



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X2X4  
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

*Due Date: 29 Dec 2011*

- 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.

<p>Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i></p>	<p><b>For Office Use Only</b></p> <div style="background-color: black; width: 100px; height: 100px; margin: 0 auto;"></div>
<p>Licence Number <u>0076405513-c</u></p> <p>Check applicable type of propane operations.</p> <p><input checked="" type="checkbox"/> Cylinder    <input type="checkbox"/> Motor Fill    <input type="checkbox"/> Filling Plant    <input type="checkbox"/> Card/Keylock</p> <p>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	

**SECTION A: GENERAL INFORMATION**

The Undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act*, Propane Storage and Handling Regulation.

Company Name SANGSTER & SON Ontario Corporation No., if applicable \_\_\_\_\_

Operator Name (if different from above) CHARLES SANGSTER

Telephone No. 613 347 2554 Fax No. 613 347 2554 E-mail \_\_\_\_\_

Street No. 6080 Street Name / 911 Number / Address, if applicable 3RD LINE ROAD

Town / City or Township / County BAINSVILLE Province ONTARIO Postal Code K0C 1E0

Mailing address if different from above.

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**

Location of facility.

Street No. 6080 Street Name / 911 Number / Address, if applicable 3RD LINE ROAD Nearest Major Intersection 401 HGWAY #2 HGWAY

Town / City or Township / County BAINSVILLE Province ONTARIO Postal Code K0C 1E0

Name of Licence Holder CHARLES SANGSTER

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). CHARLES SANGSTER ROT type PROpane Pump Assembly

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) BAINSVILLE, ONTARIO

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.

Printname	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>CHARLES SANGSTER</u>		<u>22 NOVEMBER 2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>CHARLES SANGSTER</u>		



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

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

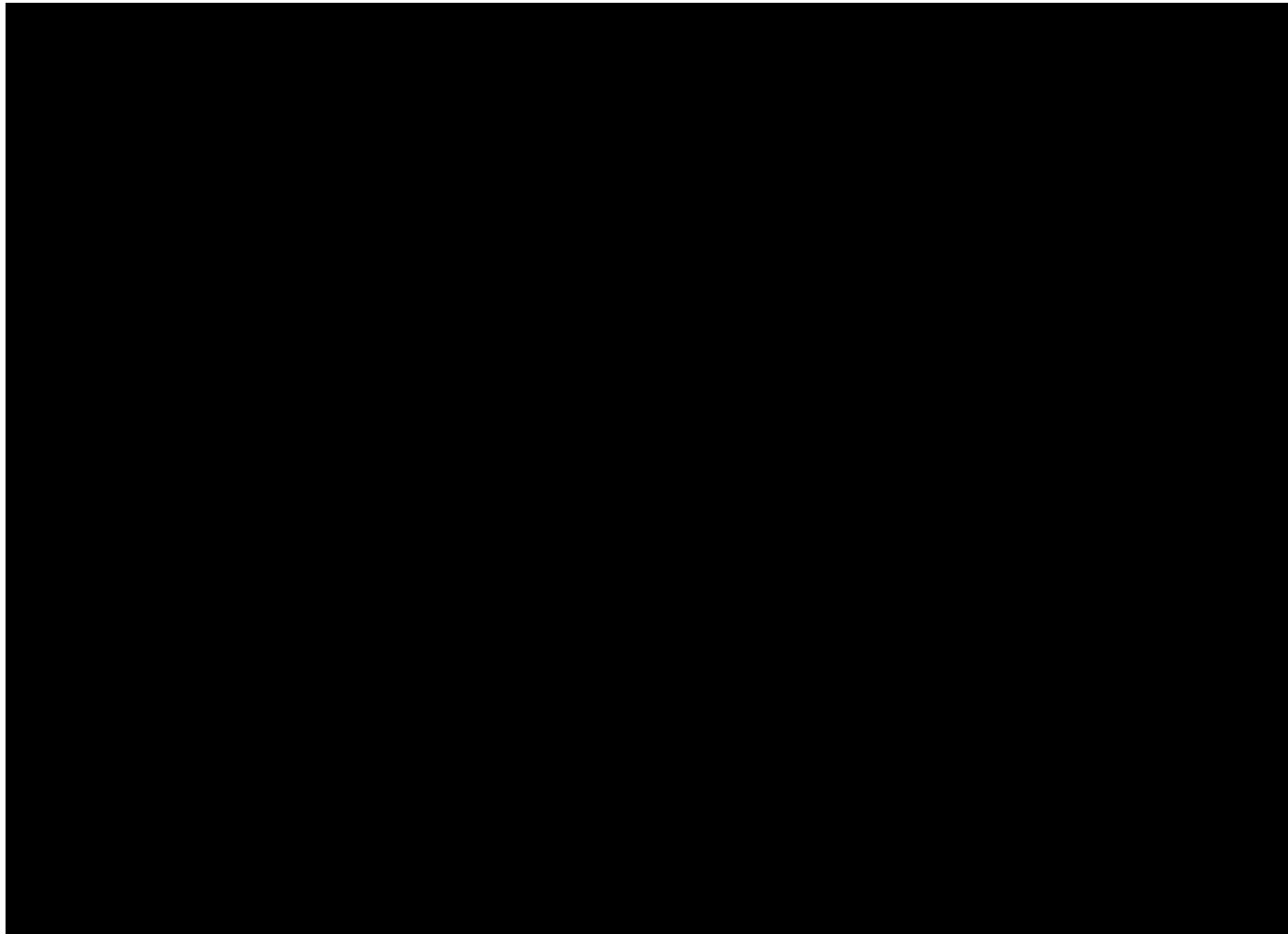
Indicate the year the facility was established. 1994      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 2011

