



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.

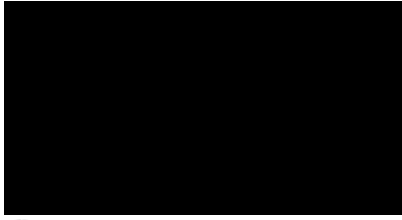
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution
 under the *Technical Standards and Safety Act*

Licence Number 0033469001 - 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 MR. GAS LIMITED Ontario Corporation No., if applicable

Operator Name (if different from above)

Telephone No. 613-824-6777 Fax No. 613-824-5234 E-mail Address

B Street No. 1-1420 Street Name, Lot / Concession No. YOUVILLE DRIVE

Town / City or Township / County ORLEANS Province ONTARIO Postal Code K1C 7B3

Mailing address if different from above.

C Street No. Street Name, Lot / Concession No.

Town / City or Township / County Province Postal Code

Information on Container Refill Centre or Filling Plant

Location of facility.

D Street No. 3065 Street Name, Lot / Concession No. COUNTY RD #29 Nearest major intersection Centennial Rd / Stewart Blvd

Town / City or Township / County BROCKVILLE Province ONTARIO Postal Code K6V 5T4

Name of Licence Holder MR. GAS LIMITED

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). GILLES GUINDON ROT type PUMP ATTENDANT

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) TWP OF ELIZABETHTOWN - KITLEY

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	Print name <u>MR. GAS LIMITED</u>	Signature	Date (mm-dd-yyyy) <u>12-21-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>GILLES GUINDON</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

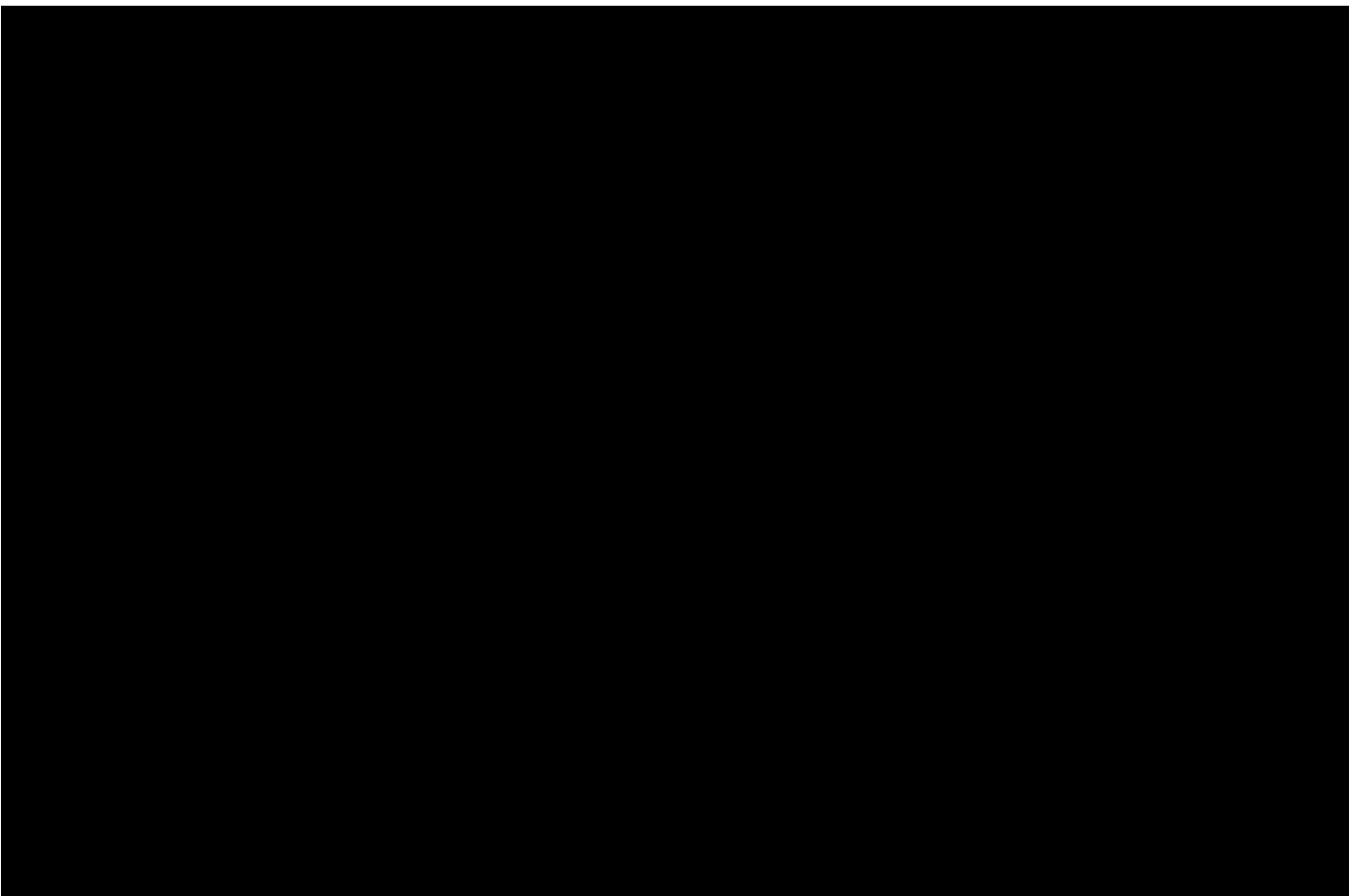
Indicate the year the facility was established. 1985 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 1990

