



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.

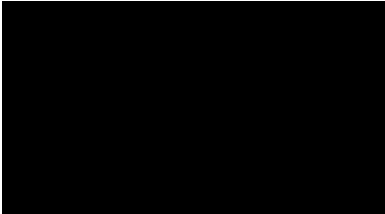
Failure to fully complete this form may result in rejection.
Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 0076617349-C

Check applicable type of propane operations.

Cylinder Motor Fill Filling Plant Card/Keylock

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



SECTION A: GENERAL INFORMATION

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

Company Name _____ Ontario Corporation No., if applicable _____

A Operator Name (# different from above) _____
Same as above

Telephone No. (705)684-8310 Fax No. (705)684-8735 E-mail debblewood@live.ca

B Street No. 1007 Street Name / 911 Number / Address, if applicable Racoon Road 100-08
Town / City or Township / County Gravenhurst Province ON Postal Code P1P 1R1

Mailing address if different from above.

C Street No. RR #1 Street Name / 911 Number / Address, if applicable PO Box 3156
Town / City or Township / County Gravenhurst Province ON Postal Code P1P 1R1

Information on Container Refill Centre or Filling Plant

D Location of facility.
Street No. 1007 Street Name / 911 Number / Address, if applicable Racoon Road Nearest Major Intersection Racoon Road/Beaver Ridge Road
Town / City or Township / County Gravenhurst Province ON Postal Code P1P 1R1

Name of Licence Holder Northern Ridge Utilities Corp.

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

Municipality (or municipalities if the facility or its hazard distance touches multiple borders)
Town of Gravenhurst

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) 01-04-2011
Name of Licence Holder	Victor Wood	
Name of Senior Management person as defined in the Regulation holding the Record of Training	Victor Wood	



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SECTION A: GENERAL INFORMATION (cont'd)

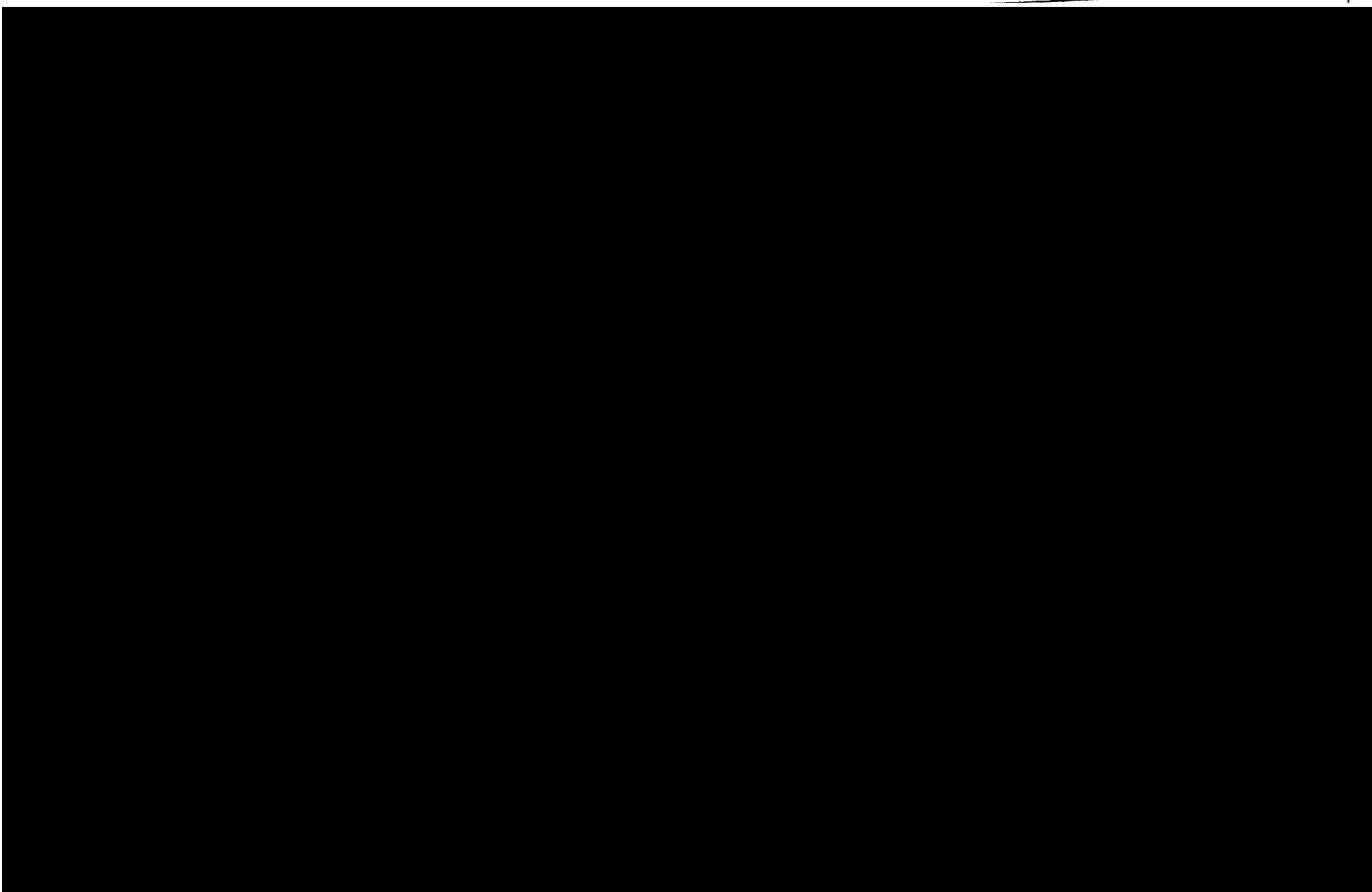
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
2001 None

