



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.

07
JULY 11

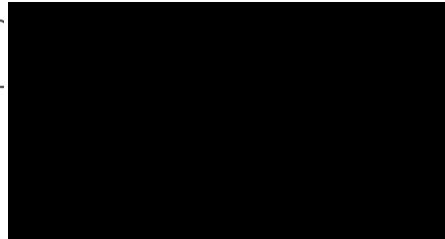
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 0021905001-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 Camp Out RV Ltd Ontario Corporation No., if applicable _____

Operator Name (if different from above) Sam Parks

Telephone No. 593933938 Fax No. 593933938 E-mail Address Sam@campoutrv.com

B Street No. 4006 Street Name, Lot / Concession No. Line 125 RR5

Town / City or Township / County Stratford Province Ont Postal Code N5A 6S6

Mailing address if different from above.

C Street No. _____ Street Name, Lot / Concession No. same as above

Town / City or Township / County _____ Province _____ Postal Code _____

Information on Container Refill Centre or Filling Plant

Location of facility.

D Street No. 4006 Street Name, Lot / Concession No. Line 125 RR5 Nearest major intersection LINE 125 / ROAD 34

Town / City or Township / County Stratford Province Ont Postal Code N5A 6S6

Name of Licence Holder Sam Parks

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Sam Parks ROT type 100-01-59-488

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Perth East

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 <u>Sam Parks</u>	Signature <u>[Signature]</u>	Date (dd-mm-yyyy) <u>05/18/11</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Sam Parks</u>	Signature <u>[Signature]</u>	Date (dd-mm-yyyy) <u>05/18/11</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 1962 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 2000

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

	PSIG	Serial Number
Tank1:	<u>250 PSI @ 125°F</u>	<u>3026Z</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: 1000 gal Portable: 100-5 gallon Mobile: _____

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Name of person completing this form (please print)	Official Title
<u>Sam Pappas</u>	<u>President</u>
Signature	Telephone No.
<u>[Signature]</u>	<u>519 393 5938</u>
	Date (dd-mm-yyyy)
	<u>18/05/11</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) <i>Hensall Coop</i>			
Street No. <i>1</i>	Street Name Lot / Concession No. <i>Davidson Drive Box 219</i>		
Town / City or Township / Country <i>Hensall</i>		Province <i>Ontario</i>	Postal Code <i>N0M 1X0</i>
Telephone No. <i>800-265-5190</i>	Fax No. <i>519 262 2317</i>	Contact Name <i>Mattor Butch</i>	
E-mail <i>bdesjardine@hdc.on.ca</i>			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			
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 <i>N/A</i>	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) <i>Sam Pabies</i>	Official Title <i>President</i>
Signature <i>[Signature]</i>	Telephone No. <i>519 393 5938</i>
	Date (dd-mm-yyyy) <i>18/05/11</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.

MOTOR VEHICLES - 6 TRUCKS (2500, 3500) WITH MOTOR FUEL ON BOARD
MAXIMUM 100 gallons (400 litres) IF ALL FULL.

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

Five extinguishers at filling station, shop, stove areas
Water storage tank at filling station
Water hose at filling station

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 alarm at filling station
Emergency alarm at shop

Maintenance and testing schedule for fire protection controls and devices.

Alarm TESTED Semi Annual with notification to Surrounding Neighbors
Five extinguishers certified annually
Water system tested 4 times per year.

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

Sam Pares

President

519 393 5938

06/05/11



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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>SAM PARKS</i>	For Office Use - Party No.	Name <i>SAM PARKS</i>	For Office Use - Party No.
Official Title <i>President</i>		Official Title <i>President</i>	
Telephone No. <i>519 273 7228</i>	Fax No. <i>519 393 6959</i>	Cell No. <i>519 274 5327</i>	Fax No. <i>519 393 6959</i>
E-mail <i>samparks@campoutrv.com</i>		E-mail <i>sam@campoutrv.com</i>	
Role and responsibilities in emergency <i>sam@campoutrv.com</i> <i>PRIMARY RESPONDER</i>		Role and responsibilities in emergency <i>Primary Responder</i>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>DAVE McLeod</i>	For Office Use - Party No.	Name <i>SAM PARKS</i>	For Office Use - Party No.
Official Title <i>Service manager</i>		Official Title <i>President</i>	
Telephone No. <i>519 275 1788</i>	Fax No. <i>519 393 6959</i>	Telephone No. <i>519 274 5327</i>	Fax No. <i>519 393 6959</i>
E-mail <i>serviced@campoutrv.com</i>		E-mail <i>sam@campoutrv.com</i>	
Role and responsibilities in emergency <i>2nd Responder</i>		Role and responsibilities in emergency <i>primary responder</i>	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>GARY DEBATE</i>	For Office Use - Party No.	Name <i>Hensall Co OP</i>	For Office Use - Party No.
Official Title <i>Station Fire Chief</i>		Official Title <i>BUTCH DESTARDINE</i>	
Telephone No. <i>519 393-6191</i>	Fax No. <i>519 393 5739</i>	Telephone No. <i>519 525 6666</i>	Fax No. <i>519 262 2317</i>
E-mail <i>sebringvillefd@pertheast.on.ca</i>		E-mail <i>rdesjardine@hdc.on.ca</i>	
Role and responsibilities in emergency <i>Fire Dept Responder</i>		Role and responsibilities in emergency <i>Department Manager</i>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>LARRY LEWIS</i>	For Office Use - Party No.	Name <i>DARRYL REIS</i>	
Official Title <i>Deputy Fire Chief</i>		Official Title <i>FIRE CHIEF - DISTRICT</i>	
Telephone No. <i>393-5545</i>	Fax No. <i>519 393 6194</i>	Telephone No. <i>519 595 2800 EXT 226</i>	Fax No. <i>519 595 2801</i>
E-mail <i>sebringvillefd@pertheast.on.ca</i>		E-mail <i>dreis@pertheast.on.ca</i>	
Role and responsibilities in emergency <i>Fire Responder</i>		Municipality <i>Perth East Municipality</i>	

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Name of person completing this form (please print) <i>SAM PARKS</i>	Official Title <i>President</i>
Signature <i>[Signature]</i>	Telephone No. <i>519 393 5938</i> Date (dd-mm-yyyy) <i>May 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.

