

Aug. 23, 2012 4:23PM

TSSA 15TH FLOOR

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



Technical Standards and Safety Authority
www.tssa.org
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4902
Customer Service: 1.877.682.9772

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>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: 0033938001-C</p> <p>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>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p>For Office Use Only</p> <div style="border: 1px solid black; height: 80px;"></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.

Company Name: DENNIS GROCERY		Ontario Corporation No., if applicable:
Operator Name (if different from above): EVELYN MOUSSEAU		
Telephone No.: 584-2221	Fax No.: 584-2285	E-mail:
Street No.: 29-24	Street Name / #11 Number / Address, if applicable: BUCKE ST	
Town / City or Township / County: SAVANNA LAKE	Province: ONT	Postal Code: R0V 2S0
Mailing address, if different from above:		
Street No.	Street Name / #11 Number / Address, if applicable	
Town / City or Township / County	Province	Postal Code

Information on Container Refill Centre or Filling Plant

Location of facility:

Street No.: 18-20	Street Name / #11 Number / Address, if applicable: BUCKE	Nearest Major Intersection: 100'
Town / City or Township / County: SAVANNA LAKE	Province: ONT.	Postal Code: R0V 2S0

Name of Licence Holder: DENNIS GROCERY / EVELYN MOUSSEAU	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): DENNIS MOUSSEAU	ROT type:
Municipality (or municipalities if the facility or its hazard zone touches multiple borders):	
Hours of operation:	

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

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

Name of Licence Holder: EVELYN MOUSSEAU	Signature:	Date (dd-mm-yyyy): SEP 18/12
Name of Senior Management person as defined in the Regulation holding the Record of Training: DENNIS MOUSSEAU	Signature:	Date: SEP 18/12

Aug. 23. 2012 4:23PM TSSA 16TH FLOOR

NO. 0039 P. 4



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Customer Service: 1.877.662.8772

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

SECTION A: GENERAL INFORMATION (cont'd)

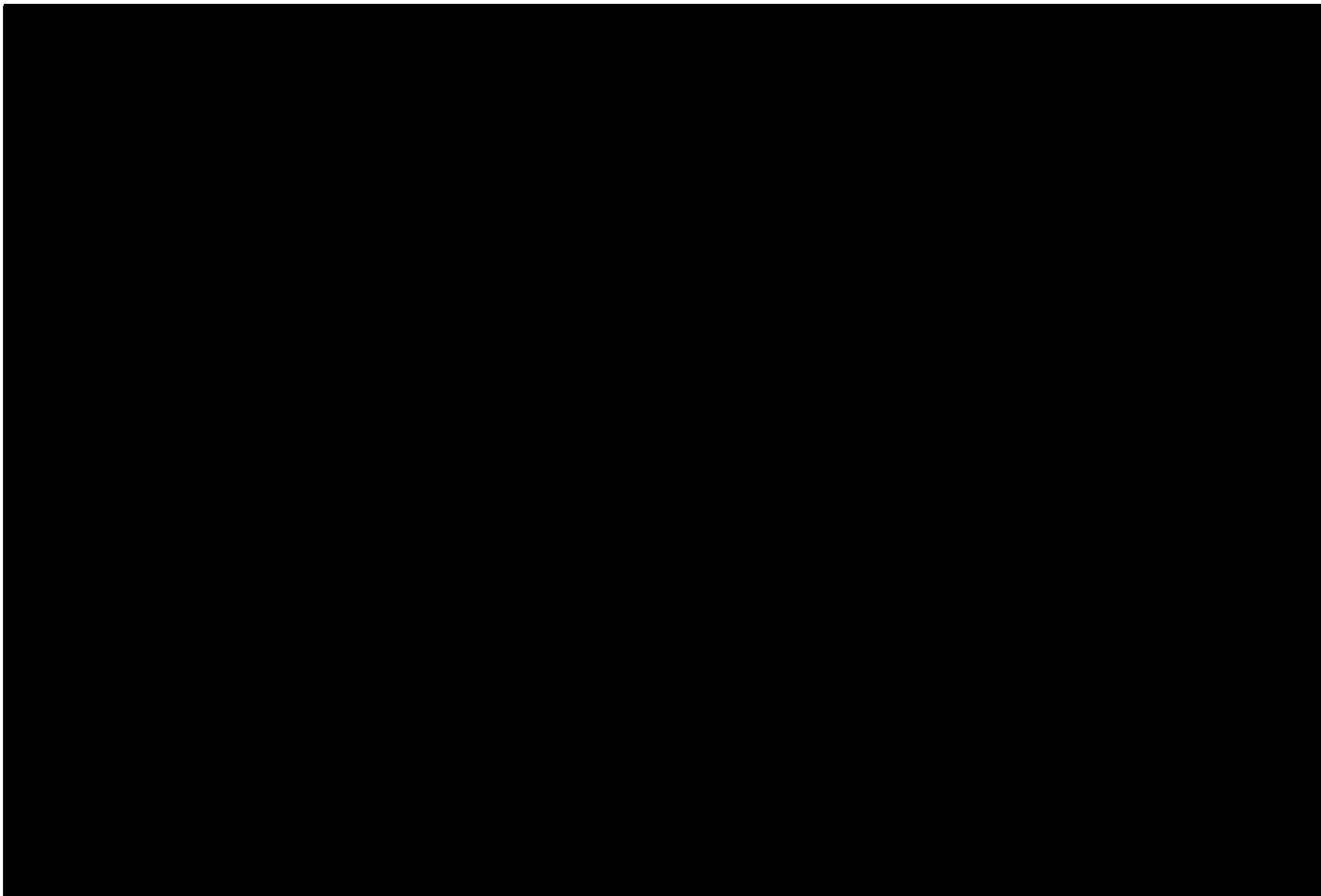
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1. O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank1:	<u>250</u>	<u>N4503</u>
Tank2:	<u> </u>	<u> </u>
Tank3:	<u> </u>	<u> </u>