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

	PSIG	Serial Number
Tank 1:	250 PSIG	5234441
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: 270 USWG Mobile: 0



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Name of person completing this form (please print)	Official Title	
Victor Wood	Manager	
Signature	Telephone No.	Date (dd-mm-yyyy)
	(705)684-8310	01-04-2011



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SECTION A: GENERAL INFORMATION (cont'd)
Activity Information

Name of Propane Supplier(s) Superior Propane - Ontario Regional Operations Centre			
Street No. 251	Street Name / 911 Number / Address, if applicable Woodlawn Road West, Unit 217		Postal Code N1H 8J1
Town / City or Township / Country Guelph		Province Ontario	
Telephone No. 1-877-873-7467	Fax No. 519-836-7766	Contact Name Mike Mullins	
E-mail mullinsm@superiorpropane.com			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>			
Superior Propane - Bala			
Street No. 1019	Street Name / 911 Number / Address, if applicable Gordon Street		Postal Code POC 1A0
Town / City or Township / Country Bala		Province ON	
Telephone No. (416)459-9705	Fax No. N/A	Contact Name Dan Parmenter	
E-mail parmentd@superiorpropane.com			

Off-site Cylinder and/or Mobile Storage	Capacity stored off-site, in USWG	For Office Use - Party No.	
None			
Street No.	Street Name / 911 Number / Address, if applicable		Postal Code
Town / City or Township / Country		Province	
Telephone No.	Fax No.	Contact Name	

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

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Name of person completing this form (please print) Marcello Oliverio	Official Title Chief Engineer, Superior Propane	Date (dd-mm-yyyy) 01-04-2011
Signature 	Telephone No. 905-285-2480 ext. 5327	



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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.
Bromine for pool - in puck form, 10 lb bucket stored in recreation centre by the pool

Description of fire and emergency equipment indicated on facility site map.
There are two Fire Extinguishers:

1. One is a 10 lb, ABC-type, and is located at the propane dispenser
 2. One is a 5 lb, ABC type, and is also located at the propane dispenser
- Both were approved on March 22 2011.

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.