I HAVE ATTACHED A COPY OF THIS PLAN ON SEPARATE PAPER

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>SAM PARKER</i>	Official Title <i>President</i>
Signature <i>[Signature]</i>	Telephone No. <i>514 393 5938</i> Date (dd-mm-yyyy) <i>18/05/11</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) 06/05/11	Print Name of Training Provider: Sam Parks
	Print Name of Instructor: Sam Parks
Training Date (dd-mm-yyyy) 20/04/11	Print Name of Training Provider: Hensall Co Op
	Print Name of Instructor: BUTCH DESJARDINE
Training Date (dd-mm-yyyy) 26/02/09	Print Name of Training Provider: Hensall Co Op
	Print Name of Instructor: BUTCH DESJARDINE

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

Training Date (dd-mm-yyyy) 06/05/11	Print Name of Training Provider: Sam Parks
	Print Name of Instructor: Sam Parks
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) 26/02/2009	Print Name of Training Provider: Hensall Co Op
	Print Name of Instructor: BUTCH DESJARDINE
Training Date (dd-mm-yyyy) 07/04/2008	Print Name of Training Provider: Hensall Co Op
	Print Name of Instructor: BUTCH DESJARDINE
Training Date (dd-mm-yyyy) 20/04/2011	Print Name of Training Provider: Hensall Co Op
	Print Name of Instructor: BUTCH DESJARDINE

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Name of person completing this form (please print) Sam Parks	Official Title President
Signature 	Telephone No. 519 393 5938
	Date (dd-mm-yyyy) 06/05/11



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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)	Print Name of Training Provider: <i>SAM PARKS - CAMPOUT RV</i>
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider: TREVOR SYLVESTER <i>CAMPOUT RV</i>
	Print Name of Instructor: <i>TREVOR SYLVESTER - SR. TECH</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider: <i>CAMPOUT RV</i>
	Print Name of Instructor: <i>WAYNE WITALEY - SR. TECH</i>

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

Target Date (dd-mm-yyyy)	Print Name of Training Provider: <i>SAM PARKS - CAMPOUT RV</i>
	Print Name of Instructor: <i>SAM PARKS</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider: <i>CAMPOUT RV</i>
	Print Name of Instructor: <i>TREVOR SYLVESTER</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider: <i>CAMPOUT RV</i>
	Print Name of Instructor: <i>WAYNE WITALEY</i>

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

Target Date (dd-mm-yyyy)	Print Name of Training Provider: <i>CAMPOUT RV</i>
	Print Name of Instructor: <i>SAM PARKS</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider: <i>CAMPOUT RV</i>
	Print Name of Instructor: <i>TREVOR SYLVESTER</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider: <i>CAMPOUT RV</i>
	Print Name of Instructor: <i>WAYNE WITALEY</i>

Training will be rotated amongst SR staff on a quarterly basis. Dates to coincide with 1st Tuesday of JAN/APR/AUG/OCT.

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Name of person completing this form (please print) <i>SAM PARKS</i>	Official Title <i>President</i>
Signature <i>[Signature]</i>	Telephone No. <i>519 393 5938</i>
	Date (dd-mm-yyyy) <i>06/05/11</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).

As per attached - 1st responder gives initial warning
2nd responder rings second alarm, manager on duty calls 911

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).

Buddy system for all staff. Meet at Valeting lot near garden, 3rd responder evacuates residences as indicated

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).

MANAGER ON DUTY TO CALL 911 AFTER RADIO CONTACT FROM PRIMARY RESPONDER
" CODE RED PROPANE FILLING STATION CALL 911 "

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

ACCESSIBLE AROUND SECURITY GATE AT EAST SIDE OF PROPERTY - LUCK CAN BE CUT WITH BOLT CUTTERS

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

REVIEW: 1/4LY DURING TRAINING PROCESS. FORWARD ANY CHANGES APPLICABLE TO TSSA, FIRE, POLICE.

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

3 minutes if at home for both primary + secondary persons

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Name of person completing this form (please print)	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)
Stan Lacroix	519 393 5938	06/05/11
	Resident	



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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 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 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) | _____ | |
| 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) | _____ | |

Yes No

TANKER TRUCK ONLY
TANKER TRUCK
TANKER TRUCK

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Name of person completing this form (please print) <i>Sam Pacey</i>		Official Title <i>President</i>	
Signature <i>[Signature]</i>		Telephone No. <i>514 393 5938</i>	Date (dd/mm/yyyy) <i>06/05/11</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.

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:

NONE

To be completed by the Licence Holder

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

NONE

The Licence holder will respond to the Local Fire Services comments by:

NONE REQ'D

(dd-mm-yyyy)

LOCAL FIRE SERVICES

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

Local Fire Services Name	Print name <i>PERTH EAST FIRE DEPT SEBRINGVILLE F.D.</i>	Signature <i>Dale Mayhew</i>	Date (dd-mm-yyyy) <i>21/06/11</i>
		<i>AFPO 634-8444 X 248</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>Dale Mayhew</i>	Official Title <i>F.P.O. Perth East F.D.</i>
Signature <i>Dale Mayhew</i>	Telephone No. <i>519.634-8444</i>
	Date (dd-mm-yyyy) <i>21/06/11</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) 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) <i>11/01/2009</i>	Capacity of single largest propane storage vessel (USWG) <i>1000 USG</i>
Tank setback coordinates. Indicate placement on the map.	
Front: <i>84M</i>	Right side property line: <i>35M</i>
Rear: <i>61M</i>	Left side property line: <i>102M</i>
GPS coordinates of single largest vessel: <i>43°23.519N X 081°01.522W</i>	