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>1225E 909/94</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: 2,000 Portable: _____ Mobile: _____



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Name of person completing this form (please print) <u>Mr. [Signature]</u>	Official Title <u>Vice-President</u>	
Signature <u>[Signature]</u>	Telephone No. <u>613-824-6777</u>	Date (mm-dd-yyyy) <u>21-12-2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) <i>Superior Propane Inc</i>					
Street No. <i>656A</i>	Street Name / 911 Number / Address, if applicable <i>Dundas St West</i>				
Town / City or Township / Country <i>Bellevalle</i>			Province <i>ON</i>	Postal Code <i>K8W 5A5</i>	
Telephone No. <i>1-877-873-7467</i>	Fax No. <i>416-962-6117</i>	Contact Name			
E-mail <i>www.superiorpropane.com</i>					

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>					
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 <i>NA</i>	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) <i>KATHY HARPER</i>	Official Title <i>Manager</i>	
Signature <i>Kathy Harper</i>	Telephone No. <i>613-345-1146</i>	Date (dd-mm-yyyy) <i>05/03/11</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.

underground Storage Tanks Located on opposite end of Property -
 5 - 25,000 LITRES | 4 on gasoline & 1 on DIESEL

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

FIRE EXTINGUISHERS located at propane pump + gas pump islands.
 No Smoking / Turn off Ignition Signs on Propane Islands & PUMP ISLANDS

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.

ALARM SYSTEM, EMERGENCY SHUT OFF BUTTONS TO SHUT DOWN ALL POWER TO REGULATOR & PROPANE FACILITIES.

Fusible link switch in main building shuts off gas supply to propane vessel

Maintenance and testing schedule for fire protection controls and devices. metts during site shuttling down

Annual Physical Inspection & TESTING by REGISTERED TECHNICIAN & SEMI-ANNUAL VISUAL INSPECTIONS

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Name of person completing this form (please print) William Anderson	Official Title VICE-PRESIDENT
Signature 	Telephone No. 613.824.6777
	Date (mm-dd-yyyy)



