



Technical Standards and Safety Authority
 www.tssa.org

14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X2X4
 Fax: 416.231.4903
 Customer Service: 1.877.682.8772

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

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

<p style="text-align: center; font-weight: bold; font-size: small;">Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i></p> <p>Licence Number <input style="width: 80%;" type="text" value="0001553099"/></p> <p style="font-size: x-small;">Check applicable type of propane operations.</p> <p> <input checked="" type="checkbox"/> Cylinder <input type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Keylock </p> <p style="font-size: x-small;">Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p style="text-align: center; font-weight: bold; font-size: small;">For Office Use Only</p> <div style="border: 1px solid black; height: 100px; width: 100%; background-color: black;"></div>
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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 <input style="width: 95%;" type="text" value="701277 Ontario Limited"/>	Ontario Corporation No., if applicable <input style="width: 95%;" type="text"/>
	Operator Name (if different from above) <input style="width: 95%;" type="text" value="Riverside Rentals"/>	
	Telephone No. <input style="width: 30%;" type="text" value="519-979-2300"/>	Fax No. <input style="width: 30%;" type="text" value="519-979-2648"/>
	E-mail <input style="width: 95%;" type="text" value="riversiderental@bellnet.ca"/>	
B	Street No. / Street Name / 911 Number / Address, if applicable <input style="width: 95%;" type="text" value="13480 Sylvestre Drive"/>	
	Town / City or Township / County <input style="width: 95%;" type="text" value="Tecumseh"/>	Province / Postal Code <input style="width: 30%;" type="text" value="On"/> <input style="width: 30%;" type="text" value="N8N 2L9"/>
C	Mailing address if different from above. Street No. / Street Name / 911 Number / Address, if applicable <input style="width: 95%;" type="text"/>	
	Town / City or Township / County <input style="width: 95%;" type="text"/>	Province / Postal Code <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/>
D	Information on Container Refill Centre or Filling Plant Location of facility. Street No. / Street Name / 911 Number / Address, if applicable <input style="width: 95%;" type="text" value="13480 Sylvestre Drive"/>	
	Nearest Major Intersection <input style="width: 95%;" type="text" value="Manning Rd/County Rd 19"/>	
	Town / City or Township / County <input style="width: 95%;" type="text" value="Tecumseh"/>	Province / Postal Code <input style="width: 30%;" type="text" value="Ontario"/> <input style="width: 30%;" type="text" value="N8N 2L9"/>

Name of Licence Holder <input style="width: 95%;" type="text" value="Phil Morand"/>	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT) <input style="width: 95%;" type="text" value="Phil Morand"/>	ROT type <input style="width: 30%;" type="text" value="100-01"/>
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) <input style="width: 95%;" type="text" value="Town of Tecumseh and Town of Lakeshore"/>	
Hours of operation. <div style="background-color: black; width: 100%; height: 50px;"></div>	

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.

Print name Name of Licence Holder <input style="width: 95%;" type="text" value="Phil Morand"/>	Signature 	Date (dd-mm-yyyy) <input style="width: 95%;" type="text" value="10-01-2012"/>
Name of Senior Management person as defined in the Regulation holding the Record of Training <input style="width: 95%;" type="text" value="Phil Morand"/>		



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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.
1985

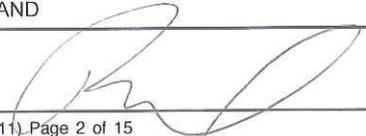
Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank 1:	1724KPA	1343
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: 2000 Portable: 650.86 Mobile: _____

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Name of person completing this form (please print) PHIL MORAND		Official Title OWNER
Signature 	Telephone No. 519 979 2300	Date (dd-mm-yyyy) 10-01-2012



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) ONTARIO REGIONAL OPERATIONS - SUPERIOR PROPANE		For Office Use - Party No. [REDACTED]	
Street No. 251	Street Name / 911 Number / Address, if applicable WOODLAWN RD. WEST, UNIT 217		
Town / City or Township / Country GUELPH		Province ONTARIO	Postal Code N1H 8J1
Telephone No. 877 873 7467	Fax No. 519 836 7744	Contact Name MIKE MULLINS	
E-mail mullinsm@superiorpropane.com			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No. [REDACTED]	
SUPERIOR PROPANE			
Street No. 7652	Street Name / 911 Number / Address, if applicable QUEENS LINE HWY 2 WEST		
Town / City or Township / Country CHATHAM		Province ONTARIO	Postal Code N7M 5J5
Telephone No. 519 359 2635	Fax No. N/A	Contact Name RICHARD BUTTON	
E-mail richard_button@superiorpropane.com			

Off-site Cylinder and/or Mobile Storage N/A	Capacity stored off-site, in USWG	For Office Use - Party No.	
Street No. / Street Name / 911 Number / Address, if applicable			
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

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

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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.

OXYGEN 2 CYLINDERS

ACETALINE 2 CYLINDERS

DIESEL FUEL 200 L 2 DOULBE WALL VACUUM TANS

GASOLINE 140 L APPROVED STORAGE CANS IN LOCKED STORAGE AREA

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

EXTINGUISHERS 18, 5 TO 20 LB INSPECTED AND IN DATE

FIRE HYDRANT LOCATIONS MARKED ON MAP

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.