ELEVATION 368.8M

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Name of person completing this form (please print) <i>Sam Vance</i>	Official Title <i>President</i>
Signature <i>[Signature]</i>	Telephone No. <i>519 393 5938</i> Date (dd-mm-yyyy) <i>18/06/11</i>



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SECTION C: SUBMISSIONS (cont'd)

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

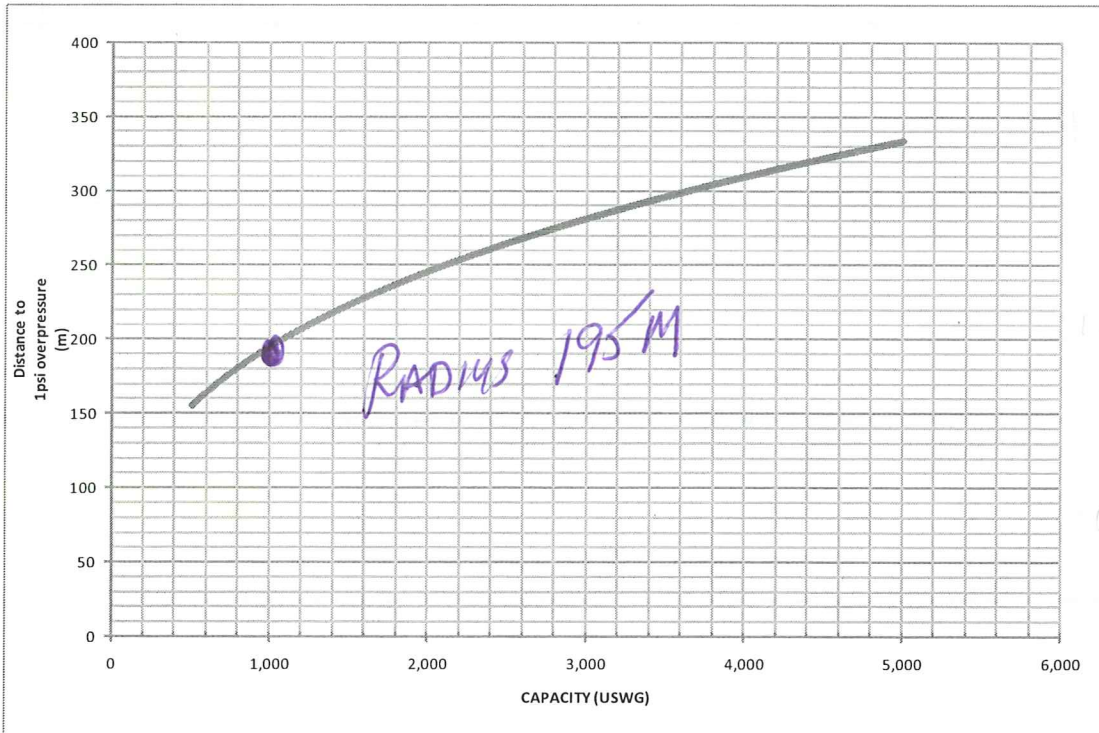
Table 1: Distance Table

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)



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>Sam Parker</i>	Official Title <i>President</i>
Signature <i>[Signature]</i>	Telephone No. <i>519 393 5938</i> Date (dd-mm-yyyy) <i>Jan 20/11</i>



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

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: <u>NONE</u> City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]		X			<u>50</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>CAMP-OUT RV LTD</u> Address: <u>4006 LING ST. R.R. #5</u> City: <u>STRATFORD</u> Province <u>Ont</u> Postal Code <u>N5A6S6</u>		X			<u>43</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: <u>NONE</u> City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: <u>NONE</u> City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: <u>NONE</u> 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>Sam Parks</u>	Official Title <u>President</u>
Signature <u>[Signature]</u>	Telephone No. <u>519 393 5938</u> Date (dd-mm-yyyy) <u>Jun 17/11</u>



Technical Standards and Safety Authority
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3300 Bloor Street West
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SECTION C: SUBMISSIONS (cont'd)

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	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: <u>NONE</u> City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent class family dwellings [Redacted]		X			<u>50</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>CAMP-OUT RV LTD</u> Address: <u>4006 LINE 125</u> <u>RR#5</u> City: <u>STRATFORD</u> Province <u>ONT</u> Postal Code <u>N5A6S6</u>		X			<u>43</u> m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: <u>NONE</u> City: _____ Province _____ Postal Code _____	X				<u>∅</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: <u>NONE</u> City: _____ Province _____ Postal Code _____	X				<u>∅</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: <u>NONE</u> City: _____ Province _____ Postal Code _____	X				<u>∅</u> 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>Sam Perry</u>	Official Title <u>President</u>
Signature <u>[Signature]</u>	Telephone No. <u>519 393 5938</u>
	Date (dd-mm-yyyy) <u>Jan 12/14</u>



Technical Standards and Safety Authority
www.issa.org

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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	176
# 20	5.8	20	116
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			292

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
None		
Total Tank Capacity		

Total Cylinder Capacity	292
Total Tank Capacity	1000 GAL
Total Portable Capacity	292

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) Sam Press	Official Title President
Signature 	Telephone No. 519 393 5935
	Date (dd-mm-yyyy) JUN 17/11



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www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
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Level 1 Risk and Safety Management Plan (RSMP)
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SECTION C: SUBMISSIONS (cont'd)

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

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Total Cylinder Capacity			292

