



Technical Standards and Safety Authority  
 345 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
 Fax: 416.231.4078  
 Customer Service: 1.877.682.8772  
 www.tssa.org

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

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

<p style="text-align: center; font-size: small;">Failure to fully complete this form may result in rejection.          Making a false statement may result in a fine or prosecution          under the <i>Technical Standards and Safety Act</i></p> <p>Licence Number <span style="font-size: large; font-family: cursive;">IB: 64791310</span></p> <p>Check applicable type of propane operations.</p> <p> <input checked="" type="checkbox"/> Cylinder            <input checked="" type="checkbox"/> Motor Fill            <input type="checkbox"/> Filling Plant            <input type="checkbox"/> Card/Keylock       </p> <p style="font-size: x-small;">Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p style="text-align: center; font-weight: bold;">For Office Use Only</p> <div style="background-color: black; width: 100%; height: 100%; min-height: 100px;"></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.**

<p><b>A</b> Company Name <span style="font-size: large; font-family: cursive;">ROUND LAKE COUNTRY STORE</span></p> <p>Operator Name (if different from above)  <span style="font-size: large; font-family: cursive;">SAME AS ABOVE</span></p> <p>Telephone No. <span style="font-size: large; font-family: cursive;">613-757-0908</span> Fax No. <span style="font-size: large; font-family: cursive;">NONE</span> E-mail <span style="font-size: large; font-family: cursive;">janj16@hotmail.com</span></p>	<p>Corporation No.  <span style="font-size: large; font-family: cursive;">N/A</span></p>
<p><b>B</b> Street No. <span style="font-size: large; font-family: cursive;">3740</span> Street Name / 911 Number / Address, if applicable  <span style="font-size: large; font-family: cursive;">ROUND LAKE ROAD</span></p> <p>Town / City or Township / County <span style="font-size: large; font-family: cursive;">KILLALOE</span> Province <span style="font-size: large; font-family: cursive;">ONTARIO</span> Postal Code <span style="font-size: large; font-family: cursive;">K0J2A0</span></p> <p>Mailing address if different from above.</p>	
<p><b>C</b> Street No. <span style="font-size: large; font-family: cursive;">SAME</span> Street Name / 911 Number / Address, if applicable  <span style="font-size: large; font-family: cursive;">AS ABOVE</span></p> <p>Town / City or Township / County _____ Province _____ Postal Code _____</p>	
<p><b>Information on Container Refill Centre or Filling Plant</b></p> <p>Location of facility.</p> <p><b>D</b> Street No. <span style="font-size: large; font-family: cursive;">SAME AS ABOVE</span> Street Name / 911 Number / Address, if applicable  <span style="font-size: large; font-family: cursive;">DEER TRAIL ROAD</span> Nearest Major Intersection <span style="font-size: large; font-family: cursive;">ROUND LAKE ROAD</span></p> <p>Town / City or Township / County _____ Province _____ Postal Code _____</p>	
<p>Name of Licence Holder  <span style="font-size: large; font-family: cursive;">JOHN T. JENKINS</span></p> <p>Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).  <span style="font-size: large; font-family: cursive;">G2-LP</span></p> <p>Municipality (or municipalities if the facility or its hazard distance touches multiple borders)  <span style="font-size: large; font-family: cursive;">KILLALOE, HAGARTY &amp; RICHARDS</span></p> <p>Hours of operation. <span style="background-color: black; color: black;">[REDACTED]</span></p>	

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.**

<p>Printname          Name of Licence Holder <span style="font-size: large; font-family: cursive;">JOHN THOMAS JENKINS</span></p>	<p>Signature  </p>	<p>Date (dd-mm-yyyy)  <span style="font-size: large; font-family: cursive;">03 APR, 2018</span></p>
<p>Name of Senior Management person as defined in the Regulation holding the Record of Training  <span style="font-size: large; font-family: cursive;">JOHN THOMAS JENKINS</span></p>	<p>Signature  </p>	<p>Date (dd-mm-yyyy)  <span style="font-size: large; font-family: cursive;">03 APR, 2018</span></p>



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**Level 1 Risk and Safety Management Plan (RSMP)**  
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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.