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

	PSIG	Serial Number
Tank1:	<u>500 US GALLONS</u>	<u>730-93</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: 500 US GALLONS      Portable: \_\_\_\_\_      Mobile: \_\_\_\_\_



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Name of person completing this form (please print) <u>CHARLES SANGSTER</u>	Official Title <u>OWNER</u>	
Signature 	Telephone No. <u>613 347 2554</u>	Date (dd-mm-yyyy) <u>22 NOVEMBER 2011</u>



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

Activity Information

Name of Propane Supplier(s) BUDGET PROPANE		For Office Use - Party No. [REDACTED]	
Street No. 683	Street Name / 911 Number / Address, if applicable CHEMIN LAROCQUE		
Town / City or Township / Country VALLEYFIELD		Province QUEBEC	Postal Code J6T 4E1
Telephone No. 800 561 9127	Fax No.	Contact Name MR. G. MARCHAND	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No. [REDACTED]	
BUDGET PROPANE			
Street No. 17360	Street Name / 911 Number / Address, if applicable AMELL RANALD GEORGE ROAD		
Town / City or Township / Country CORNWALL		Province ONTARIO	Postal Code K0C 2A0
Telephone No. 613 938 9622	Fax No.	Contact Name MR. GUY MARCHAND	
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) CHARLES SANGSTER	Official Title OWNER	
Signature 	Telephone No. 613 347 2554	Date (dd-mm-yyyy) 22 NOVEMBER 2011



Charles Sangster

6080 3rd. Line rd. Bainsville



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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  
1 - DIESEL STORAGE TANK 300 gal. U.S. ABOVE GROUND (BEHIND STORE)  
2 - BELOW GROUND STORAGE TANKS  
1-5000L UNLEADED, 1-5000L PREMIUM AT STORE FRONT ALONG ROAD.

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

B/C FIRE EXTINGUISHERS

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.

FUSIBLE LINK WILL IN THE EVENT OF A FIRE WILL MELT. SHUTTING OF THE LINK OF PROPANE SUPPLY,

Maintenance and testing schedule for fire protection controls and devices.