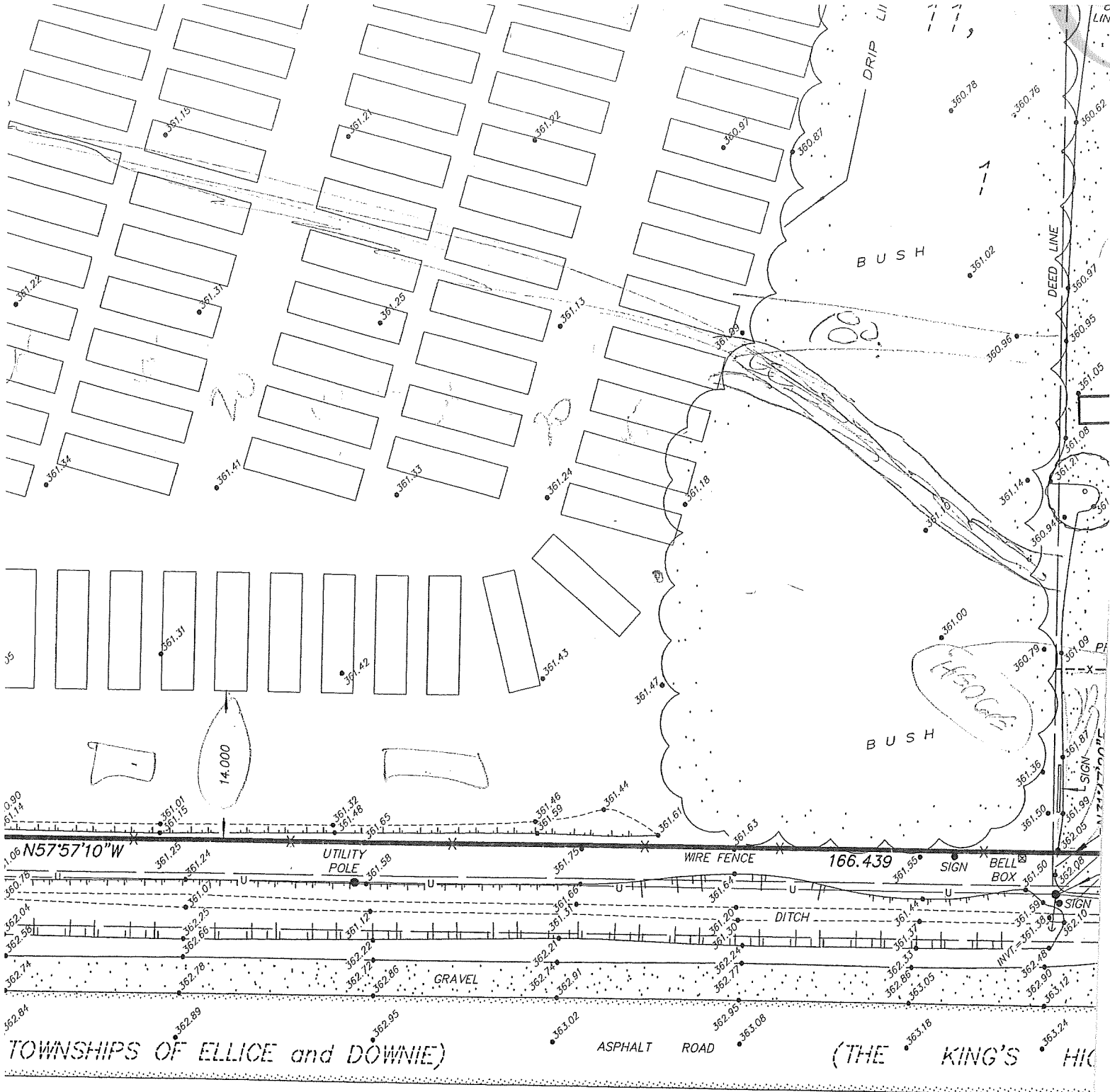
Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
NONE		
Total Tank Capacity		

Total Cylinder Capacity	292
Total Tank Capacity	0
Total Portable Capacity	292

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)
<i>Sam Paese</i>	519 393 5938	JUN 17/11
<i>[Signature]</i>		



PLAN P-2206-11)