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 Portable: Mobile:



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

Name of person completing this form (please print) <u>DENNIS MOUSSEY</u>	Official Title <u>MANAGER</u>
Signature <u>Dennis Mousse</u>	Telephone No. <u>907-584-0001</u> Date (dd-mm-yyyy) <u>Aug 14/12</u>

Aug. 23. 2012 4:23PM

TSSA-16TH FLOOR



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Level 1 Risk and Safety Management Plan (RSMP)
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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) SUPERIOR PROPANE		For Office Use - Party No.	
Street No. 30	Street Name / 911 Number / Address, if applicable KELLY		
Town / City or Township / Country DRYDEN		Province ONT	Postal Code
Telephone No. 877-823-2407	Fax No. 807-923-6150	Contact Name PHIL EOBY	
E-mail 1-807-626-1293			

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.	
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country N/A		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

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

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) DENNIS MOWSEY		Official Title MANAGER	
Signature <i>Dennis Mowsey</i>		Telephone No. 807-584-2221	Date (dd-mm-yyyy) 0402/12



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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.

NONE

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

WATER PUMPS LOCATED AT ENNIS GROCERY
10 LB BC ~~WATER~~ FIRE EXTINGUISHER AT FOUR WINDS METRO

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.

LOCAL FIRE BRIGADE
FUSIBLE LINK ON TANK
EXCESS VOLUME SHUT DOWN ON TANK
LOCAL TELEPHONE SYSTEM

Maintenance and testing schedule for fire protection controls and devices.

YEARLY

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) DENNIS MOUSSCHY		Official Title M P N 602	
Signature <i>Dennis Mousschy</i>		Telephone No. 807-584-2211	Date (dd-mm-yyyy) 29/09/11



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 <i>DENNIS MOUSSEAU</i>	For Office Use - Party No.	Name <i>DENNIS MOUSSEAU</i>	For Office Use - Party No.
Official Title <i>MANAGER</i>		Official Title <i>MANAGER</i>	
Telephone No. <i>807-584-2221</i>	Fax No. <i>N/A</i>	Cell No. <i>584-2253</i>	Fax No.
E-mail <i>N/A</i>		E-mail	
Role and responsibilities in emergency <i>FIRE SUPPRESSION & PUBLIC SAFETY CONCERNS</i>		Role and responsibilities in emergency <i>DIRECT FIRE SUPPRESSION ACTIVITIES</i>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>JAMES MAHA JR</i>	For Office Use - Party No.	Name <i>SOME</i>	For Office Use - Party No.
Official Title <i>CLERK</i>		Official Title	
Telephone No. <i>807-584-2233</i>	Fax No. <i>N/A</i>	Telephone No.	Fax No.
E-mail <i>N/A</i>		E-mail	
Role and responsibilities in emergency <i>FIRE SUPPRESSION & PUBLIC SAFETY CONCERNS</i>		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>R KOSHI</i>	For Office Use - Party No.	Name <i>ERNIE MATHEWS</i>	For Office Use - Party No.
Official Title <i>VOLUNTEER</i>		Official Title <i>REPRESENTATIVE FOR SUPERIOR PROPANE</i>	
Telephone No. <i>584-2249</i>	Fax No.	Telephone No.	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency <i>FIGHT FIRE & PUBLIC SAFETY</i>		Role and responsibilities in emergency	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>GARY TURNER</i>	For Office Use - Party No.	Name <i>UNORGANIZED TOWNSHIP</i>	For Office Use - Party No.
Official Title <i>VOLUNTEER</i>		Official Title	
Telephone No. <i>584-2224</i>	Fax No.	Telephone No.	Fax No.
E-mail		E-mail	<i>Letter sent in.</i>
Role and responsibilities in emergency <i>FIGHT FIRE & PUBLIC SAFETY</i>		Municipality	

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Name of person completing this form (please print) <i>DENNIS MOUSSEAU</i>	Official Title <i>MANAGER</i>
Signature <i>Dennis Mousseau</i>	Telephone No. <i>807-584-2221</i>
	Date (dd-mm-yyyy) <i>20/09/11</i>



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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.