YEARLY REQUIREMENTS FOR FIRE EXTINGUISHERS



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Name of person completing this form (please print) CHARLES SANGSTER	Official Title OWNER	Date (dd-mm-yyyy) *
Signature 	Telephone No. 613 347 2554	



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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 CHARLES SANGSTER	For Office Use - Party No.	Name Charles Sangster	For Office Use - Party No.
Official Title OWNER		Official Title OWNER	
Telephone No. 613 347 2554	Fax No. 613-347-2554	Cell No.	Fax No. 613-347-2554
E-mail		E-mail	
Role and responsibilities in emergency Sole Authority		Role and responsibilities in emergency	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Charles Sangster	For Office Use - Party No.	Name Charles Sangster	For Office Use - Party No.
Official Title OWNER		Official Title	
Telephone No. 613-347-2554	Fax No. 613-347-2554	Telephone No. 613-347-2554	Fax No. 613-347-2554
E-mail		E-mail	
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 MICHAEL LEGER	For Office Use - Party No.	Name Guy Moreland	For Office Use - Party No.
Official Title DEPUTY CHIEF	E-mail	Official Title	E-mail
Telephone No. 613 347 1122	Fax No.	Telephone No. 450-373-4333	Fax No.
Role and responsibilities in emergency IN CIDENT COMMAND		Role and responsibilities in emergency	
Fire Services Address 221 MILITARY ROAD LANCASTER ONTARIO K0C 1N0		Propane Supplier Address 683 Chemin Propane Valleyfield Que.	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name DAVE ROBERTSON	For Office Use - Party No.	Name Marylyn Lebrun	For Office Use - Party No.
Official Title ASSISTANT DEPUTY CHIEN	E-mail	Official Title	
Telephone No. 613 347 1122	Fax No.	Telephone No. 613-347-1166	Fax No.
Role and responsibilities in emergency LEAD PERSON		E-mail www.southglengarry.com	
Fire Services Address		Municipality Name and Address	

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Name of person completing this form (please print) CHARLES SANGSTER	Official Title OWNER
Signature 	Telephone No. 613 347 2554
	Date (dd-mm-yyyy) 22 NOVEMBER





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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.

[Large empty lined area for describing additional safety measures]

**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>CHARLES H. SANDERSON</i>	Official Title <i>OWNER</i>
Signature <i>[Handwritten Signature]</i>	Telephone No. <i>613-347-2554</i>
	Date (dd-mm-yyyy) <i>NOV 20 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) 06-10-2010	Print Name of Training Provider: ROBERT WOODS
	Print Name of Instructor: ROBERT WOODS
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) CHARLES H. SAWCOTE	Official Title OWNER
Signature 	Telephone No. 613-347-2554
	Date (dd-mm-yyyy) NOV 23/11



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Level 1 Risk and Safety Management Plan (RSMP)  
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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) 16-06-2012.	Print Name of Training Provider: ROBERT WOODS
	Print Name of Instructor: ROBERT WOODS
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) 16-06-2012.	Print Name of Training Provider: ROBERT WOODS
	Print Name of Instructor: ROBERT WOODS
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) 16-06-2012.	Print Name of Training Provider: ROBERT WOODS
	Print Name of Instructor: ROBERT WOODS
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) CHARLES H. SAUGSTEN	Official Title OWNER
Signature 	Telephone No. 613-342-2554
	Date (dd-mm-yyyy) NOV 26/11





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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.

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).

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).

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).

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).

THIS TO BE PERFORMED BY OPERATOR  
ALONG WITH ENSURING ALL ON SITE PERSONEL EVACUATE TO MEETING PLACE (BAINSVILLE PARK + ARENA)

**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).

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).

IMMEDIATELY AND THE DESIGNATED PERSON TO CALL 911, VERIFY WITH THEM THAT THEY DID IN FACT. MAKE THE CALL TO 911

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

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

24 HR. FREE ACCESS NO FENCING OR OBSTRUCTION'S TO FIRE DEPT.

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

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

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

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Name of person completing this form (please print) CHARLES H. SWICOSTA		Official Title OWNER	
Signature 		Telephone No. 613-347-2554	Date (dd-mm-yyyy) NOV 27/11



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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.