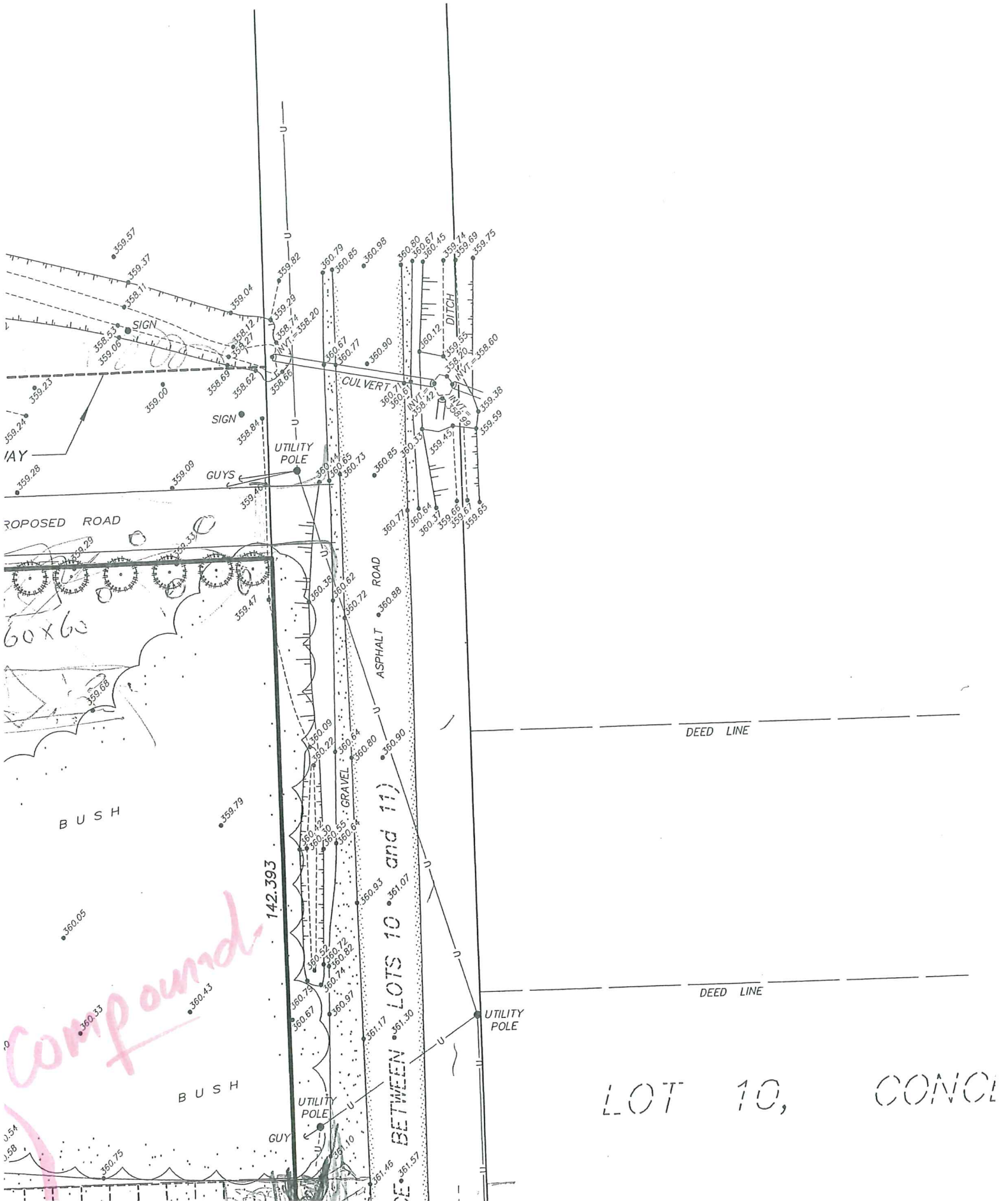
CONCESSION

1

PERTH SOUTH

OF DOWNIE)

BENCH MARK
⊕ NAIL IN UTILITY POLE
ELEV.=361.847



ST
TCH BASIN
= 360.563

GRAVEL

TOWNSHIP

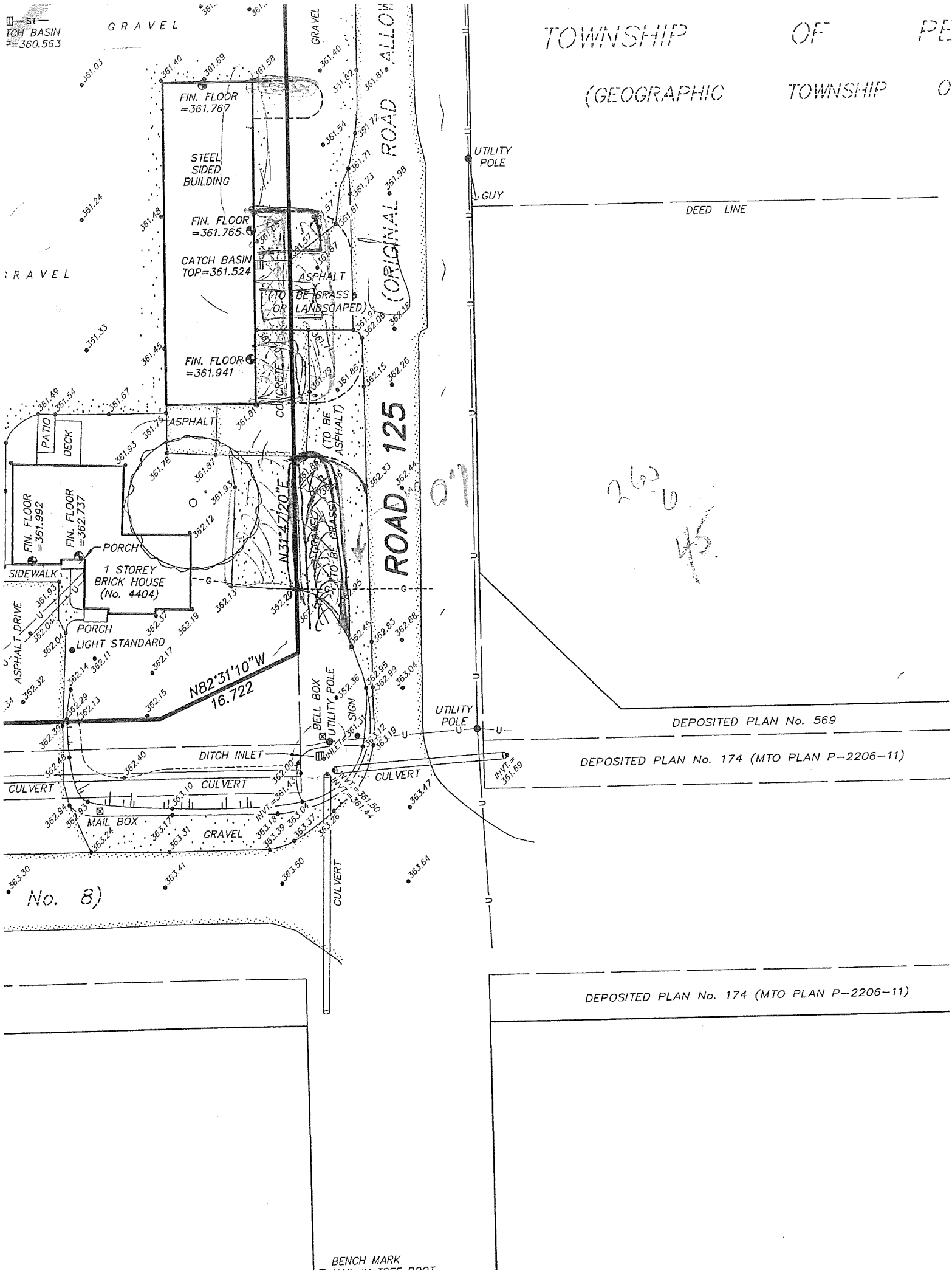
OF

PE

(GEOGRAPHIC

TOWNSHIP

0



No. 8)

