



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4078
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

000076643694

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: GLEN ORCHARD ENTERPRISES INC. Corporation No.: 2415980
Operator Name (if different from above): GLEN ORCHARD GENERAL STORE
Telephone No.: 705-765-3251 Fax No.: 705-765-3467 E-mail: cnr@amtelecom.net

B Street No.: 4000 Street Name / 911 Number / Address, if applicable: MUSKOKA ROAD #169
Town / City or Township / County: PORT CARLING Province: ONTARIO Postal Code: P0B 1J0
Mailing address if different from above:

C Street No.: _____ Street Name / 911 Number / Address, if applicable: _____
Town / City or Township / County: _____ Province: _____ Postal Code: _____

Information on Container Refill Centre or Filling Plant

D Location of facility:
Street No.: 4000 Street Name / 911 Number / Address, if applicable: MUSKOKA RD #169 Nearest Major Intersection: MUSKOKA RD #169 + #118
Town / City or Township / County: PORT CARLING Province: ONTARIO Postal Code: P0B 1J0

Name of Licence Holder: Pauline Beausoleil
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Pauline Beausoleil ROT type: _____
Municipality (or municipalities if the facility or its hazard distance touches multiple borders): _____

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: <u>Glen Orchard Enterprises Inc.</u>	Signature: <u>Pauline Beausoleil</u>	Date (dd-mmm-yyyy): <u>29/04/2015</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>Pauline Beausoleil</u>		



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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. _____

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

	PSIG	Serial Number
Tank1:	1996	5814840
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: _____ Portable: 4 _____ Mobile: _____

495.60

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Name of person completing this form (please print) PAULIDE	Official Title owner/manager
Signature <i>[Signature]</i>	Telephone No. 705-765-3251
	Date (dd-mmm-yyyy) 29/04/2015



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

Name of Propane Supplier(s) <i>GEORGIAN BAY PROPANE</i>		For Office Use - Party No.	
Street No. <i>228</i>	Street Name / 911 Number / Address, if applicable <i>TAYLOR ROAD</i>		
Town / City or Township / Country <i>BRUCEBRIDGE</i>		Province <i>ON</i>	Postal Code <i>R1K 1V2</i>
Telephone No. <i>705-645-4294</i>	Fax No.	Contact Name <i>LORNE MC KELLAR</i>	
E-mail <i>brucebridgepropane.ca</i>			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No.	
Street No.	Street Name / 911 Number / Address, if applicable		
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 / 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) <i>Franco</i>	Official Title <i>Owner/Manager</i>	
Signature <i>[Signature]</i>	Telephone No. <i>705-765-3251</i>	Date (dd-mmm-yyyy) <i>29/09/15</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.

- 1) 44,500 Liter single wall underground + fiberglass tank - gasoline
- 2) 22,500 Liter double wall underground steel tank - gasoline
- 3) 22,500 Liter double wall underground steel tank - gasoline
- 4) 22,500 Liter double wall underground steel tank - diesel

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

20 lbs dry chem fire extinguisher

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.

Emergency stop button specifically for propane tank fusible link on ISC valve. Emergency stop button specifically for gasoline, shuts down electricity and stops flow.

Maintenance and testing schedule for fire protection controls and devices.

Regular visual inspection of facilities. Site specific stop buttons tested every 6 (six) months.

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Name of person completing this form (please print) <i>Pauline</i>	Official Title <i>owner/manager</i>
Signature <i>Pauline</i>	Telephone No. <i>705-765-3251</i>
	Date (dd-mmm-yyyy) <i>29/04/15</i>