1987

NONE

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

	PSIG	Serial Number
Tank1:	250	# 7175
Tank2:		
Tank3:		

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: 1800 USWG      Portable: 586      Mobile: 0

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Name of person completing this form (please print) <u>JOHN THOMAS JENKINS</u>	Official Title <u>OWNER</u>
Signature 	Telephone No. <u>613-757-0900</u>
	Date (dd-mmm-yyyy) <u>03, APR, 2018</u>



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

Name of Propane Supplier(s) <b>MCCARTHY FUELS INC.</b>		For Office Use - Party No.	
Street No. <b>2</b>	Street Name / 911 Number / Address, if applicable <b>MILL STREET</b>		
Town / City or Township / Country <b>KILLALOE</b>		Province <b>ONTARIO</b>	Postal Code <b>K0J2A0</b>
Telephone No. <b>613-757-2829</b>	Fax No. <b>613-757-3112</b>	Contact Name <b>SEAN FITZGERALD</b>	
E-mail <b>mccarthyfuelsoffice@gmail.com</b>			

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 <b>NONE</b>		Capacity stored off-site, in USWG	For Office Use - Party No.
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

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

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Name of person completing this form (please print) <b>JOHN THOMAS JEWKINS</b>		Official Title <b>OWNER</b>	
Signature 		Telephone No. <b>613-757-0900</b>	Date (dd-mmm-yyyy) <b>03 APR 2018</b>



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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.

15,000 LITRE UNDERGROUND - REGULAR GAS  
 15,000 LITRE UNDERGROUND - PREMIUM GAS  
 2,275 LITRE ABOVE GROUND - CLEAR DIESEL  
 500 US WATER GALLON - PROPANE TANK (BUILDING HEATING REQUIREMENTS)

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

4 DRY CHEMICAL FIRE EXTINGUISHERS  
 EMERGENCY SHUT OFF  
 MSDS LOCATION (IN STORE)

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.

EMERGENCY SHUT-OFF VALVE - SHUTS OFF ELECTRICAL POWER TO PUMP MOTOR  
 NO SMOKING SIGNS LOCATED ON THE PROPANE TANK AND AT THE GAS PUMPS.  
 PROCEEDS WARNING ABOUT FLAMMABLE VAPOUR POTENTIAL. FUSIBLE LINK - MAIN SHUT-OFF HAS A FUSIBLE LINK THAT WILL "FAIL SAFE CLOSE" IF THE SYSTEM IS EXPOSED TO FIRE THROUGH SHUTTING OFF THE SUPPLY OF PROPANE. ISC VALVE - WILL CLOSE AUTOMATICALLY IF PROPANE LEAKS OUT OF THE TRANSFER SYSTEM IN EXCESS OF THE MAINTENANCE AND TESTING SCHEDULE FOR FIRE PROTECTION CONTROLS AND DEVICES. PUMPING RATES ON 30 GALLONS PER MINUTE.  
 FIRE EXTINGUISHER'S ARE INSPECTED DAILY, MONTHLY & ANNUALLY.  
 DAILY INSPECTION OF PROPANE TANK & EQUIPMENT INCLUDING THE ISC VALVE TO ENSURE THAT IT WILL CLOSE.  
 ENTIRE SYSTEM IS ANNUALLY INSPECTED BY A QUALIFIED PROPANE TECHNICIAN

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Name of person completing this form (please print) JOHN THOMAS JUNKINS		Official Title OWNER
Signature 	Telephone No. 613-757-0900	Date (dd-mmm-yyyy) 03 APR 2018



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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 <b>John Thomas Jenkins</b>	For Office Use - Party No.
Official Title <b>owner</b>	
Telephone No. <b>613-757-0900</b>	Fax No. <b>NONE</b>
E-mail <b>janj16@hotmail.com</b>	

