



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.

8th Feb, 2012

Active Licence Filled

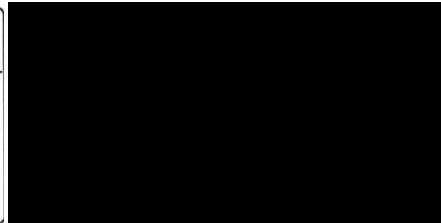
Failure to fully complete this form may result in rejection.
Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 76644572

Check applicable type of propane operations.

Cylinder Motor Fill Filling Plant Card/Keylock

Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.



SECTION A: GENERAL INFORMATION

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

Company Name 1675461 ONTARIO INC. Ontario Corporation No., if applicable 1675461 ONT INC.

Operator Name (if different from above) OPA MOUNTNEY'S GAS + COUNTRY STORE

Telephone No. 613-332-5080 Fax No. SAME E-mail —

B Street No. 30254 Street Name / 911 Number / Address, if applicable Hwy 62 NORTH

Town / City or Township / County BANCROFT Province ONT. Postal Code K0L 1C0

C Mailing address if different from above.

Street No. 16 Street Name / 911 Number / Address, if applicable PEEVER ROAD RR#5

Town / City or Township / County BANCROFT Province ONT. Postal Code K0L 1C0

Information on Container Refill Centre or Filling Plant

D Location of facility.

Street No. 30254 Street Name / 911 Number / Address, if applicable Hwy 62 N. Nearest Major Intersection —

Town / City or Township / County MONTRAGLE TOWNSHIP HASTINGS HIGHLANDS Province ONT Postal Code K0L 1C0

Name of Licence Holder DARLENE MOUNTNEY

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type OPA

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) HASTINGS HIGHLANDS - MONTRAGLE 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.

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

Name of Licence Holder	Print name <u>DARLENE MOUNTNEY</u>	Signature <u>[Signature]</u>	Date (dd-mm-yyyy) <u>24/11/2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>RON MOUNTNEY</u>	<u>[Signature]</u>	<u>24/11/2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

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

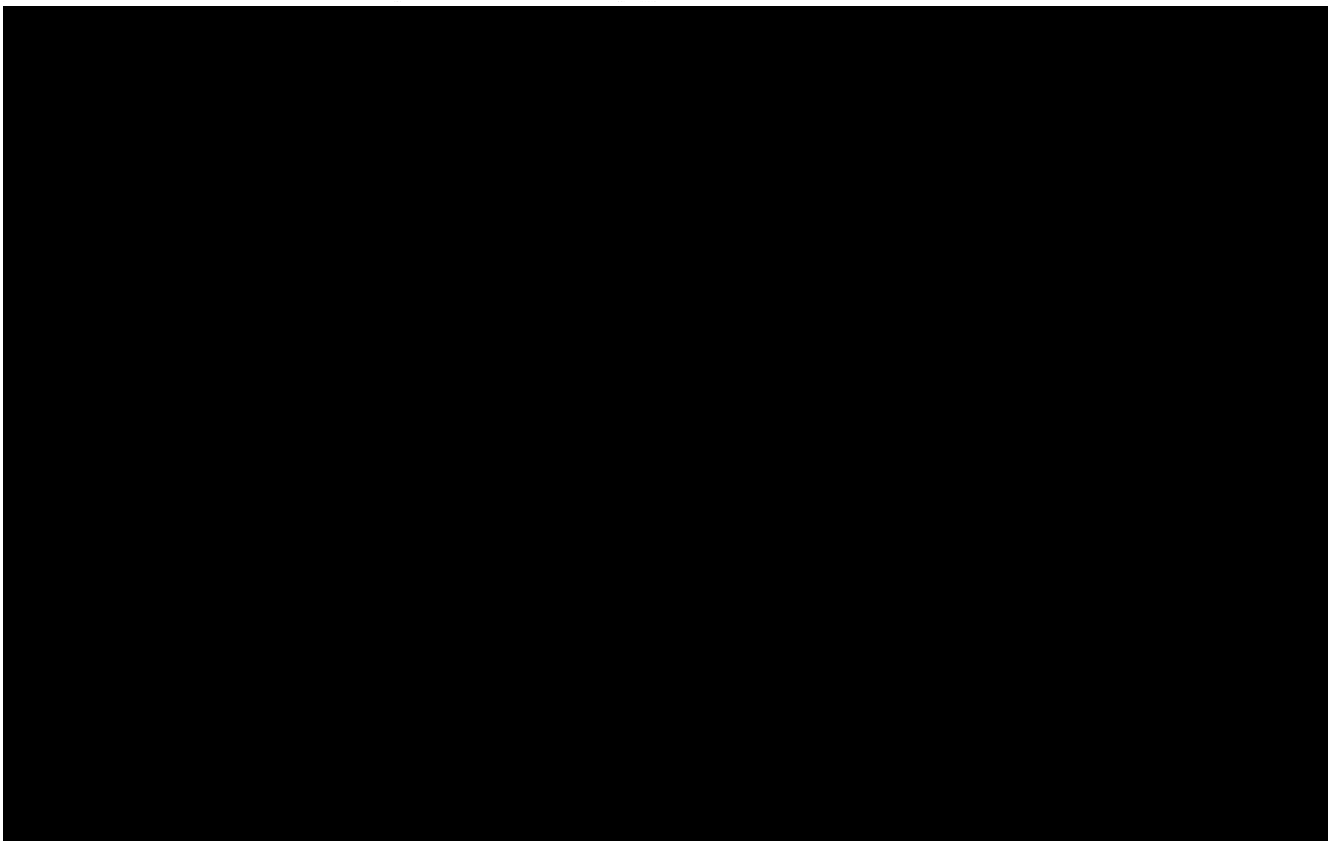
EARLY 1950'S UNKNOWN

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

	PSIG	Serial Number
Tank 1:	250 PSIG	797247
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 USWG Portable: 0 Mobile: 0



