



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario MBX 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 000076640065 000076641105

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.

**For Office Use Only**



**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 Jellicoe General Store Ltd. Ontario Corporation No., if applicable \_\_\_\_\_

Operator Name (if different from above) \_\_\_\_\_

Telephone No. 807-879-2512 Fax No. 807-879-2538 E-mail \_\_\_\_\_

**B** Street No. \_\_\_\_\_ Street Name / 911 Number / Address, if applicable 5072 Hwy 11 Lot #80

Town / City or Township / County Jellicoe Province Ontario Postal Code P0T 1V0

**C** Mailing address if different from above.

Street No. \_\_\_\_\_ Street Name / 911 Number / Address, if applicable General Delivery

Town / City or Township / County Jellicoe Province Ontario Postal Code P0T 1V0

**D** Information on Container Refill Centre or Filling Plant

Location of facility.

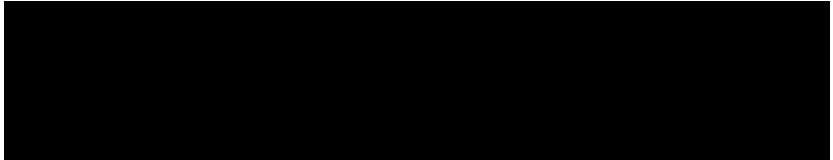
Street No. \_\_\_\_\_ Street Name / 911 Number / Address, if applicable 5072 Hwy 11 Lot 80 Nearest Major Intersection Hwy 11

Town / City or Township / County Jellicoe Province Ontario Postal Code P0T 1V0

Name of Licence Holder Sharon Furoy

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Sharon Furoy ROT type 100-08

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

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>Sharon Furoy</u>	Print name _____	Signature <u>Sharon Furoy</u>	Date (dd-mm-yyyy) <u>18-11-2011</u>
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**Propane Storage and Handling Regulation**

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

Indicate the year the facility was established. June 2004      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
Tank 1:	<u>250</u>	<u>20J81-139</u>
Tank 2:	_____	_____
Tank 3:	_____	_____

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

Fixed: 1885 USWG      Portable: 0      Mobile: 0

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Name of person completing this form (please print) <u>Sharon Furuy</u>	Official Title <u>Owner</u>
Signature 	Telephone No. <u>807-879-2512</u>
	Date (dd-mm-yyyy) <u>18-11-2011</u>



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**Level 1 Risk and Safety Management Plan (RSMP)**  
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**SECTION A: GENERAL INFORMATION (cont'd)**

Activity Information

<b>Name of Propane Supplier(s)</b> Superior Propane		For Office Use - Party No. [REDACTED]	
Street No. 3014	Street Name / 911 Number / Address, if applicable Arthur Street West		
Town / City or Township / Country Thunder Bay		Province Ontario	Postal Code P7B 6T8
Telephone No. 807-939-2568	Fax No. 807-939-2825	Contact Name Jessica Johnson	
E-mail johnsonj@superiorpropane.com			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No. [REDACTED]	
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			

<b>Off-site Cylinder and/or Mobile Storage</b>	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		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) Sharon Furoy	Official Title Owner	
Signature 	Telephone No. 8097-879-2512	Date (dd-mm-yyyy) 18-11-2011





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

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

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

N/A

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

Fire Extinguisher 20 B,C

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.

Automatic shut off

Maintenance and testing schedule for fire protection controls and devices.