SMOKE DETECTORS FIRST ANS SECOND FLOOR MONITORED

Maintenance and testing schedule for fire protection controls and devices.

1 MONTHS IN HOUSE FIRE EXTINGUISHERS

12 MONTH 3RD PARTY FIRE EXTINGUISHERS

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Signature 		Telephone No. 519 979 2300	Date (dd-mm-yyyy) 10-01-2012



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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 Phil Morand	For Office Use - Party No.	Name Phil Morand	For Office Use - Party No.
Official Title Owner-Operator		Official Title Owner-Operator	
Telephone No. 519-981-6335	Fax No. 519-979-2648	Cell No. 519-981-6335	Fax No. 519-979-2648
E-mail riversiderental@bellnet.ca		E-mail riversiderental@bellnet.ca	
Role and responsibilities in emergency Evacuation of personnel, Liason for emergency responders		Role and responsibilities in emergency Evacuation of personnel, Liason for emergency responders	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name John Redmond	For Office Use - Party No.	Name Phil Morand	For Office Use - Party No.
Official Title Health & Safety Rep		Official Title Owner-Operator	
Telephone No. 519-979-2300	Fax No. 519-979-2648	Telephone No. 519-981-6335	Fax No. 519-979-2648
E-mail Nil		E-mail riversiderental@bell.net	
Role and responsibilities in emergency Health & Safety Rep		Role and responsibilities in emergency Evacuation of personnel, Liason for emergency responders	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Doug Pitre	For Office Use - Party No.	Name Ontario Regional Operations	For Office Use - Party No.
Official Title Fire Chief		Official Title Contact	
Telephone No. 519-979-4041	Fax No. 519-979-5881	Telephone No. 877-873-7467	Fax No. 519-836-7744
E-mail dpitre@tecumseh.ca		E-mail mullinsm@superiorpropane.com	
Role and responsibilities in emergency Delegate, Mitigate, Suppression, Prevention		Role and responsibilities in emergency Supplier	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Art Lounsbury	For Office Use - Party No.	Name Laura Moy	For Office Use - Party No.
Official Title Deputy Fire Chief		Official Title Director, Staff services/Clerk	
Telephone No. 519-979-4041	Fax No. 519-979-5881	Telephone No. 519-735-2184 ext 116	Fax No. 519-735-6712
E-mail alounsbury@tecumseh.ca		E-mail lmoy@tecumseh.ca	
Role and responsibilities in emergency Delegate, Mitigate, Suppression, Prevention		Municipality Town of Tecumseh	

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Name of person completing this form (please print) Phil Morand	Official Title Owner-Operator
Signature 	Telephone No. 519-979-2300
	Date (dd-mm-yyyy) 10-01-2012



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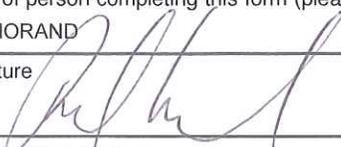
SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

2. Additional Safety Measures

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

Follow building Fire Safety Plan

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.

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Signature 	Telephone No. 519 979 2300	Date (dd-mm-yyyy) 10-01-2012



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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) 09-12-2011	Print Name of Training Provider: Riverside Rentals
	Print Name of Instructor: Phil Morand
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) 09-12-2011	Print Name of Training Provider: Riverside Rental
	Print Name of Instructor: Phil Morand
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

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

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	Date (dd-mm-yyyy) 10-01-2012



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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) 20-01-2012	Print Name of Training Provider: Riverside Rental
	Print Name of Instructor: Phil Morand
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) 06-06-2012	Print Name of Training Provider: Riverside Rental
	Print Name of Instructor: Phil Morand
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) 31-01-2012	Print Name of Training Provider: Riverside Rental
	Print Name of Instructor: John Redmond
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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Signature 	Telephone No. 519 979 2300
	Date (dd-mm-yyyy) 10-01-2012



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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).
PERSON THAT DETECTS EMERGENCY WILL REPORT TO OFFICE PERSONNEL, OFFICE WILL NOTIFY REMAINING STAFF VIA PAGING SYSTEM
IN BUILDING AND TWO WAY RADIOS TO ALL PERSONNEL

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).
IN CASE OF EMERGENCY COUNTER STAFF TO BE NOTIFIED FIRST. EMERGENCY PROCUDRES TO BE FOLLOWED AS PREVIOUSLY STATED
NOTIFICATION OF 911 TO BE DONE BY COUNTER STAFF AFTER PREARRANGED MEETING POINT AS DESIGNATED
MEETING PLACE FOR EMERGENCY MELVIN ORR TRUCKING OFFICE ACROSS THE STREET

Communication with Emergency Response Authorities

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).
CALL WILL BE PLACED TO 911 AFTER STAFF HAS BEEN SAFELY EVACUATED. TEAR OFF SHEET LOCATED IN FACILITY AS NOTED WITH ALL
EMERGENCY NUMBERS