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Name of person completing this form (please print) Ron Mountney	Official Title Secretary
Signature <i>Ron Mountney</i>	Telephone No. 613-332-5030
	Date (dd-mm-yyyy) 24/11/2011



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)		[Redacted]	
CASEY'S PROPANE INC.			
Street No.	Street Name / 911 Number / Address, if applicable		
	835 Hwy #7 East		
Town / City or Township / Country	Province	Postal Code	
PETERBOROUGH	ONT.	K9J 6X9	
Telephone No.	Fax No.	Contact Name	
705-742-9198	705-742-3542	CASEY VOLLEZING	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		[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			

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	
None			

Note: Customer storage is not considered off-site storage.

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Name of person completing this form (please print)	Official Title	
KEN MOUNTNEY	SECRETARY	
Signature	Telephone No.	Date (dd-mm-yyyy)
[Signature]	613-335-5080	24/11/2011



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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.

GAS = 25000 LITRE TANK.
DIESEL = 15000 LITRE TANK.
STONE OIL = 500 GALLON TANK. } LOCATED ON SITE PLAN
FIGURE # 1

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

FIRE EXTINGUISHERS - LOCATION ON SITE PLAN
FIGURE # 1

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.

ALARM SYSTEM FROM QUINTE - KAWARTWA ALARM SYSTEMS

- STORE IS MONITORED AND IF FIRE IS DETECTED AFTER HOURS
ALARM WILL RING AND POLICE + FIRE WILL BE DISPATCHED.

Maintenance and testing schedule for fire protection controls and devices.

- REGULAR MONTHLY TESTING WITH ALARM COMPANY.
- YEARLY MAINTENANCE ON FIRE EXTINGUISHERS.
- REGULAR INSPECTIONS BY STAFF.

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>RON MCWENTNEY</i>	Official Title <i>SECRETARY</i>
Signature <i>[Signature]</i>	Telephone No. <i>613-332-5080</i> Date (dd-mm-yyyy) <i>24/11/2011</i>



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name: <u>Ron + Darlene Mountney</u>		Name: <u>RON MOUNTNEY</u>	
Official Title: <u>OWNERS</u>		Official Title: <u>OWNER</u>	
Telephone No.: <u>613-332-4938</u>	Fax No.:	Cell No.: <u>613-332-4938</u>	Fax No.:
E-mail: <u>rd.mountney@sympatico.ca</u>		E-mail: <u>rd.mountney@sympatico.ca</u>	
Role and responsibilities in emergency: <u>CALL ALL EMERGENCY PERSONAL</u>		Role and responsibilities in emergency: <u>CALL ALL EMERGENCY PERSONAL</u>	

2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name: <u>RON MOUNTNEY</u>		Name: <u>RON MOUNTNEY</u>	
Official Title: <u>OWNER</u>		Official Title: <u>OWNER</u>	
Telephone No.: <u>613-332-4938</u>	Fax No.:	Telephone No.: <u>613-332-5080</u>	Fax No.: <u>613-332-5080</u>
E-mail: <u>rd.mountney@sympatico.ca</u>		E-mail: <u>rd.mountney@sympatico.ca</u>	
Role and responsibilities in emergency:		Role and responsibilities in emergency:	

3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name: <u>JIM ROBINSON</u>		Name: <u>DARLENE HOWELL</u>	
Official Title: <u>FIRE CHIEF</u>		Official Title: <u>OFFICE MANAGER</u>	
Telephone No.: <u>613-338-2811</u>	Fax No.: <u>613-338-2702</u>	Telephone No.: <u>705-742-9199</u>	Fax No.: <u>705-742-3542</u>
Role and responsibilities in emergency: <u>FIRE CHIEF - COMMAND ON SCENE</u>		Role and responsibilities in emergency: <u>TELEPHONE ADVICE + DISPATCH PEOPLE</u>	
Fire Services Address: <u>P.O. Box 130 MAYNORTH, ONT K0L 2S0</u>		Propane Supplier Address: <u>835 Hwy #7 E. PETERBOROUGH, N.</u>	

4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name: <u>BRIAN SEARS</u>		Name: <u>GRAIG DAVIDSON</u>	
Official Title: <u>ASST. FIRE CHIEF</u>		Official Title: <u>CAO / CLERK TREASURER</u>	
Telephone No.: <u>613-332-3633</u>	Fax No.:	Telephone No.: <u>613-332-2811</u>	Fax No.: <u>EXT 233</u>
Role and responsibilities in emergency: <u>DEPUTY CHIEF - Second Command on scene</u>		E-mail:	
Fire Services Address: <u>P.O. Box 130 MAYNORTH, ONT. K0L 2S0</u>		Municipality Name and Address: <u>HASTINGS HIGHLANDS, 133011 Hwy 62 North, P.O. Box 130 MAYNORTH, ONT.</u>	

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Name of person completing this form (please print): <u>RON MOUNTNEY</u>	Official Title: <u>SECRETARY</u>
Signature: <u>[Signature]</u>	Telephone No.: <u>613-332-5080</u> Date (dd-mm-yyyy): <u>24/11/2011</u>

NOTE: WITHIN A 15 KM. RANGE, WE HAVE 4 FIRE STATIONS TO CALL UPON.



