



Technical Standards and Safety Authority  
www.tssa.org

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

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

This Level 1 RSMP applies to:   
 • a facility with a total propane storage capacity of 5,000 USWG or less; or   
 • a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

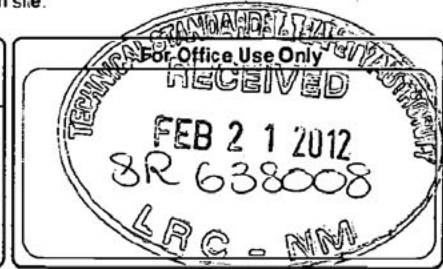
Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the Technical Standards and Safety Act

Licence Number: **0076490747-C**

Check applicable type of propane operations: **000 190916**

Cylinder     Motor Fill     Filling Plant     Carc/Keylock

Submit along with this completed application on 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: **KENTVALE MERCHANTS LTD.** Ontario Corporation No., if applicable: \_\_\_\_\_  
 Operator Name (if different from above): \_\_\_\_\_

Telephone No.: **705-246-2002** Fax No.: **705-246-2361** E-mail Address: **kentvale@bell.net**

**B** Street No.: **712** Street Name, Lot / Concession No.: **K-LINE ROAD**  
 Town / City or Township / County: **Richards Landing** Province: **ONTARIO** Postal Code: **POR 1J0**

Mailing address if different from above: \_\_\_\_\_

**C** Street No.: \_\_\_\_\_ Street Name, Lot / Concession No.: \_\_\_\_\_  
 Town / City or Township / County: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

**D** Location of facility:  
 Street No.: \_\_\_\_\_ Street Name, Lot / Concession No.: **Same As Above** Nearest major intersection: **A-LINE + K-LINE**  
 Town / City or Township / County: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Licence Holder: \_\_\_\_\_

Name of a Senior Management person as verified in the regular holding the Record of Training (ROT): **Same As Above** ROT type: \_\_\_\_\_

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): **ST JOSEPH TOWNSHIP / JOCELYN TOWNSHIP**

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.

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Name of Licence Holder: \_\_\_\_\_ Date (dd-mm-yyyy): **13/02/2012**

Name of Senior Management person: \_\_\_\_\_

Regulation holding the licence: \_\_\_\_\_



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Technical Standards and Safety Act  
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**SECTION A: GENERAL INFORMATION (cont'd)**

Indicate the year the facility was established. 1998 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. NONE

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>5592749</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: 1000 (x1) Portable: \_\_\_\_\_ Mobile: NONE  
USWG

**Activity Information**

To protect the confidentiality of this information, it will be protected by the Technical Standards and Safety Authority (TSSA) and fire services as sensitive, competitive information under provincial and municipal privacy legislation.

Note: Newly built facilities are to complete this section with best available estimates.



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Name of person		Official Title	<u>PRESIDENT</u>
Signature		Telephone No.	<u>705-246-2002</u>
		Date (dd-mm-yyyy)	<u>13/02/2012</u>



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		<u>705-246-2002</u>	<u>13/02/2012</u>



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

Activity Information

Name of Propane Supplier(s) <b>Superior Propane</b>		For Office Use - Party No. <b>359258</b>	
Street No. <b>2475</b>	Street Name Lot / Concession No. <b>Maley Drive</b>		
Town / City or Township / Country <b>Sudbury</b>		Province <b>ONTARIO</b>	Postal Code <b>P3A 4S1</b>
Telephone No. <b>705-672-8431</b>	Fax No. <b>705-566-5814</b>	Contact Name <b>Paul Bastien</b>	
E-mail <b>bastienp@superiorpropane.com</b>			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No. <b>359258</b>	
Street No.	Street Name Lot / Concession No.		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			

Off-site Cylinder and/or Mobile Storage		Capacity stored off-site, in USWG	For Office Use - Party No.
Street No.	Street Name Lot / Concession No. <b>N/A</b>		
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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**Level 1 Risk and Safety Management Plan (RSMP)**  
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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.  
*Gasoline underground storage tanks (2 x 4500L)*

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

*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.