Describe provisions for fire department entry when there are no operations or staffing at the propane site.
AS PER DIRECTIONS SET OUT BY FIRE DEPARTMENT FORCIBLE ENTRY REQUIRED (TECUMSEH FIRE DEPARTMENT DOES NOT REQUIRE KEYS

Describe how the licence holder will ensure continual flow of updated information to authorities.
LOCAL AUTHORITIES HAVE ALL CONTACT INFORMATION FOR OWNER INCLUDING AND AFTER HOURS NUMBER

How long will it take the facility liaison person to respond to the site.
APPROXIMATELY 10 MINUTES FROM TIME OF NOTIFICATION

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Signature 	Telephone No. 519 979 2300	Date (dd-mm-yyyy) 10-01-2012



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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 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>10m</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>Nil</u> |

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Signature 		Telephone No. 519-979-2300	Date (dd-mm-yyyy) 10-01-2012



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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:

The plan has been reviewed at this time and any further requirements by any legislative body will be complied with by the OWNER within a reasonable time.

To be completed by the Licence Holder

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

The licence holder will respond to the Local Fire Services comments by: _____
(dd-mm-yyyy)

LOCAL FIRE SERVICES

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

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name <i>TECUMSEH FIRE/RESCUE</i>		<i>13-01-2012</i>

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>PHIL MORROW</i>	Official Title <i>OWNER - OPERATOR</i>
Signature	Telephone No. <i>519 979 2300</i> Date (dd-mm-yyyy) <i>13-01-2012</i>

Tecumseh Fire/Rescue Services

Mailing Address
917 Lesperance Road
Tecumseh, Ontario
N8N 1W9

MAYOR – MAIRE
GARY McNAMARA

DEPUTY MAYOR – SOUS MAIRE
CHERYL HARDCASTLE

COUNCILLORS - CONSEILLERS
JOE BACHETTI
MARCEL BLAIS
GUY DORION
TANIA JOBIN
RITA OSSINGTON



Administrative Offices
985 Lesperance Road
Tecumseh, Ontario
N8N 1W9

FIRE CHIEF
DOUG PITRE

DEPUTY FIRE CHIEF
ART LOUNSBURY

**ASSISTANT FIRE CHIEF/FIRE
PREVENTION OFFICER**
BOB HAMILTON

Telephone (519) 979-4041
Facsimile (519) 979-5881
Emergency Telephone 911

January 16, 2012

Riverside Rentals
13480 Sylvestre
Tecumseh, ON N8N 2L9

Attention: Mr. Phil Morand

Dear Mr. Morand:

Re: TSSA – RSMP Level 1/Reg. 211/01 – Riverside Rentals

In response to your submission dated January 10, 2012, the Administration of the Tecumseh Fire Rescue Services has no concerns at this time with respect to the TSSA – RSMP Level 1/ Reg. 211/01 as they pertain to Riverside Rentals located at 13480 Sylvestre Drive in Tecumseh.

Yours truly,

TECUMSEH FIRE AND RESCUE SERVICES



Doug Pitre
Fire Chief

DP:ld

Fire Prevention is Everybody's Business



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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) 11/04/2011	Capacity of single largest propane storage vessel (USWG) 2000 l
Tank setback coordinates. Indicate placement on the map.	
Front: 27.5 M	Right side property line: 136.5 M
Rear: 85.4 M	Left side property line: 6.75 M
GPS coordinates of single largest vessel: 42.2983685-82-8704514	

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) PHIL MORAND	Official Title OWNER
Signature 	Telephone No. 519 979 2300
	Date (dd-mm-yyyy) 10-01-2012



SECTION C: SUBMISSIONS (cont'd)

