



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.

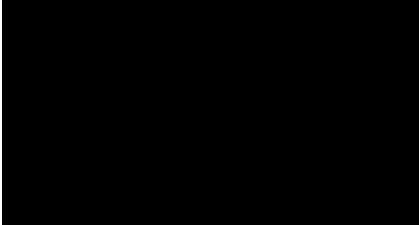
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution
 under the *Technical Standards and Safety Act*

Licence Number: 0060067001-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.

A Company Name: Temagami Barge Limited Ontario Corporation No., if applicable: _____

Operator Name (if different from above): N/A

Telephone No.: 705-237-8922 Fax No.: 705-237-8953 E-mail: tembar@onlink.net

B Street No.: 1658 Street Name / 911 Number / Address, if applicable: Lake Temagami Access Road

Town / City or Township / County: Temagami Province: Ontario Postal Code: POH 2H0

Mailing address if different from above.

C Street No.: _____ Street Name / 911 Number / Address, if applicable: Box 483

Town / City or Township / County: Temagami Province: Ontario Postal Code: POH 2H0

Information on Container Refill Centre or Filling Plant

D Location of facility.

Street No.: 1658 Street Name / 911 Number / Address, if applicable: Lake Temagami Access Road

Nearest Major Intersection: Lake Temagami Access Rd. + Hwy 61

Town / City or Township / County: Temagami Province: Ontario Postal Code: POH 2H0

Name of Licence Holder: Temagami Barge Limited

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Clifford Lowery ROT type: PPO-3LPG/ PCI-1LPG

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): Temagami

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.

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder: <u>Temagami Barge Limited</u>		<u>28/11/2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training: <u>Clifford Lowery</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.

