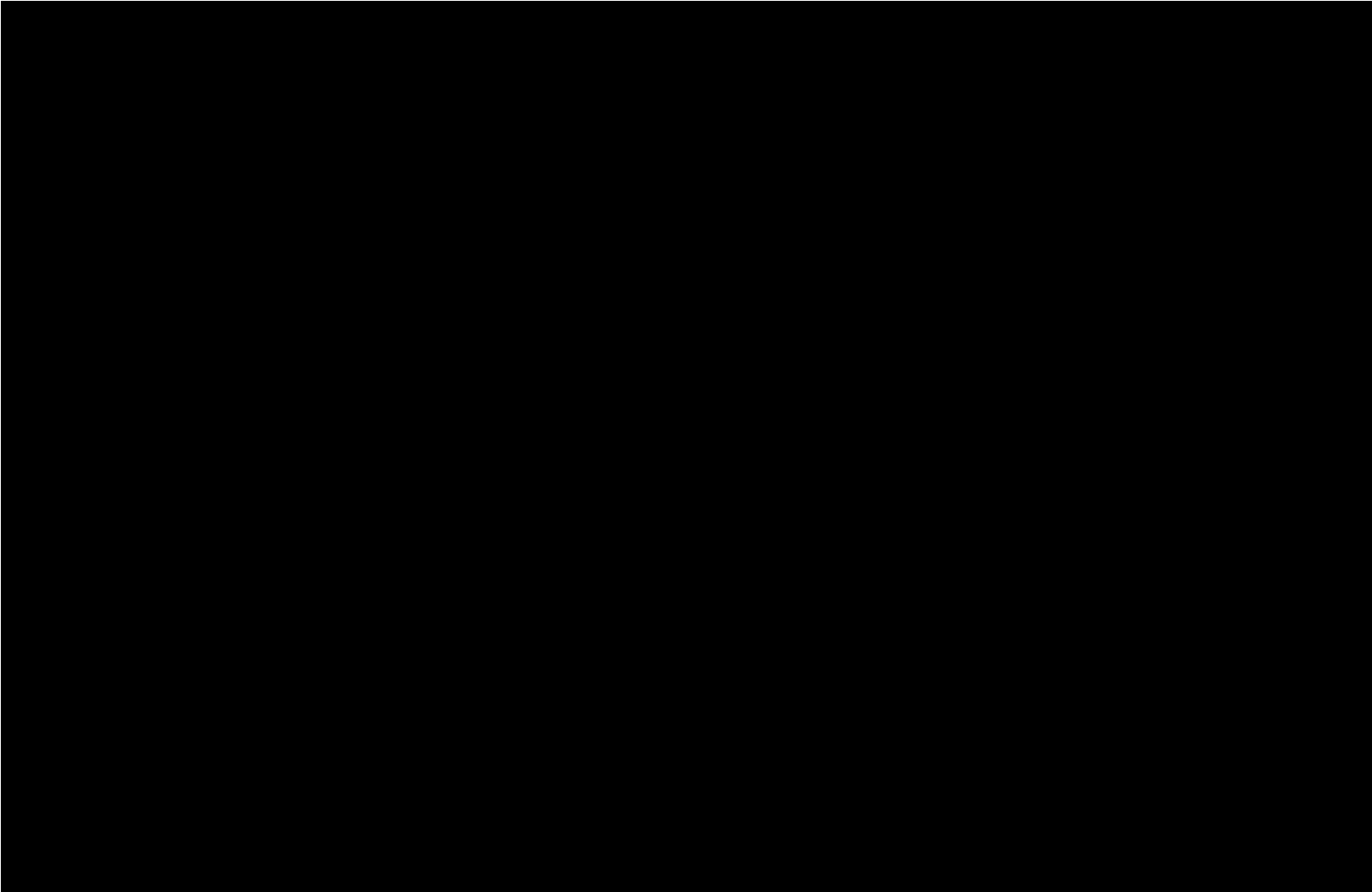
Indicate the year the facility was established. 1953 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 2009 REPLACE TANKS

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

	PSIG	Serial Number
Tank1:	<u>250</u>	<u>5563679</u>
Tank2:	_____	_____
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 separate document.