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

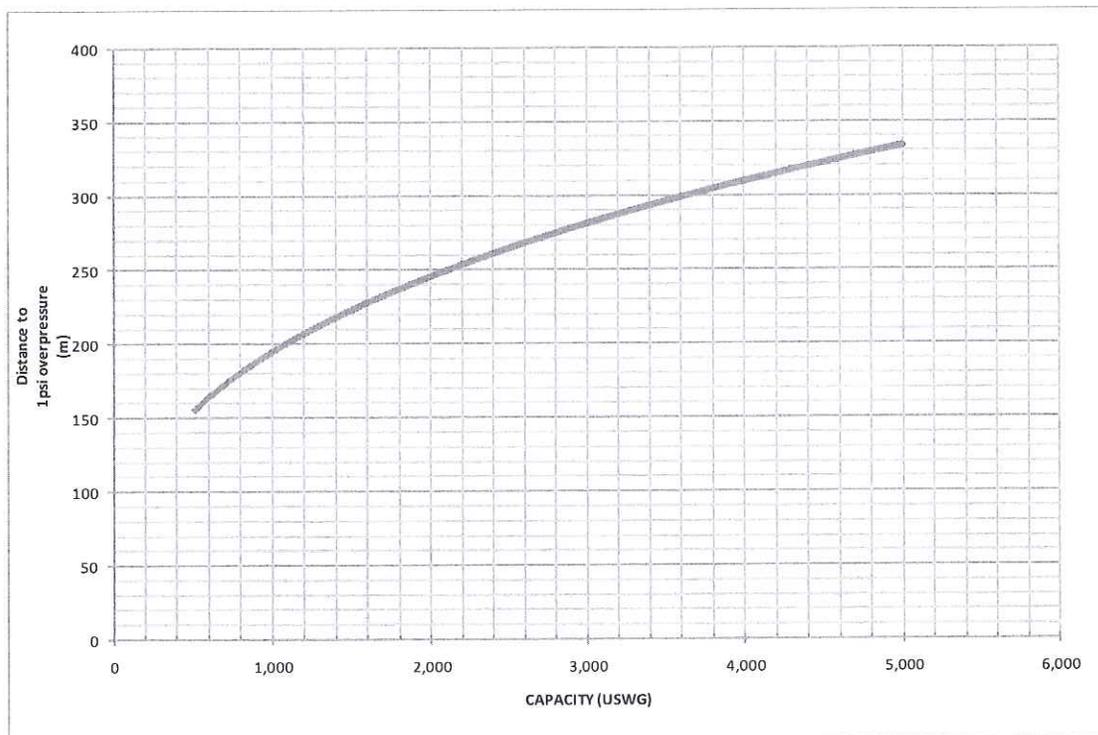
Table 1: Distance Table

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)





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

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: JAMES SYVESTRE ENTERPRISES Address: 1865 MANNING RD. City: TECUMSEH Province ONTARIO Postal Code N8N 2L9			X		40 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: [REDACTED] Address: [REDACTED] City: [REDACTED]			X		175 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: SEE ATTACHED LISTING City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: SEE ATTACHED LISTING City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: SEE ATTACHED LISTING Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: SEE ATTACHED LISTING 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) PHIL MORAND	Official Title OWNE	Date (dd-mm-yyyy) 10-01-2012
Signature 	Telephone No. 519 979 2300	



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WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	0
# 100	29.5	15	435
# 40	11.75	0	0
# 33.3	9.62	3	28.86
# 30	8.8	2	17.6
# 20	5.8	3	14.4
# 10	2.9	0	00
# 5	1.5	0	0
Total Cylinder Capacity			650.86

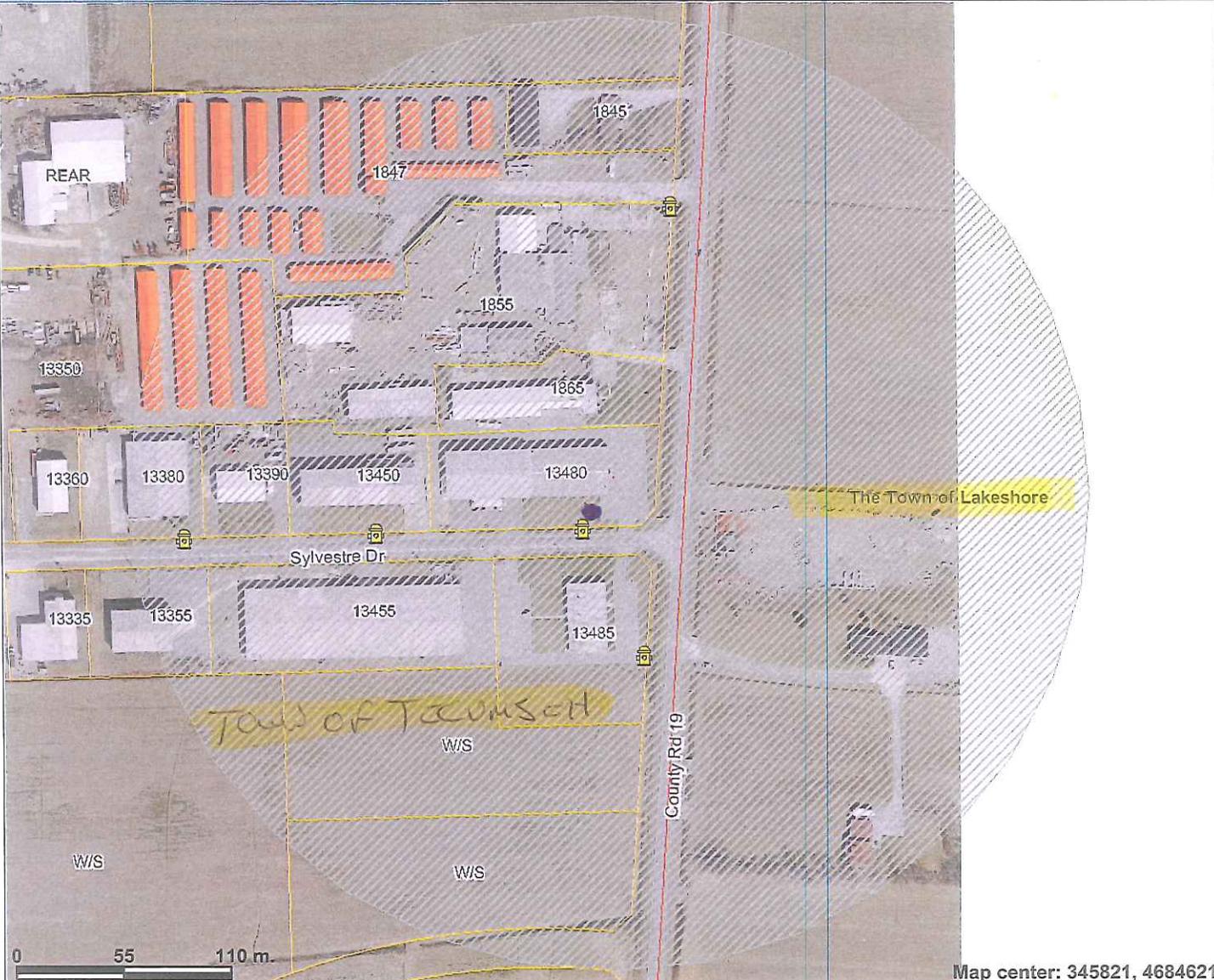
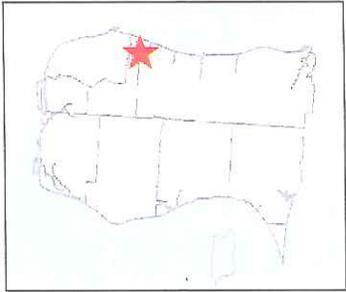
Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
	0	0
Total Tank Capacity		495.86