METAL BUILDING & 6' HIGH WIRE FENCE

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) DONNIC MAYSSEN		Official Title MANAGER	
Signature 		Telephone No. 807-584-2221	Date (dd-mm-yyyy) 29/09/11



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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:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider: <i>NONE AVAILABLE</i>
	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:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider: <i>NONE AVAILABLE</i>
	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: <i>NONE AVAILABLE</i>
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

THE ONLY TRAINING PROGRAMS FOR FIRE FIGHTING PURPOSES ARE THOSE CARRIED OUT BY THE ONTARIO FIRE MARSHALL'S OFFICE ON A VOLUNTEER BASIS ONLY.

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>DENNIS MOUSSEAU</i>	Official Title <i>MANAGER</i>
Signature <i>Dennis Mousseau</i>	Telephone No. <i>807-584-2221</i> Date (dd-mm-yyyy) <i>29/09/11</i>



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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) 04 05 / 2011	Print Name of Training Provider: SUPERIOR PROPANE	JAMES MALLO
	Print Name of Instructor: ERNIE MATHEW	
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	XXXXXXXXXX
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) 04.05/2011	Print Name of Training Provider: SUPERIOR PROPANE	DENNIS MOUSSER
	Print Name of Instructor: ERNIE MATHEW	
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	N/A
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:	
	Print Name of Instructor:	
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	N/A
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	

TRAINING PROGRAMS AS CARRIED OUT BY THE ONTARIO FIRE MARSHAL'S OFFICE ON AN INTERMITTENT BASIS.

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) DENNIS MOUSSER	Official Title MANAGER
Signature <i>Dennis Mousser</i>	Telephone No. 807-584-2221
	Date (dd-mm-yyyy) 29/09/11



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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).

ANYONE (PUBLIC) WHO DISCOVERS A FIRE OR OTHER DANGEROUS SITUATION TO PROPERTY OWNERS & VOLUNTEER FIRE BRIGADES.

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).

ASSEMBLE AT FIRE HALL AND MAKE FIRE FIGHTING EQUIPMENT (FIRE TRUCK AND SUPPLY TRUCK) IS READY AND AVAILABLE.

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).

AS SOON AS THE SITUATION HAS BEEN DECLARED. DANGEROUS

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

FACILITY WILL BE UNLOCKED BY MANAGER TO PROVIDE ACCESS BY FIRE DEPARTMENT AND ALL NECESSARY FIRE FIGHTING EQUIPMENT.

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

PERSONAL OBSERVATION AND TELEPHONE

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

FIVE MINUTES OR LESS

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)

DENNIS MOUSSEAU

Official Title

MANAGER

Signature

Dennis Mousseau

Telephone No.

581-2221

Date (dd-mm-yyyy)

NOV 4/11



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

7. Water Supply

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

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input 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>70</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>70</u>	

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

Name of person completing this form (please print) DEMNI MOUSSA	Official Title MANAGER
Signature <i>Demni Moussa</i>	Telephone No. 807-584-2221
	Date (dd-mm-yyyy) 29/09/11



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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).

VOLUNTEER DEPT

Fire services comments, if any:

To be completed by the Licence Holder

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

REGULAR ORGANIZED DEPT IS REQUIRED

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

PHONE

NOV 4/11

(dd-mm-yyyy)

LOCAL FIRE SERVICES

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

SAVANT LAKE
Local Fire Services Name

Print name

LAKE - VOLUNTEER

Signature

[Handwritten Signature]

Date (dd-mm-yyyy)

NOV 4/11

N/A

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Name of person completing this form (please print)

DENNIS MOUSSEAU

Official Title

MANAGER

Signature

[Handwritten Signature]

Telephone No.

584-2221

Date (dd-mm-yyyy)

NOV 4/11

TO WHOM IT MAY CONCERN

PLEASE BE ADVISED THAT THE HAMLET
OF SAVANTY LAKE IS IN UNORGANIZED TERRITORY
AND IS SITUATED IN PLAN M-56 M.N.R.

Dennis McDonald

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From Wikipedia, the free encyclopedia
 (Redirected from Savant Lake, Ontario)

Savant Lake is an unincorporated place and community in Unorganized Thunder Bay District in northwestern Ontario, Canada.^[1]

Contents (hide)

- 1 Transportation
- 2 Local media
- 2.1 Television
- 3 References

unorganized

Transportation [edit]

Savant Lake is on Ontario Highway 599, roughly halfway between Ignace and Pickle Lake. The community is also connected to Sioux Lookout via Ontario Highway 516, and is the proposed northern terminus of an extension of Ontario Highway 811, if the extension is ever built.

Savant Lake is on the Canadian National Railway transcontinental main line,^[2] between Fowler to the west and Staunton to the east. Savant Lake railway station is on the line and is served by Via Rail transcontinental *Canadian* trains.

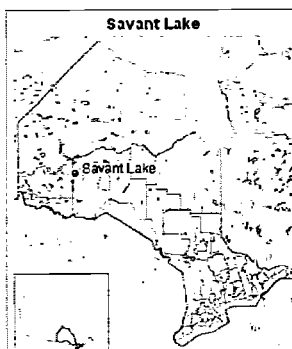
Savant Lake (Sturgeon Lake) Water Aerodrome is located 3.5 nautical miles (6.5 km) southeast of the community.