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Level 1 Risk and Safety Management Plan (RSMP)
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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact Name: LARRY HARRER Official Title: Manager Telephone No.: 613-345-1146 Fax No.: E-mail: Role and responsibilities in emergency: To give info on emergency procedure to fire chief.		5. Facility 24-Hour Contact Person Name: LARRY HARRER Official Title: Manager Telephone No.: 613-345-1146 Fax No.: E-mail: Role and responsibilities in emergency: Same as above.	
2. Facility Contact Personnel - Alternate Contact Name: KERRI MITCHELL Official Title: ASSE Telephone No.: 613-345-1146 Fax No.: E-mail: Role and responsibilities in emergency: Same as above.		6. Name of Facility Manager Name: LARRY HARRER Official Title: Manager Telephone No.: 613-345-1146 Fax No.: E-mail: Role and responsibilities in emergency: Same as above.	
3. Local Fire Services - Key Contact Name: Fire Chief Official Title: Fire Chief Telephone No.: 613-498-2460 Fax No.: 613-345-2458 E-mail: Fire Chief (Clarabelle Tomasko-Kelly) Role and responsibilities in emergency: Fire Chief		7. Propane Supplier Key Contact Person Name: JESS BOSTON Official Title: Manager Telephone No.: 777-573-7467 Fax No.: 613-962-6117 E-mail: jess Role and responsibilities in emergency: To work as site chief as needed.	
4. Local Fire Services - Alternate Contact Name: WAYNE KING Official Title: Deputy Chief Telephone No.: 613-498-2460 Fax No.: 613-345-2458 E-mail: Role and responsibilities in emergency: Deputy Fire Chief		8. Municipal Contact Name: YVONNE ROBERT Official Title: AWC Telephone No.: 613-345-7467 Fax No.: E-mail: YVONNE ROBERT @ clarabelle-tomasko-kelly.com Municipality: City of Hamilton	

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Name of person completing this form (Please print): LARRY HARRER	Official Title: Manager
Signature: [Handwritten Signature]	Telephone No.: 613-345-1146
	Date (mm-dd-yyyy): 08/10/11



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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.

- Daily Equipment Inspection by propane pump attendants
- Please refer to attached form "Daily Propane Storage Vessel and Equipment Checklist"
- Pump attendants are required to inspect equipment for proper operation daily and report any deficiencies immediately.

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Name of person completing this form (please print) WILLIS BRUNTON	Official Title Vice President
Signature 	Telephone No. 613-824-6777
	Date (dd-mm-yyyy) 16-01-2012



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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) 07/12/2011	Print Name of Training Provider: Kathy Harper
	Print Name of Instructor: Kathy Harper
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) 07/12/2011	Print Name of Training Provider: Kathy Harper
	Print Name of Instructor: Kathy Harper
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) 07/12/2011	Print Name of Training Provider: Kathy Harper
	Print Name of Instructor: Kathy Harper
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:

all staff & any person working on or with the propane is required to read & understand safety manual. Safety measures are reviewed each shift staff work.

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Name of person completing this form (please print) KATHY HARPER	Official Title Manager
Signature Kathy Harper	Telephone No. 613-345-1146
	Date (dd-mm-yyyy) 08/03/11



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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) <i>Feb 5/12</i>	Print Name of Training Provider: <i>KATHY HARPER</i>
	Print Name of Instructor: <i>KATHY HARPER</i>
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) <i>Feb 5/12</i>	Print Name of Training Provider: <i>KATHY HARPER</i>
	Print Name of Instructor: <i>KATHY HARPER</i>
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) <i>Feb 5/12</i>	Print Name of Training Provider: <i>KATHY HARPER</i>
	Print Name of Instructor: <i>KATHY HARPER</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) <i>KATHY HARPER</i>	Official Title <i>Manager / Corporate trainer</i>
Signature <i>Kathy Harper</i>	Telephone No. <i>613-345-1146</i> Date (dd-mm-yyyy) <i>Dec 13/11</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.

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).

Supervisor will give warning to all employees via PA system. Call 911 if necessary. Supervisor Propane will be notified after the emergency call is placed. Please refer to attached document - Propane Emergency Response Plan.

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).

Supervisor will direct employees to safe area and instruct them to stay there until further notice. Employees will notify of the emergency.

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).

License holder will follow the Emergency Procedures template provided by Superior Propane and assess situation as required.

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

License holder will give fire department access to site. If no one is present, they will leave a note with their name and phone number.

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

By having Safety Manual on site for staff. Fire department and TSSA will be notified. Site operator can also reach authorities remotely by using their cell phone.

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

Approximately 5 to 10 minutes.