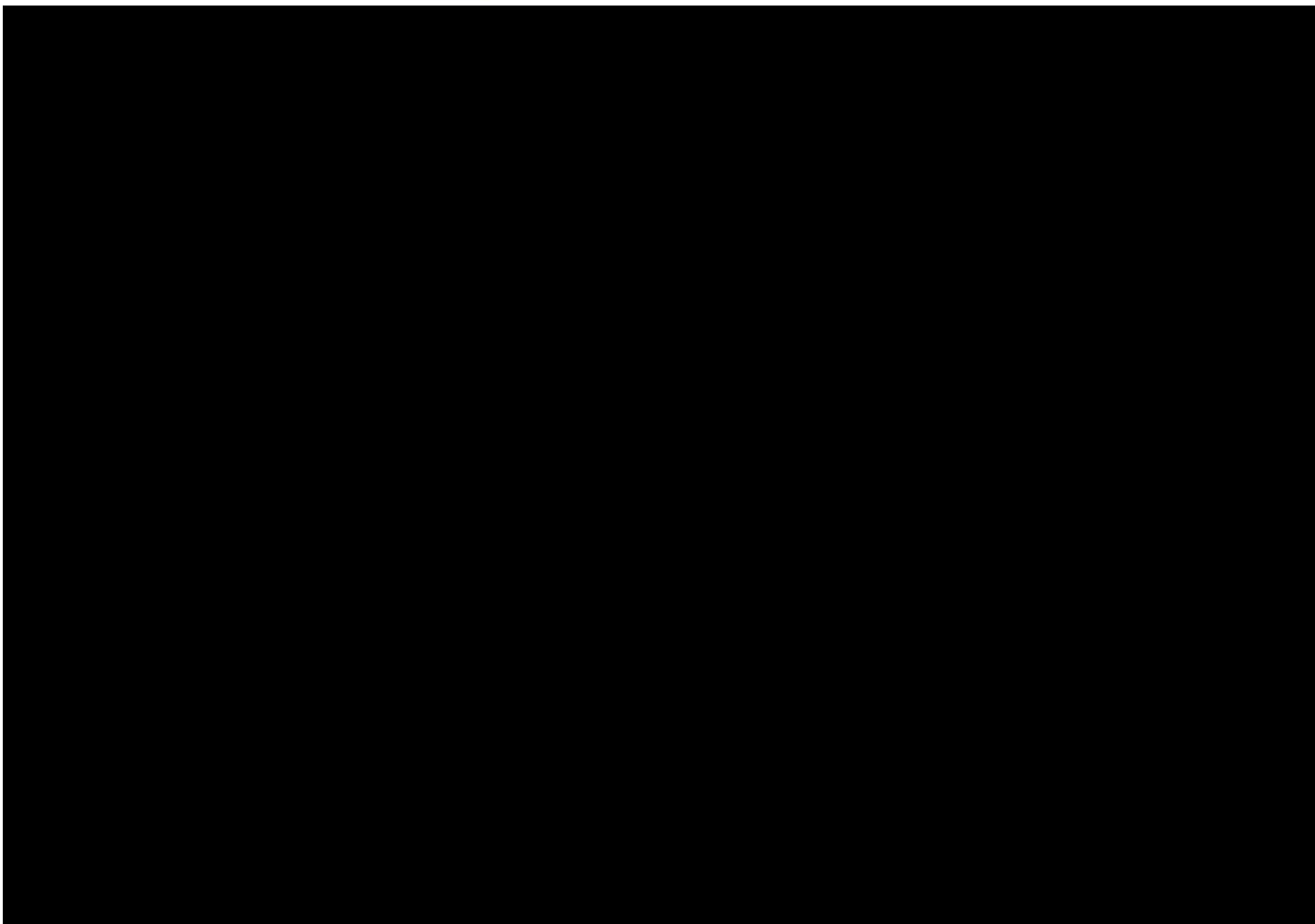
1990 N/A

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


PSIG	Serial Number
Tank 1: 250	62P1000.199
Tank 2: 250	60P1000.83
Tank 3: 250 Tank 4 : =250	56-405 Tank 4: 56.406

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: 4x 1000 = 4000 USWG Portable: ~~3066~~ 998.2 Mobile: n/a



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Name of person completing this form (please print)	Official Title	
Clifford Lowery	Owner/Operator	
Signature 	Telephone No.	Date (dd-mm-yyyy)
	705-237-8922	28/11/2011



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

Name of Propane Supplier(s)			
<i>Moore Propane Limited</i>			
Street No.	Street Name / 911 Number / Address, if applicable		
56	<i>Gibson Street</i>		
Town / City or Township / Country		Province	Postal Code
<i>North Bay</i>		<i>On</i>	<i>P1B-8Z4</i>
Telephone No.	Fax No.	Contact Name	
<i>705-476-2334</i>	<i>705-476-9767</i>	<i>Bruce Moore</i>	
E-mail			
<i>bruce@moorepropane.ca</i>			

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

Off-site Cylinder and/or Mobile Storage		Capacity stored off-site, in USWG	For Office Use - Party No.
<i>n/a</i>			
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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<i>Clifford Lowery</i>		<i>Owner/Operator</i>	
Signature		Telephone No.	Date (dd-mmm-yyyy)
		<i>705-237-8922</i>	<i>28/11/2011</i>



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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.

This location is also license as a Marina. It as 1 tanks on site 1x 4500 L gasoline aboveground tank located 41 meters from propane tank.

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

Fire extinguishers at propane tank filling shead and at gasoline dispenser

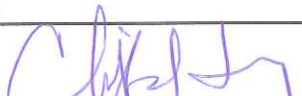
List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

fusible link on cable operated Internal safety control valve, if fire should occur at or under propane tank the fusible link will shut off the flow of propane when fusible links melts, Electrical Emergency Shut off, shut the power supply to dispenser which closes the selanoid valve which stops the flow of propane to the dispenser hose, located at propane tank. Electrical shut off at main power supply.

Maintenance and testing schedule for fire protection controls and devices.