Superior Propane tank - has annual inspection

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Signature 	Telephone No. 807-879-2512	Date (dd-mm-yyyy) 18-11-2011



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

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name Sharon Furoy	For Office Use - Party No. [REDACTED]	Name Sharon Furoy	For Office Use - Party No.
Official Title Owner		Official Title Owner	
Telephone No. 807-879-2512	Fax No. 807-879-2538	Cell No. 807-854-8658	Fax No. 807-879-2538
E-mail N/A		E-mail N/A	
Role and responsibilities in emergency		Role and responsibilities in emergency	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Richard Donio	For Office Use - Party No.	Name Sharon Furoy	For Office Use - Party No.
Official Title Employee		Official Title Owner	
Telephone No. 807-879-9920	Fax No. 807-879-2538	Telephone No. 807-879-2512	Fax No. 807-879-2538
E-mail N/A		E-mail N/A	
Role and responsibilities in emergency		Role and responsibilities in emergency	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Glen Checkley	For Office Use - Party No.	Name Jessica Johnson	For Office Use - Party No.
Official Title Fire Chief	E-mail	Official Title Sales	E-mail johnsonj@superiorpropane.com
Telephone No. 807-879-9905	Fax No.	Telephone No. 807-939-2568	Fax No. 807-939-2825
Role and responsibilities in emergency		Role and responsibilities in emergency	
Fire Services Address Main Street, Jellicoe, Ontario P0T 1V0		Propane Supplier Address 3014 Arthur Street West, Thunder Bay, Ontario P7B 6T8	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name James Savage	For Office Use - Party No.	Name Lisa Slomke	[REDACTED]
Official Title Deputy Chief	E-mail	Official Title Clerk	
Telephone No. 807-879-1171	Fax No.	Telephone No. 807-854-1100	Fax No. 807-854-2360
Role and responsibilities in emergency		E-mail lisa.slomke@greenstone.ca	
Fire Services Address Main Street, Jellicoe, Ontario P0T 1V0		Municipality Name and Address Greenstone - Main Street, Geraldton, Ontario P0T-1M0	

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Name of person completing this form (please print) Sharon Furoy	Official Title Owner
Signature <i>Sharon Furoy</i>	Telephone No. 907-879-2512
	Date (dd-mm-yyyy) 18-11-2011



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

2. Additional Safety Measures

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

1-877-873-7467 - Superior Propane contact number - 24 Hours / Day - 7 Days a week

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Signature 	Telephone No. 807-879-2512	Date (dd-mm-yyyy) 18-11-2011





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

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

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

Training Date (dd-mm-yyyy) 12-11-2010	Print Name of Training Provider: Propane Training Institute
	Print Name of Instructor: Mark McNabb
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)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

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

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Name of person completing this form (please print) Sharon Furoy	Official Title Owner
Signature 	Telephone No. 807-879-2512
	Date (dd-mm-yyyy) 18-11-2011



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Propane Storage and Handling Regulation

**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) 26/03/2012	Print Name of Training Provider: Canadian Propane Association
	Print Name of Instructor: SHARON FURDY
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) 26/03/2012	Print Name of Training Provider: Canadian Propane Association
	Print Name of Instructor: SHARON FURDY
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) 26/03/2012	Print Name of Training Provider: Canadian Propane Association
	Print Name of Instructor: SHARON FURDY
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) Sharon Furdy	Official Title Owner
Signature 	Telephone No. 807-879-2512
	Date (dd-mm-yyyy) 26/03/2012





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**Level 1 Risk and Safety Management Plan (RSMP)**  
**Technical Standards and Safety Act**  
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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 / Operator will call 911 / volunteer fire department

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).

After the 911 call the meeting place is the Neil Arthur Memorial Hall ( outside of the zone )

**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).

Call 911 - then call Glen Checkley ( Fire Chief )

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

Volunteer fire department - there is always staffing on-site as we live at business.

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

Info will be passed through 911 - local volunteer fire department & Superior Propane authorities - 1-877-873-7467

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

Immediately as tank is located at Business / Residence.