**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)? <b>TURN OFF ISC. VALVE, LOCK CABINET.</b>	<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? <b>CALL BUDGET PROPANE.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy? <b>1-800-561-9127 ADVISE OF OVER FILL</b>	<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 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)	_____	
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)	_____	

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Name of person completing this form (please print) CHARLES SANGSTER	Official Title OWNER
Signature 	Telephone No. 613 347 2554
	Date (dd-mm-yyyy) 22 NOV 201





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

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:

*N/A*

**To be completed by the Licence Holder**

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

The Licence holder will respond to the Local Fire Services comments by: \_\_\_\_\_ (dd-mm-yyyy)

**LOCAL FIRE SERVICES**

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

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name <i>Scott Hayes</i>	<i>[Signature]</i>	<i>22-11-2011</i>

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Name of person completing this form (please print)	Official Title
<i>CHARLES H. SMIBSTER</i>	<i>OWNER</i>
Signature	Telephone No.
<i>[Signature]</i>	<i>613-347-2554</i>
	Date (dd-mm-yyyy)
	<i>NOV 28/11</i>





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**Level 1 Risk and Safety Management Plan (RSMP)**  
*Technical Standards and Safety Act*  
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**SECTION C: SUBMISSIONS**

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

**Facility Site Plan.**

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

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

**Map of Surrounding Area.**

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

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

**Required Mapping Information from Updated Site Plan**

Date Map Prepared (dd-mm-yyyy)	Capacity of single largest propane storage vessel (USWG)		
Nov. 2011 as per customer	See also C418		
Tank setback coordinates. Indicate placement on the map.			
Front: 165'	50.29m	Right side property line: 130'	39.62m
Rear: 120'	36.58m	Left side property line: 480'	147.83m
GPS coordinates of single largest vessel:	5003517.13N 545902.22E		

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Name of person completing this form (please print)	Official Title	
CHARLES A. CONGEMER	OWNER	
Signature	Telephone No.	Date (dd-mm-yyyy)
	613-347-2554	Nov 21/11