Fixed: X 1300 USG VERTICAL Portable: 0 Mobile: 0



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Name of person completing this form (please print) <u>ANOLE BARTHOLOMEW</u>	Official Title <u>OWNER</u>
Signature <u>[Signature]</u>	Telephone No. <u>705-852-4538</u>
	Date (dd-mm-yyyy) <u>Dec 27/11</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)		[Redacted]	
SUPERIOR PROPANE			
Street No.	Street Name Lot / Concession No.		
2475	MALEY DRIVE POH BOX 2280 STATION A		
Town / City or Township / Country		Province	Postal Code
Sudbury		ON	P3A 4S1
Telephone No.	Fax No.	Contact Name	
1-897-873-7467	705-566-5814	PAUL BASTIEN	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		[Redacted]	
Street No.		Street Name Lot / Concession No.	
Town / City or Township / Country		Province	Postal Code
Telephone No.		Fax No.	Contact Name
E-mail			

Off-site Cylinder and/or Mobile Storage	Capacity stored off-site, in USWG	For Office Use - Party No.
Street No.		Street Name Lot / Concession No.
Town / City or Township / Country		Province
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	
André Bérthiaume	OWNER	
Signature	Telephone No.	Date (dd-mm-yyyy)
André Bérthiaume	705-855-4538	13 07 11



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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.

No Hazardous material on site at any time

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

*fire extinguishers at the dispenser and also at gas pump
all inspected by fire alert & documented. Fire hydrant
on property near gas pump. Fire department is 550' from business*

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.

*Alarm system on Building
Fire Department is a next door to facility*

Maintenance and testing schedule for fire protection controls and devices.

*Alarm system inspected & tested once per year
all fire extinguishers tested on a yearly basis*

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Name of person completing this form (please print)	Official Title <i>OWNER</i>	
Signature <i>[Signature]</i>	Telephone No. <i>705 855 4532</i>	Date (dd-mm-yyyy) <i>JAN 24 / 12</i>
ANDRE BRETHERIDGE		



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name <i>ANDRÉ BERTHIAUMI</i>	For Office Use - Party No.	Name <i>ANDRÉ BERTHIAUMI</i>	For Office Use - Party No.
Official Title <i>OWNER</i>		Official Title <i>OWNER</i>	
Telephone No. <i>705 855 4538</i>	Fax No. <i>705 855 9109</i>	Cell No. <i>705-561 8582</i>	Fax No. <i>705-855 9109</i>
E-mail		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	

2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>ZRAN BERTHIAUMI</i>	For Office Use - Party No.	Name	For Office Use - Party No.
Official Title <i>PROPERTY OWNER</i>		Official Title <i>SAMR</i>	
Telephone No. <i>705-855 4522</i>	Fax No.	Telephone No.	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	

3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>ROGER EATON</i>	For Office Use - Party No.	Name <i>PAUL BASTIEN</i>	For Office Use - Party No.
Official Title <i>Greater City Fire Department</i>		Official Title <i>MANAGER Superior Propane</i>	
Telephone No. <i>705-674 4455</i>	Fax No. <i>ext 3741</i>	Telephone No. <i>705-971 8201</i>	Fax No.
E-mail		E-mail <i>OR FUZZY FOISY</i>	
Role and responsibilities in emergency		Role and responsibilities in emergency	

4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name	For Office Use - Party No.	Name <i>CLAUDE BERTHIAUMI</i>	
Official Title <i>Greater City Fire Dept</i>		Official Title <i>WARD 2 COUNCIL</i>	
Telephone No.	Fax No. <i>SUBBUY</i>	Telephone No. <i>705-855-9433</i>	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency		Municipality <i>SUBBUY Rayside Balfour</i>	

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Name of person completing this form (please print) <i>André Berthiaumi</i>	Official Title <i>OWNER</i>
Signature <i>André BERTHIAUMI</i>	Telephone No. <i>705-855-4538</i>
	Date (dd-mm-yyyy) <i>Dec 27 / 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.

All employees are trained to use fire extinguishers and how to call Fire Department and how to shut down propane system in case of emergency. All employees to meet at a specific area in case of emergency.