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Name of person completing this form (please print) Sharon Furoy	Official Title Owner
Signature 	Telephone No. 807-879-2512
	Date (dd-mm-yyyy) 18-11-2011



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 345 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
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**Application for Renewal of  
 Level 1 Propane Licence**  
*Technical Standards and Safety Act*  
 Propane Storage and Handling Regulation

**EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

The licence holder will complete the Emergency and Preparedness Response Plan in consultation with the local Fire Services.  
 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 type="checkbox"/>
2. Is there adequate night lighting at the site?	<input 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 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 type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input 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 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 type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input type="checkbox"/>	<input type="checkbox"/>

**Water Supply**

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

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities?(distance in metres only)		<u>84 m</u>
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants?( distance in metres only)		<u>84 m</u>

**You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.**

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

Print name of person completing this form. <b>JAMES RUCSMAN</b>	Official Title <b>Fire Chief</b>
Signature 	Telephone No. <b>807-854-1100</b> Date (dd-mmm-yyyy) <b>17/11/2016</b>





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

**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:

**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 <b>Glen Checkley</b>		<b>18-11-2011</b>

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Name of person completing this form (please print) <b>Sharon Furoy</b>	Official Title <b>Owner</b>	
Signature 	Telephone No. <b>807-879-2512</b>	Date (dd-mm-yyyy) <b>18-11-2011</b>



# Fire Service Information Form

## Review and Comments for Level 1 RSMP

Date:

Reviewed By:

**Note:**

**Some versions of Adobe Reader will not allow users to save this file after completion. Use compatible versions of Adobe software when possible.**

The following information is being provided by the local fire service having jurisdiction for the propane facility referenced within the Level 1 RSMP submission. The fire service is providing the information under the requirements of O. Reg. 211/01 and exercising its authority for review and comment. The following comments are being provided to the propane operator;

Municipal Information	
Municipality / Region	Greenstone
Address	MANNSI
Address	
City	Geraldton
Postal Code	POT-1M0
Clerk	LISA SLOMKE
Phone	854-1100
Fax	854-2360
Email	lisa.slomke@greenstone.ca
Alternate (if applicable)	
Phone	
Fax	
Email	

Municipal Fire Department Information	
Fire Department Name	Jellicoe Volunteer Fire Department
Address	66 main
Address	
City	Jellicoe
Postal Code	Pot 1V0
Fire Chief	Glenn Checkley
Phone	804849 9905
Cell	-
Fax	-
Email	-
Alternate Contact	James (Jim) Savage
Phone	804849-1171
Cell	-
Fax	-
Email	-

Fire Service Response Details	
The fire service should identify how many fire stations are located in the municipality and reference an approximate distance to the closest municipal fire station for response. Municipal resources should be shown in this table since the contacted fire service may not be available to respond at all times.	
How many fire stations are within the municipality?	Six
What is the approximate distance to the propane facility from the closest municipal fire station (Km)?	400 Ft
The fire service should provide the average response time for their first arriving crew from the closest responding station, including stations under agreement. The time noted should be used as an ordinary response time as other factors that increase response time are not predictable. The time to assemble a full complement of crews means that the fire service has established all operational tasks and staffing and resources are available to support the operational assignments. Average times should be noted as factors that influence response setup are not predictable.	
What is the approximate First Response time? (First arriving crew to complete scene assessment)	5 to 7 minutes
What is the expected time to assemble a full complement of crews to support operations (approx. minutes)? (All apparatus and crews arrive, operational assignments provided)	15-25 minutes

Fire Service Equipment					
Provide a list of all fire service apparatus that will be responding to this specific propane site should an event occur. List apparatus as pumpers, tankers or aerial devices. Combination units should be shown for the intended use as a pumper or tanker. Note: Apparatus shown in this section are for information purposes only. Unforeseeable situations such as maintenance or other emergency responses may limit apparatus availability. Total pump capacity may be limited by the water supply available or the number of apparatus available. Operations may require pumpers to be assigned to water supply and the site.					
Truck ID (P1, T1 or L1)	Pumper	Tanker	Elevating Device	Pump Capacity (GPM or LPM)	Water Capacity (Gal or Litres)
Jellison P1	✓		N/A	3000 LPM	500 gal
Bendwire P1	✓		N/A	3000 LPM	500 gal
Bendwire P2	✓		N/A	3000 LPM	500 gal
Total Pump Capacity available (units)					9000 LPM
Total Mobile Water Capacity available on trucks (units)					1500 gals



## Fire Service Response Considerations

The engineer must consider your fire protection services capabilities when determining a mitigation strategy in the RSMP. It will be important to provide accurate information about response capabilities and training to ensure the RSMP closes any identified response gaps.

