



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: 1.877.682.0772

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 000076640445

Check applicable type of propane operations.

Cylinder Motor Fill Filling Plant Cnet/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.

Ontario Corporation No., if applicable: 1601603 Ontario

A Company Name: EAGLE LAKE COUNTRY MARKET
Operator Name (if different from above): _____

Telephone No. 705 754-2538 Fax No. 705 754-1178 E-mail Address: eagle.lake.country.market@hotmail.com

B Street No. 2622 Street Name, Lot / Concession No. Eagle Lake Road
Town / City or Township / County: Eagle Lake Province: ON Postal Code: K0M 1M0

Mailing address if different from above:
C Street No. _____ Street Name, Lot / Concession No. Box 158
Town / City or Township / County: _____ Province: _____ Postal Code: _____

Information on Container Refill Centre or Filling Plant

D Location of facility:
Street No. 2622 Street Name, Lot / Concession No. Eagle Lake Road Nearest major intersection: City Rds 6 & 14
Town / City or Township / County: Eagle Lake Province: ON Postal Code: K0M 1M0

Name of Licence Holder: Eagle Lake Country Market
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Nancy Elstone ROT type: 100-0865365
Municipality (or municipalities if the facility or its hazard distance touches multiple borders): Dysart SUMNER

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	<u>Nancy Elstone</u>	Signature	<u>[Signature]</u>	Date (dd-mm-yyyy)	<u>19/11/2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>Nancy Elstone</u>	Signature	<u>[Signature]</u>	Date (dd-mm-yyyy)	<u>19/11/2011</u>

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Att: Andrea

SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 1975 - 1980 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 2010

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>5.344279</u>
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: 500 USWG Portable: 12 Mobile: 0

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>Nancy Elston</u>	Official Title <u>OWNER</u>
Signature <u>Nancy Elston</u>	Telephone No. <u>705 754-2538</u>
	Date (dd-mm-yyyy) <u>19/11/2011</u>



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SECTION I GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) SUPERIOR PROPANE		[Redacted]	
Street No.	Street Name Lot / Concession No. Box 2875 Station M		
Town / City or Township / Country Calgary	Province	Postal Code K0M 1A0	
Telephone No. 1-877-873-7467	Fax No.	Contact Name	
E-mail	emergency contact # Mark Wakeford wakeford@superiorpropane.ca		

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		[Redacted]	
SUPERIOR Superior Propane			
Street No.	Street Name Lot / Concession No. Box 2875 Station M		
Town / City or Township / Country Calgary	Province	Postal Code	
Telephone No. 1-877-873-7467	Fax No.	Contact Name	
E-mail			

Off-site Cylinder and/or Mobile Storage	Capacity stored off-site, in USWG	[Redacted]	
Street No.	Street Name Lot / Concession No.		
Town / City or Township / Country	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) NANCY ELSTONE	Official Title OWNER
	Telephone No. 705-754-2538
	Date (dd-mm-yyyy) 19/11/2011



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN

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

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

- propane tank for furnace heat use located 10 feet beside refill dispenser
- 188' to gas underground storage at front of store property

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

- fire extinguisher at fill side
- more fire extinguishers inside building

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.

- power switch inside store
- emergency shut-off under cage area

Maintenance and testing schedule for fire protection controls and devices.

Highland Fire Services - provides yearly inspection of all fire extinguishers on property, replaces & recharges as necessary
705 754-3821

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Name of person completing this form (please print)	Official Title	
NANCY FOSTONE	OWNER	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>[Signature]</i>	705 754-2538	19/11/2011



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name <i>Nancy Elston</i>	For Office Use - Party No.	Name <i>Dave + Nancy Elston</i>	For Office Use - Party No.
Official Title <i>Owner</i>		Official Title <i>owners neighbouring house</i>	
Telephone No. <i>705 754-2538</i>	Fax No. <i>754-1175</i>	Cell No. <i>705 457-6895</i>	Fax No. <i>705-754-1178</i>
E-mail <i>eaglelakecountrymarket@hotmail.com</i>		E-mail <i>eaglelakecountrymarket@hotmail.com</i>	
Role and responsibilities in emergency <i>co-ordinate action + call 911</i>		Role and responsibilities in emergency <i>call 911</i>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>Allan Bagg</i>	For Office Use - Party No.	Name <i>Nancy Elston</i>	For Office Use - Party No.
Official Title <i>property owner / landlord</i>		Official Title	
Telephone No. <i>705 754-1500</i>	Fax No. <i>—</i>	Telephone No.	Fax No.
E-mail <i>—</i>		E-mail	
Role and responsibilities in emergency <i>landlord</i>		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>MILES MAUGHAN</i>	For Office Use - Party No.	Name <i>Mark Wakeford</i>	For Office Use - Party No.
Official Title <i>FIRE CHIEF</i>	<i>cell 705 457-6668</i>	Official Title <i>account manager</i>	
Telephone No. <i>705 457-2126</i>	Fax No. <i>705 457-1964</i>	Telephone No. <i>1-877-873-7467</i>	Fax No.
E-mail <i>mmaughan@dysartetal.ca</i>		E-mail <i>wakeform@superiorpropane.com</i>	
Role and responsibilities in emergency <i>dispatch fire trucks</i>		Role and responsibilities in emergency <i>dispatch</i>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>Don Stephenson</i>	For Office Use - Party No.	Name <i>Walt McKechnie</i>	
Official Title <i>705 457-2126</i>		Official Title <i>Counsellor - Ward 5</i>	
Telephone No.	Fax No.	Telephone No. <i>705 754-3278</i>	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency		Municipality <i>Dysart representative</i>	