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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>Chris Whittingham</i>	For Office Use - Party No.	Name <i>CHRIS WHITTINGHAM</i>	For Office Use - Party No.
Official Title <i>Owner</i>		Official Title <i>OWNER</i>	
Telephone No. <i>705-765-3251</i>	Fax No. <i>705-765-3467</i>	Cell No. <i>705-706-7566</i>	Fax No. <i>705-765-3467</i>
E-mail <i>cnp@amtelecom.net</i>		E-mail <i>CNP@amtelecom.net</i>	
Role and responsibilities in emergency <i>1st contact</i>		Role and responsibilities in emergency	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>Mike Watkinson</i>	For Office Use - Party No.	Name <i>GRAIG BROWN</i>	For Office Use - Party No.
Official Title <i>attendant</i>		Official Title <i>Manager</i>	
Telephone No. <i>705-765-3251</i>	Fax No. <i>705-765-3467</i>	Telephone No. <i>705-765-3251</i>	Fax No. <i>705-765-3467</i>
E-mail <i>glenorchardstore@muskokanet.ca</i>		E-mail <i>graig@muskokanet.ca</i>	
Role and responsibilities in emergency <i>2nd in command</i>		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>DOUGLAS HOLLAND</i>	For Office Use - Party No.	Name <i>JORGE SIEKIS</i>	For Office Use - Party No.
Official Title <i>fire prevention</i>	E-mail <i>dholland@muskokalakes.ca</i>	Official Title <i>Marketing</i>	E-mail <i>Brookbridge Propane.ca</i>
Telephone No. <i>705-765-3156</i>	Fax No. <i>705-765-3288</i>	Telephone No. <i>705-645-4294</i>	Fax No.
Role and responsibilities in emergency <i>Suppression (CAPTAIN)</i>		Role and responsibilities in emergency	
Fire Services Address <i>Box 1291 - BAILEY ST. PORT CARLING ON</i>		Propane Supplier Address <i>228 Taylor Rd. Brookbridge ON</i>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>RICHARD HAYES</i>	For Office Use - Party No.	Name <i>Township of Muskoka Lakes</i>	For Office Use - Party No.
Official Title <i>FIRE CHIEF</i>	E-mail <i>rhayes@muskokalakes.ca</i>	Official Title <i>FIRE CHIEF</i>	
Telephone No. <i>705-765-3156</i>	Fax No. <i>705-765-3288</i>	Telephone No. <i>705-765-3156</i>	Fax No. <i>705-765-3288</i>
Role and responsibilities in emergency <i>FIRE CHIEF</i>		E-mail <i>rhayes@muskokalakes.ca</i>	
Fire Services Address <i>1 BAILEY ST. PORT CARLING ON</i>		Municipality Name and Address <i>Township of Muskoka Lakes 1 Bailey St. Port Carling</i>	

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) <i>Pauline</i>	Official Title <i>Manager</i>
Signature <i>[Signature]</i>	Telephone No. <i>705-765-3251</i>
	Date (dd-mmm-yyyy) <i>29/09/15</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.

New extinguishers, at pumps, store etc.
New Carbon Monoxide & Smoke alarms

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Name of person completing this form (please print) <i>Marvin</i>	Official Title <i>Marvin</i>	
Signature <i>Marvin</i>	Telephone No. <i>705-765-3251</i>	Date (dd-mmm-yyyy) <i>29/04/15</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-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-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-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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



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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-mmm-yyyy) <i>Varies</i>	Print Name of Training Provider: <i>Mike Watkinson / Pauline Beausoleil</i>
	Print Name of Instructor: <i>Mike Watkinson</i>
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy)	Print Name of Training Provider: <i>Mike Watkinson / Pauline Beausoleil</i>
	Print Name of Instructor: <i>1</i>
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-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-mmm-yyyy)	Print Name of Training Provider: <i>Mike Watkinson / Pauline Beausoleil</i>
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Note: Current staff license holders are refreshed yearly. All new or returning staff members are trained & explained the facility, emergency plan, who is in 1st command and proper procedure for staff - customer safety. This is done at every month - six months.