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Name of person completing this form (please print) ANNA PAKHISVA	Official Title OWNER	
Signature 	Telephone No. 705-855-4538	Date (dd-mm-yyyy) JAN 24/2



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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) NOV 24 / 10	Print Name of Training Provider: ANPRE BERTHIAUME
	Print Name of Instructor: PAUL BASTIEN
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy) NOV 12 / 10	Print Name of Training Provider: DANIEL PITER
	Print Name of Instructor: PAUL BASTIEN
Training Date (dd-mm-yyyy) NOV 12 / 10	Print Name of Training Provider: ERIC BERTHIAUME
	Print Name of Instructor: PAUL BASTIEN
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor: PAUL BASTIEN

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

Training Date (dd-mm-yyyy) NOV 12 / 10	Print Name of Training Provider: DANIEL PITER
	Print Name of Instructor: PAUL BASTIEN
Training Date (dd-mm-yyyy) NOV 12 / 10	Print Name of Training Provider: COLIN CASTON QUAY
	Print Name of Instructor: PAUL BASTIEN
Training Date (dd-mm-yyyy) NOV 12 / 10	Print Name of Training Provider: ERIC BERTHIAUME
	Print Name of Instructor: PAUL BASTIEN

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Name of person completing this form (please print) Daniel Berthiaume	Official Title OWNER
Signature 	Telephone No. 905-855-4538
	Date (dd-mm-yyyy) 13/07/11



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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) JANU 10 / 12	Print Name of Training Provider: ANPRA BERTHIAUME
	Print Name of Instructor: ANPRA BERTHIAUME
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) 15/01/2012	Print Name of Training Provider: Allain W. Dolbec Bouchanger
	Print Name of Instructor:
Target Date (dd-mm-yyyy) 15/01/2012	Print Name of Training Provider: Collin Castonguay
	Print Name of Instructor:
Target Date (dd-mm-yyyy) 15/01/2012	Print Name of Training Provider: Martin Lessard
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) JANU 10 / 12	Print Name of Training Provider: ANPRA BERTHIAUME
	Print Name of Instructor: ANPRA BERTHIAUME
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) ANPRA BERTHIAUME	Official Title OWNER
Signature 	Telephone No. 905-855-4538
	Date (dd-mm-yyyy) JAN 24 / 12



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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).

Owner or designate employee will give warnings to evacuate premises in case of emergency.

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).

Owner or manager will activate an emergency situation all employees and public will meet across the highway from site including all customers in building. Customer has a list of contact from all the neighbours in area that could be affected.

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).

any sign of a leak or fire owner or manager will place a call with 911.

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

Owner will drop off keys at the local fire department.

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

any time there is an update or specific work done all information will be kept in a binder at the premises and will contact authorities if anything major arises.

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

owner is 5 minutes away from premises and alarm sounds at owner home and police department.

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Name of person completing this form (please print)	Official Title	
ANDREA BRATHINE	owner	
Signature	Telephone No.	Date (dd-mm-yyyy)
	705-855-4538	Jan 24 / 12



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

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

6: Building and Site Security and Procedures

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

7: Water Supply

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is a pressurized water system available at the propane facility site? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only) | | 124 Feet 37.8m |
| 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) | | 5' 1.5m |

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Name of person completing this form (please print) ANDREA BERTHOUD	Official Title OWNER
Signature 	Telephone No. 905-855-4538
	Date (dd-mm-yyyy) 13/07/11



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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.

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services	Yes	No
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If not, please explain (e.g., no fire services).		
<i>DONT WANT TO RESPONSABLE FIRE DEPARTMENT NEIGHBOURS</i>		
Fire services comments, if any:		
<i>TRY TO GET FIRE DEPARTMENT DONT RESPOND DONT CALL BACK NOT INVOLVED</i>		
To be completed by the Licence Holder		
In response to the above comments, the following action(s) is required:		
The Licence holder will respond to the Local Fire Services comments by: _____		
(dd-mm-yyyy)		

LOCAL FIRE SERVICES

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name <i>GRANITE CITY SUBURBY FIRE DEPARTMENT</i>	<i>[Signature]</i>	<i>[Date]</i>

*DONT WANT TO GET INVOLVED
WILL NOT COME TO INSPECT*

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Name of person completing this form (please print) <i>Anne Barthelemy</i>	Official Title <i>OWNER</i>
Signature <i>[Signature]</i>	Telephone No. <i>905-855-4534</i>
	Date (dd-mm-yyyy) <i>11/27/11</i>



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SECTION C: SUBMISSIONS (cont'd)

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

Facility Site Plan.