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Name of person completing this form (please print) <i>Nancy Elston</i>	Official Title <i>owner</i>
Signature <i>N. Elston</i>	Telephone No. <i>705 754-2538</i>
	Date (dd-mm-yyyy) <i>19 / 11 / 2011</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.

→ live right next door to site

→ 24/7 surveillance

→ husband Dave Elstone has a 3,200 Gallon Pumper Truck

→ Contact list of closest neighbors to phone posted

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Name of person completing this form (please print) <i>Nancy Elston</i>		Official Title <i>owner</i>
Signature <i>N. Elston</i>	Telephone No. <i>705 754-2538</i>	Date (dd-mm-yyyy) <i>19/11/2011</i>



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

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) 01/05/2011	Print Name of Training Provider: Nancy Elston
	Print Name of Instructor: Nancy Elston
Training Date (dd-mm-yyyy) 01/05/2011	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) 01/05/2011	Print Name of Training Provider: N. Elston
	Print Name of Instructor: N. Elston
Training Date (dd-mm-yyyy) 01/05/2011	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) 01/05/2011	Print Name of Training Provider: N. Elston
	Print Name of Instructor: N. Elston
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) Nancy Elston	Official Title
<i>N. Elston</i>	Telephone No. 705 754-2538
	Date (dd-mm-yyyy) 19/11/2011



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

Emergency Training Plan for Coming Year

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

Target Date (dd-mm-yyyy) 01/05/2012	Print Name of Training Provider: N. Elston
Target Date (dd-mm-yyyy)	Print Name of Instructor: N. Elston
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
Target Date (dd-mm-yyyy)	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
Target Date (dd-mm-yyyy)	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to site

Target Date (dd-mm-yyyy) 01/05/2012	Print Name of Training Provider: N. Elston
Target Date (dd-mm-yyyy)	Print Name of Instructor: N. Elston
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
Target Date (dd-mm-yyyy)	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
Target Date (dd-mm-yyyy)	Print Name of Instructor:

On-site special training provided to certificate holders regarding with Records Training

Target Date (dd-mm-yyyy) 01/05/2012	Print Name of Training Provider: FSN
Target Date (dd-mm-yyyy)	Print Name of Instructor: Leo Alkenbrack
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
Target Date (dd-mm-yyyy)	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
Target Date (dd-mm-yyyy)	Print Name of Instructor:

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Name of person completing this form (please print) Nancy Elston	Official Title
Signature N. Elston	Telephone No. 705 754-2538
	Date (dd-mm-yyyy) 19/11/20



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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
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).

all staff to evacuate to meeting place (public beach)
phone 911
phone neighbours to evacuate

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).

Store manager to notify staff to evacuate, call 911,
notify neighbours & emergency contacts

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).

phone 911 first at sign of propane leak with or without fire

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

property accessible 24/7

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

property accessible 24/7 and continue contact by cell phone
at emergency meeting place

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

live on site 10 minutes

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Name of person completing this form (please print) Nancy Elston		Official Title	
Signature N. Elston	Telephone No. 705-754-2538	Date (dd-mm-yyyy)	



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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 <u>transfer</u> of propane?	<input type="checkbox"/>	<input type="checkbox"/> n/a
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Water Supply

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

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)		68.58 metres <u>225'</u> to river
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>68.58 m</u>

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Name of person completing this form (please print) <i>Nancy Gilston</i>	Official Title <i>owner</i>	
Signature <i>Nancy Gilston</i>	Telephone No. <i>705 754-2538</i>	Date (dd-mm-yyyy) <i>19/11/2011</i>



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

The licence holder will complete Section B in consultation with the local Fire Services.
8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