Fire extinguishers are inspected monthly by staff and yearly by fuel supplier

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<u>Clifford Lowery</u>		<u>owner / operator</u>	
Signature		Telephone No.	Date (dd-mm-yyyy)
		<u>705-237-8922</u>	<u>28/11/2011</u>



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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>Clifford Lowery</u>		Name <u>Clifford Lowery</u>	
Official Title <u>Owner /Operator</u>		Official Title <u>Owner /Operator</u>	
Telephone No. <u>705-237-8922</u>	Fax No. <u>705-237-8953</u>	Cell No. <u>705-499-0921</u>	Fax No. <u>705-237-8953</u>
E-mail <u>tembar@onlink.net</u>		E-mail <u>tembar@onlink.net</u>	
Role and responsibilities in emergency <u>Main contact. Contacts emergency service and propane supplier</u>		Role and responsibilities in emergency <u>Main contact. Contacts emergency service and propane supplier</u>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <u>Caroline Lowery</u>		Name <u>Clifford Lowery</u>	
Official Title <u>Office Manager</u>		Official Title <u>Owner/Operator</u>	
Telephone No. <u>705-237-8922</u>	Fax No. <u>705-237-8953</u>	Telephone No. <u>705-237-8922</u>	Fax No. <u>705-237-8922</u>
E-mail <u>tembar@onlink.net</u>		E-mail <u>tembar@onlink.net</u>	
Role and responsibilities in emergency <u>Main contact. Contacts emergency service and propane supplier</u>		Role and responsibilities in emergency <u>Main contact. Contacts emergency service and propane supplier</u>	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <u>Jim Sanderson</u>	For Office Use - Party No.	Name <u>Bruce Moore</u>	For Office Use - Party No.
Official Title <u>Fire Chief</u>		Official Title <u>Owner</u>	
Telephone No. <u>705-569-3421 ext 1500</u>	Fax No. <u>705 705-569-2834</u>	Telephone No. <u>705-476-2334</u>	Fax No.
E-mail <u>temfire@temagami.ca</u>		E-mail <u>bruce@moorepropane.ca</u>	
Role and responsibilities in emergency <u>Fire Department supervisor</u>		Role and responsibilities in emergency <u>Verify all involved parties have been contacted, assist fire department with propane issues, perform repairs on propane equipment.</u>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <u>Monty Cummings</u>	For Office Use - Party No.	Name <u>Elaine Gunnell</u>	
Official Title <u>Deputy Fire Chief</u>		Official Title <u>Town clerk</u>	
Telephone No. <u>705-569-3421 ext 205</u>	Fax No. <u>705-569-2834</u>	Telephone No. <u>705-705-729-2873</u>	Fax No. <u>705-569-2834</u>
E-mail <u>building@tamagami.ca</u>		E-mail <u>clerk@temagami.ca</u>	
Role and responsibilities in emergency <u>Fire Department Supervisor, assumes role of fire chief when chief is away</u>		Municipality <u>The Corporation of the Municipality of Temagami</u>	

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Signature 		Telephone No. <u>705-237-8922</u>	Date (dd-mm-yyyy) <u>28/11/2011</u>



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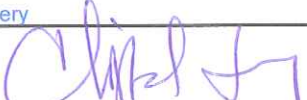
SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

2. Additional Safety Measures

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

n/a

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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: <u>E. Grigg and Associates</u>
<u>07/09/11</u>	Print Name of Instructor: <u>Eric Grigg</u>
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

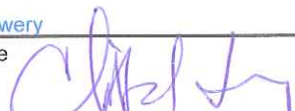
Training on the facility's Emergency Management Procedures provided to staff.

Training Date (dd-mm-yyyy)	Print Name of Training Provider: <u>E. grigg and Associates</u>
<u>07/09/11</u>	Print Name of Instructor: <u>Eric Grigg</u>
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: <u>E. Grogg and Associates</u>
<u>07/09/11</u>	Print Name of Instructor: <u>Eric Grigg</u>
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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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: <u>Temagami Barge Limited</u>
<u>01/06/2012</u>	Print Name of Instructor: <u>Clifford Lowery</u>
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:

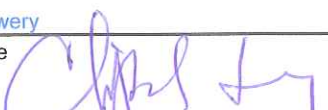
Training on the facility's Emergency Management Procedures provided to staff.