*Have emergency electrical remote shut off switch*

Maintenance and testing schedule for fire protection controls and devices.

*Yearly Inspections  
Fire Extinguisher Replacement on regular schedule*

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Name of person	[Redacted]	Official Title	<i>President</i>
Signature	[Redacted]	Telephone No.	<i>705-246-2002</i>
		Date (dd-mm-yyyy)	<i>18/02/2012</i>



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Signature	[Redacted]	Telephone No.	<i>705-246-2002</i>
		Date (dd-mm-yyyy)	<i>18/02/2017</i>



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

1. Contacts for Emergency Response

**1. Facility Contact Personnel - Key Contact**

Name [Redacted]  
 Official Title [Redacted]  
 Telephone [Redacted]  
 E-mail [Redacted]  
 Role and responsibilities in emergency  
*Owner*

**5. Facility 24-Hour Contact Person**

Name [Redacted]  
 Official Title [Redacted]  
 Cell No. [Redacted]  
 E-mail [Redacted]  
 Role and responsibilities in emergency  
*Owner*

**2. Facility Contact Personnel - Alternate Contact**

Name [Redacted]  
 Party No. [Redacted]  
 Home [Redacted]  
 Role and responsibilities in emergency  
*Co-Owner*

**6. Name of Facility Manager**

Name [Redacted] For Office Use - Party No. [Redacted]  
 Official Title *Same As Above*  
 Telephone No. [Redacted] Fax No. [Redacted]  
 E-mail [Redacted]  
 Role and responsibilities in emergency

**3. Local Fire Services - Key Contact**

Name *FRASER ADAMS* For Office Use - Party No. [Redacted]  
 Official Title *FIRE CHIEF*  
 Telephone No. *705-987-1423* Fax No. [Redacted]  
 E-mail *fraserdhadams@gmail.com*  
 Role and responsibilities in emergency  
*incident commander*

**7. Propane Supplier Key Contact Person**

Name [Redacted]  
 Official Title [Redacted]  
 Telephone [Redacted]  
 E-mail [Redacted]  
 Role and responsibilities in emergency  
*technical guidance*

**4. Local Fire Services - Alternate Contact**

Name *TIM STEVENS* For Office Use - Party No. [Redacted]  
 Official Title *Captain*  
 Telephone No. *705-246-3279* Fax No. [Redacted]  
 E-mail *t.stevens446@gmail.com*  
 Role and responsibilities in emergency  
*alternate incident commander*

**8. Municipal Contact**

Name *Carol Trainer* For Office Use - Party No. *891312*  
 Official Title *Clerk-Administrator*  
 Telephone No. *705-246-2625* Fax No. *705-246-3142*  
 E-mail *stjosephtownship@bellnet.ca*  
 Municipality *Township of St. Joseph*

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Name	[Redacted]	Official Title	<i>PRESIDENT</i>
Signature	[Redacted]	Telephone No.	<i>705-246-2602</i>
		Date (dd-mm-yyyy)	<i>13/02/2012</i>