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Name of person completing this form (please print)		Official Title	
KATHY HARRIS		Manager (TSSA)	
Signature		Telephone No.	Date (dd-mm-yyyy)
<i>Kathy Harris</i>		416-515-1140	23/3/11



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Level 1 Risk and Safety Management Plan (RSMP)
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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)? <i>Turn off BSC Valve Lock</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there adequate night lighting at the site? <i>Door & Ball Support</i> | <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? <i>up sign showing way out</i> | <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., OCC 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) | | <i>2 KM (2000 Metres)</i> |
| 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) | | <i>2 KM (2000 Metres)</i> |

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Name of person completing this form (please print) <i>KATHY HARPER</i>	Official Title <i>Manager</i>	
Signature <i>Kathy Harper</i>	Telephone No. <i>513-345-1146</i>	Date (mm-dd-yyyy) <i>08/12/11</i>



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Level 1 Risk and Safety Management Plan (RSMP)
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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:

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>JIM DONOVAN</i>	<i>Jim Donovan</i>	<i>13/12/11</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)	Official Title
<i>Billesbuisson</i>	<i>Vice President</i>
Signature	Date (dd-mm-yyyy)
<i>[Signature]</i>	<i>21-12-2011</i>
Telephone No.	
<i>613-824-6777</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) <i>29/11/2011</i>	Capacity of single largest propane storage vessel (USWG) <i>2000</i>
Tank setback coordinates. Indicate placement on the map.	
Front: <i>25.8 metres</i>	Right side property line: <i>42.5 metres</i>
Rear: <i>131.75 metres</i>	Left side property line: <i>8.5 metres</i>
GPS coordinates of single largest vessel: <i>N 44.36.920 W 75 44.812</i>	

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Name of person completing this form (please print) - <i>William Nelson</i>	Official Title <i>Vice President</i>
Signature 	Telephone No. <i>613.824.6777</i> Date (dd-mm-yyyy) <i>21-12-2011</i>



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SECTION C: SUBMISSIONS (cont'd)

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

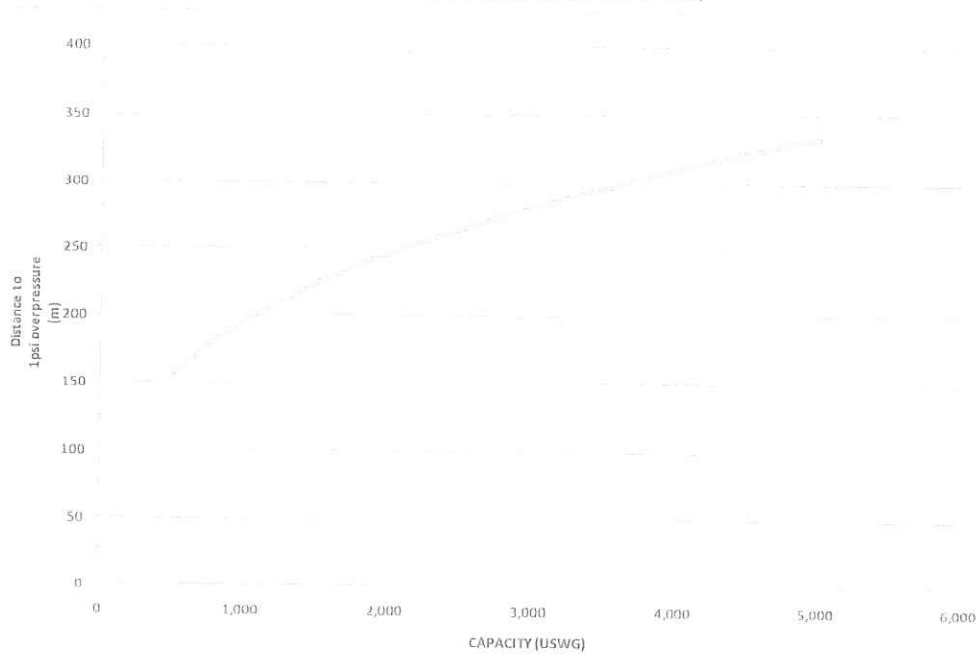
Table 1: Distance Table

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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2012 Application for Renewal of Level 1 Propane Licence
Technical Standards and Safety Act
Propane Storage and Handling Regulation

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 _____	X				<u>0</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]			X		<u>106</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>C.R. Associates</u> Address: <u>3067 County Rd 29</u> City: <u>Brockville</u> Province <u>Ontario</u> Postal Code <u>K6V-5T4</u>			X		<u>17.67</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> 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 _____	X				<u>0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m

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

You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.