Local media [edit]

Television [edit]

- CBWDT-G3 (channel 8) (CBC)
- CICA-63 (channel 10) (TVO)

References [edit]



Location of Savant Lake in Ontario
 Coordinates: 50°14′19″N 90°42′31″W﻿ / ﻿50.23861°N 90.70833°W﻿ / 50.23861; -90.70833

Country	 Canada
Province	 Ontario
Region	Northwestern Ontario
District	Thunder Bay
Government	
 - Type	local services board
 - MPP	Greg Rickford (Kenora, CPC)
 - MPP	Howard Hamilton (Kenora —Rainy River, NDP)
Elevation	430 m (1,411 ft)

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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) <i>NOV 8 2011</i>	Capacity of single largest propane storage vessel (USWG) <i>1070</i>
Tank setback coordinates. Indicate placement on the map.	
Front: <i>100' 30.48^m</i>	Right side property line: <i>100' 30.48</i>
Rear: <i>30' 9.14</i>	Left side property line: <i>50' 15.24</i>
GPS coordinates of single largest vessel: <i>50° 14' 0" N 90° 43' 0" W 657</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>DENNIS MOURSEBY</i>	Official Title <i>MANAGER</i>
Signature <i>Dennis Mourseby</i>	Telephone No. <i>584-2221</i>
	Date (dd-mm-yyyy) <i>29/09/11</i>



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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

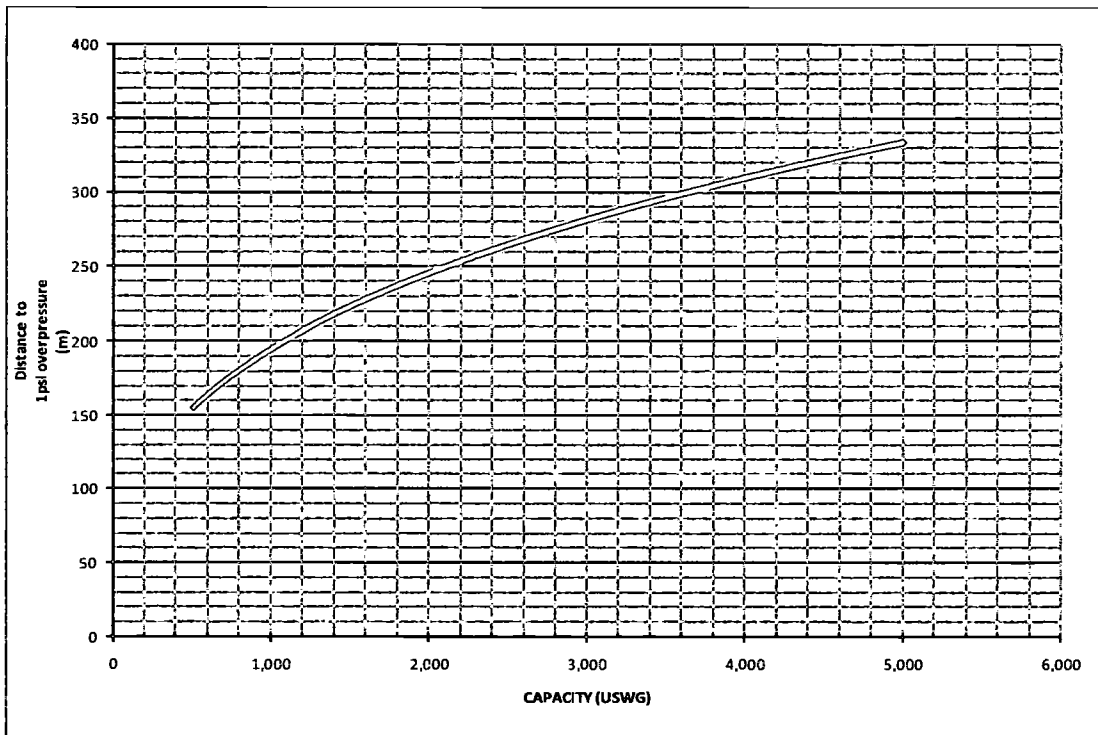
Table 1: Distance Table

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) <i>DENNIS MOUSSEAU</i>		Official Title <i>MANAGER</i>	
Signature <i>Dennis Mousseau</i>		Telephone No. <i>584-9221</i>	Date (dd-mm-yyyy) <i>29/09/11</i>



Technical Standards and Safety Authority
www.tssa.org

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SECTION C: SUBMISSIONS (cont'd)

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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: <u>NIL</u> City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____			1		<u>60</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>EMMIS GROCERY & STORES SUED</u> Address: <u>LOT 21-24</u> City: <u>SAVANT LAKE</u> Province <u>ONT</u> Postal Code <u>R0V2S1</u>			2		<u>50</u> m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>FOUR WINDS MOTOR HOTEL</u> Address: <u>CL 3149</u> City: <u>SAVANT LAKE</u> Province <u>ONT</u> Postal Code <u>R0V2S0</u>			1		<u>40</u> m
Sensitive institutions specifically hospitals, schools and day care, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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