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

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

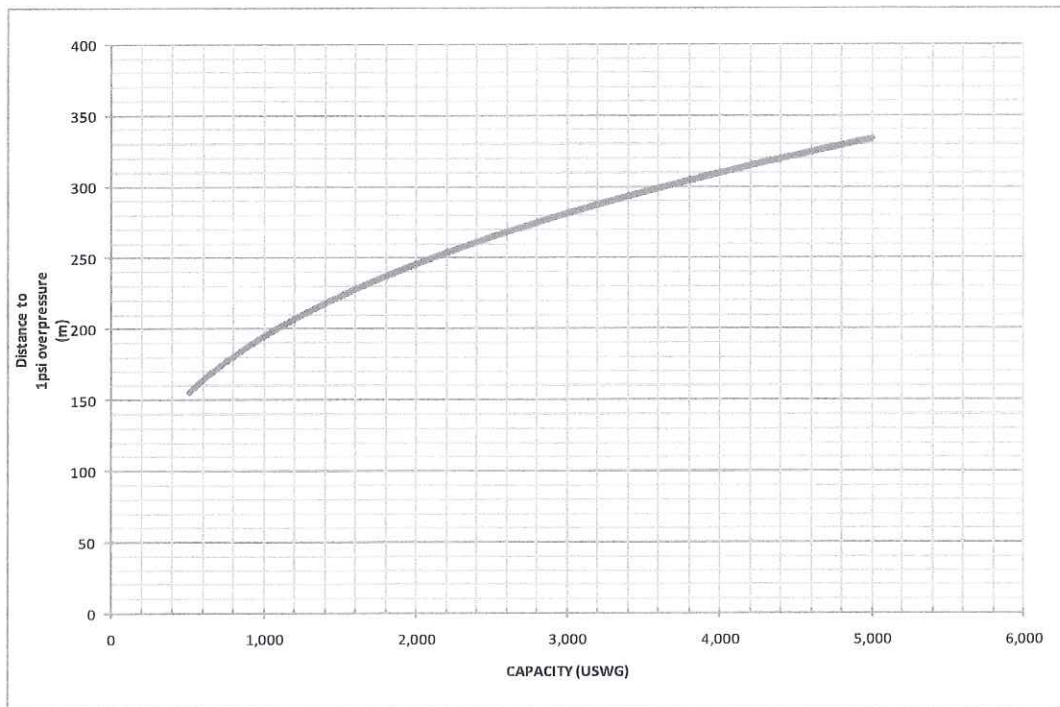
Table 1: Distance Table

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

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

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

Hazard Distance Chart (EPA-TNT model)





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**WORKSHEET**

**Portable Storage Additional Information Worksheet**

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	<i>N/A</i>	
# 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
	<i>N/A</i>	
<b>Total Tank Capacity</b>		

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

PLEASE SEE MAP