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2. Additional Safety Measures

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

ALL STAFF HAVE BEEN INFORMED AND ARE EXPECTED TO ROUTINELY OBSERVE THE FACILITY AND DOCUMENT OR BRING TO OUR ATTENTION ANY AREA OF CONCERN. OUR STAFF IS VERY GOOD AT BRINGING ITEMS FORWARD THAT NEEDS REPAIRED OR REPLACED TO OUR ATTENTION RIGHT AWAY.

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	
RON MOUNTNEY	SECRETARY	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Ron Mountney</i>	613-332-5080	24/11/2011



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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)	Print Name of Training Provider:	SARA O'CONNOR - STAFF
29-06-2011	Print Name of Instructor:	RON MOUNTNEY - OWNER
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	CATRY PHILLIPS - STAFF
30-06-2011	Print Name of Instructor:	RON MOUNTNEY - OWNER
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:	SARA O'CONNOR - STAFF
29-06-2011	Print Name of Instructor:	RON MOUNTNEY - OWNER
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	CATRY PHILLIPS - STAFF
30-06-2011	Print Name of Instructor:	RON MOUNTNEY - OWNER
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:	ALL STAFF HAS TAKEN AND PASSED
	Print Name of Instructor:	THE PROPANE FILLING COURSE AT
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	CASEY'S PROPANE IN PETERBOROUGH
	Print Name of Instructor:	ONT.
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	

See Document # 2 + # 3

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Name of person completing this form (please print)	Official Title	SECRETARY	
Signature	Telephone No.	613-332-5080	Date (dd-mm-yyyy)
			24/6/2011



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

4. Emergency Training Plan for Coming Year

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

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

NO MORE STAFF

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

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

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>Ron Murray</i>	Official Title <i>SECRETARY</i>
Signature <i>Ron Murray</i>	Telephone No. <i>613-332-5080</i> / Date (dd-mm-yyyy) <i>24/11/2011</i>



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

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

5. Emergency Response Communications Plan

Warnings and Actions

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

IF THERE IS AN EMERGENCY SITUATION, THE PERSON ON DUTY IS THE PERSON WHO WILL NOTIFY THE AUTHORITIES.

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).

- 1- CALL EMERGENCY PERSONAL (IMMEDIATELY)
- 2- CALL OWNER (LESS THAN 2 MINUTES AWAY)
- 3- FOLLOW PROCEDURES IN THE CASE OF FIRE (COPY INCLUDED)
- 4- GO TO DESIGNATED MEETING AREA.

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).

IMMEDIATELY

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

- FIRE DEPT. HAS MY PHONE NUMBER AS I GIVE THEM 24 HOUR A DAY ACCESS TO FUEL. (EVEN WHEN WE ARE CLOSED)

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.

I LIVE APPROX. 250 METRES AWAY.
LESS THAN 2 MINUTES.

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Name of person completing this form (please print)	Ron Mountray		Official Title	SECRETARY
Signature			Telephone No.	603-332-5080
			Date (dd-mm-yyyy)	24/11/2001



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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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 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>100 METRES</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>200 METRES</u>

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Name of person completing this form (please print) <i>RON MOUNNEY</i>	Official Title <i>SECRETARY</i>
Signature <i>[Signature]</i>	Telephone No. <i>613-332-5080</i> Date (dd-mm-yyyy) <i>24/11/2011</i>



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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

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

Yes

No

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

Fire services comments, if any:

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 HASTINGS HIGHLANDS	<i>Jim Roberson</i>	12 12 2011

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) Jim Robinson	Official Title FIRE CHIEF
Signature <i>Jim Roberson</i>	Telephone No. 613-338-2471 Date (dd-mm-yyyy) 12 12 2011



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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) 29-09-2011	Capacity of single largest propane storage vessel (USWG) 1,000
Tank setback coordinates. Indicate placement on the map.	
Front: 17 m.	Right side property line: 55 m.
Rear: 17 m.	Left side property line: 64 m.
GPS coordinates of single largest vessel: 274723, 5000931	

INFO ON MAP. INFO ON MAP.