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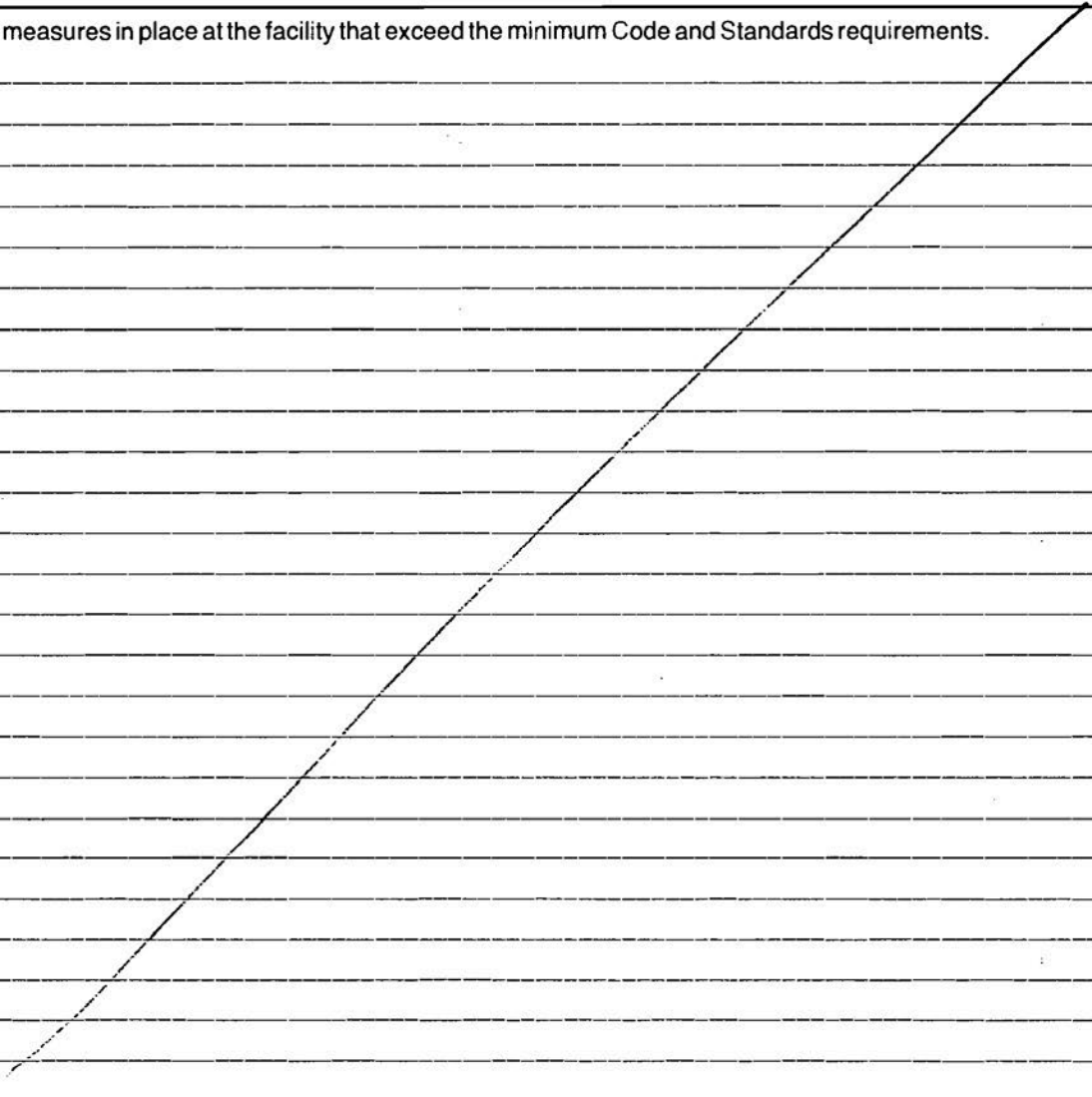
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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

2. Additional Safety Measures

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



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		Date (dd-mm-yyyy)	13/02/2012





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

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

[This area contains horizontal lines for text entry, but it is currently blank.]

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Signature	Telephone No. <b>705-246-2002</b>	Date (dd-mm-yyyy) <b>13/02/2012</b>



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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) 11/11/2011	Print Name of Training Provider: FUZZY FOISEY
	Print Name of Instructor: DAVID KENT
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) 16/02/2012	Print Name of Training Provider: DAVID KENT
	Print Name of Instructor: DAVID KENT
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) 16/02/2012	Print Name of Training Provider: DAVID KENT
	Print Name of Instructor: DAVID KENT
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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Signature	[Redacted]	Telephone No.	705-246-2002
		Date (dd-mm-yyyy)	16/02/2012



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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) 28/04/2012	Print Name of Training Provider: PAUL BASTIEN
	Print Name of Instructor: DAVID KENT
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) 28/04/2012	Print Name of Training Provider: DAVID KENT
	Print Name of Instructor: DAVID KENT
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) 28/04/2012	Print Name of Training Provider: DAVID KENT
	Print Name of Instructor: DAVID KENT
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	[Redacted]		Official Title PRESIDENT
Signature	[Redacted]		Telephone No. 705-246-2002
			Date (dd-mm-yyyy) 13/02/2012



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	Print Name of Instructor:

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Name	(Signature)	Official Title PRESIDENT
Signature		Telephone No. 705-246-2002
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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).