**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 _____ City _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]			X		60 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name <u>BAINSVILLE FERTILIZER</u> Address <u>6080 3<sup>RD</sup> LINE RD.</u> City <u>BAINSVILLE</u> Province <u>ONT</u> Postal Code <u>K0C1E0</u>		X			30 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>CHARLES H. SANDERSON</u>	Official Title <u>OWNER</u>
Signature 	Telephone No. <u>613 347-2554</u>
	Date (dd-mm-yyyy) <u>NOV 2/11</u>

# South Glengarry Zoning By-law #38-09



## Bainville

- Parcel
- Highway
- County Road
- Other Roads
- Railroad
- PowerLine
- Oil/Gas Pipeline

1:7,500

## Township of South Glengarry Key Map

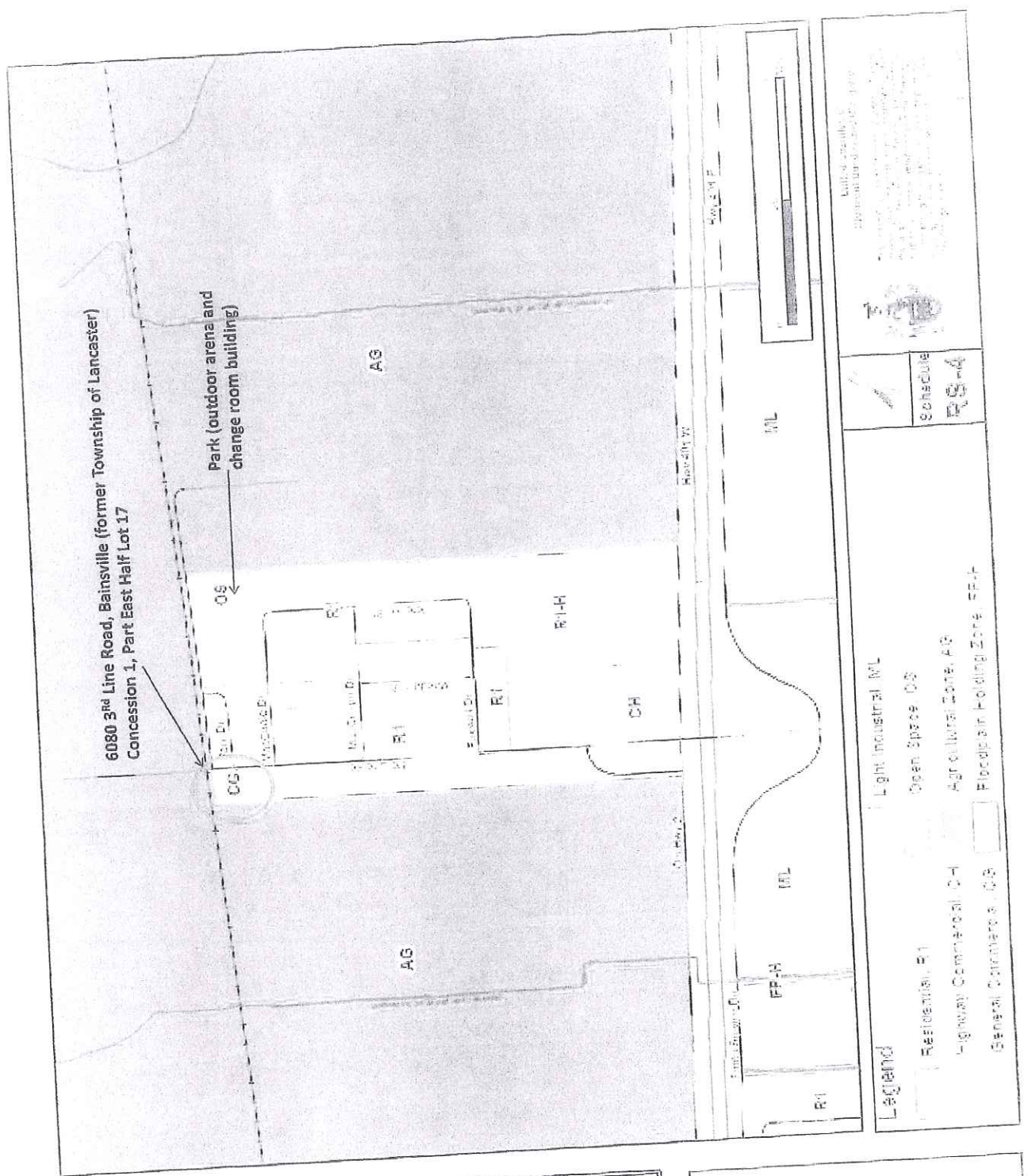
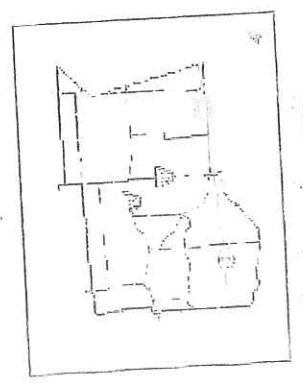