1. Fusible link on ISC valve - (Auto shut off) isolation valve between the tank and the downstream propane dispensing equipment.
2. Emergency stop push button - located at the filling station. This shuts down the pump and closes a solenoid valve upstream of hoses.
3. Power supply breaker inside the gas bar building. This cuts all power to the propane system - shuts down pump; closes solenoid valve.
4. There are 'No Smoking' signs posted at the dispenser. There are also Emergency Procedure plac-cards posted at the dispenser and inside the office.

Maintenance and testing schedule for fire protection controls and devices.

Maintenance and testing is undertaken by Superior Propane according to Superior Propane's Maintenance Standard. Schedule for key equipment is:

1. Pumps (Pump every 3 months; Pump Motor: check belts monthly; grease motor every 6 months)
2. ISC Valves (test for closure every 6 months)
3. Storage tank Relief Valves - inspect every 2 years; replacement schedule as per provincial regulations.

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Name of person completing this form (please print) Victor Wood	Official Title Manager - Northern Ridge Utilities Corp.
Signature 	Telephone No. (705)684-8310
	Date (dd-mm-yyyy) 01-04-2011



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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 Victor Wood	For Office Use - Party No.	Name Victor Wood	For Office Use - Party No.
Official Title Manager		Official Title Director	
Telephone No. (705)684-8310	Fax No. (705)684-8735	Cell No. (705)801-5186	Fax No. (705)684-8735
E-mail debbiewood@live.ca		E-mail debbiewood@live.ca	
Role and responsibilities in emergency Co-ordinate site response		Role and responsibilities in emergency Co-ordinate site response	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Debbie Wood	For Office Use - Party No.	Name Debbie Wood	For Office Use - Party No.
Official Title Park Manager		Official Title Park Manager	
Telephone No. (705)684-8310	Fax No. (705)684-8735	Telephone No. (705)684-8310	Fax No. (705)684-8735
E-mail debbiewood@live.ca		E-mail debbiewood@live.ca	
Role and responsibilities in emergency Co-ordinate site response if agent unavailable.		Role and responsibilities in emergency Co-ordinate site response	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Lorne McNeice	For Office Use - Party No.	Name Superior Propane Hotline	For Office Use - Party No.
Official Title Fire Chief		Official Title	
Telephone No. (705)687-3414	Fax No. (705)687-5725	Telephone No. 1-877-873-7467	Fax No. N/A
E-mail gfd@gravenhurstfire.com		E-mail	
Role and responsibilities in emergency Co-ordinate/advise on Fire Service response. Liaise with police.		Role and responsibilities in emergency Identify and dispatch Superior Propane and or LPERGC emergency response personnel as required.	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name David Eidsness	For Office Use - Party No.	Name Cindy Maher	
Official Title Fire Prevention		Official Title CAO of the Town of Gravenhurst (Interim Manager of Planning and Development)	
Telephone No. (705)687-3414	Fax No. (705)687-5725	Telephone No. (705) 687-3412	Fax No. N/A
E-mail gfd@gravenhurstfire.com		E-mail cmahar@gravenhurst.ca	
Role and responsibilities in emergency Alternate - Co-ordinate/advise on Fire Service Response. Liaise with police.		Municipality Gravenhurst	

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Name of person completing this form (please print) Kelly Almey	Official Title Process Safety Management Coordinator- Superior Propane
Signature 	Telephone No. 905-285-2480 ext. 5549
	Date (dd-mm-yyyy) 01-04-2011



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

2. Additional Safety Measures

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

Emergency Shut Off push button to shut down pump and close solenoid valve upstream of dispensing hoses.

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Name of person completing this form (please print) Victor Wood	Official Title Manager - Northern Ridge Utilities Corp.
Signature 	Telephone No. (705) 684-8310 Date (dd-mm-yyyy) 01-04-2011



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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) None	Print Name of Training Provider: None
	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:

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

Training Date (dd-mm-yyyy) October 2010	Print Name of Training Provider: Debbie Wood provided Emergency Response training to staff
	Print Name of Instructor: Debbie Wood
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) October 2010	Print Name of Training Provider: Propane Training Institute
	Print Name of Instructor: Al Gough
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) Victor Wood	Official Title Manager - Northern Ridge Utilities Corp.
Signature 	Telephone No. (705) 684-8310
	Date (dd-mm-yyyy) 01-04-2011