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

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Fire services comments, if any:

To be completed by the Licence Holder

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

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		

report enclosed

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Name of person completing this form (please print)	Official Title
Signature <i>[Signature]</i>	Telephone No.
	Date (dd-mm-yyyy)



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SECTION C: SUBMISSIONS (cont'd)

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

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>19/11/2011</i>	Capacity of single largest propane storage vessel (USWG) <i>500 USWG</i>
Tank setback coordinates. Indicate placement on the map.	
Front: <i>198' - 57.3m</i>	Right side property line: <i>177' - 54</i>
Rear: <i>225' - 68.6</i>	Left side property line: <i>162' - 49.3</i>
GPS coordinates of single largest vessel: <i>45.128743 - 78.510447</i>	

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Name of person completing this form (please print) <i>Nancy Epstein</i>	Official Title	
Signature <i>[Signature]</i>	Telephone No. <i>705 754-2538</i>	Date (dd-mm-yyyy) <i>19/11/2011</i>



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SECTION C: SUBMISSIONS (cont'd)

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

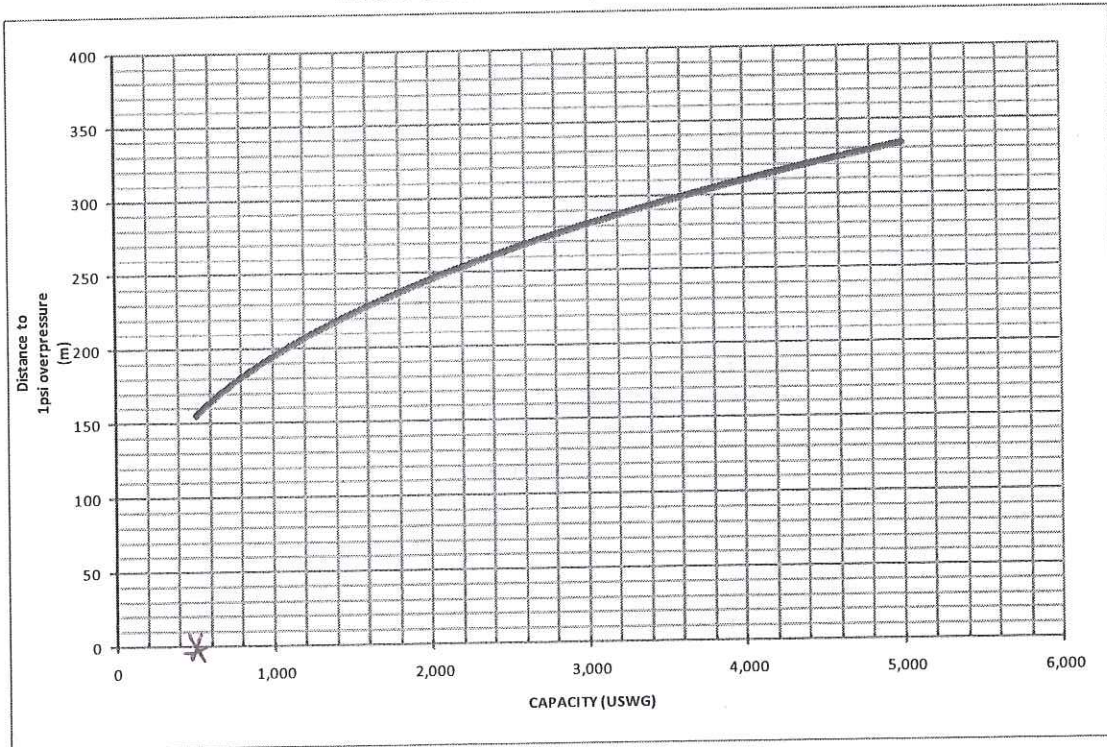
Table 1: Distance Table

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) <i>Nancy Elstom</i>		Official Title <i>owner</i>
Signature <i>N. Elstom</i>	Telephone No. <i>705 754-2538</i>	Date (dd-mm-yyyy) <i>19/11/2011</i>



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SECTION C: SUBMISSIONS (cont'd)

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

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.
Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____			X		205' 62.48
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Eagle Lake Country Market</u> Address: <u>2622 Eagle Lake Road</u> City: <u>Eagle Lake</u> Province <u>ON</u> Postal Code <u>K0M1M0</u>		X			22.5 m 74'
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ 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>Eagle Lake Community Church</u> Address: <u>2605 Eagle Lake Road</u> City: <u>Eagle Lake</u> Province <u>ON</u> Postal Code <u>K0M1M0</u>		X			714.3 375'
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>Haliburton - 14 km away</u> Address: _____ City: <u>Haliburton</u> Province <u>ON</u> Postal Code <u>K0M1S0</u>		X			_____ m 14 km

* 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>Nancy Elston</u>	Official Title <u>owner</u>
Signature <u>Nancy Elston</u>	Telephone No. <u>705 754-2538</u> Date (dd-mm-yyyy) <u>19/11/2011</u>



GAS PUMPS AND PROPANE STORAGE AREA

baayen & associates appraisers



House

Church

House

Shop

House

House

Shop

County Rd #6

County Rd #14

House

House

Pro Pone

Storage

Shop

House

Garage

House

Vac Prop.