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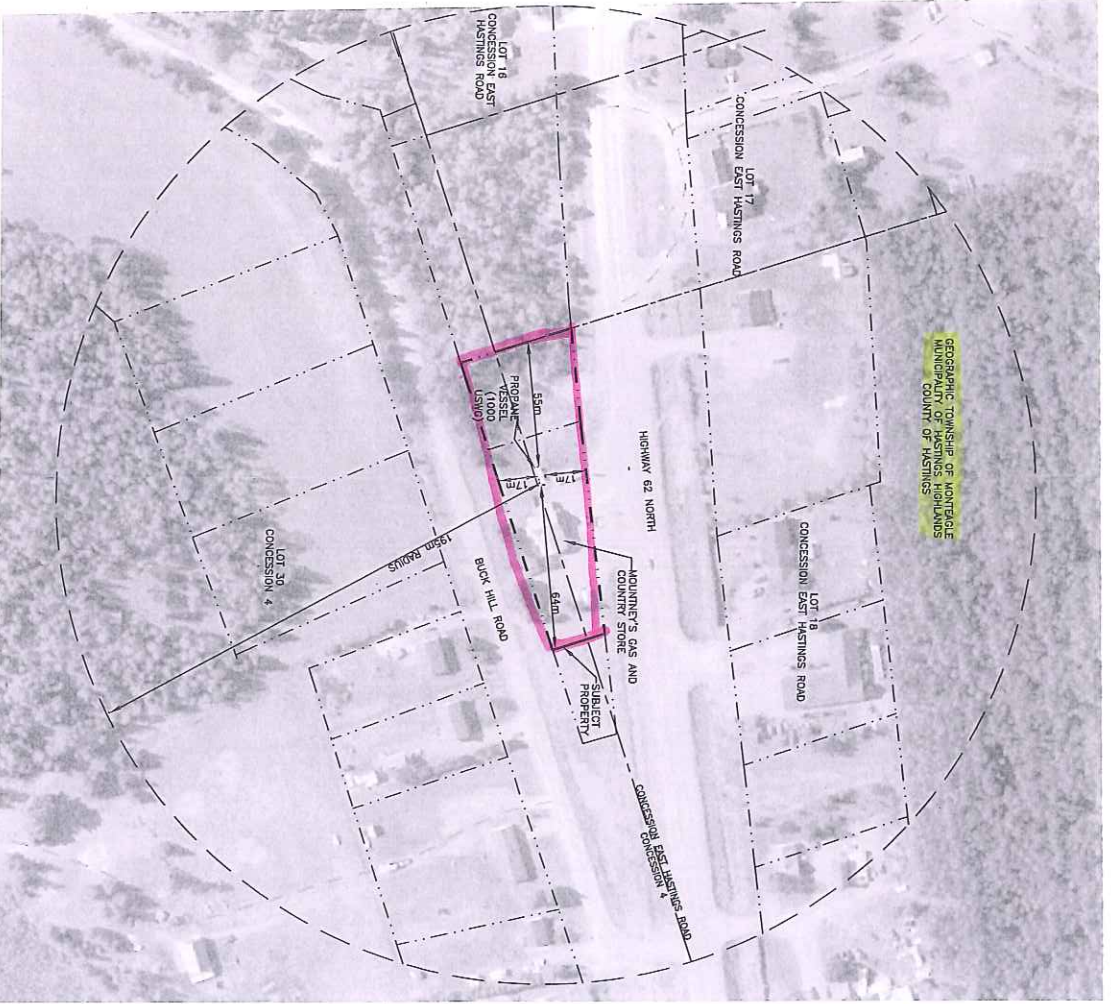
Name of person completing this form (please print) Tyler Peters, P.Eng.	Official Title Project Manager, Greenview Environmental Management
Signature <i>[Signature]</i>	Telephone No. 613-332-0057
	Date (dd-mm-yyyy) 07-10-2011

- LEGEND**
- TABLE 1 CIRCLE
 - RADIUS OF 195 METRES
 - LOT/CONCESSION LINE (APPROXIMATE)
 - SUBJECT PROPERTY LINE (APPROXIMATE)
 - ADJACENT PROPERTY LINE (APPROXIMATE)

 = Property Line

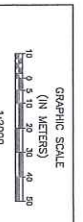
NOTES

1. LOCATION MEASUREMENTS OF FIXED VESSEL COMPLETED BY GREENVIEW ON SEPTEMBER 14, 2011.
2. AERIAL IMAGE SOURCED FROM HASTINGS COUNTY WEBSITE, SEPTEMBER 2011. IMAGE DATED 2008.
3. GENERAL PROPERTY LINE INFORMATION, AS SHOWN, BASED ON HASTINGS COUNTY WEBSITE, SEPTEMBER 2011.
4. SUBJECT PROPERTY DIMENSIONS EXTEND TO PROPERTY LINES AS INDICATED BY OWNER ON SEPTEMBER 14, 2011.
5. SUBJECT PROPERTY LOCATED AT 30254 HIGHWAY 62 NORTH, BANOCROFT, HASTINGS COUNTY, ONTARIO, CANADA. CONVEYANCE EAST HASTINGS ROAD AND PART LOT 30, OF HASTINGS HIGHLANDS.
6. LOT AND CONCESSION INFORMATION BASED ON HASTINGS COUNTY WEBSITE, SEPTEMBER 2011.
7. MUNICIPALITY OF HASTINGS HIGHLANDS CONTACT IS: TERRY BOND, 30254 HIGHWAY 62 NORTH, PO BOX 100, BANOCROFT, ONTARIO, L1R 3S8-2811 EXT. 233.
8. SURROUNDING AREA SITE PLAN COMPLETED IN SEPTEMBER 2011. SECTION C: SUBMISSIONS, MAP OF SURROUNDING AREA ON OCTOBER 7, 2011.



DATE	BY	REVISIONS	DESIGNED BY	APPROVED BY	CLIENT	PROJECT	PROJECT No.
1 JUN 2012	ESB	UPDATED MOUNTNEY LINE DRAWINGS	HLB	THP	MOUNTNEY'S GAS AND COUNTRY STORE	TSSA PROpane REQUIREMENTS 30254 HIGHWAY 62 NORTH, BANOCROFT SURROUNDING AREA PLAN	110.11.002
DATE	BY	REVISIONS	SCALE	DATE			
			1:2000	OCT. 2011			2

Greenview
 ENVIRONMENTAL MANAGEMENT
 Greenview Environmental Management Limited
 69 Clark Avenue, PO Box 100
 Brimley, Ontario, L0L 1C0
 Tel: (813) 332-0087
 Fax: (813) 332-0087
 Email: info@greenview-environmental.ca