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



13480 Sylvestre Riverside Rentals



Legend

- Civic Address Points
- Water Hydrants
- MUN
- OTHER
- Boundaries
- Windsor Roads
- Streets
- Tecumseh Assessment
- Municipal Boundary
- Tecumseh
- Other
- Water

Map center: 345821, 4684621

Scale: 1:3,129

This map is a user generated static output from an Internet mapping site and is for general reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable. THIS MAP IS NOT TO BE USED FOR NAVIGATION.

Notes: 246M
● FIRE HYDRANT
● PROPANE DISPENSOR



Maps | [Country - State](#) | [Places](#) | [Google Earth](#) | [Cities](#) | [Earthquakes](#) | [I Am Here](#) | [Lat - Long](#)

Home » [Latitude and Longitude of a Point](#)

To find the latitude and longitude of a point **Click** on the map, **Drag** the marker, or enter the...
 Address:
 Map Center: [Get Address](#) - [Land Plat Size](#) - [Street View](#) - [Google Earth 3D](#) - [Area Photographs](#)

Try out the [Google Earth Plug-in](#). Google Earth gives you a 3D look of the area around the center of the map, which is usually your last click point, and includes latitude, longitude and elevation information.



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Latitude and Longitude of a Point



Note: Right click on a [blue marker](#) to remove it.

Get the Latitude and Longitude of a Point

When you click on the map, move the marker or enter an address the latitude and longitude coordinates of the point are inserted in the boxes below.

Latitude:

Longitude:

	Degrees	Minutes	Seconds
Latitude:	<input type="text" value="42"/>	<input type="text" value="17"/>	<input type="text" value="54.1284"/>
Longitude:	<input type="text" value="-82"/>	<input type="text" value="52"/>	<input type="text" value="13.6236"/>

Show Point from Latitude and Longitude

Use this if you know the latitude and longitude coordinates of a point and want to see where on the map the point is.

Use: + for N Lat or E Long - for S Lat or W Long.
Example: +40.689060 -74.044636

Note: Your entry should not have any embedded spaces.

Decimal Deg. Latitude:

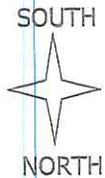
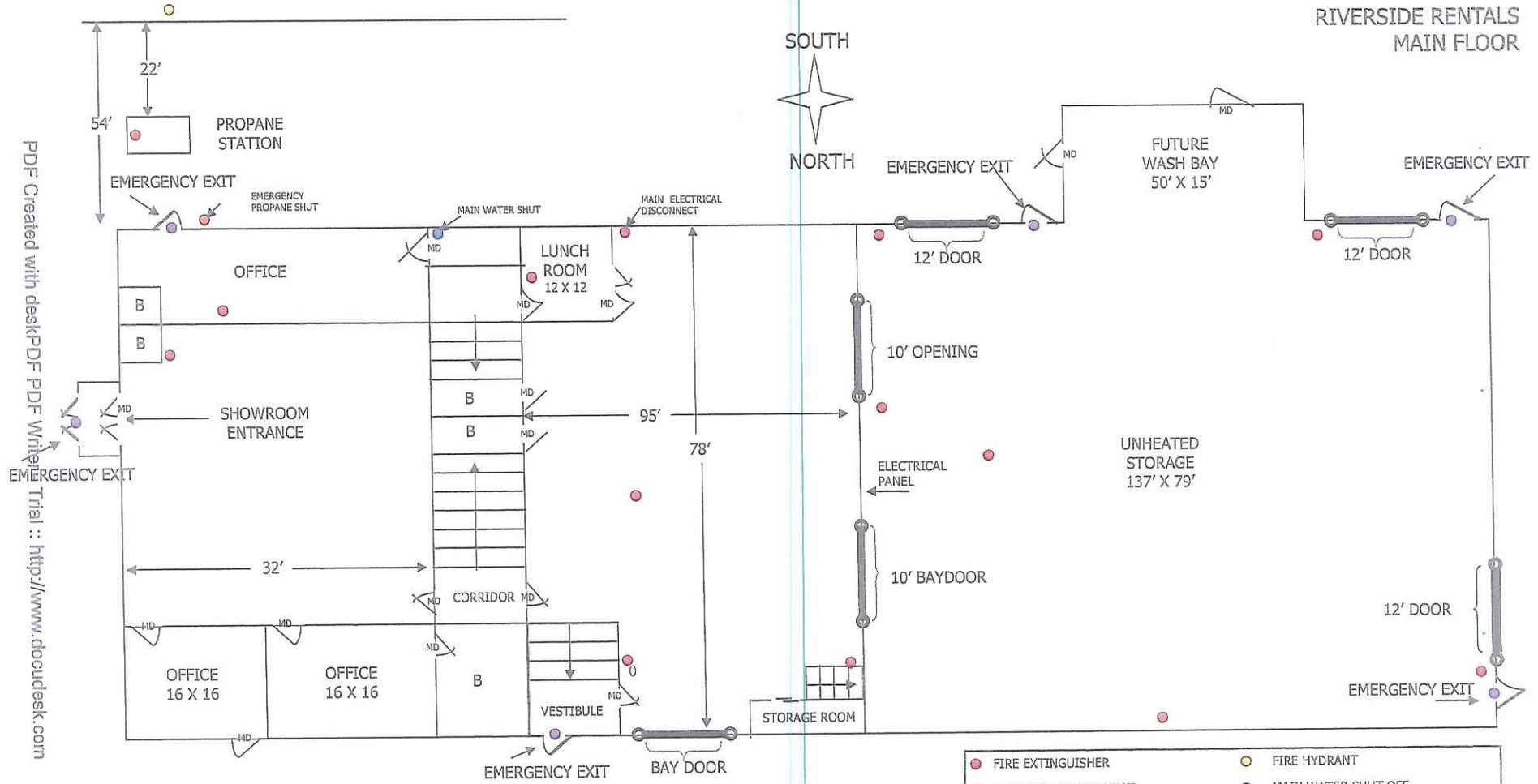
Decimal Deg. Longitude:

Example: +34 40 50.12 for 34N 40' 50.12"

	Degrees	Minutes	Seconds
Latitude:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Longitude:	<input type="text"/>	<input type="text"/>	<input type="text"/>

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RIVERSIDE RENTALS
MAIN FLOOR