Target Date (dd-mm-yyyy)	Print Name of Training Provider: <u>Temagami Barge Limited</u>
<u>01/06/2012</u>	Print Name of Instructor: <u>Clifford Lowery</u>
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)	Print Name of Training Provider: <u>Temagami Barge Limited</u>
<u>01/06/2012</u>	Print Name of Instructor: <u>Clifford Lowery</u>
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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<u>Clifford Lowery</u>	<u>Owner/Operator</u>
Signature 	Telephone No.
	<u>705-237-8922</u>
	Date (dd-mm-yyyy)
	<u>28/11/2011</u>



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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 an incident should occur. 1=the owner/ operator will assess the situation and take proper action to control the incident. 2=if the owner operator can not control the situation He will evacuate the immediate area by verbal contact and contacted emergency services by calling 911 and the propane fuel supplier. The fuel supplier will contact TSSA. *The 911 call will specify the need for police control of adjacent boat traffic.*

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).

The owner operator will will evacuate the area of clients to safe distance as identified on receptor map. The personnel will meet at the entrance of the property and Temagami Access Road at which point the fire department will take control of the situation.

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).

If an incident should occur. 1=the owner/ operator will assess the situation and take proper action to control the incident. 2=if the owner operator can not control the situation He will evacuate the immediate area and contacted emergency services by calling 911 and the propane fuel supplier. The fuel supplier will contact TSSA. When the fuel supplier is contacted he will verify that the owner operator as contacted 911

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

The propane fuel supplier as is contact information on the propane supply tank and the the client contact information available true the propane supplier.

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

The owner operator will contact the Propane fuel supplier which in turn will keep the authorities advised.

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

The owner can arrive on site in approximately 15 minutes.

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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 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"/> NO
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)		<u>50m</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>1.32 km</u> <u>1320m</u>

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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 fire Dept. is not prepared to comment on w-2, lighting, without knowing the context for type of work being performed. The fire service recommends T.S.S.A. identify the specific type of activity that would require lighting so that "adequate" can be determined by operators.

To be completed by the Licence Holder

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

N/A

The licence holder will respond to the Local Fire Services comments by:

Completed March 4/2012
(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)
<i>Jim Sanderson, Chief, Temagami Fire Dept.</i>	<i>Jim Sanderson</i>	<i>04/03/2012</i>

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SECTION C: SUBMISSIONS

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

Facility Site Plan.

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

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

Map of Surrounding Area.

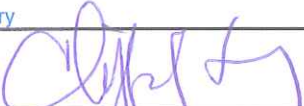
The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

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

Required Mapping Information from Updated Site Plan

Date Map Prepared (dd-mm-yyyy)	Capacity of single largest propane storage vessel (USWG)
24/6 2011	1000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 293 m	Right side property line: 21 m
Rear: 35 m	Left side property line: 177 m
GPS coordinates of single largest vessel: N 46.58.014 / W 080.00.555	

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	
Clifford Lowery	Owner/Operator	
Signature 	Telephone No.	Date (dd-mm-yyyy)
	705-237-8922	28/11/2011