DEPOSITED PLAN No. 569

DEPOSITED PLAN No. 174 (MTO PLAN P-2206-11)

DEPOSITED PLAN No. 174 (MTO PLAN P-2206-11)

BENCH MARK

NOTES:

- 1) BEARINGS AND DISTANCES SHOWN HEREON WERE DERIVED FROM FIELD MEASUREMENTS TAKEN AUGUST 3, 2008.
- 2) GRADE PLAN INFORMATION WAS DERIVED FROM FIELD MEASUREMENTS TAKEN AUGUST 3, 2008.
- 3) UNDERGROUND UTILITY LOCATIONS ARE APPROXIMATE AND WERE PROVIDED BY OTHERS. McNEIL SURVEYING LIMITED IS NOT RESPONSIBLE FOR ACCURACY OR OMISSION OF UNDERGROUND UTILITIES.

LEGEND:

- 333.33 DENOTES EXISTING ELEVATION
- U— DENOTES AERIAL UTILITY WIRES
- U--- DENOTES BURIED UTILITY WIRES
- G--- DENOTES GAS MAIN
- ST— DENOTES STORM PIPE

CAUTION:

THIS IS NOT A PLAN OF SURVEY AND SHALL NOT BE USED EXCEPT FOR THE PURPOSES INDICATED IN THE TITLE BLOCK.

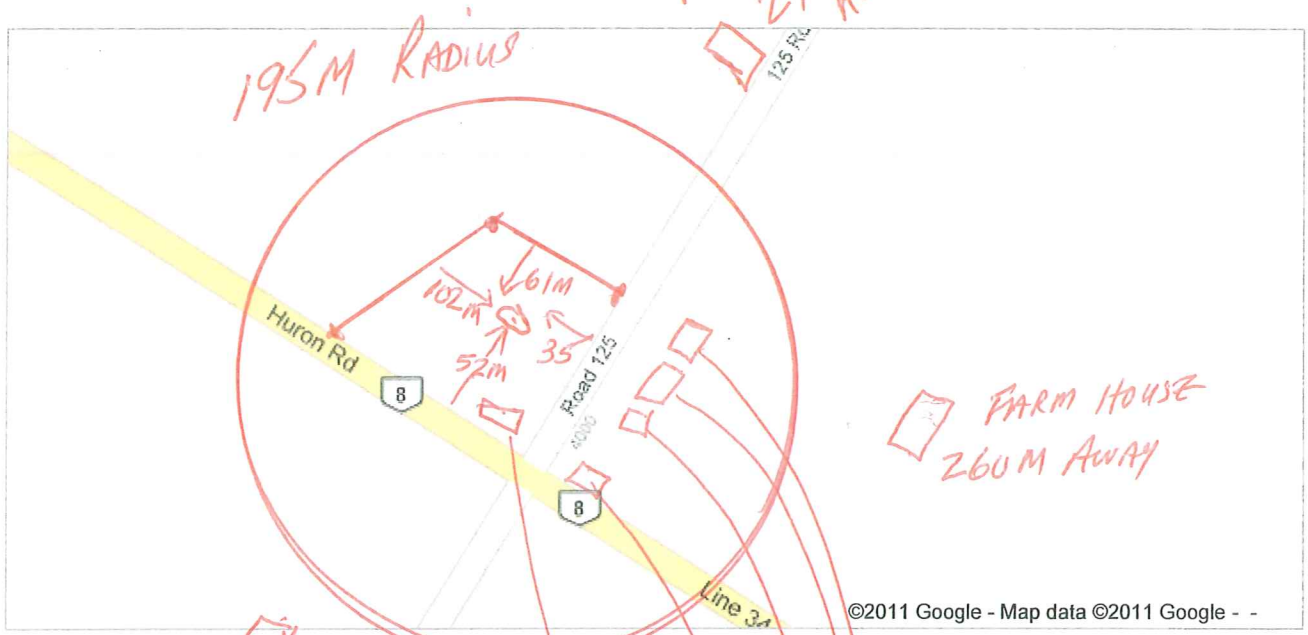
*SITE PLAN
As of JUN 1, 2011.*

OCTOBER 21, 2008
THIS SKETCH PREPARED FOR CRYSTAL LAKE MOBILE COURT.

<p>THIS SKETCH IS NOT VALID UNLESS IT IS AN EMBOSSED ORIGINAL COPY ISSUED BY THE SURVEYOR</p>	<p>McNEIL SURVEYING LIMITED ONTARIO LAND SURVEYORS 160 ERIE STREET STRATFORD, ONTARIO, N5A 2M7 TEL: (519) 271-7952 FAX: (519) 271-3545</p>	
	© COPYRIGHT 2008, McNEIL SURVEYING LIMITED.	
	Cad File: S:\McNeil Svy\92\9266\9266-SITE.dwg	COGO: 9266.asc
	Drawn By: Sean McConnell	Checked By: K. Ketchum, O.L.S.