River

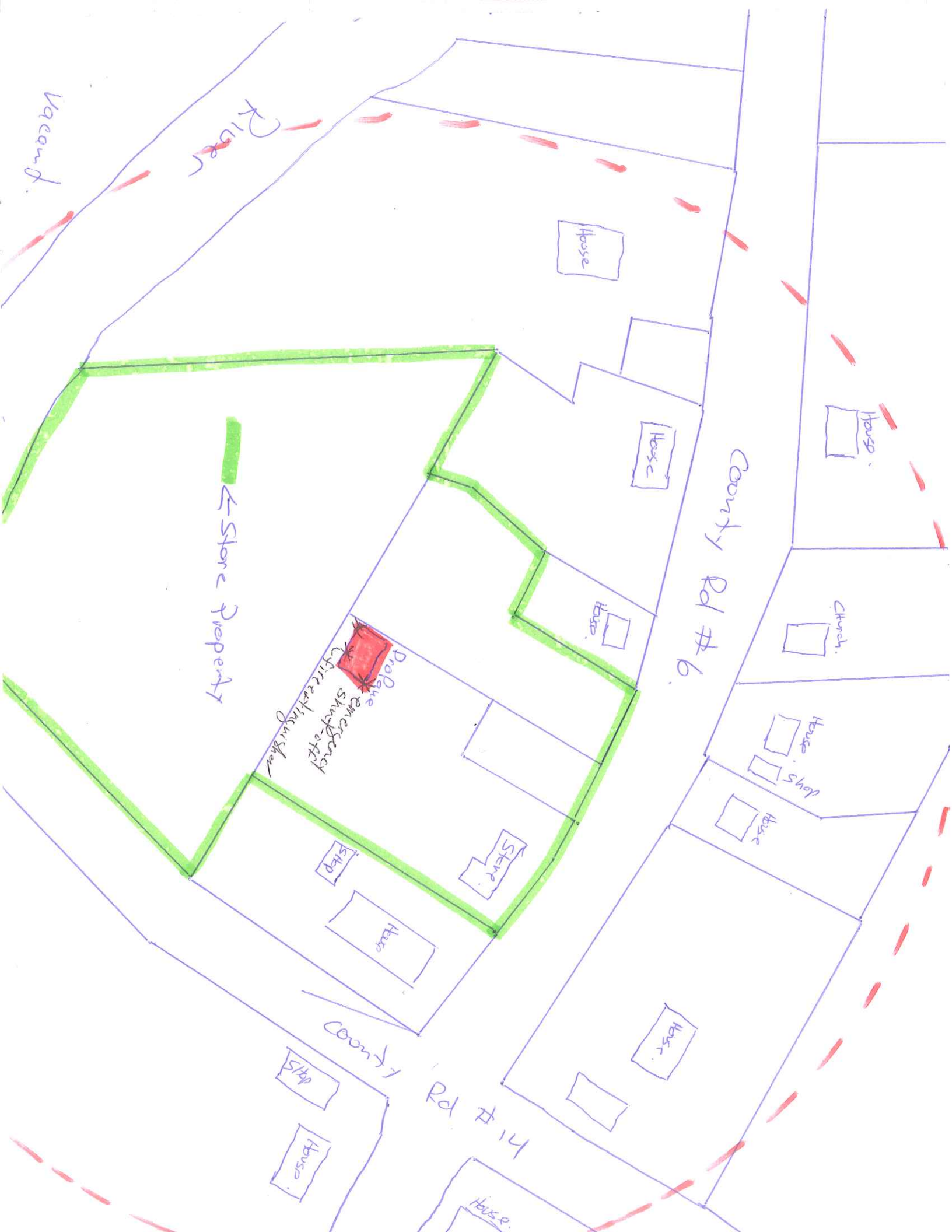
River

Sir Sams Rd.

House

Vacant.

River



← Stone Property

Propose emergency shut-off
at fire hydrant

County Rd #6

County Rd #14

House

House

House

House

Church

House
Shops

House

Shop

Shop

House

House

Shop

House

House