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

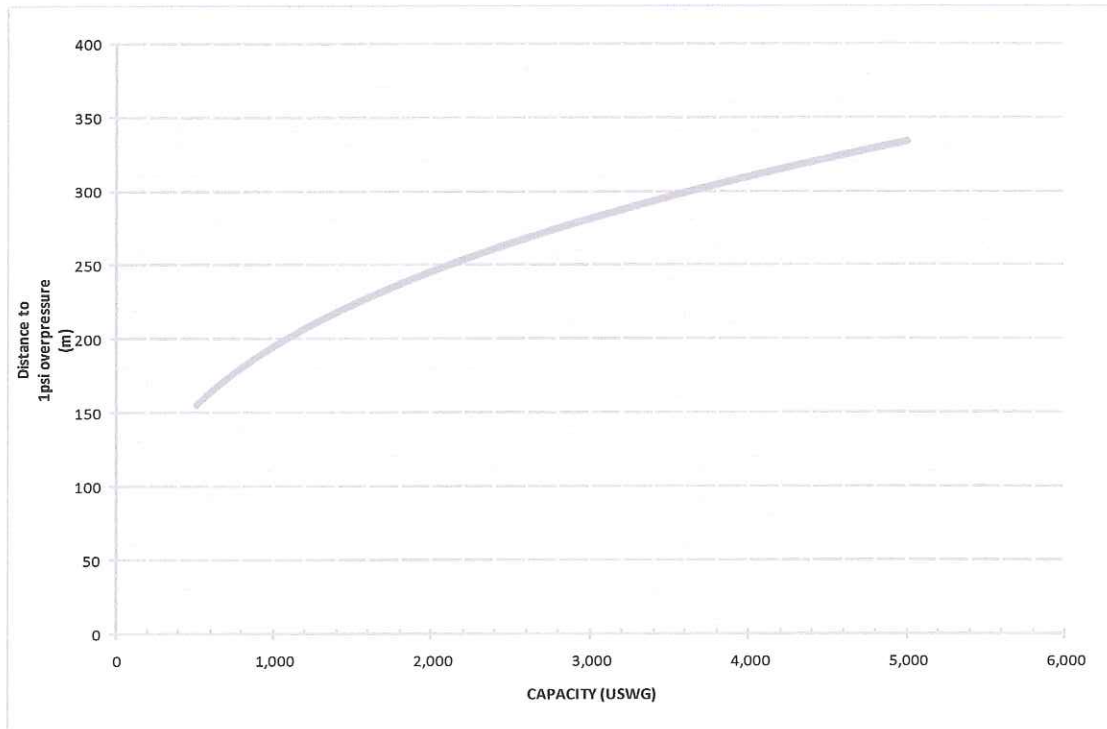
Table 1: Distance Table

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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Name of person completing this form (please print) Clifford Lowery		Official Title Owner/Operator	
Signature 		Telephone No. 705-237-8922	Date (dd-mm-yyyy) 28/11/2011



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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/A</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted] _____		x			<u>73</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>Temagami Fire Department</u> Address: <u>5 Stevens Road</u> City: <u>Temagami</u> Province <u>Ontario</u> Postal Code <u>POH-2H0</u>		x			<u>28000</u> m

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

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Name of person completing this form (please print) <u>Clifford Lowery</u>	Official Title <u>Owner/Operator</u>
Signature 	Telephone No. <u>705-237-8922</u>
	Date (dd-mm-yyyy) <u>28/11/2011</u>



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SECTION C: SUBMISSIONS (cont'd)

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

Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	0
# 100	29.5	30	885
# 40	11.75	0	0
# 33.3	9.62	0	0
# 30	8.8	1	8.8
# 20	5.8	18	104.4
# 10	2.9	0	0
# 5	1.5	0	0
Total Cylinder Capacity		49	998.2

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
N/A		
Total Tank Capacity	N/A	

Total Cylinder Capacity	998.2
Total Tank Capacity	4000
Total Portable Capacity	0 998.2

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) Clifford Lowery	Official Title Owner/Operator
Signature 	Telephone No. 705-237-8922
	Date (dd-mm-yyyy) 28/11/2011