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

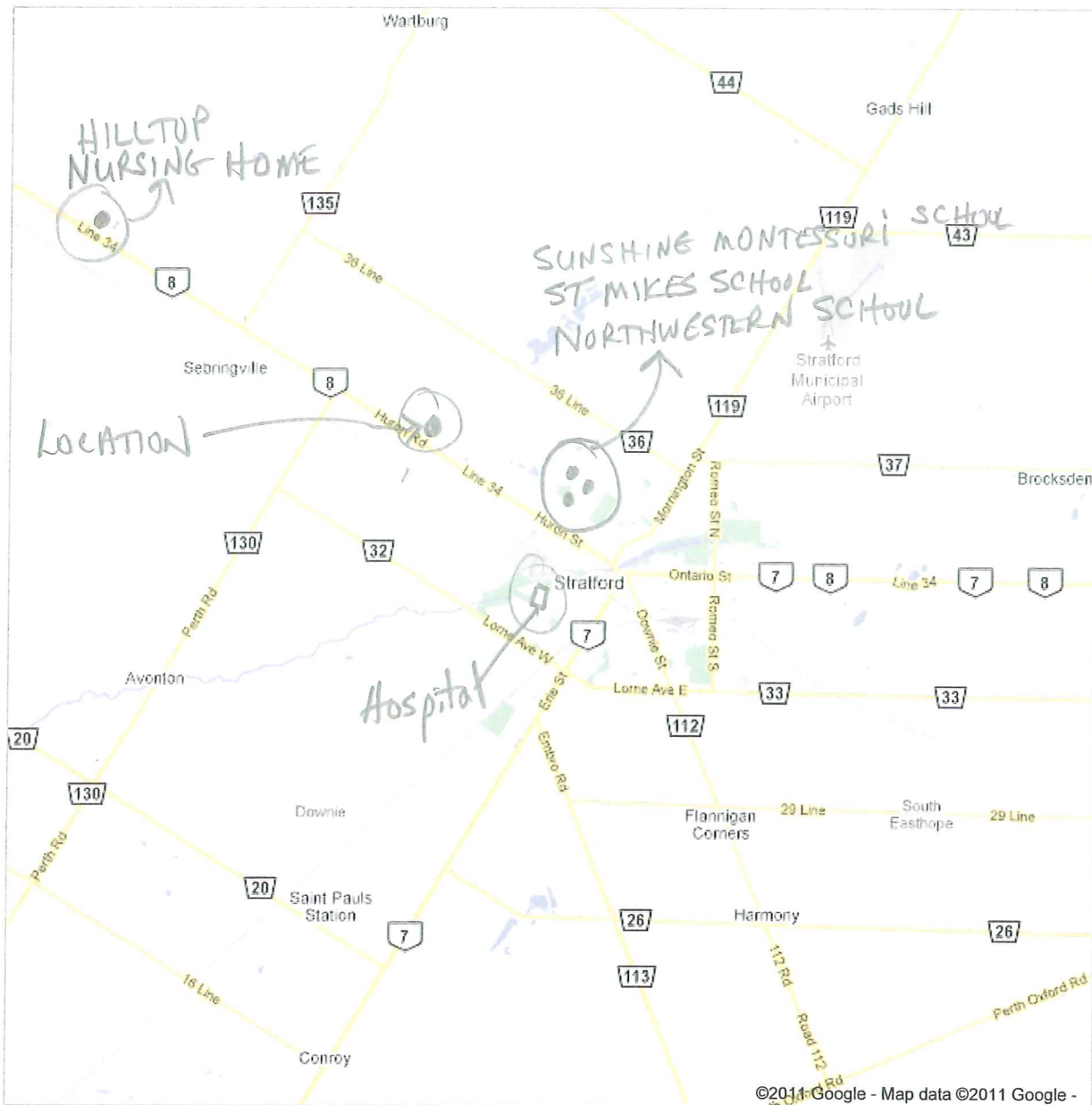


MOBILE HOME
240M AWAY.