DAVID KENT will verbally alert staff & customers to vacate premises immediately & will immediately call 911 or a competent designate.

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).

All employees & customers will meet at Colleen's house across the road and take a head count.

**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).

DAVID WILL CALL 911 immediately or his competent designate.

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

The fire chief is familiar with our plan site and has access at all times.

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

David will keep information on update flowing via telephone & emails.

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

IF David is not at the store he can be here in 10 minutes  
IF Colleen is not at the store she can be here in 1 minute as she lives across the road.

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Name		Official Title PRESIDENT
Sign		Telephone No. 705-246-2062



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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 checked="" 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>18.288 Meters</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>Same as above</u>                |

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[REDACTED]	PRESIDENT	
Signature	Telephone No.	Date (dd-mm-yyyy)
[REDACTED]	705-246-2002	13/02/2012



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

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

**6. Building and Site Security and Procedures**

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

**7. Water Supply**

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

- |   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| 1. Is a pressurized water system available at the propane facility site?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)            | <u>18.288 Meters</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>Same as above</u>                |                          |

**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		Official Title	PRESIDENT
Sign		Telephone No.	Date (dd-mm-yyyy)
		705-246-2002	13/02/2012



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 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 - took copies of facility plan and emergency contact list*

**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:

(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 <b>FRASER ADAMS</b>	Signature 	Date (dd-mm-yyyy) <b>13-02-2012</b>
--------------------------	-----------------------------------	---------------	--

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Name of	Official Title <b>PRESIDENT</b>
Signature	Telephone No. <b>705-246-2002</b>
	Date (dd-mm-yyyy) <b>13/02/2012</b>





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## 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.

#### 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)
01/11/2012	1000 (x1)
Tank setback coordinates. Indicate placement on the map.	
Front: 36.438 meters	Right side property line: 254.7 meters
Rear: 141.479 meters	Left side property line: 71.786 meters
GPS coordinates of single largest vessel: 46° 12' 30.37" N 84° 02' 02.88" W	

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

Name	Official Title
[Redacted]	PRESIDENT
Sign	Telephone No.
[Redacted]	705-246-2062
	Date (dd-mm-yyyy)
	13/02/2012



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**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

**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.
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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.

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**Required Mapping Information from Updated Site Plan**

Date Map Prepared (dd-mm-yyyy)	Capacity of single largest propane storage vessel (USWG)
01/11/2012	1000 (x1)
Tank setback coordinates. Indicate placement on the map.	
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Signature	Telephone No.
[Redacted]	705-246-2062
	Date (dd-mm-yyyy)
	13/02/2012



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*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