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 of person completing this form. <u>Walter Brundon</u>	Official Title <u>Vice President</u>	
Signature 	Telephone No. <u>613-824-6777</u>	Date (dd-mm-yyyy) <u>21-12-2011</u>



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4078
Customer Service: 1.877.682.8772

Application for Renewal of
Level 1 Propane Licence
Technical Standards and Safety Act
Propane Storage and Handling Regulation

CAPACITY INFORMATION

A. Fixed Tanks

	PSIG	Serial Number	Capacity
Tank 1:	250PSIG	55563258	2000USWG
Tank 2:		Installed on October 22, 2013	
Tank 3:			
Total Fixed Capacity:			2000USWG

B. Portable Storage

Cylinder Size	Capacity in USWG	Quantity	Total Capacity 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		Line A	

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Capacity in USWG
Total Tank Capacity		Line B

Total Portable Capacity. Line A plus Line B: _____

C. Mobile Tanks

Type	Tank Size In USWG	Quantity	Total Capacity in USWG
Tankers			
Cargo Liners			
Total Mobile Tank Capacity			

You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.

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 of person completing this form. Lilliane Levac	Official Title Administrative Assistant	
Signature <i>Lilliane Levac</i>	Telephone No. 613-824-6777	Date (dd-mm-yyyy) 19/09/2014