Current Level of HAZMAT training that the fire service has obtained

N/A

Provide fire service operation details that a propane company could expect from your fire service in the event of a propane leak or fire.

(Example of Service Operations:

Dispatch protocols will have a 1st response alarm of 3 response locations including apparatus XYZ, establish water supply with apparatus abc, our fire service has awareness level training, will establish safety zones, control fire within training and operational limitations, fight fire from a safe distance, will await technical support from propane operator.)

Establish water supply with  
3 pumpers, 2 pumps, establish  
safety zone, fight fire from safe  
distance & will await technical  
support from Superior Propane

List all intervention capabilities that the fire service can provide.

(Provide specific details that identify mitigation actions the fire service will perform for this specific site)

- Fire services will deal with  
OPP, municipality, Superior Propane,  
and purveyor

**Water Supply Comments**

**Check the appropriate response that best suits the water flow situation identified by your fire department.**

**Note: This information should also be shown in the Level 1 RSMP (page 10 of 15).**

The fire service has the capability to pump and maintain a continuous flow rate of 375 GPM at the referenced facility.

The fire service DOES NOT have the capabilities to pump 375 GPM at the propane facilities location. The propane operator requires a level of fire protection services beyond the capabilities of the municipal fire department and will be responsible to assess other safety strategies beyond municipal fire protection.

**Fire Service Comments for Level 1 RSMP Section B  
Emergency Response and Preparedness Plan**

Fire Service will follow the guidelines provided by Municipality + Superior propane



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Propane Storage and Handling Regulation

**SECTION C: SUBMISSIONS**

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

**Facility Site Plan.**

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

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

**Map of Surrounding Area.**

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below .

**Required Mapping Information from Updated Site Plan**

Date Map Prepared (dd/mm/yyyy)	Capacity of single largest propane storage vessel (USWG)
18/11/2011	1885 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 9 meters	Right side property line: 9 meters
Rear: 24 meters	Left side property line: 115 meters
GPS coordinates of single largest vessel: 49°41'04.19"N 87°31'57.48"W elv 325 m	

**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	
Sharon Furoy	Owner	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Sharon Furoy</i>	807-879-2512	18-11-2011





Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X 2X4  
Fax: 416.231.4903  
Customer Service: 1.877.682.8772