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) of 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:

1. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
2. The GPS co-ordinates of the single largest vessel.
3. 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.
4. Clear indication of the municipality or municipalities present within the circle.
5. Visual indication of property line information.
6. The location and name of roads within or abutting the site.
7. A 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.
8. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
9. 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)
2011 04/12	1350 LBS 8 Vertical Tank
Tank setback coordinates (indicate placement from main)	
Front: 11.625	Right side property line: 86.5 m
Rear: 112.125	Left side property line: 77.65 m
GPS coordinates of single largest vessel	46° 14' 02" N 81° 12' 02" W

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Name of person completing this form (please print)	Official Title
Major Brian Hillman	Owner
Signature	Telephone No.
	705-855-4588
	Date (dd-mm-yyyy)
	04/28/11



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SECTION C: SUBMISSIONS (cont'd)

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

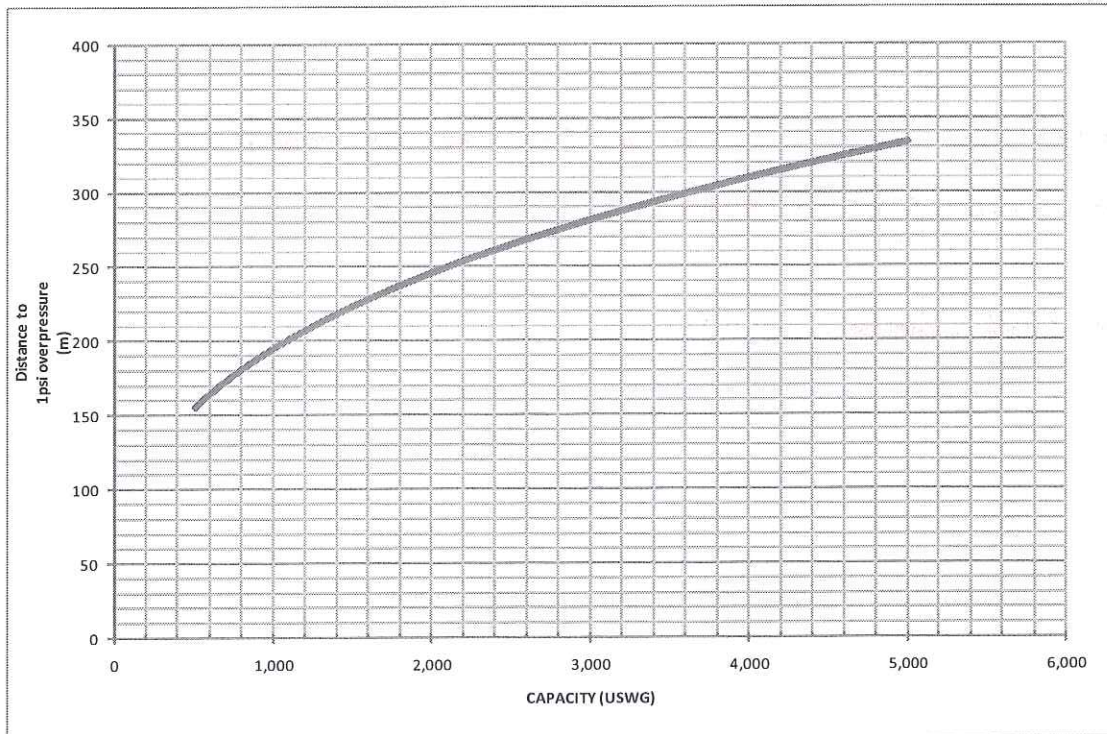
Table 1: Distance Table

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		Telephone No.	Date (dd-mm-yyyy)



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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	* 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>None</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Andy's Auto Repair</u> Address: <u>3451 B Hwy 144</u> City: <u>Chelmsford</u> Province <u>Ontario</u> Postal Code <u>Pom1L0</u>		1			<u>61</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>Brs Battery</u> Address: <u>3450 Hwy 144</u> City: <u>Chelmsford</u> Province <u>ON</u> Postal Code <u>Pom1L0</u>		1			<u>6</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>ECOLE CHAMPLAIN</u> Address: <u>61 Brockton Street</u> City: <u>Chelmsford</u> Province <u>ON</u> Postal Code <u>Pom1L0</u>		1			<u>311</u> m <u>1119 Feet</u>
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>CREATOR City Fire Department</u> Address: <u>Hwy 144</u> City: <u>CHELMSFORD</u> Province <u>ON</u> Postal Code <u>Pom1L0</u>		1			<u>177</u> m <u>580 Feet</u>

* 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>ANDREW BERTHIAUME</u>	Official Title <u>Owner</u>
Signature <u>[Signature]</u>	Telephone No. <u>705-802-4536</u>
	Date (dd-mm-yyyy) <u>Dec 7, 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