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) <i>Pauline Beausoleil</i>	Official Title <i>Manager</i>
Signature <i>[Signature]</i>	Telephone No. <i>705-765-3251</i> Date (dd-mmm-yyyy) <i>June 29/21</i>



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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-mmm-yyyy) <i>August 4/3/2015</i>	Print Name of Training Provider: <i>Mike Watkinson / Pauline Beausoleil</i>
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) <i>August 4/5/2015</i>	Print Name of Training Provider: <i>Mike Watkinson / Pauline Beausoleil</i>
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-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-mmm-yyyy) <i>Aug 4/5 2015</i>	Print Name of Training Provider: <i>Pauline Beausoleil / Mike Watkinson</i>
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

*Site plan given to Emergency Personnel.
Staff are given Emergency Procedures annually*

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Name of person completing this form (please print) <i>Pauline Beausoleil</i>	Official Title <i>Manager</i>
Signature <i>Pauline Beausoleil</i>	Telephone No. <i>20-765-3257</i>
	Date (dd-mmm-yyyy) <i>29/04/15</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).

ON SITE ATTENDANT WHO FIRST OBSERVES THE DANGER IS RESPONSIBLE FOR CALLING 911 AND ALERTING STAFF & CUSTOMERS.

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 AND CUSTOMERS WOULD BE EVACUATED TO PROTECTED AREA NORTH-EAST OF EXISTING BUILDINGS WHERE ROCK ELEVATIONS WOULD PROVIDE SOME PROTECTION. ATTENDANT WOULD ALERT TENANTS IN CABINS TO EVACUATE TO PROTECTIVE AREA & WAIT LOCAL POLICE & FIRE DEPTS.

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).

ON SITE ATTENDANT WHO FIRST OBSERVES THE DANGER WILL CALL 911 & CONTACT THE LICENSE HOLDER FOR FURTHER ACTION & CONTACT WITH EMERGENCY RESPONSE PERSONS.

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

ALL ENTRIES TO PROPERTY ARE CLEAR AT ALL TIMES FOR EMERGENCY PERSONNEL. POSITIONS OF LOCKS & PROCEDURES IS REVIEWED ANNUALLY WITH FIRE DEPARTMENT.

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

CO-ORDINATION OF UPDATES INFORMATION WOULD BE ON A CONTINUAL BASIS AS WARRANTED BY THE CIRCUMSTANCES.

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

PHONE CONTACT - IMMEDIATELY

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Name of person completing this form (please print)	Official Title	
<i>Tambie</i>	<i>owner/Manager</i>	
Signature	Telephone No.	Date (dd-mmm-yyyy)
<i>Tambie Gaudet</i>	<i>705-765-3251</i>	<i>29/04/2015</i>



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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-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-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-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

*Site plan will be given to Emergency Personnel.
Staff are given Emergency Procedures annually*

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



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 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)		<u>75m</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>75m</u>

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Name of person completing this form (please print) <i>Pauline</i>	Official Title <i>owner/manager</i>
Signature <i>Pauline</i>	Telephone No. <i>705-765-3251</i>
	Date (dd-mmm-yyyy) <i>29/04/15</i>



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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes No

If not, please explain (e.g., no fire services).

Fire services comments, if any:

Recommend maintenance of fire safety plan, annual review

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-mmm-yyyy)

LOCAL FIRE SERVICES

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

Print name

Signature

Date (dd-mmm-yyyy)

Local Fire Services Name *Muskoka Lakes Fire*

29/05/2017

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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-mmm-yyyy)	Capacity of single largest propane storage vessel (USWG)
Oct. 2014	1-1996 USWG VERTICAL TANK
Tank setback coordinates. Indicate placement on the map.	
Front: 18 m	Right side property line: 82 m
Rear: 116.5 m	Left side property line: 68 m
GPS coordinates of single largest vessel: 45° 05' 21.03" N / 79° 38' 04.10 W	

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	
Pauline Beaussélet	Manager/Owner	
Signature	Telephone No.	Date (dd-mmm-yyyy)
<i>[Signature]</i>	705-765-3251	29/04/2015



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-mmm-yyyy)	Capacity of single largest propane storage vessel (USWG)
Oct. 2014	1-1996 USAG VERTICAL TANK
Tank setback coordinates. Indicate placement on the map.	
Front: 18 m	Right side property line: 82 m
Rear: 116.5 m	Left side property line: 68 m
GPS coordinates of single largest vessel: 45° 05' 21.03" N / 79° 38' 04.10 W	