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

**SECTION C: SUBMISSIONS (cont'd)**

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

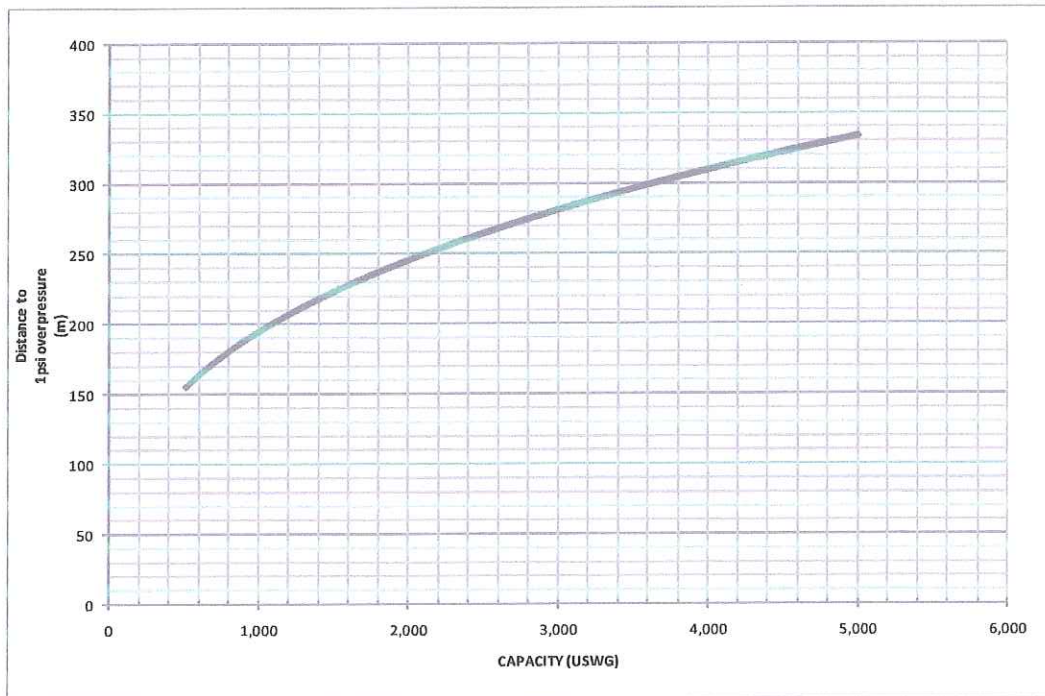
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

**Formula:**  $D = 16.94 \times (1.524 \times C)^{1/3}$   
 D = Distance to overpressure of 1 psi (meters)  
 C = Tank Total Capacity in USWG

**Parameters:** Density of Propane is 0.5033 kg per litre @ 15 C  
 Assume all vessels are 80% full  
 1 gallon [US, liquid] = 0.003785411784 cubic meter  
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)





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**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+	
<b>Industrial buildings</b> or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
<b>Residential buildings</b> specifically family dwellings, condominiums, and apartments Name: _____ Address: _____ City: _____				X	25 House 14m. garage
<b>Commercial building units</b> specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
<b>Commercial building units – continuous occupancy</b> specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
<b>Sensitive institutions</b> specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
<b>Emergency responders</b> specifically fire stations, ambulance stations, and police stations. Name: <u>Jellicoe Volunteer Fire Department</u> Address: <u>MAIN ST.</u> City: <u>JELICOE</u> Province <u>ON</u> Postal Code <u>POT-NO</u>		X			142 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>Sharon Furoy</u>	Official Title <u>Owner</u>
Signature <u>Sharon Furoy</u>	Telephone No. <u>807-879-2512</u>
	Date (dd-mm-yyyy) <u>18-11-2011</u>



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

**WORKSHEET**

**Portable Storage Additional Information Worksheet**

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		
<b>Total Cylinder Capacity</b>			

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

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

<b>Total Cylinder Capacity</b>	
<b>Total Tank Capacity</b>	
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	



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



246 m

Property line  
in red square  
box.  
1885 USWG  
horizontal tank



# Jellicoe General Store Ltd.

Location : 5072 Hwy 11, Lot #80  
Jellicoe, ON  
POT-1VO

Prepared : February 16, 2012

1885 USWG horizontal tank

Tank Setbacks      Front - 9 m      Right side property line - 9 m  
Rear - 24 m      Left side property line - 115 m.

Radius = 246 m

GPS Co-ordinates :  $49^{\circ}41'04.19''$  N       $87^{\circ}31'57.48''$  W

Municipality : Greenstone

Municipal Clerk : Lisa Slonke

Address : Municipal Clerk Office,  
1800 main St. Box 70  
Geraldton, ON  
POT-1MO





Highway 11

Noble Ave

Grace Ave

Main Street

David Street

Scrap yard

Spring Lake

Baptist Church

Baptist Church

Baptist Church

#32

#1

#7

#8

#9

#5

#4

#28

#29

#30

#31

#32

#33

#34

#35

#36

#37

#38

#39

#40

#41

#42

#43

#44

#45

#46

#47

#48

#49

#11

#21

#18

#19

#20

#51

#52

154 m

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