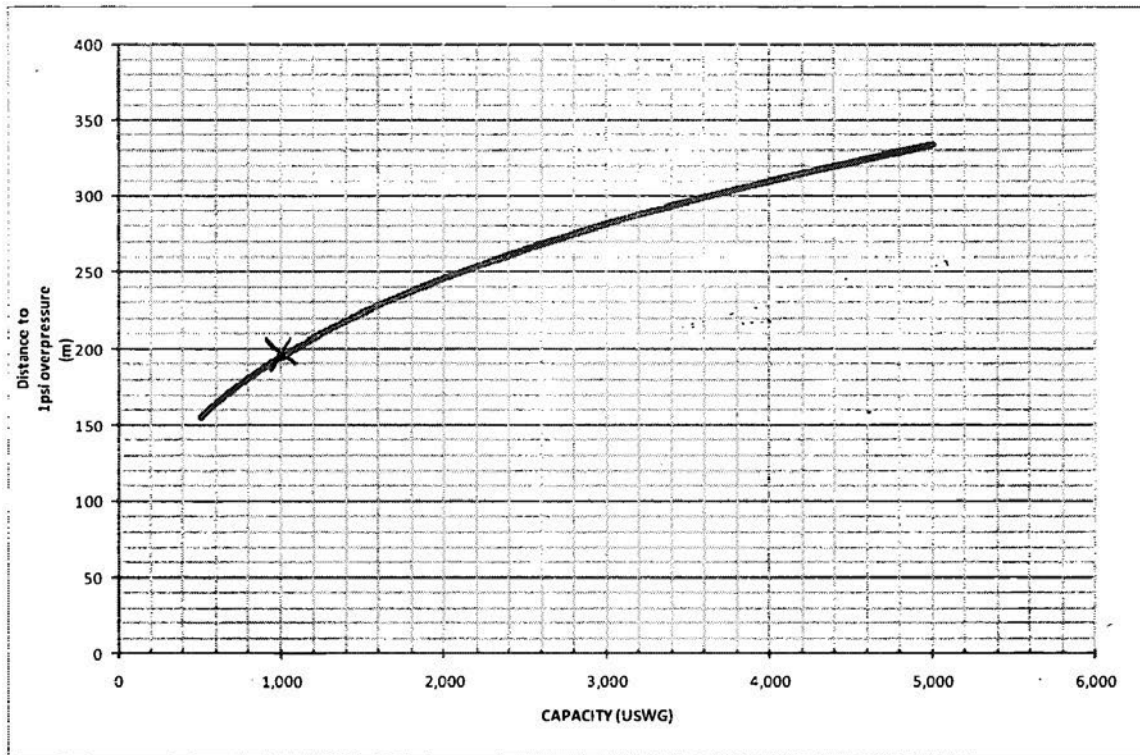
Table 1: Distance Table

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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Name	[Redacted]	Official Title	PRESIDENT
Signature	[Redacted]	Telephone No.	705-246-2002
		Date (dd-mm-yyyy)	13/02/2012



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**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: <u>Kentvale Home Hardware</u> Address: <u>712 K-Line Rd.</u> City: <u>Richards Landing</u> Province <u>ON</u> Postal Code <u>R0R 1J0</u>			X		<u>16.4592</u> m
Residential buildings Name: [REDACTED] Address: [REDACTED] City: [REDACTED]		X			<u>23.1648</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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Name: [REDACTED]	Official Title: <u>PRESIDENT</u>
Signature: [REDACTED]	Telephone No. <u>705-246-2002</u> Date (dd-mm-yyyy) <u>13/02/2012</u>



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**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

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	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>Kentvale Home Hardware</u> Address: <u>712 K-Line Rd.</u> City: <u>Richards Landing</u> Province <u>ON</u> Postal Code <u>R0R 1S0</u>			X		<u>16.4592</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments Name: [REDACTED] Address: [REDACTED] City: [REDACTED]		X			<u>23.1648</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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Name	[REDACTED]	Official Title	<u>PRESIDENT</u>
Signature	[REDACTED]	Telephone No.	<u>705-246-2002</u>
		Date (dd-mm-yyyy)	<u>13/02/2012</u>



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**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	1	29.5
# 40	11.75		
# 33.3	9.62		
# 30	8.8	1	8.8
# 20	5.8	3	17.4
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			<b>55.7</b>

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

Tank Size In USWG	Quantity	Total Volume in USWG
NONE		
<b>Total Tank Capacity</b>		

<b>Total Cylinder Capacity</b>	55.7 USWG
<b>Total Tank Capacity</b>	FIXED 1000 USWG
<b>Total Portable Capacity</b>	

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	(Print)	Official Title PRESIDENT
		Telephone No. 705-246-2002
		Date (dd-mm-yy/yy) 13/02/2012

478.50' (D2.SET)

(D=N57°30'E)  
N56°59'E

505.92'

1061.31' (D.SET)

555.38'

POST & WIRE  
(FOR LIVESTOCK)

IB

REMAINS OF FENCE

N33°01'W

342.25'

PART 1

P.I.N. 31464-0516

PART 2

Warehouse

House

N56°35'E

28.68'

Shop

N32°35'30"

119.55'

Store

IB

IB

N33°01'W

92.00'

1000 USWG propane tank  
Propane Cylinder (Maximum 10-100 lb)

Propane Storage

IB

N56°59'E

356.10'

SIB  
WIT

N33°01'W

158.0'