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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) TBA - Q4 (2011)	Print Name of Training Provider: Superior Propane or Alternate
	Print Name of Instructor: to be arranged
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) TBA - Q4 (2011)	Print Name of Training Provider: Key Site Contact to train Staff
	Print Name of Instructor: to be arranged
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) As Required	Print Name of Training Provider: Superior Propane/FSN/or Alternate
	Print Name of Instructor: to be arranged
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) Victor Wood	Official Title Manager - Northern Ridge Utilities Corp.
Signature 	Telephone No. (705) 684-8310
	Date (dd-mm-yyyy) 01-04-2011



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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).
The ROT person(s) on duty will contact emergency services by calling 911 and will provide warnings outlined in the attached "Propane Emergency Response Procedures" placard, if it is safe to do so.

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).

Actions and warnings will be taken by on duty ROT person(s) as per attached ERP placard. Only a few staff will be on duty when operating the propane system. The Muster location will be on Racoon Road or in the trailer park in a safe area. Note a specific muster point is not advisable, since a propane plume can blow in any direction.

Note that the facility is in a wide open area allowing people to self evacuate.

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).

When the system is operational, a ROT person will be on duty and be in the propane tank area. This person will be able to visually ascertain any abnormal/accident events and implement the appropriate emergency response actions. When the system is not in operation, the ISC valve (main isolation valve) is closed, and the propane system is unattended. Any accidents involving the propane tank during such times will require the intervention of random, nearby individuals or store staff.

Describe provisions for fire department entry when there are no operations or staffing at the propane site.
The propane tank system is located in a wide open area. The fire access routes are identified in the attached site plan.

Describe how the licence holder will ensure continual flow of updated information to authorities.
The critical information required from the license holder is the fill level in the tank.

Fill level is relevant from a time-to-BLEVE perspective (a near empty tank will BLEVE sooner than a full tank if there is fire impingement on the tank).
This information will be provided to the authorities by agent - Debbie Wood, time permitting.

How long will it take the facility liaison person to respond to the site.
Immediate - facility manager lives on-site.

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Name of person completing this form (please print) Marcello Oliveira	Kelly Almey	Official Title Chief Engineer - Superior Propane	Risk + Safety Coordinator Superior Propane
Signature K Almey		Telephone No. 905-285-2480 ext. 6527	Date (dd-mm-yyyy) 01-04-2001



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

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The critical information required from the license holder is the fill level in the tank.

Fill level is relevant from a time-to-BLEVE perspective (a near empty tank will BLEVE sooner than a full tank if there is fire impingement on the tank).
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How long will it take the facility liaison person to respond to the site.
Immediate - facility manager lives on-site.

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Name of person completing this form (please print) Marcello Oliverio	Official Title Chief Engineer - Superior Propane	Date (dd-mm-yyyy)
Signature	Telephone No. 905-285-2480 ext. 5327	01-04-2001



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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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)		<u>pond 30 m away</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>none</u>

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Name of person completing this form (please print) Victor Wood	Official Title Manager - Northern Ridge Utilities Corp.	
Signature 	Telephone No. (705) 684-8310	Date (dd-mm-yyyy) 01-04-2011



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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
<input type="checkbox"/>	<input type="checkbox"/>

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:

Please note that on April 8 we submitted a copy of the RSMP report to Fire Prevention Officer Robert King. On April 13 Debbie Wood, of Northern Ridge Utilities met with him to discuss the RSMP report. On April 20 we sent a revised report to him that included the changes he requested. On May 19 Deputy Cheif Robert King sent a Memorandum outlining his concerns - many of which were previously addressed. Those that are still outstanding are currently being

The licence holder will respond to the Local Fire Services comments by: _____ attended to by Debbie Wood. Thank you.
(dd-mm-yyyy)