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

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity		

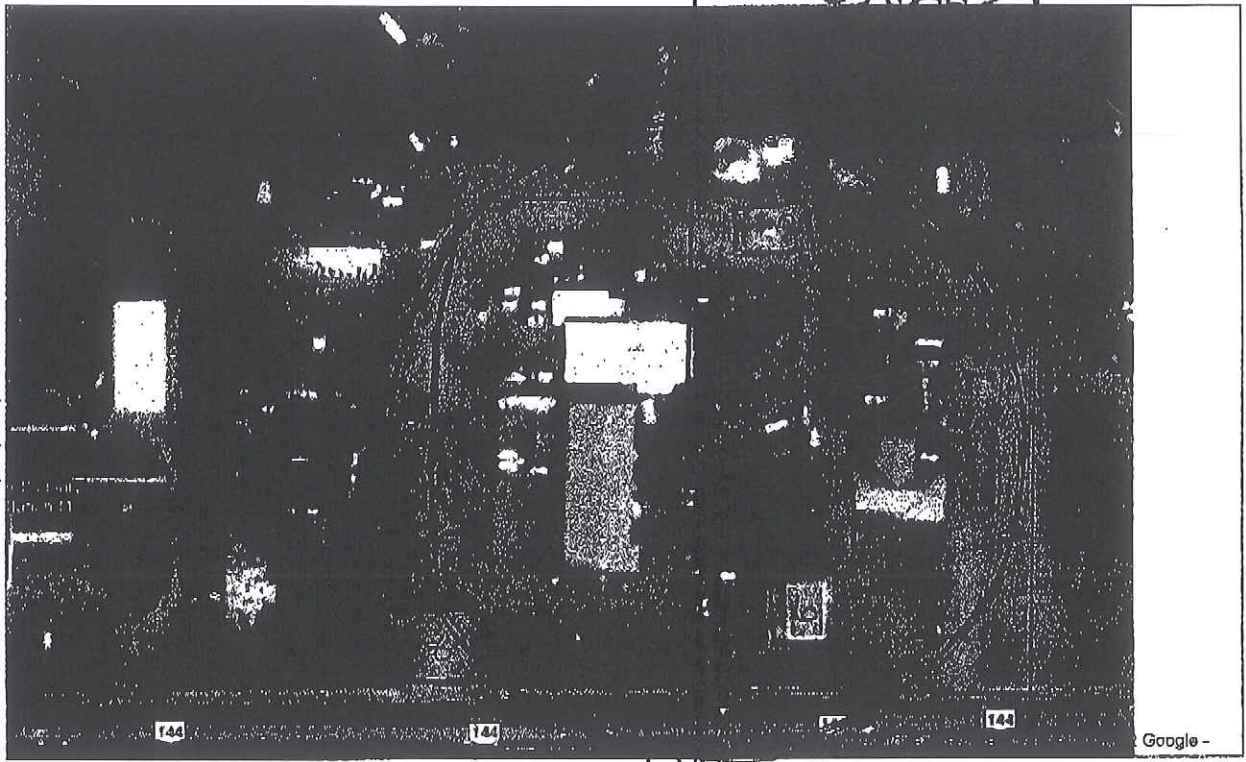
Total Cylinder Capacity	
Total Tank Capacity	
Total Portable Capacity	

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

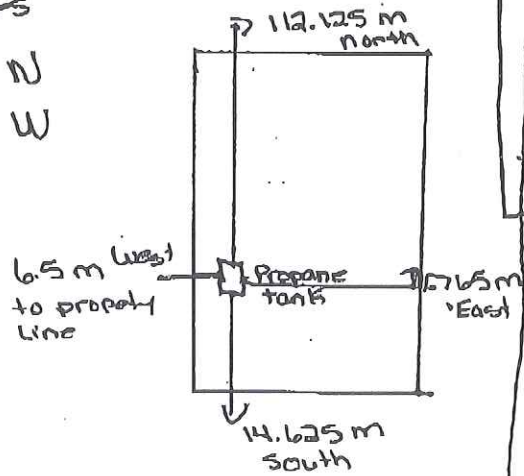
Google

To see all the details that are visible on the screen, use the Print link next to the map.



GPS Coordinates

46° 34' 09" N
81° 12' 02" W



1. Dispenser
2. Property Line
3. Hwy 144
4. Gas Storage Tanks
5. Use oil Storage tank
6. Gas pumps
7. Fire Hydrant
8. 3 Exits off property
9. Diezel Pumps

municipality of the
 Greater City of Sudbury
 2nd Floor - 200 Brady St
 Sudbury, ON P3P 5P3
 (705) 671-2489
 City Clerk: Caroline Hallsworth

Radius 213m
 Tank 1300 capacity