IB

IB

N56°59'E

217.44'

N33°01'W

250.0'

IB

PART 3

573.54'

1539.81' (D.D2.SET)

P.I.N. 31464-039

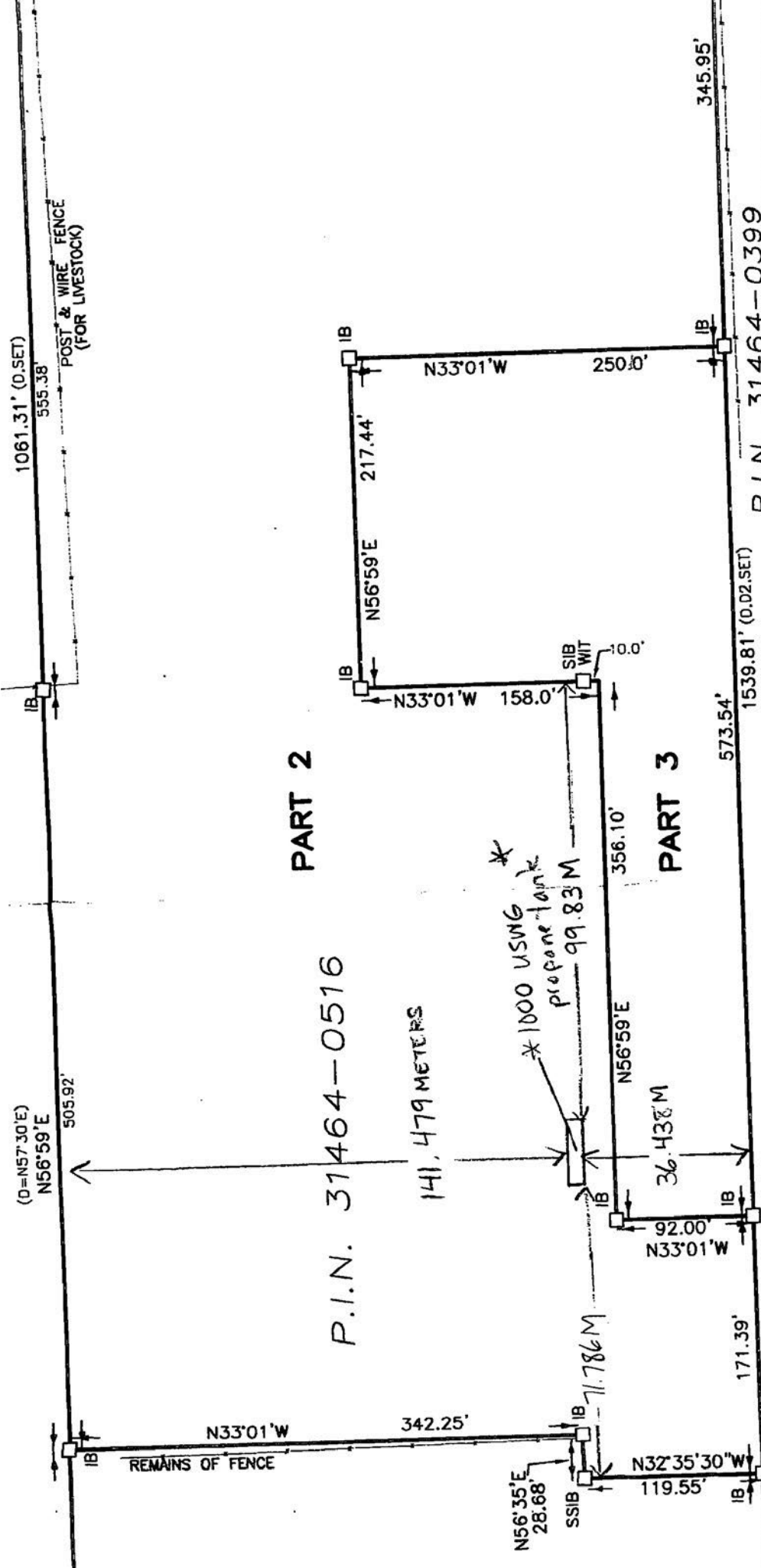
Gas Pump

'K' LINE ROAD

ST JOSEPH TOWNSHIP

JOCELYN TOWNSHIP

LOT 31 CONCESSION 'A'