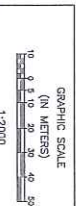
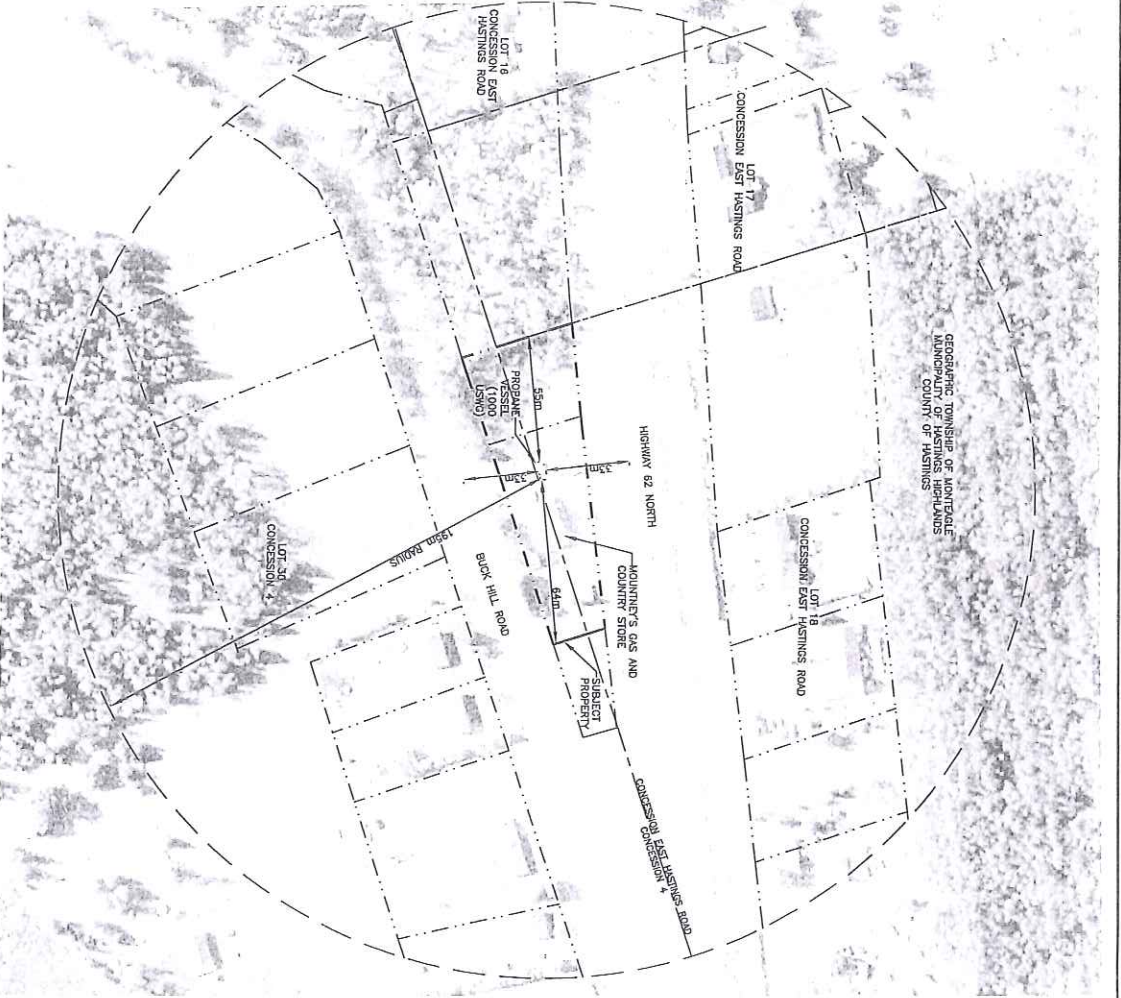


LEGEND

- TABLE 1 CIRCLE RADIUS OF 195 METRES
- LOT/CONCESSION LINE (APPROXIMATE)
- SUBJECT PROPERTY LINE (APPROXIMATE)
- ADJACENT PROPERTY LINE (APPROXIMATE)