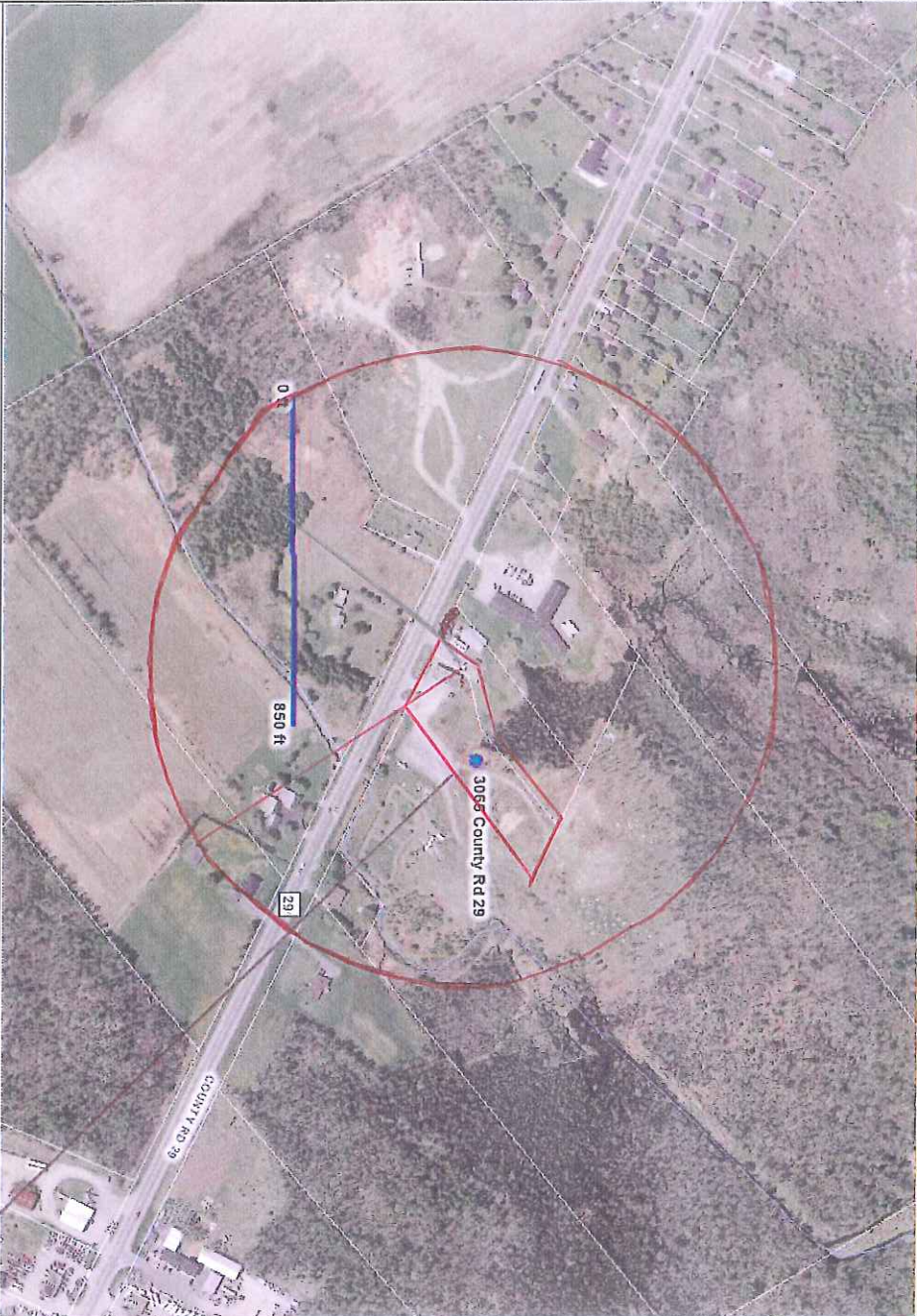


TOWNSHIP OF ELIZABETH-TOWN-KITLEY

3065 County Road 29

Assessment Roll 0801 000 015 16500

Lots 13/18 (Transaction 3)



Legend

- | | | | |
|--|------------------------|--|----------------|
| | Imagery | | Interlock |
| | Transportation Numbers | | Compartments |
| | Transportation Labels | | Waste Disposal |
| | Transportation Network | | Closed |
| | Provincial Hwy 4 Ln | | Open |
| | Provincial Hwy 2 Ln | | Drainage |
| | County Rd | | Railway |
| | Arterial St | | Land Parcels |
| | Local St | | 2009 Imagery |
| | Thousand Islands Ferry | | |
| | Municipal Rd | | |
| | Private Rd | | |
| | Water Bodies | | |
| | Drainage | | |

North Scale 1mm = 5.69 Meters

Map Printed On {2011-11-29 11:18}

Disclaimer: This map is illustrative only. Do not rely on it as being a precise indicator of routes, locations of features, nor as a guide to navigation. Designed and produced by: United Counties of Leeds & Grenville. Source of information: UTM, Grid Zone 18, NAD 1983, with data supplied under license by members of the Ontario Geospatial Data Exchange (OGDE), and Teranet Inc. Queens Printer of Ontario.