1061.31' (0.5ET)

555.38

POST & WIRE FENCE  
(FOR LIVESTOCK)

(D=N57°30'E)  
N56°59'E

505.92'

PART 2

P.I.N. 31464-0516

141.479 METERS

\* 1000 USUNG  
propane tank  
99.83 M

PART 3

N56°59'E

36.438 M

356.10'

573.54'

1539.81' (0.02.SET)

P.I.N. 31464-0399

345.95'

N33°01'W

342.25'

REMAINS OF FENCE

N56°35'E  
28.68'

SSIB

N32°35'30"W  
119.55'

171.39'

92.00'  
N33°01'W

11.786 M

'K'—LINE—ROAD

LOT 31 CONCESSION 'A'

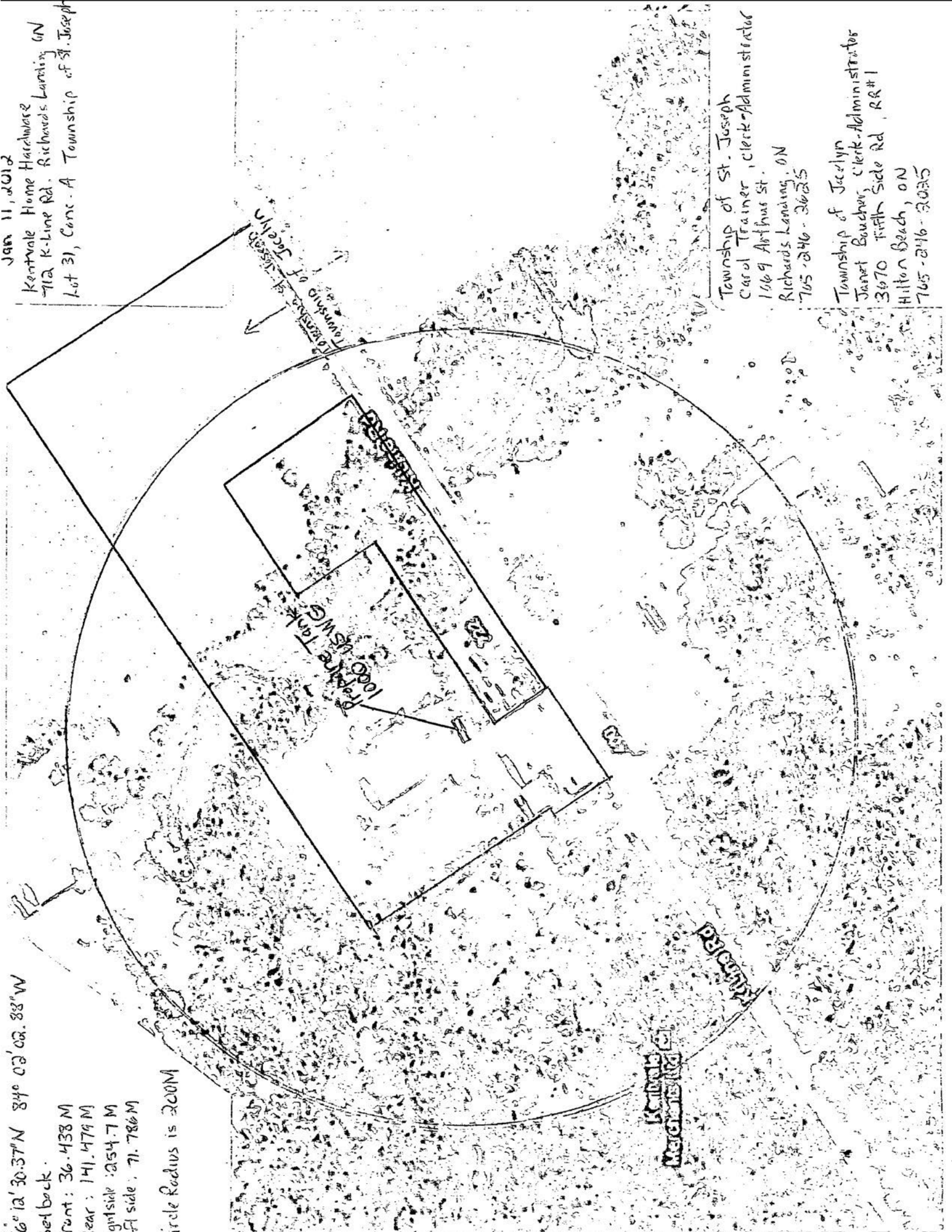
\* TANK SETBACK COORDINATES





$66^{\circ} 12' 30.37'' N$   $84^{\circ} 03' 03.88'' W$   
 get back  
 front: 36.438 M  
 rear: 141.479 M  
 outside: 254.7 M  
 A side: 71.786 M

Circle Radius is 300M



JAN 11, 2012  
 Kentvale Home Hardware  
 712 K-Line Rd. Richards Landing ON  
 Lot 31, Conc. A Township of St. Joseph

Township of St. Joseph  
 Carol Trainer, Clerk-Administrator  
 1669 Arthur St.  
 Richards Landing, ON  
 705-246-3625

Township of Jacquelyn  
 Janet Baucher, Clerk-Administrator  
 3670 Fifth Side Rd, RR#1  
 Hilton Beach, ON  
 705-246-3035



This Licence is issued to operate a Propane Refill Centre - Cylinder Fill

Licence Number: 000190916

Site ID: 64521631  
Located at:  
712 K LINE RD  
RR 1  
RICHARDS LANDING ON P0R 1J0  
CANADA

*New*

Licensed/Registered Capacity (if applicable)  
Fixed Capacity 1000 USWG  
Mobile Capacity 0 USWG  
Portable Capacity

Expires on 30-SEP-2012

KENTVALE MERCHANTS LTD  
712 K-LINE RD  
RR 1  
RICHARDS LANDING ON P0R 1J0  
CANADA



Issued by the Director

This Licence Is Not Transferable.

**OPERATION OF THIS FACILITY WITHOUT A VALID LICENCE IS AN OFFENCE UNDER THE ACT.**

This licence, or a copy of the licence, shall be displayed in a conspicuous place at the business premises set out on the licence.