Name of person completing this form (please print) <u>DENNIS MOSSERU</u>	Official Title <u>MANAGER</u>
Signature <u>Dennis Mosseru</u>	Telephone No. <u>807-584-3001</u>
	Date (dd-mm-yy) <u>29/02/11</u>

JUN 3/12



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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		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

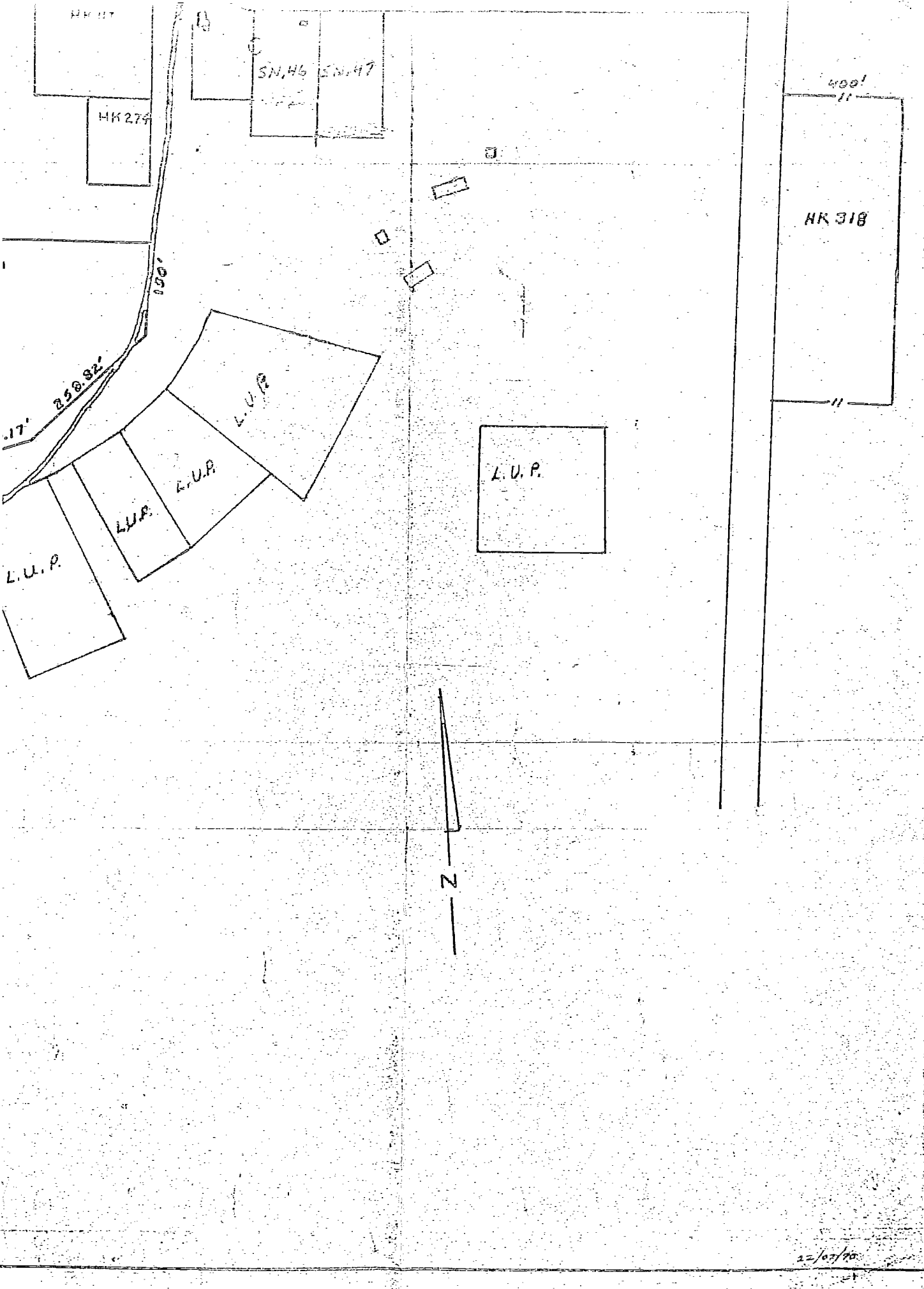
Tanks Stored On-site Not Connected for Use

Tank Size in USWG	Quantity	Total Volume in USWG
500 100 Lb	15	1500 Lb.
Total Tank Capacity 1500 Lb.		

Total Cylinder Capacity	
Total Tank Capacity	
Total Portable Capacity	

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	
Signature: <i>Dennis Mousle</i>		Telephone No.	Date (dd-mm-yyyy) <i>29/09/11</i>



HK 117

SN 46 SN 47

MK 279

400'
11

MK 318

150'

250.92'

17'

L.U.P.

L.U.P.

L.U.P.