Kalmey - Superior Propane

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		

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



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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) 10-01-2011	Capacity of single largest propane storage vessel (USWG) 1000
Tank setback coordinates. Indicate placement on the map.	
Front: 70 m south	Right side property line: 140 m east
Rear: 450 m north	Left side property line: 120 m west
GPS coordinates of single largest vessel: Lat. 44.8828, Long. -79.3399	

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) Kelly Almey	Official Title Process Safety Management Coordinator - Superior Propane
Signature 	Telephone No. 905-285-2480 ext. 5327
	Date (dd-mm-yyyy) 01-04-2011



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

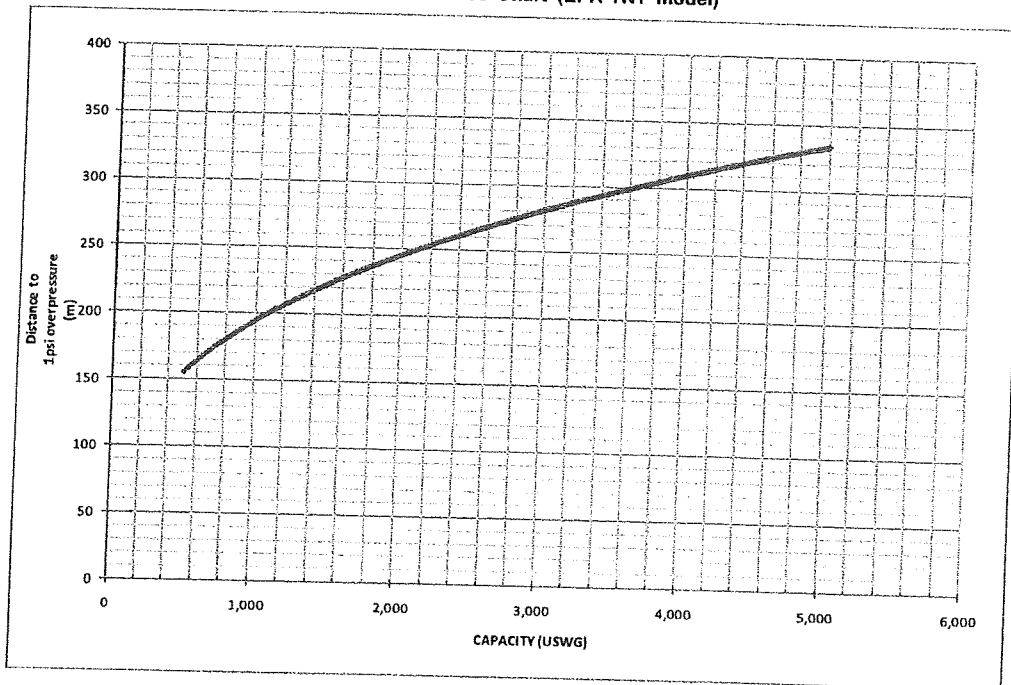
Table 1: Distance Table

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)



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	
Nothing completed on this page.		
Signature	Telephone No.	Date (dd-mm-yyyy)



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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: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				0 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]			X		75 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				0 m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				0 m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				0 m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				0 m

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

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Name of person completing this form (please print) Victor Wood	Official Title Manager - Northern Ridge Utilities Corp.	
Signature 	Telephone No. (705) 684-8310	Date (dd-mm-yyyy) 01-04-2011



Technical Standards and Safety Authority
www.tesa.org

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

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

Portable Storage Additional Information Sheet

Cylinder Size	Capacity In USWG	Quantity	Total Volume In USWG
# 420	123.9		
# 100	29.5	9 (These are stored inside a	270 USWG
# 40	11.75	cage on the propane platform.	
# 33.3	9.62	They are not interconnected.	
# 30	8.8	This location is a trailer-home	
# 20	5.8	park and these cylinders are	
# 10	2.9	used by home owners to	
# 5	1.5	heat their homes.)	
Total Cylinder Capacity 270 USWG			

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	270 USWG
Total Tank Capacity	0
Total Portable Capacity	270 USWG