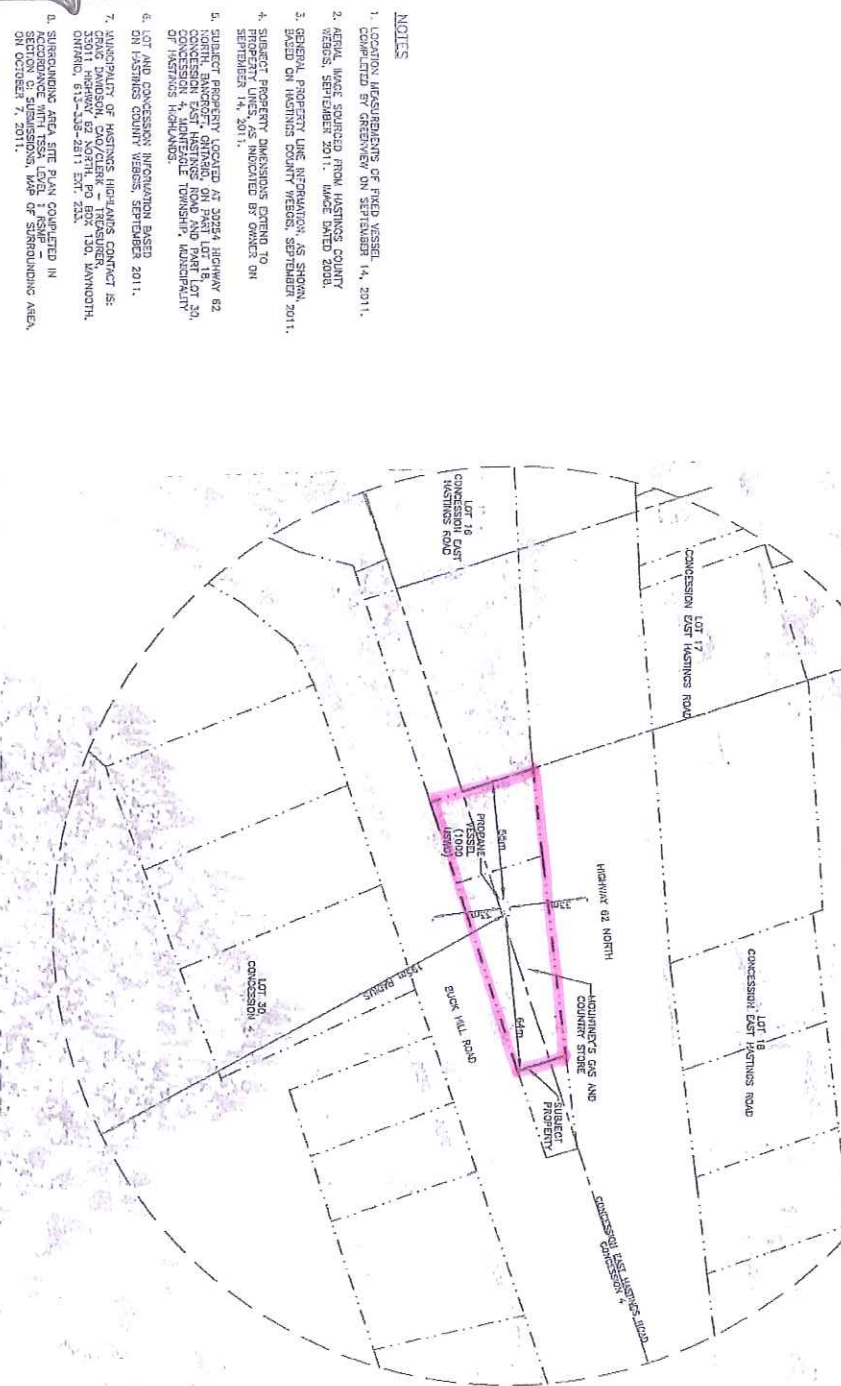
NOTES

1. LOCATION MEASUREMENTS OF FIXED VESSEL COMPLETED BY GREENVIEW ON SEPTEMBER 14, 2011.
2. AERIAL IMAGE SOURCED FROM HASTINGS COUNTY WEBS, SEPTEMBER 2011. IMAGE DATED 2008.
3. GENERAL PROPERTY LINE INFORMATION, AS SHOWN, BASED ON HASTINGS COUNTY WEBS, SEPTEMBER 2011.
4. SUBJECT PROPERTY DIMENSIONS EXTEND TO SEPTEMBER 14, 2011.
5. SUBJECT PROPERTY LOCATED AT 30254 HIGHWAY 62 NORTH, BANCROFT, ONTARIO, ON PART OF LOT 18, CONCESSION 4, MONTICLOE TOWNSHIP, MUNICIPALITY OF HASTINGS HIGHLANDS.
6. LOT AND CONCESSION INFORMATION BASED ON HASTINGS COUNTY WEBS, SEPTEMBER 2011.
7. MUNICIPALITY OF HASTINGS HIGHLANDS CONTACT IS: CRAIG DAVISON, CAO/CLERK - TREASURER, 150 WILSON AVENUE, SUITE 150, WILSON, ONTARIO, 613-339-2811 EXT. 233.
8. SURROUNDING AREA SITE PLAN COMPLETED IN SECTION C2 SUBDIVISION, MAP OF SURROUNDING AREA ON OCTOBER 7, 2011.



DATE	BY	REVISION	DRAWN BY	HLB	THP	COUNT	PROJECT	PROJECT No:	
				DESIGNED BY	THP				110.1.002
				SCALE	DATE				
				1:2000	OCT. 2011				
			<p>Greenview ENVIRONMENTAL MANAGEMENT LIMITED</p> <p>Greenview Environmental Management Limited 5000 Highway 62 North Bancroft, Ontario K0L 1C0 Tel: (613) 332-0337 Fax: (613) 332-1797 Email: sales@greenview-environmental.ca</p>		<p>MOUNTNEY'S GAS AND COUNTRY STORE</p>		<p>TSSA PROPANE REQUIREMENTS 30254 HIGHWAY 62 NORTH, BANCROFT SURROUNDING AREA PLAN</p>		<p>2</p>

- LEGEND**
- TABLE 1 CIRCLE
 - RADII OF 195 METRES
 - LOT/CONCESSION LINE
 - (APPROXIMATE)
 - SUBJECT PROPERTY LINE
 - (APPROXIMATE)
 - ADJACENT PROPERTY LINE
 - (APPROXIMATE)



- NOTES**
1. LOCATION JURISDICTIONS OF PRED VESSEL COMPLETED BY GREENTREE ON SEPTEMBER 14, 2011.
 2. AERIAL IMAGE SOURCED FROM HASTINGS COUNTY RESSA, SEPTEMBER 2011. IMAGE DATED 2008.
 3. GENERAL PROPERTY LINE REFORMATION, AS SHOWN, BASED ON HASTINGS COUNTY VESSES, SEPTEMBER 2011.
 4. SUBJECT PROPERTY DIMENSIONS PLOTTED TO PROPERTY LINES, AS INDICATED BY OWNER ON SEPTEMBER 14, 2011.
 5. SUBJECT PROPERTY LOCATED AT 30254 HIGHWAY 62 NORTH, BANDROFT, ONTARIO, ON PART LOT 19, CONCESSION EAST HASTINGS ROAD AND PART LOT 30, CONCESSION WEST HASTINGS ROAD, MUNICIPALITY OF HASTINGS HIGHLANDS.
 6. LOT AND CONCESSION INFORMATION BASED ON HASTINGS COUNTY VESSES, SEPTEMBER 2011.
 7. MUNICIPALITY OF HASTINGS HIGHLANDS CONTRACT IS: CRAIG DAVISON, C/O/OWNER TREASURER, 3015 BRADFORD AVENUE, UNIT 12, BRADFORD, ONTARIO, M1S-3J8-2A11 EXT. 233, 1501 MAYNOOTH, ONTARIO.
 8. SURROUNDING AREA SITE PLAN COMPLETED IN HASTINGS COUNTY VESSES, SEPTEMBER 2011, SECTION OF SUBMISSIONS, MAP OF SURROUNDING AREA, ON OCTOBER 7, 2011.