Location: 3065 County Rd 29 Brockville, Ontario

Prepared: January 12th, 2012

2000 USGS Vertical Tank - Radius = 2.16m

Tank Setback: 131.75m North, 92.5m East, 258m South, 6.5m West

GPS Coordinates 47.86.926 N, 75.44.812 W

Municipality: Township of Elizabeth-Town-Kitley

Township Clerk: Yvonne Robert

Property Line

powered by
ONPOINT

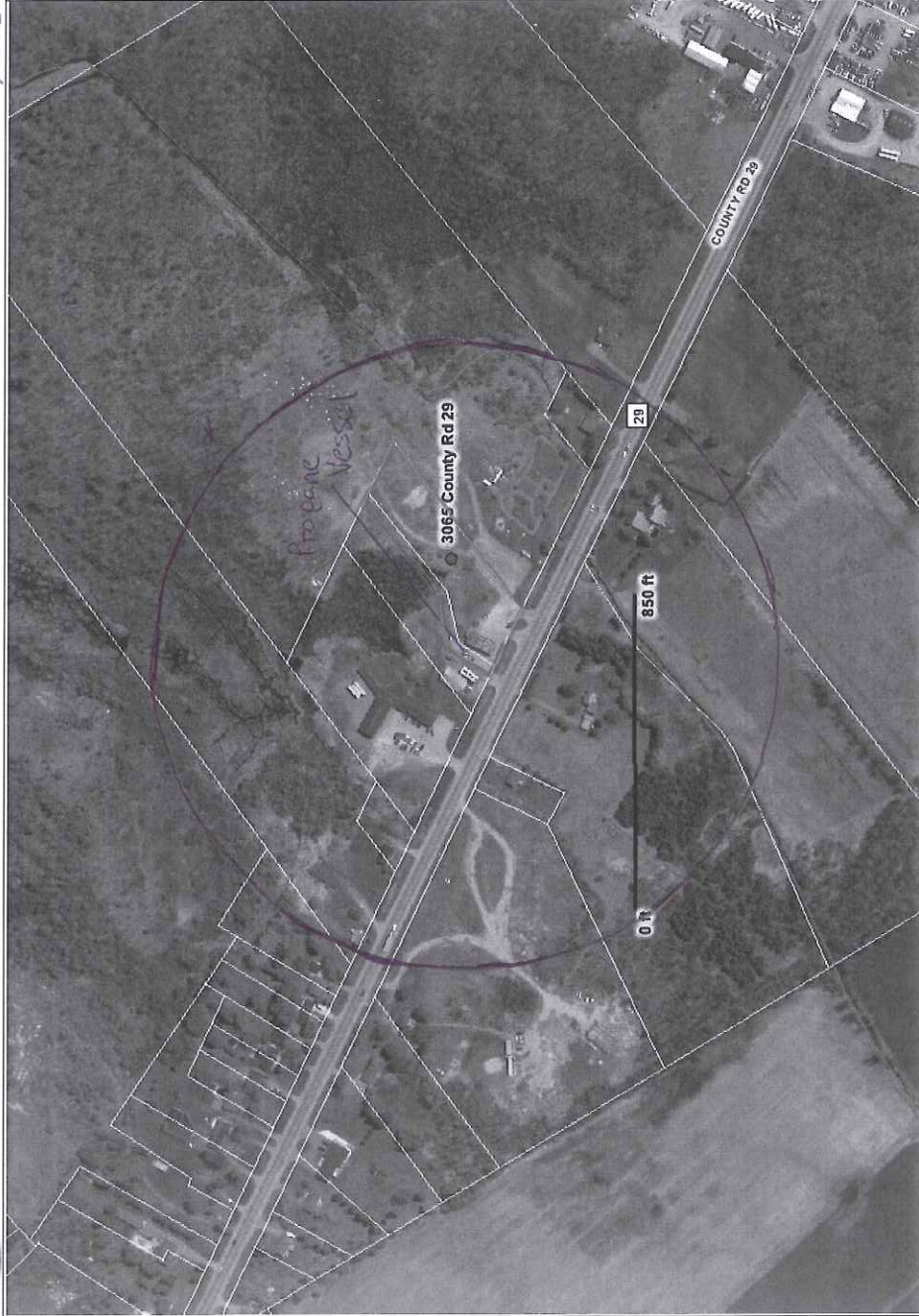
Metric Scale = 1 mm = 5.89 metres

TOWNSHIP OF ELIZABETHTOWN-KITLEY

3065 County Road 29

Assessment Roll 0801 000 015 16500

Lots 17 & 18 (Concession 8)



Legend

- | | | |
|------------------------|---|-----------------------|
| Transportation Numbers | □ | Limerick Compartments |
| Transportation Labels | ▲ | Waste Disposal |
| Transportation Network | ▲ | Closed |
| Provincial Hwy 4 Ln | ▲ | Open |
| Provincial Hwy 2 Ln | ▲ | Drainage |
| County Rd | ▲ | Railway |
| Arterial St | ▲ | Land Parcels |
| Local St | ▲ | 2008 Imagery |
| Thousand Islands Pkwy | ▲ | |
| Municipal Rd | ▲ | |
| Private Rd | ▲ | |
| Water Bodies | ▲ | |
| Drainage | ▲ | |

- Revised Property Lines

Map Printed On {2011-11-29 11:18}

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powered by OnPoint™

Radius of circle represents 246 metres, in conjunction with 1 psi overpressure hazard distance (2000 USWG)