Risk and Safety Management Plan

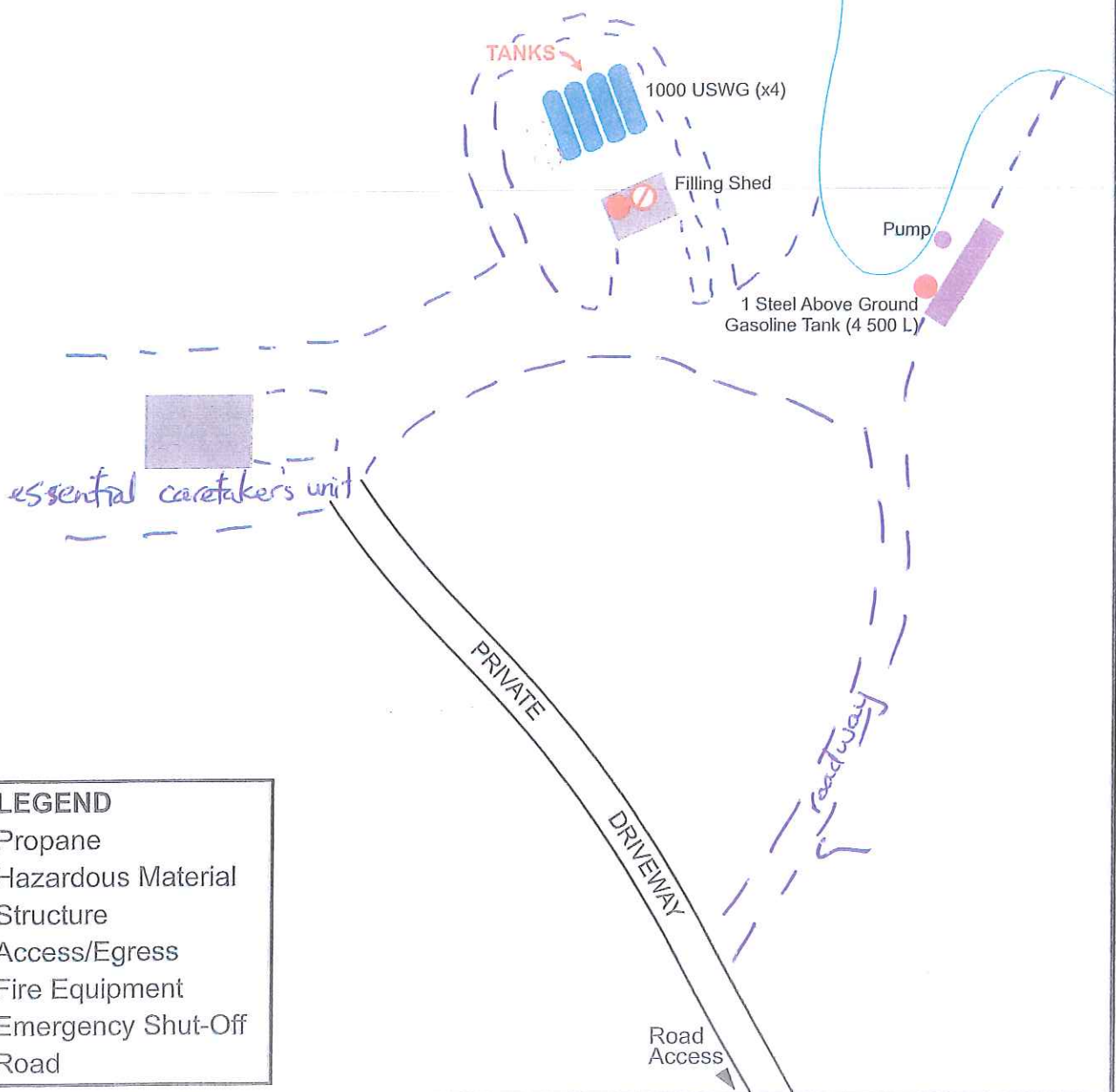
FACILITY SITE PLAN

Scale: 1:750










Lake

Temagami



LEGEND

-  Propane
-  Hazardous Material
-  Structure
-  Access/Egress
-  Fire Equipment
-  Emergency Shut-Off
-  Road