Role and responsibilities in emergency  
**SEE SUPERVISOR'S FIRST RESPONDER - RESPONSIBILITIES IN SCHEDULE 1**

**5. Facility 24-Hour Contact Person**

Name <b>John Thomas Jenkins</b>	For Office Use - Party No.
Official Title <b>owner</b>	
Cell No. <b>613-585-1748</b>	Fax No. <b>NONE</b>
E-mail <b>janj16@hotmail.com</b>	

Role and responsibilities in emergency  
**SEE SUPERVISOR'S RESPONSIBILITIES IN SCHEDULE 1**

**2. Facility Contact Personnel - Alternate Contact**

Name <b>Matthew Jenkins</b>	For Office Use - Party No.
Official Title <b>supervisor</b>	
Telephone No. <b>613-757-1434</b>	Fax No. <b>NONE</b>
E-mail <b>roundlakeheating@gmail.com</b>	

Role and responsibilities in emergency  
**ALTERNATE FIRST RESPONDER - SEE SUPERVISOR'S RESPONSIBILITIES IN SCHEDULE 1**

**6. Name of Facility Manager**

Name <b>John Thomas Jenkins</b>	For Office Use - Party No.
Official Title <b>owner</b>	
Telephone No. <b>613-757-0900</b>	Fax No. <b>NONE</b>
E-mail <b>janj16@hotmail.com</b>	

Role and responsibilities in emergency  
**FIRST RESPONDER - SEE SUPERVISOR'S RESPONSIBILITIES IN SCHEDULE 1**

**3. Local Fire Services - Key Contact**

Name <b>Bob GAREAU</b>	For Office Use - Party No.
Official Title <b>FIRE CHIEF</b>	E-mail <b>firechief@khr.townshp.ca</b>
Telephone No. <b>613-757-2322</b>	Fax No. <b>613-757-3634</b>
Role and responsibilities in emergency <b>EMERGENCY RESPONDER - COORDINATOR - EMERGENCY RESPONSE</b>	

Fire Services Address  
**2995 ROUND LAKE ROAD, KILLAROE, ONT.**

**7. Propane Supplier Key Contact Person**

Name <b>Sean Fitzgerald</b>	For Office Use - Party No.
Official Title <b>GENERAL MANAGER</b>	E-mail <b>mccarthyfueloffice@gmail.com</b>
Telephone No. <b>613-757-2829</b>	Fax No. <b>613-757-3112</b>
Role and responsibilities in emergency <b>SEE SCHEDULE 1 FOR SUPPLIER RESPONSIBILITIES ACTIVATE BRP IF REQUIRED.</b>	

Propane Supplier Address  
**2 MILL STREET, KILLAROE, ONTARIO**

**4. Local Fire Services - Alternate Contact**

Name <b>Dwaine Blelawski</b>	For Office Use - Party No.
Official Title <b>DEPUTY CHIEF</b>	E-mail <b>NONE</b>
Telephone No. <b>613-757-0624</b>	Fax No. <b>NONE</b>
Role and responsibilities in emergency <b>ALTERNATE EMERGENCY RESPONDER AND COORDINATOR OF EMERGENCY RESPONSE</b>	

Fire Services Address  
**2995 ROUND LAKE ROAD, KILLAROE, ONT.**

**8. Municipal Contact**

Name <b>Lorna Huoosk</b>	For Office Use - Party No.
Official Title <b>ENO/CWRK</b>	
Telephone No. <b>613-757-2300</b>	Fax No. <b>613-757-3634</b>
E-mail <b>lhudder@khr.townshp.ca</b>	

Municipality Name and Address  
**1 JOHN STREET, KILLAROE, ONTARIO**

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Signature 	Telephone No. <b>613-757-0900</b>
	Date (dd-mmm-yyyy) <b>03, APR, 2018</b>



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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.