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
Fantine Beausoleil	Manager/Owner
Signature	Telephone No.
<i>F Beausoleil</i>	705-765-3251
	Date (dd-mmm-yyyy)
	29/04/2015



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4078
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

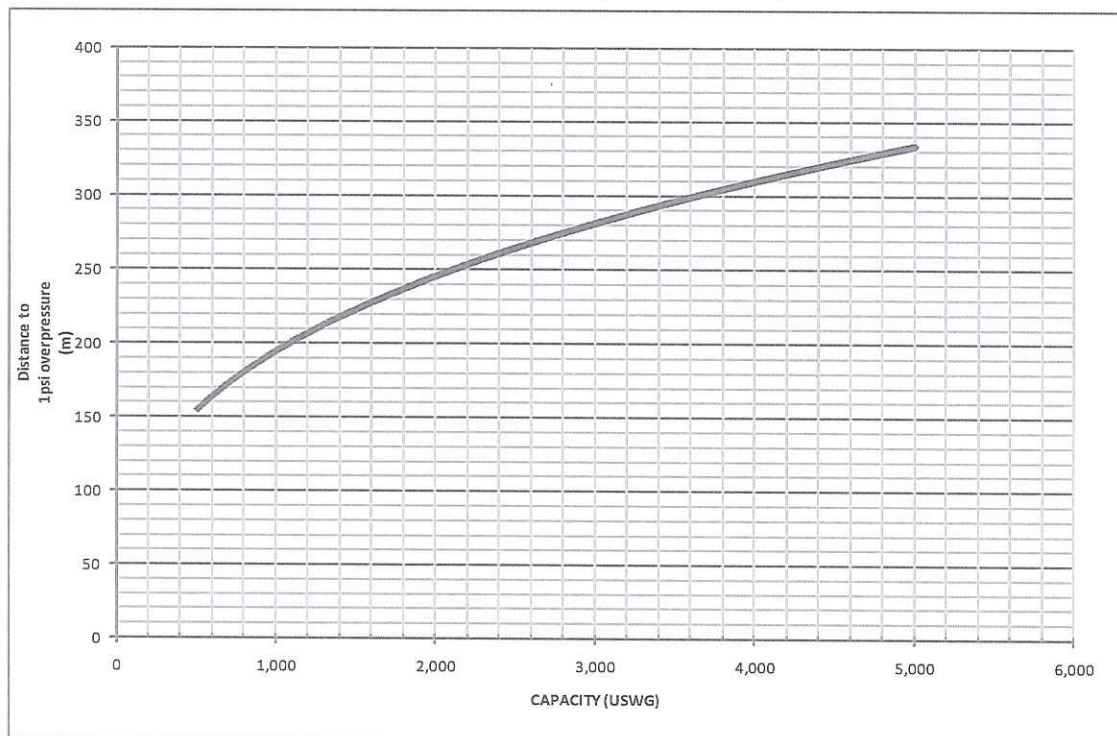
Table 1: Distance Table

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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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				N/A 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: <u>Glen Orchard General Store</u> Address: <u>4000 MUSKOGEE RD. #169</u> City: <u>PORT CARLING</u> Province <u>ONTARIO</u> Postal Code <u>P0B 1J0</u>			X		23 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

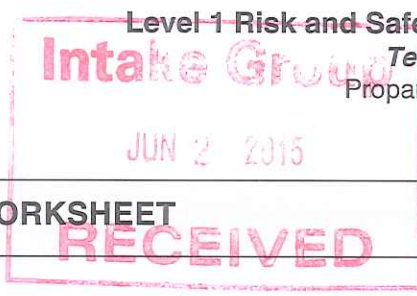
Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Name of person completing this form (please print) <u>Penker</u>	Official Title <u>owner/manager</u>
Signature <u>[Signature]</u>	Telephone No. <u>705-765-3251</u>
	Date (dd-mmm-yyyy) <u>29/05/2015</u>



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WORKSHEET RECEIVED

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	4	495.60
# 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	495.60
Total Tank Capacity	1996
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	