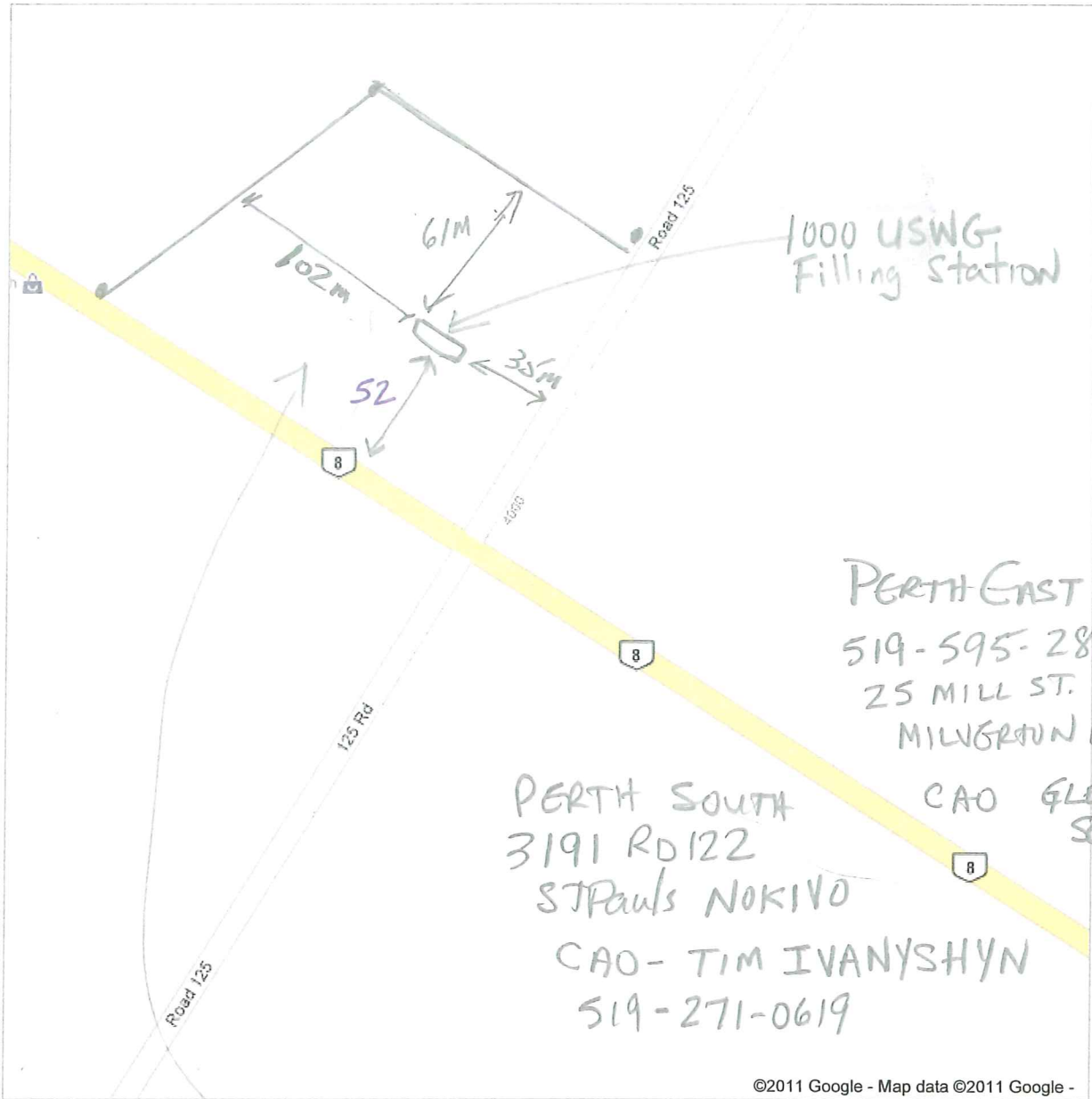
FARM HOUSE
260M AWAY

FARM HOUSE
282M AWAY.

5 RESIDENCES WITHIN
195M ZONE.

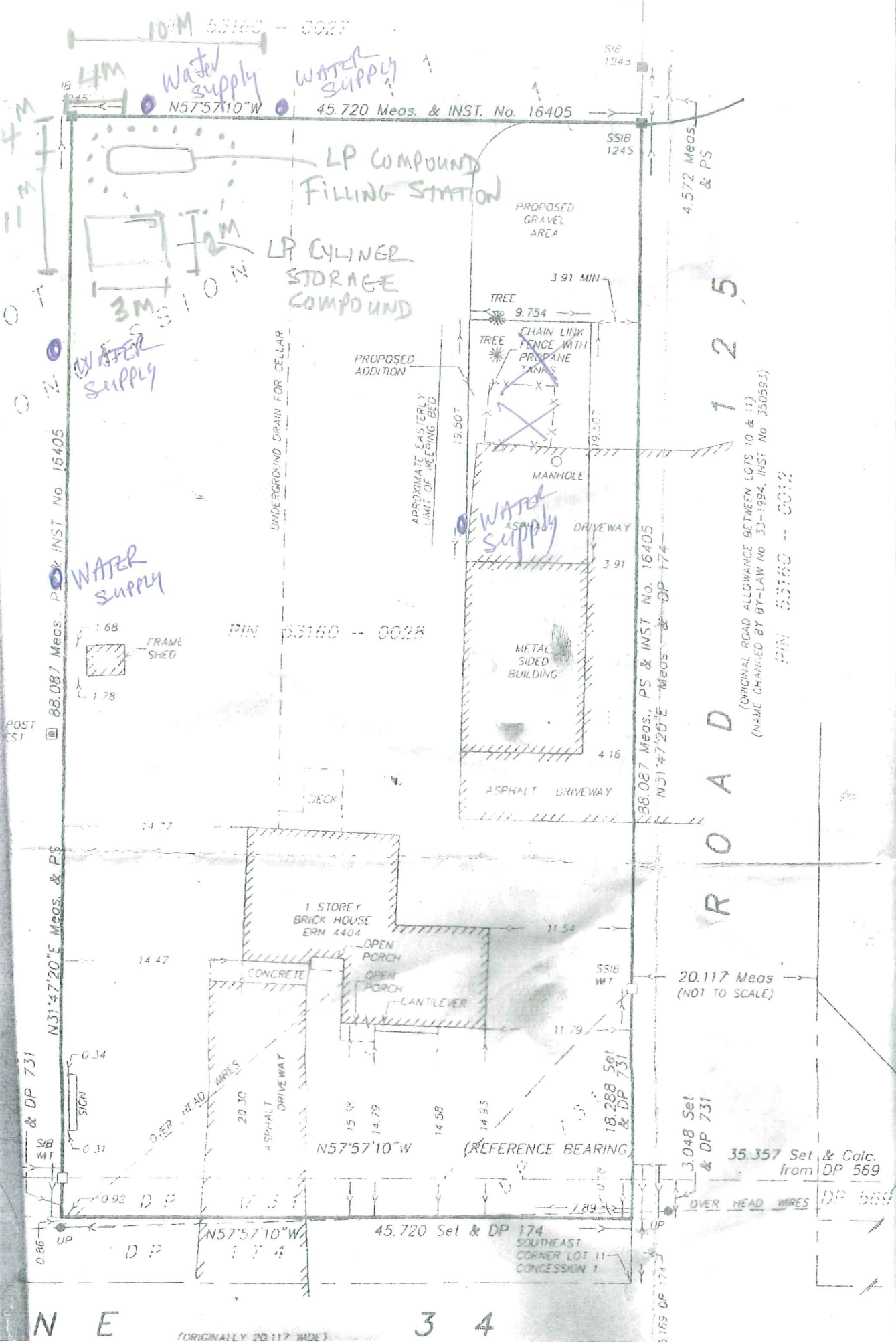


DISTANCE TO SCHOOLS 2.7 KM
 DISTANCE TO HOSPITAL 4.2 KM
 DISTANCE TO NURSING-HOME 7.1 KM



Municipal
ADDRESSES

4006 ROAD 125 PERTH EAST, ONT



N E 3 4 (ORIGINALLY 20.117 WIDE)

ROAD 125 (ORIGINAL ROAD ALLOWANCE BETWEEN LOTS 10 & 11) (NAME CHANGED BY BY-LAW NO 33-1994, INST. NO 350593) PIN 53160 - 0012