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) Victor Wood	Official Title Manager - Northern Ridge Utilities Corp.	
Signature 	Telephone No. (705)684-8310	Date (dd-mm-yyyy) 01-04-2011



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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	9 (These are stored inside a	270 USWG
# 40	11.75	cage on the propane platform.	
# 33.3	9.62	They are not interconnected.	
# 30	8.8	This location is a trailer-home	
# 20	5.8	park and these cylinders are	
# 10	2.9	used by home owners to	
# 5	1.5	heat their homes.)	
Total Cylinder Capacity 270 USWG			

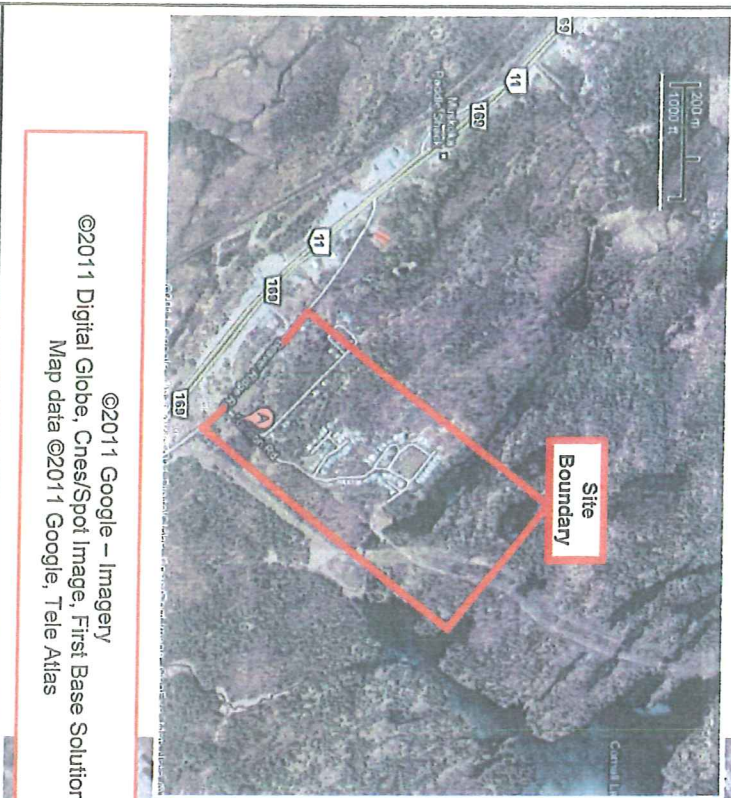
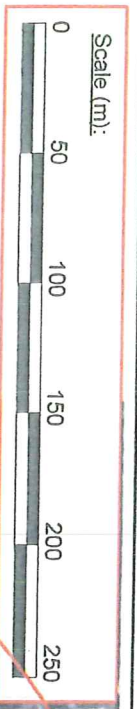
Tanks Stored On-site Not Connected for Use