Issued under the *Technical Standards and Safety Act, 2000*, and the applicable regulation and subject to the limitations thereof.

Propane Storage and Handling Regulation (O.Reg. #211/01)

**For all enquiries or to update any of the information on this licence, please contact the Technical Standards and Safety Authority.**

Telephone: 1.877.682.8772  
E-mail: [customerservices@tssa.org](mailto:customerservices@tssa.org)

KENTVALE MERCHANTS LTD  
712 K-LINE RD  
RR 1  
RICHARDS LANDING ON P0R 1J0  
CANADA

FS 00164 (04/09)



Technical Standards and Safety Authority

# Ontario Fuels Safety Licence

Technical Standards and Safety Act

This Licence is issued to operate a **Propane Refill Centre - Motor Fill**

**Licence Number:**  
0076490747-C

**Site ID:** 10184678  
**Located at:**  
LOT 30 CON A  
K LINE  
ST JOSEPH TWP ON P0R 1J0  
CANADA

**Licensed/Registered Capacity (if applicable)**  
Fixed Capacity 1000 USWG  
Mobile Capacity  
Portable Capacity

KENTVALE MERCHANTS LTD  
RR 1  
TWP OF ST JOSEPH  
RICHARDS LANDING ON P0R 1J0  
CANADA

Expires on 30-SEP-2012



Issued by the Director

This Licence Is Not Transferable.

*Terminated  
New Licence  
over 190916*

FS 09164 (04/08)

### OPERATION OF THIS FACILITY WITHOUT A VALID LICENCE IS AN OFFENCE UNDER THE ACT.

This licence, or a copy of the licence, shall be displayed in a conspicuous place at the business premises set out on the licence.

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KENTVALE MERCHANTS LTD  
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RICHARDS LANDING ON P0R 1J0  
CANADA