- ① VIDEO SURVEILLANCE - AVAILABLE
- ② EMERGENCY STOP BUTTON

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Signature 		Telephone No. <u>613-757-0900</u>	Date (dd-mmm-yyyy) <u>03, APRIL, 2018</u>



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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-mmm-yyyy) 03 APRIL, 2018	Print Name of Training Provider: ROUND LAKE HEATING & AIR CONDITIONING
	Print Name of Instructor: JOHN THOMAS JENKINS
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy) 03 APRIL, 2018	Print Name of Training Provider: ROUND LAKE HEATING & AIR CONDITIONING
	Print Name of Instructor: JOHN THOMAS JENKINS
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-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-mmm-yyyy) 03 APRIL, 2018	Print Name of Training Provider: ROUND LAKE HEATING & AIR CONDITIONING
	Print Name of Instructor: JOHN THOMAS JENKINS
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) JOHN THOMAS JENKINS	Official Title OWNER
Signature 	Telephone No. 613-757-0900
	Date (dd-mmm-yyyy) 03, APRIL, 2018



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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-mmm-yyyy) 03, APRIL, 2018	Print Name of Training Provider: ROUND LAKE HEATING & AIR CONDITIONING
	Print Name of Instructor: JOHN THOMAS JENKINS
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) 03, APRIL, 2018	Print Name of Training Provider: ROUND LAKE HEATING & AIR CONDITIONING
	Print Name of Instructor: JOHN THOMAS JENKINS
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-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-mmm-yyyy) 03, APRIL, 2018	Print Name of Training Provider: ROUND LAKE HEATING & AIR CONDITIONING
	Print Name of Instructor: JOHN THOMAS JENKINS
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) JOHN THOMAS JENKINS	Official Title OWNER
Signature 	Telephone No. 613-757-0900
	Date (dd-mmm-yyyy) 03, APRIL, 2018





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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).

UPON NOTICING FIRE OR LEAK, EMPLOYEE IS TO SHOUT - FIRE FIRE FIRE, STAFF ARE TO EVACUATE, SUPERVISOR IS ADVISED. THE SUPERVISOR TAKES CONTROL OF THE SITUATION - SEE SCHEDULE 1 FOR DETAILS.

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).

INITIAL MUSTER POINT - ASPEN TRAIL ROAD & ROUND LAKE ROAD  
 IF LEAK OR FIRE SEVERE, SECONDARY MUSTER POINT 1/4 KM NORTH ON ROUND LAKE ROAD. THIS IS OUTSIDE OF THE DESIGNATED RADWS.  
 SEE SCHEDULE 1 - FOR FURTHER DETAILS.

**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).

SEE SCHEDULE 2 FOR FURTHER DETAILS.  
 THIS FLOW CHART IS POSTED IN THE STORE BY THE TELEPHONE FOR EMERGENCY CALL OUTS

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

DISCUSSION WITH FIRE SERVICES.  
 THEY HAVE BOLT CUTTERS FOR CHAIN & PADLOCK REMOVAL TO ACCESS THE LOCKED COMPOUND.

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

COMMAND POST IS SET UP AT MUSTER POINT.  
 SUPERVISOR STAYS AT SITE TO ASSIST FIRE SERVICES AS REQUIRED.

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

5 MINUTES.

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Signature			Telephone No.	613-757-0900
			Date (dd-mmm-yyyy)	03, APRIL, 2018



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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)?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)		<u>265 metres</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>n/a</u>

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Name of person completing this form (please print) <u>JOHN THOMAS JONES</u>	Official Title <u>owner</u>
Signature 	Telephone No. <u>613-757-0900</u>
	Date (dd-mmm-yyyy) <u>03, APRIL, 2018</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

<b>To be completed by the Local Fire Services</b>	<b>Yes</b>	<b>No</b>
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If not, please explain (e.g., no fire services).		
Fire services comments, if any:		
<b>To be completed by the Licence Holder</b>		
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-mmm-yyyy)		

**LOCAL FIRE SERVICES**

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

Print name	Signature	Date (dd-mmm-yyyy)
Local Fire Services Name: <b>BOB GAREAU</b>		<b>09-04-2018</b>