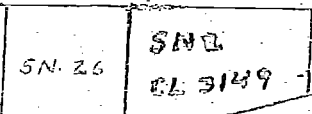
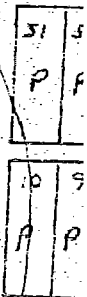
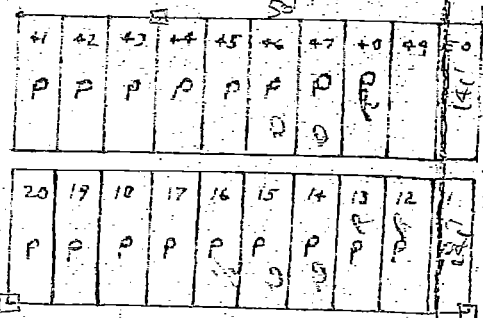
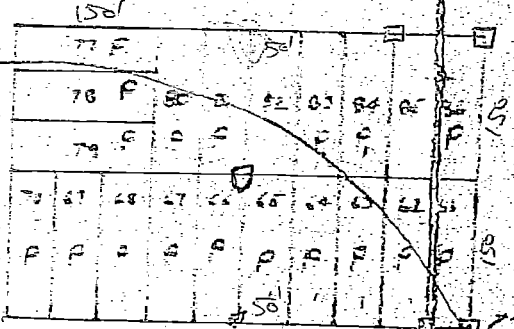
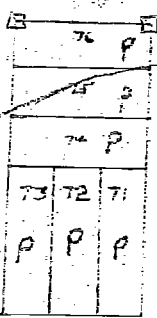
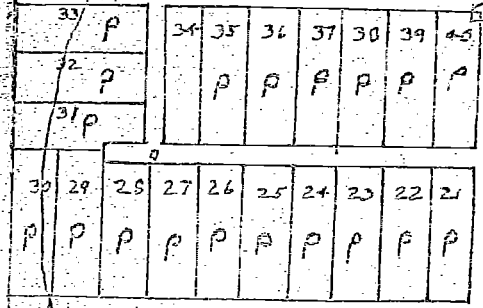
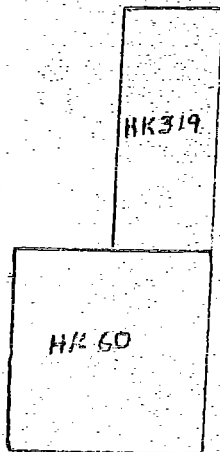
L.U.P.

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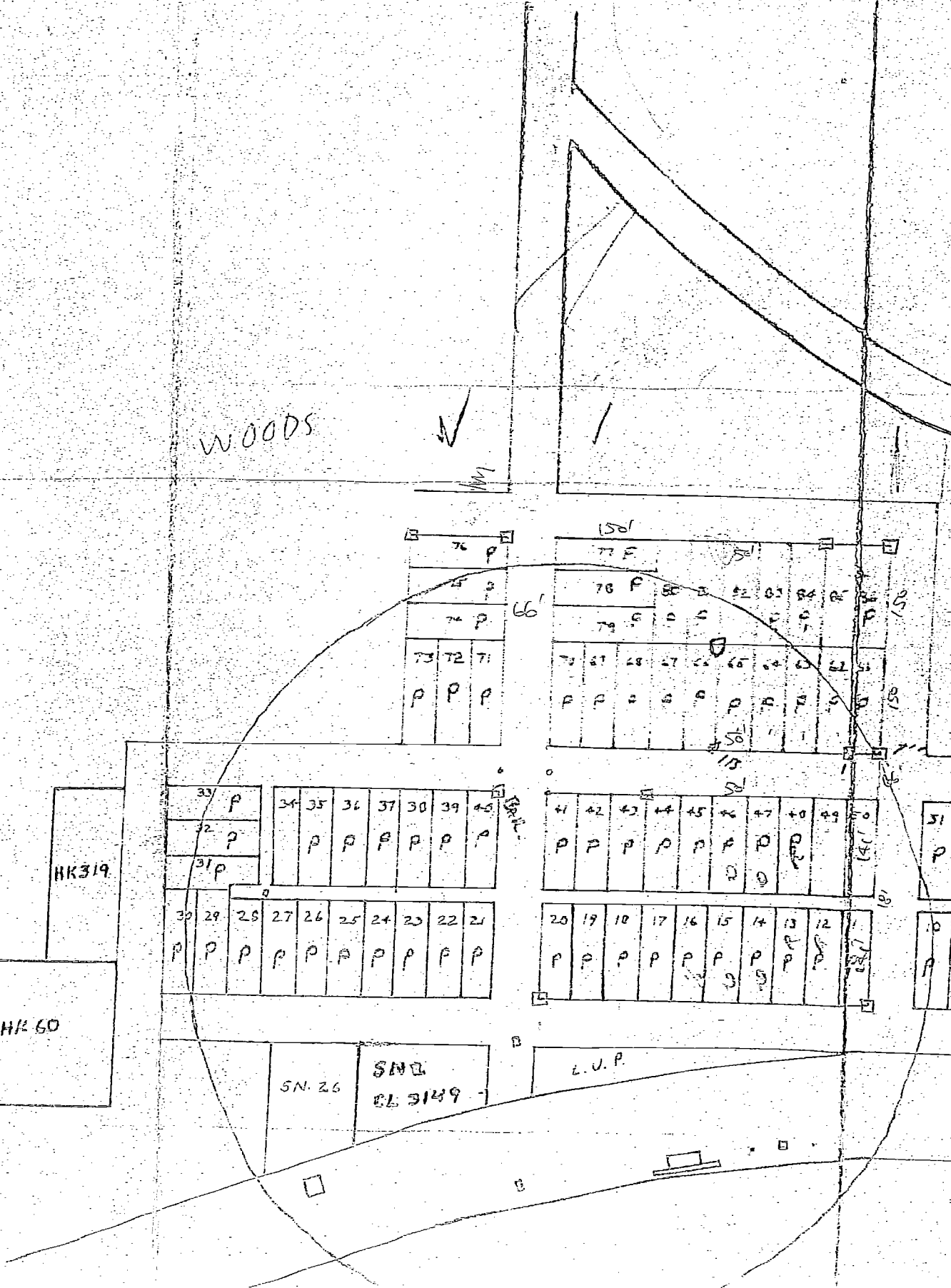
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22/07/70