Image © 2012 GeoEye  
© 2012 Google

Google earth



400

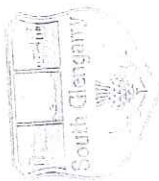
100

feet  
meters

Google earth

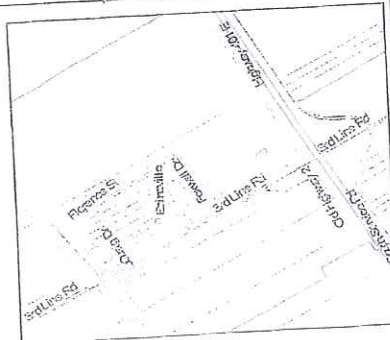


**Township of South  
Glengarry**

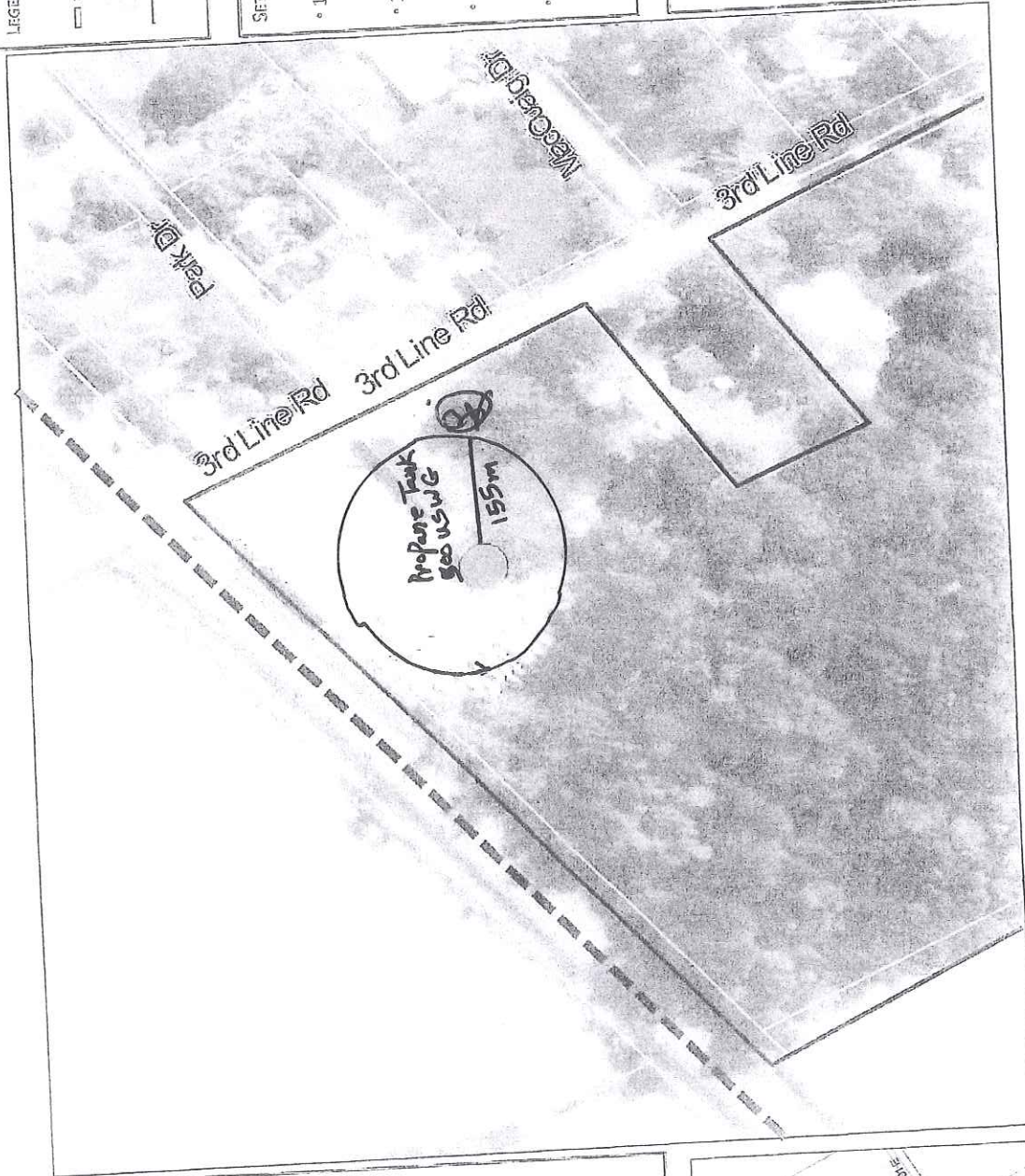


Township Contact:  
Marilyn Lebrun, Clerk  
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PO Box 220  
Lancaster Ontario K0C 1M0  
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Fax: (613)347-3411  
E-mail: [marilyn@southglengarry.com](mailto:marilyn@southglengarry.com)  
[www.southglengarry.com](http://www.southglengarry.com)

6080 3rd Line Road, Bainsville  
Concession 1, Part East Half Lot 17  
Township of South Glengarry  
(former Township of Lancaster)



Produced by The Township of South Glengarry with Data supplied under  
Licence by Members of the Ontario Geospatial Data Exchange  
© November 2011



**LEGEND**

- Municipal Road
- Canadian National Rail Line
- Propane Storage Vessel
- Property Line

- SET BACKS TO PROPANE STORAGE VESSEL**
- 165 feet to front lot line (3rd Line Rd)
  - 130 feet to south side lot line (6092 3rd Line Rd)
  - 120 feet to front lot line (3rd Line Rd)
  - 485 feet to front lot line (3rd Line Rd)

Township of South Glengarry  
(Key Map)

Scale 1:2000

G.P.S 5003517.13N 545902.22E