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

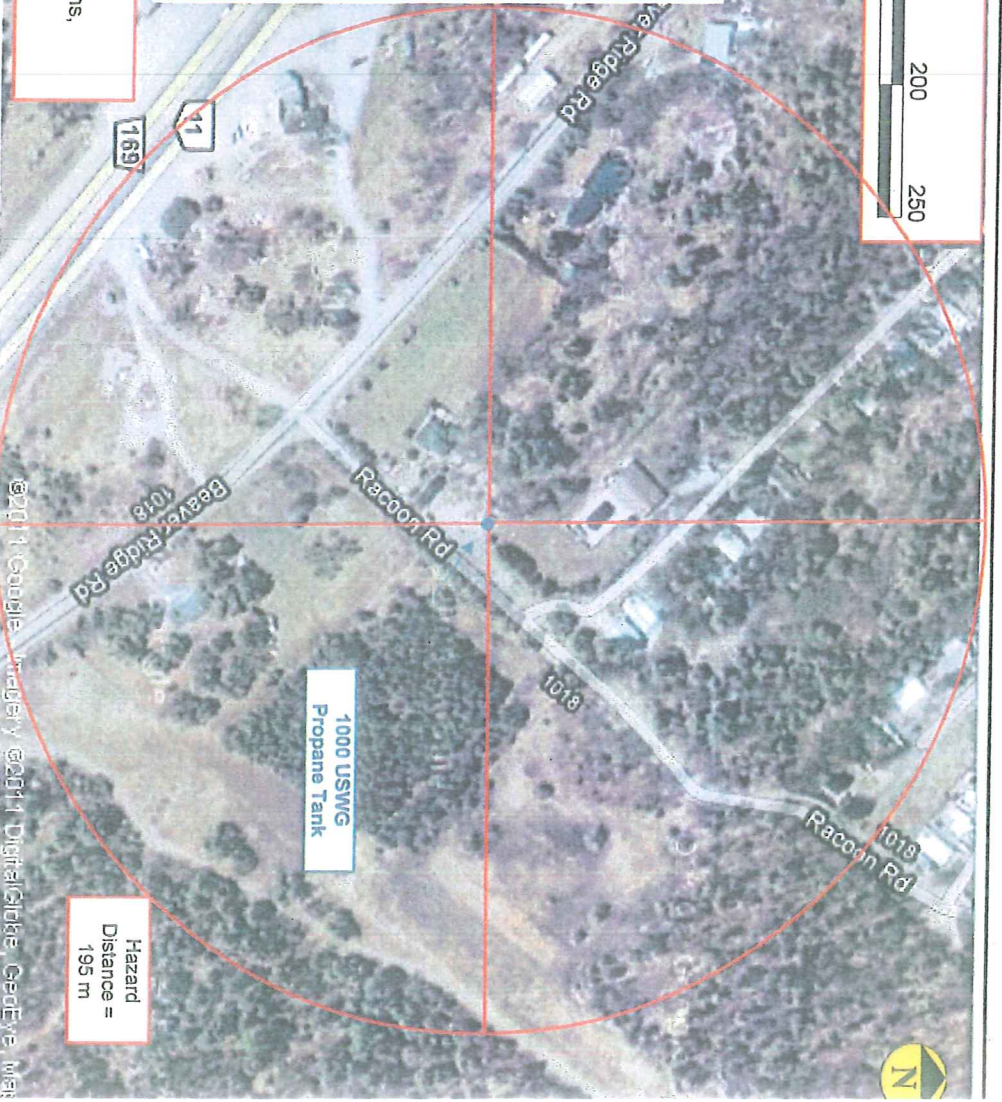
Total Cylinder Capacity	270 USWG
Total Tank Capacity	0
Total Portable Capacity	270 USWG

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) Victor Wood	Official Title Manager - Northern Ridge Utilities Corp.	
Signature 	Telephone No. (705)684-8310	Date (dd-mm-yyyy) 01-04-2011



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Map data ©2011 Google, Tele Atlas



Hazard Distance = 195 m

Setback Distances to Site Boundary	North : 450 m	East: 140 m
	South: 70 m	West: 120 m
Capacity of Propane Storage Tank	Capacity of Propane Storage Tank = 1000 USWG	
GPS Co-ordinates of Propane Storage Tank	GPS Co-ordinates = 44.8828, -79.3399	
Circular Distance to 1 psi overpressure	Denoted by circle centred on tank; radial distance = 195 m	

Municipality (es) within the 1 psi overpressure circle	Town of Gravenhurst (Municipality of Muskoka)
Municipal Contact	Cindy Maher CAO of the Town of Gravenhurst Interm Manager of Planning and Development (705) 687-3412 cmahar@gravenhurst.ca

Map of Surrounding Area

Northern Ridge Utilities Corp
(Part of Sunpark Beaver Ridge Estates, Inc.)
1007 Raccoon Road, Gravenhurst, ON, P1P 1R1

Part of Lot 32, Range EMR in the former Township of Morrison now the Town of Gravenhurst, District Municipality of Muskoka being Part Plan 35R-11009 (Roll No. 030-005-07200)

Drawn by: L. Oliverio Date: April 3, 2011