WOODS



L.U.P.



Lot 19 & 20 Pump, Speed 1000 G/L. (Tank / U.S.)



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Google earth

Imagery Date: 7/30/2005

50°14'21"55" N 90°42'31"74" W elev 1438 ft

Eye at 2065 ft

SAVANT LAKE TOWNSITE

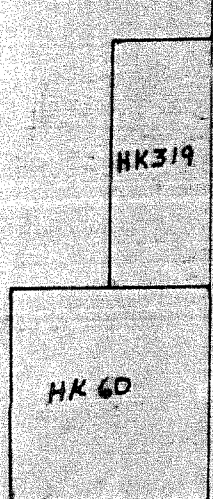
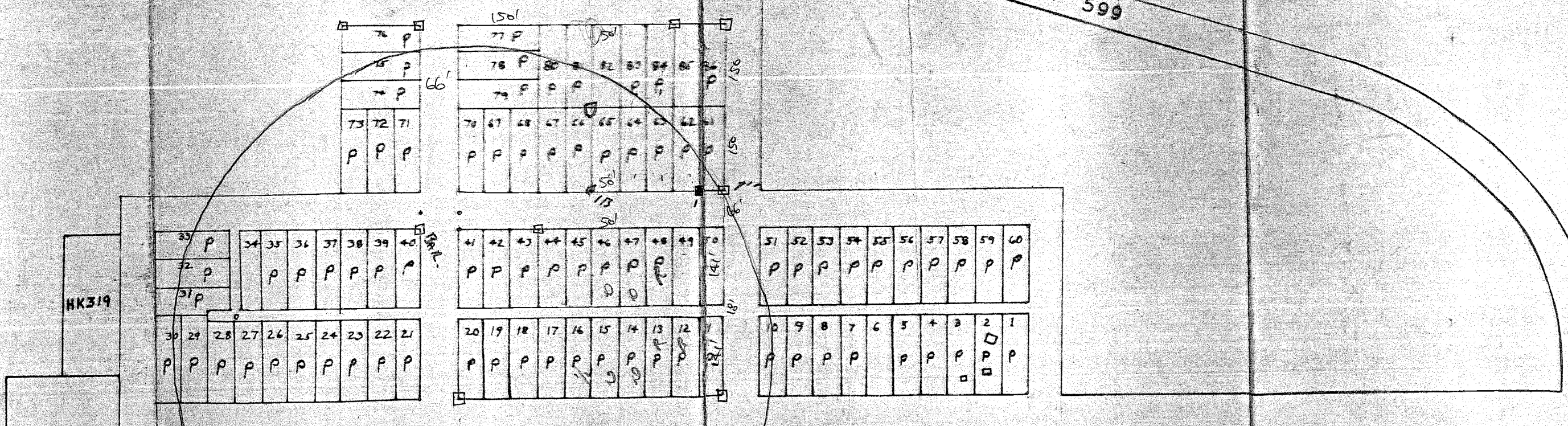
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ADJACENT AREAS