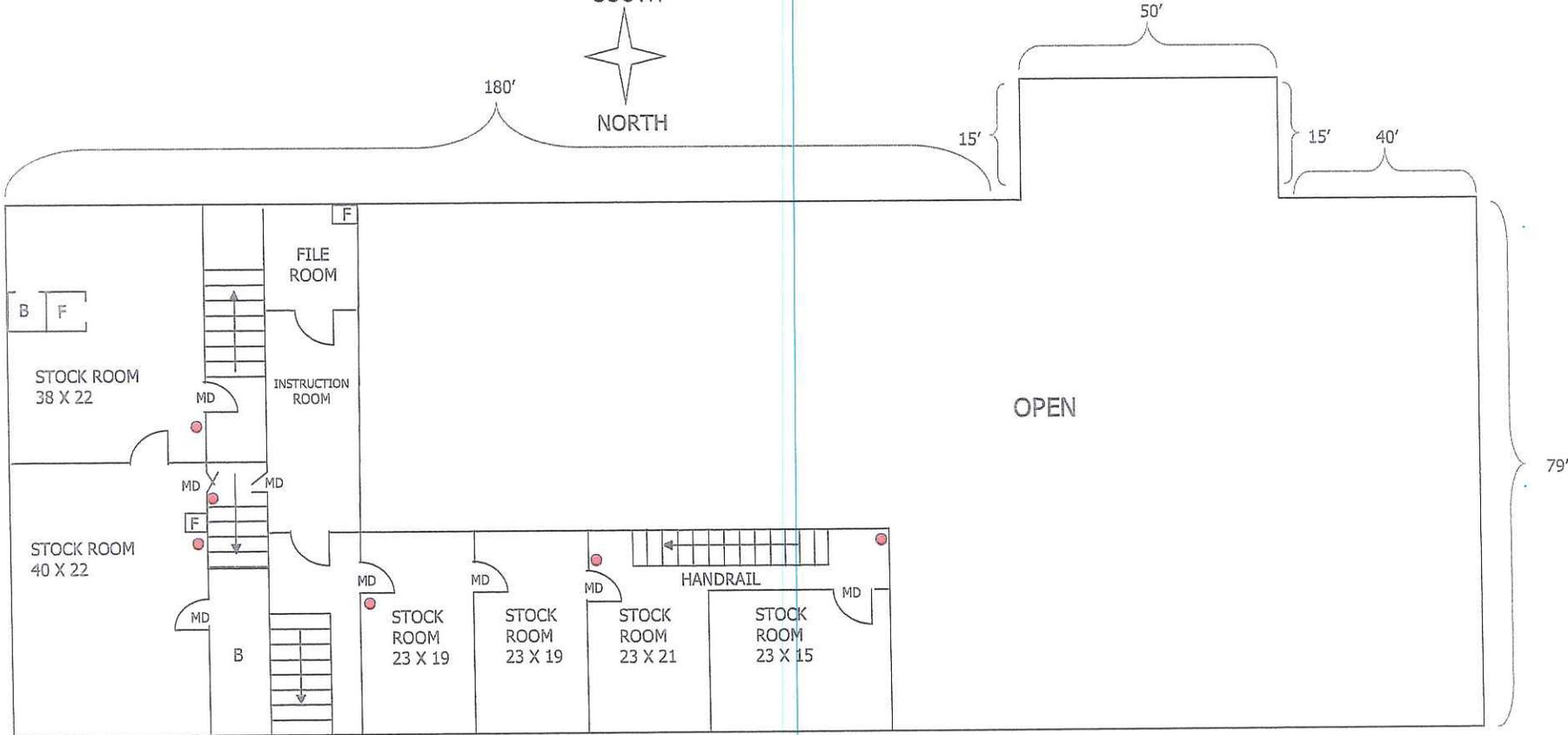


- | | |
|-----------------------------|-----------------------|
| ● FIRE EXTINGUISHER | ● FIRE HYDRANT |
| ● ELECTRICAL DISCONNECT | ● MAIN WATER SHUT OFF |
| ● EMERGENCY PROANE SHUT OFF | F FURNACE |
| MD MAIN DOOR | B WASHROOM |
| — BAY DOOR | ● EMERGENCY EXIT |

1/10/2012

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RIVERSIDE RENTALS
UPPER FLOOR



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1/10/2012

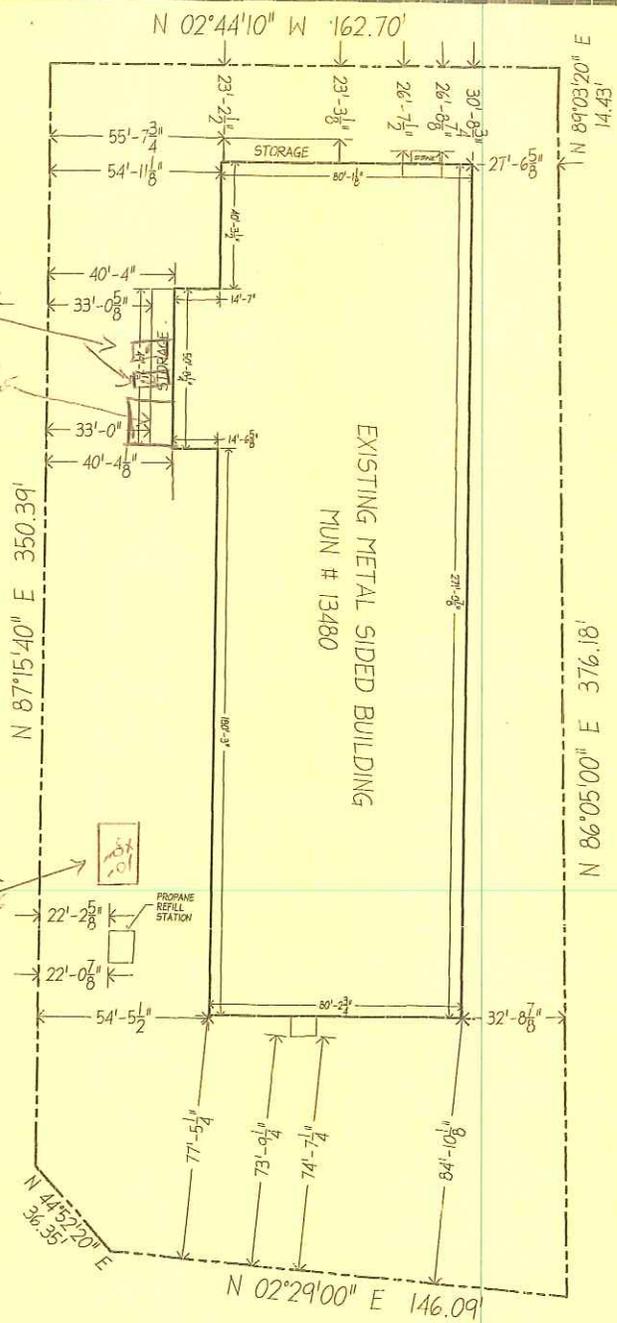
INDEX	
●	FIRE EXTINGUISHER
B	WASHROOM
F	FURNACE
MD	MAID DOOR