SHEET NO.	DATE	REVISIONS
1		
2		
3		
4		
5		
6		
7		
8		

Greenview ENVIRONMENTAL MANAGEMENT		GREENVIEW ENVIRONMENTAL MANAGEMENT LIMITED 1000 SHEPPARD AVENUE EAST, SUITE 1000 SCARBORO, ONTARIO M1S 3E7 TEL: (416) 332-0857 FAX: (416) 332-0857 WWW: WWW.GREENVIEWENVIRONMENTAL.COM	
DESIGNED BY:	HLB	PROJECT NO.:	THP
DRAWN BY:	HLB	APPROVED BY:	THP
CHECKED BY:		DATE:	OCT. 2011

MOUNTNEY'S GAS AND COUNTRY STORE		PRODUCT: TSSA PROpane REQUIREMENTS 30254 HIGHWAY 62 NORTH, BANDROFT
SURROUNDING AREA PLAN		PROJECT NO.: 110.11.002
		SHEET: 2

Municipality of Hastings Highlands.

Contract - Craig Davison CAO/Owner - Treasurer

33011 Hwy 62 North.

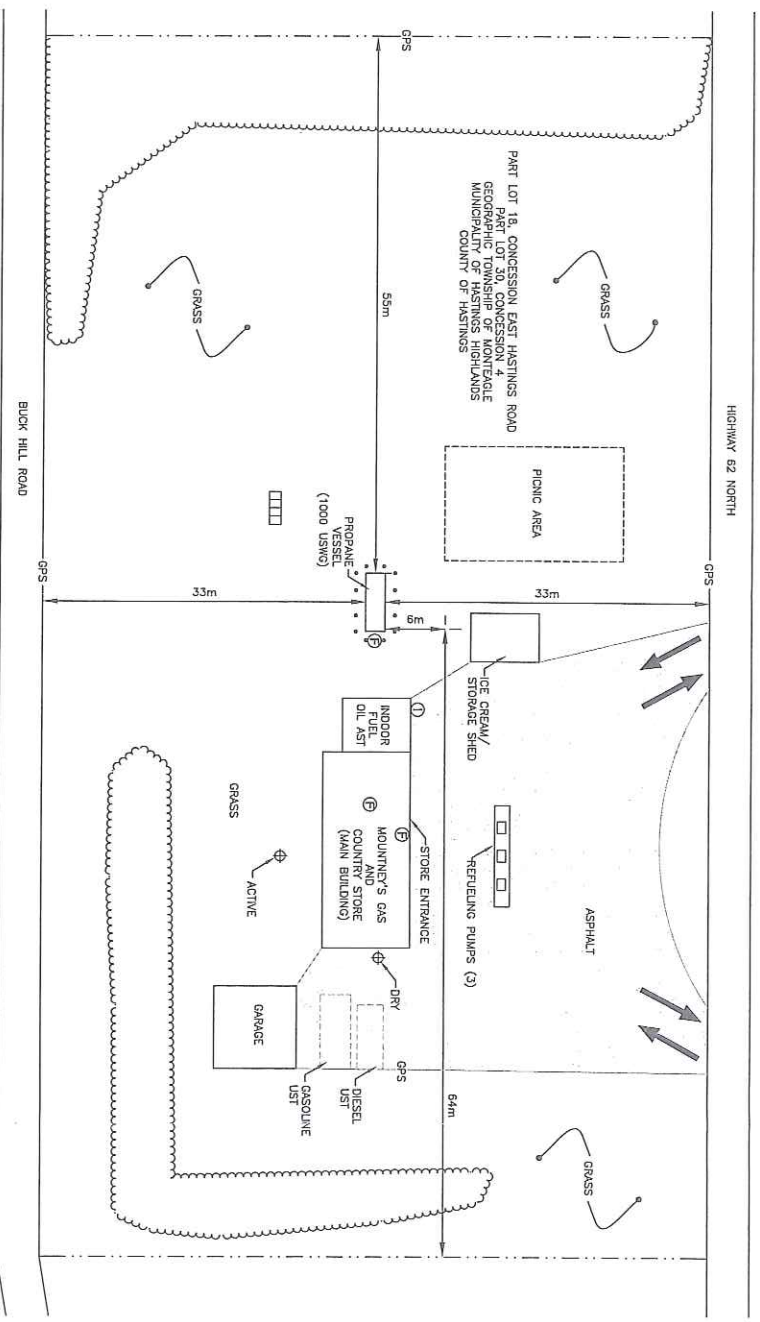
P.O. Box 130 Maynooth, Ont.