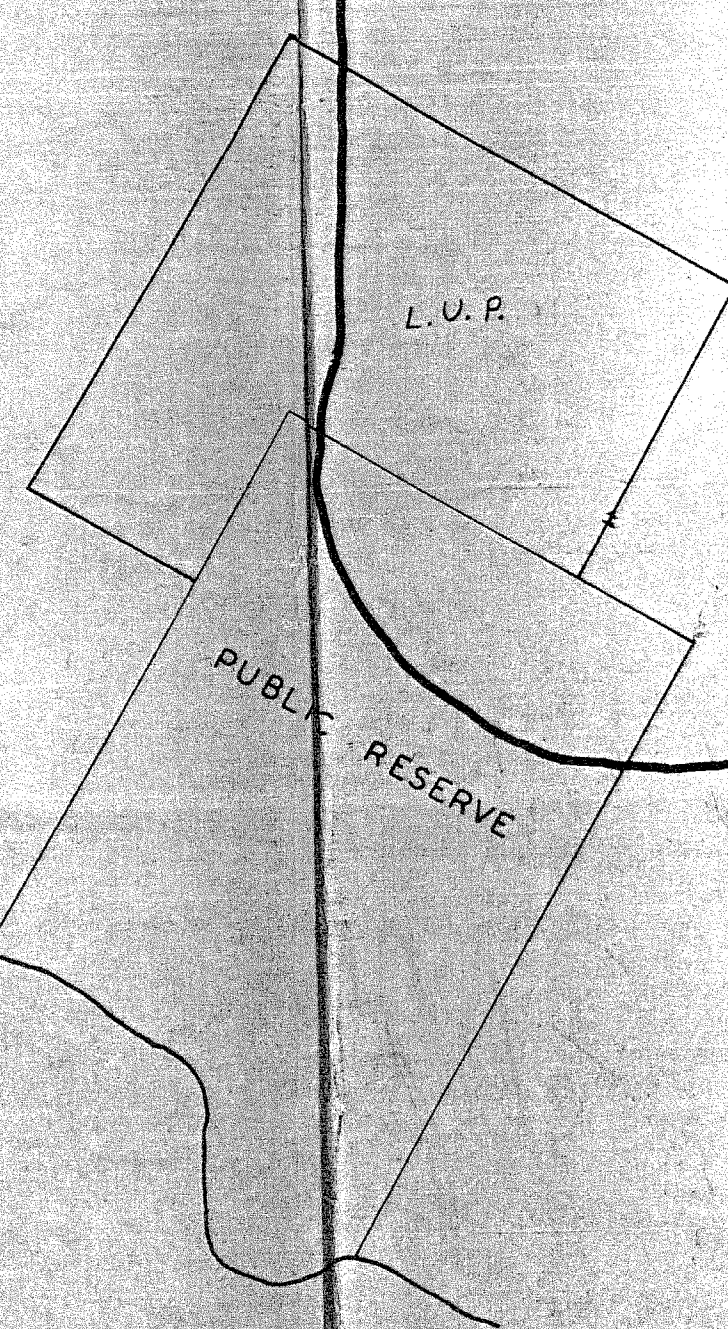
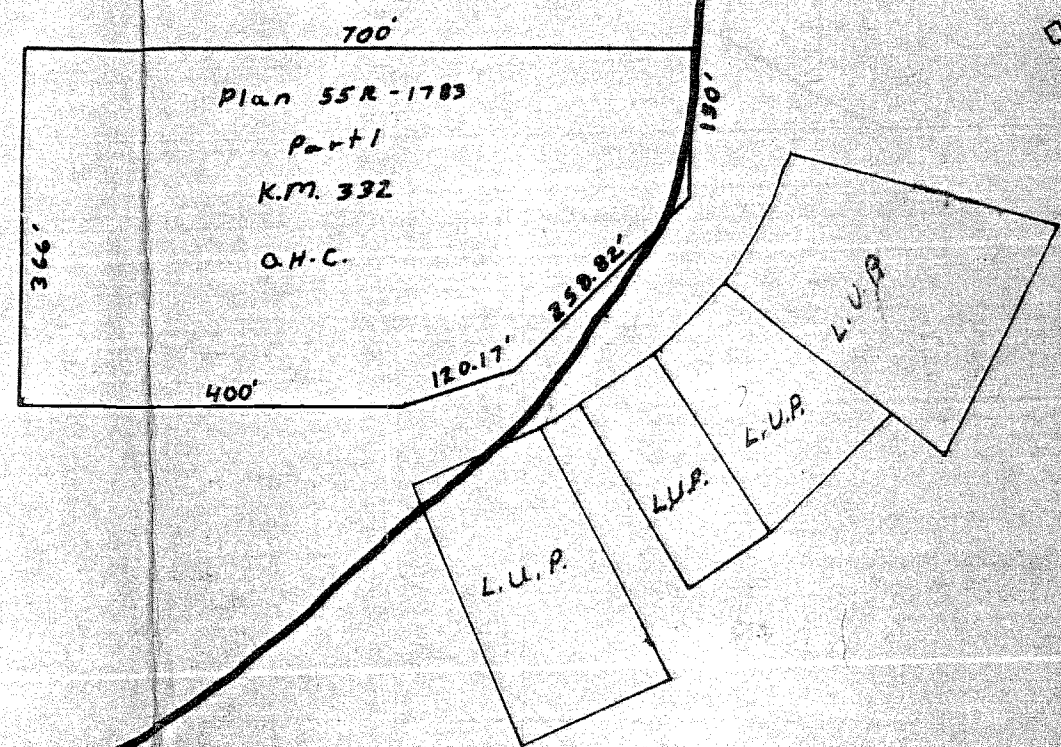
SCALE - 1" = 200'

WOODS

HWY 599



WOODED AREA



SR 638040