SITE PLAN
PART 1 12-9571
TECUMSEH

SYLVESTER DRIVE

EXISTING METAL SIDED BUILDING
MUN # 13480

MANNING ROAD



VAN LOON SURVEY & LAYOUT SERVICES
3134 ROBINET LANE WINDSOR, ONT.
PHONE 979-0012 FAX 979-1379

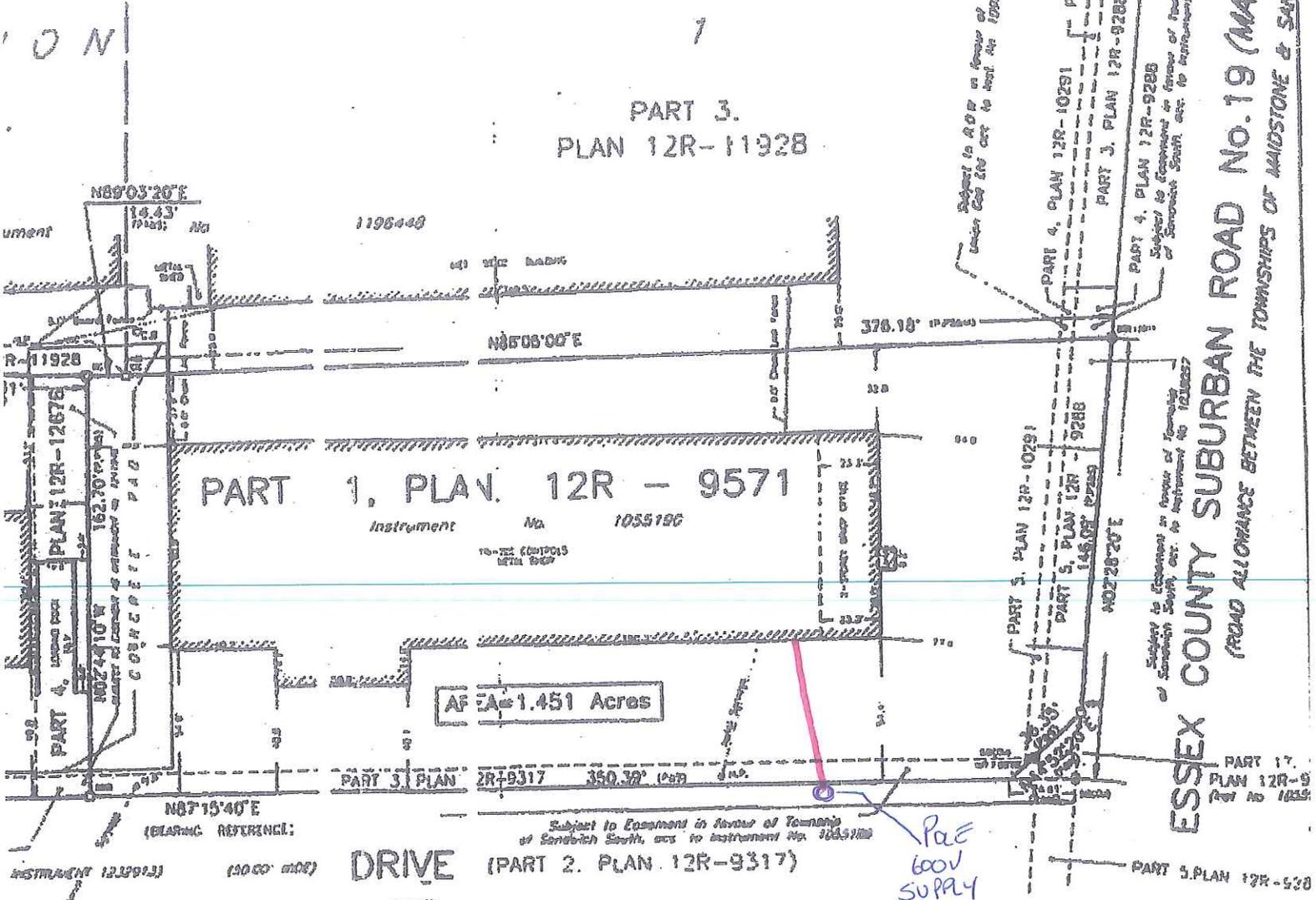
DATE: JAN. 13/11

REF: II-

1.6

7

PART 3.
PLAN 12R-11928



ument

1196449

R-11928

PLAN 12R-12678
 PART 4, 152.70' (100')
 N 01° 42' 00\"/>

PART 1, PLAN 12R - 9571

Instrument No. 1055186

AF A=1.451 Acres

PART 3, PLAN 12R-9317

N87°15'40\"/>

(BLANK REFERENCE)

DRIVE

(PART 2, PLAN 12R-9317)

PAE
600
SUPPLY

Subject to Easement in favor of
Township of Sandwich South, acc. to Instrument No. 1099447

PART 4, PLAN 12R-10291

PART 3, PLAN 12R-1029

PART 3, PLAN 12R-9288

PART 4, PLAN 12R-9288

Subject to Easement in favor of Township
of Sandwich South, acc. to Instrument No. 102837

PART 5, PLAN 12R-10291

PART 5, PLAN 12R-9288

N02°28'20\"/>

146.00' (100')

Subject to Easement in favor of Township
of Sandwich South, acc. to Instrument No. 102837

PART 17,
PLAN 12R-9
(Part No. 102837)

PART 5, PLAN 12R-528

ESSEX COUNTY SUBURBAN ROAD No. 19 (MANNING ROAD)
 (ROAD ALLOWANCE BETWEEN THE TOWNSHIPS OF SAUNDWICH & SANDWICH SOUTH)