613-338-2811 EXT 233

= Property Line

LEGEND

- PROPERTY LINE (APPROXIMATE)
- TREELINE
- ↑ ACCESS AND EGRESS POINTS
- BARRIER
- ⊕ FIRE EXTINGUISHER
- ⊕ EMERGENCY SHUT OFF SWITCH (FOR PROPANE)
- ⊕ GROUNDWATER WELL
- ⊕ SEPTIC
- GPS COORDINATE LOCATION (SEE SECTION C)

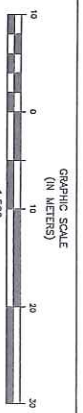


NOTES

1. LOCATION MEASUREMENTS OF FIXED VESSELS COMPLETED BY GREENVIEW ON SEPTEMBER 14, 2011.
2. SIZE OF PERMANENT STRUCTURES ON-SITE ARE APPROXIMATE.
3. LOCATION OF SEPTIC AND GROUNDWATER WELLS ARE APPROXIMATE AND ARE BASED ON PHASE I ESA COMPLETED BY GREENVIEW, JUNE 2008.
4. SUBJECT PROPERTY DIMENSIONS INDICATE SUBJECT PROPERTY LINES, AS INDICATED BY OWNER ON SEPTEMBER 14, 2011.
5. LOT AND CONVESSION INFORMATION BASED ON HASTINGS COUNTY RECORDS, SEPTEMBER 2011.
6. GPS CO-ORDINATES BASED ON HASTINGS COUNTY RECORDS, SEPTEMBER 2011.
7. SITE PLAN COMPLETED IN ACCORDANCE WITH TSSA LEVEL 1 PLAN - SECTION C1 SUBMISSIONS, FACILITY SITE PLAN.

HAZARDOUS MATERIALS STORED ON-SITE

TYPE	VOLUME	STORAGE LOCATION
PROPANE	1,000 USG	SOUTH OF MAIN BUILDING
DIESEL	15,000 LITRES	NORTH OF MAIN BUILDING IN DIESEL UST
GASOLINE	25,000 LITRES	NORTH OF MAIN BUILDING IN GASOLINE UST
FUEL OIL	900 LITRES	IMMEDIATELY SOUTH OF MAIN BUILDING



<p>Greenview ENVIRONMENTAL MANAGEMENT Greenview Environmental Management Limited 69 Orléans Avenue, PO Box 100 Bancroft, Ontario K0L 1C0 Tel: (819) 332-0997 Fax: (819) 332-0997 email: solutions@greenview-environmental.ca</p>		DRAWN BY: HUB	CHECKED BY: THP	PROJECT: TSSA PROPANE REQUIREMENTS 30254 HIGHWAY 62 NORTH, BANCROFT FACILITY SITE PLAN	PROJECT NO: 110.11.002
		DESIGNED BY: THP	APPROVED BY: THP		
SCALE: 1:500	DATE: OCT. 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

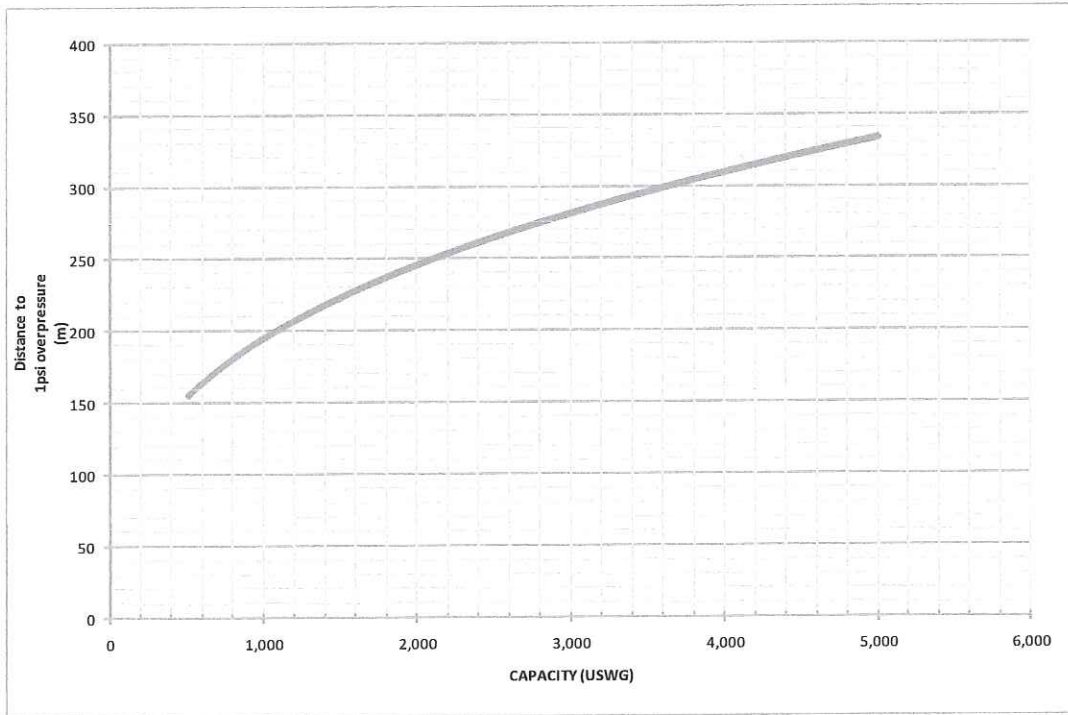
Table 1: Distance Table

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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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>N.C. BOYZ. TECH. LIMITED.</u> Address: <u>HWY 62. NORTH.</u> City: <u>BANCROFT</u> Province <u>ONT</u> Postal Code <u>K0L 1C0</u>		X			<u>120</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: [REDACTED] Address: [REDACTED] City: [REDACTED]			X		<u>5</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				_____ 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>KEVIN MOUNTNEY</u>	Official Title <u>SECRETARY</u>
Signature 	Telephone No. <u>613-332-5080</u> Date (dd-mm-yyyy) <u>24/4/2011</u>



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WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	<i>NONE</i>	
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	
Total Tank Capacity	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	