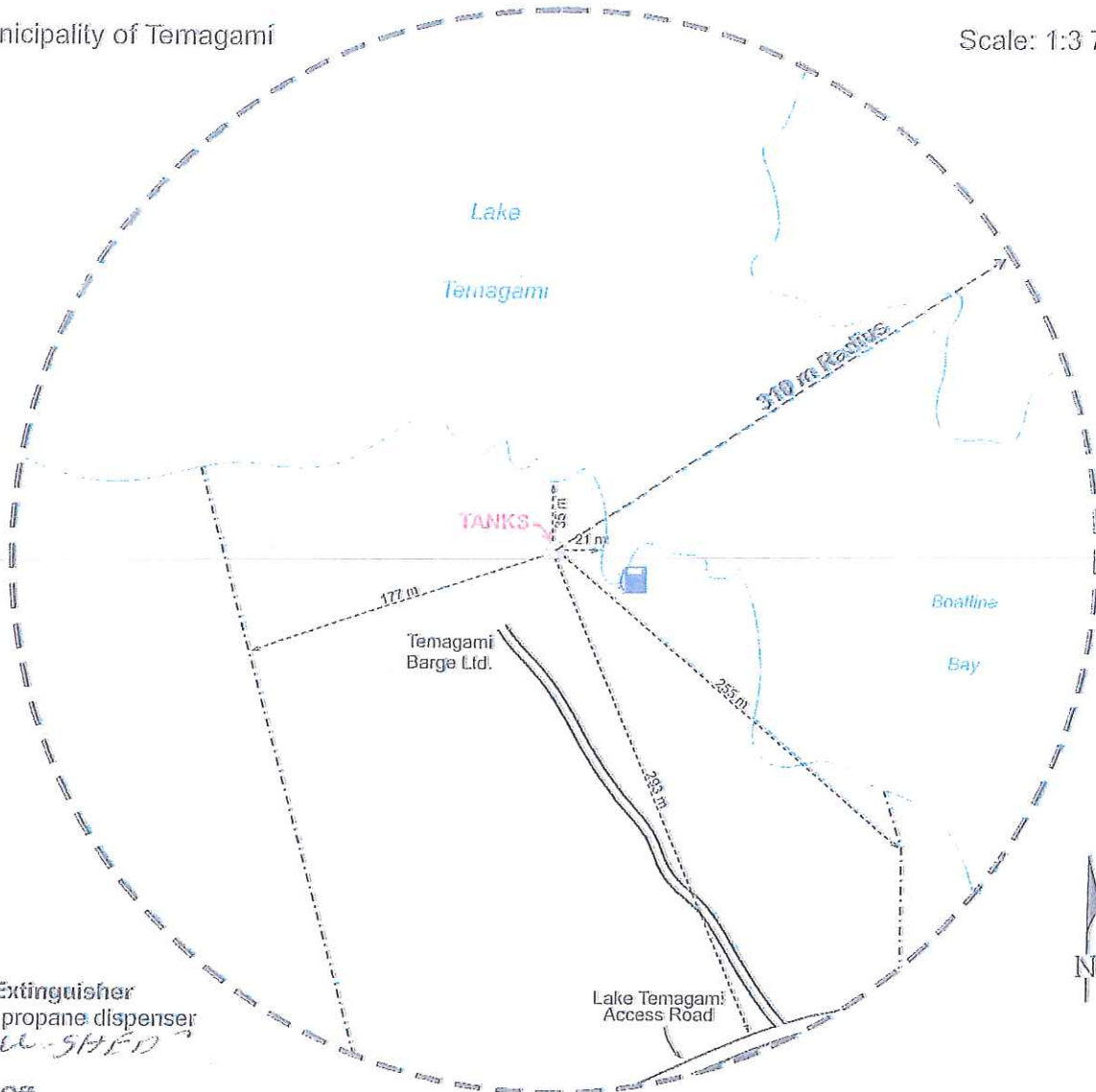
Temagami Barge Ltd.

Island 234, Temagami, Ontario, Canada, P0A 2H0

Risk and Safety Management Plan PUBLIC RECEPTORS WITHIN HAZARD DISTANCE

Municipality of Temagami

Scale: 1:3 758



Fire Extinguisher
 • 1 at propane dispenser
 • *FILL SHED*

Shut-Off
 • Emergency shut-off at dispenser
 • Power shut-off in *FILL SHED*

LEGEND	
	Residential Area
	Road
	Gas Station

KennKart Digital Mapping ©2011

GPS N 46.58.014 / W080.00.555
 Municipality of Temagami
 Municipality Contact
 Elaine Gunnell Town Clerk
 705-569-3421 ext 208
 P.O.Box 220 7 Lakeshore Drive
 Temagami On.P0H-2H0

Nominal Water Capacity (USWG)	Distance to Endpoint (m)
500	155
1000	195
1,300	213
1,750	235
1,885	241
2,000	246
4,000	310

Moore Propane Ltd. ©2011

Temagami Barge Ltd.
 Island 234, Temagami, Ontario, Canada, P0A 2H0