**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) <b>JOHN THOMAS JENKINS</b>	Official Title <b>OWNER</b>
Signature 	Telephone No. <b>613-757-0900</b> Date (dd-mmm-yyyy) <b>08-04-2018</b>



Technical Standards and Safety Authority  
 345 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
 Fax: 416.231.4078  
 Customer Service: 1.877.682.8772  
 www.tssa.org

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

**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-mmm-yyyy) <u>29, MARCH 2018</u>	Capacity of single largest propane storage vessel (USWG) <u>1800 USWG (7570 litres)</u>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>22'</u>	Right side property line: <u>19'</u>
Rear: <u>190'</u>	Left side property line: <u>162'</u>
GPS coordinates of single largest vessel: <u>45° 38' 42.66" N 77° 34' 30.69" W</u>	

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Signature 	Telephone No. <u>613-757-0900</u>
	Date (dd-mmm-yyyy) <u>03 APRIL, 2018</u>



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**SECTION C: SUBMISSIONS (cont'd)**

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

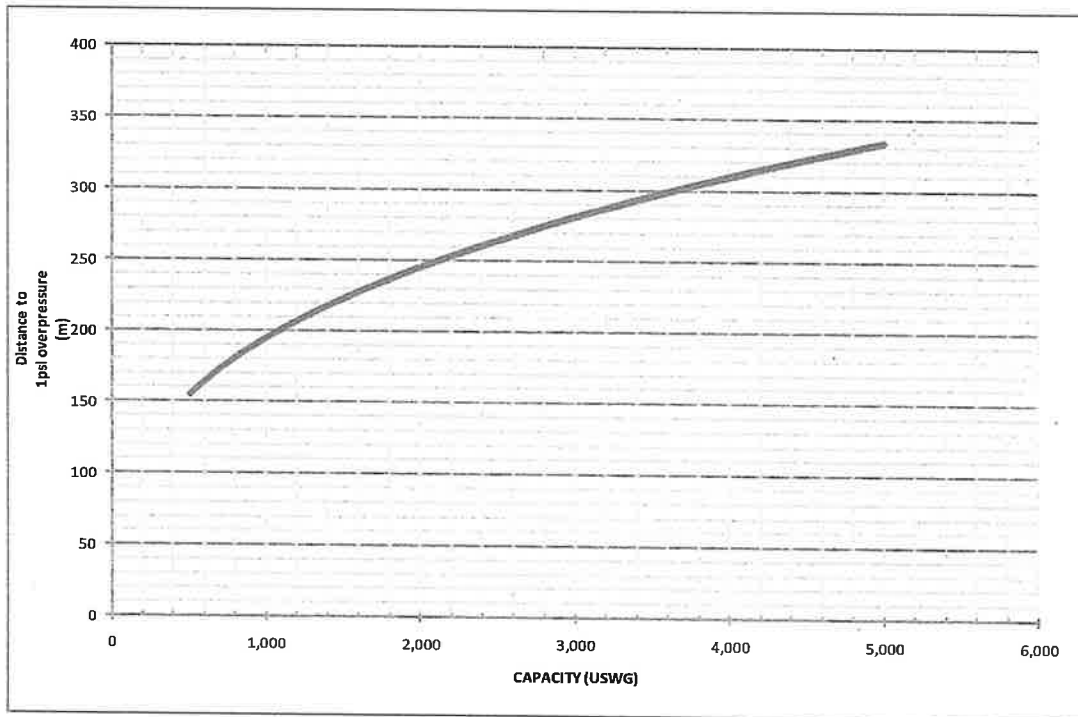
Table 1: Distance Table

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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**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>SHERYL BOYLE MUNICIPAL PARK</u> Address: <u>3 DEERTRAIL ROAD</u> City: <u>KILLALOE</u> Province <u>ONTARIO</u> Postal Code <u>K0J2A0</u>			X		<u>240</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments [REDACTED]			X		<u>23</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>RICHVALE SADDLERY</u> Address: <u>3735 ROUND LAKE ROAD</u> City: <u>KILLALOE</u> Province <u>ONTARIO</u> Postal Code <u>K0J2A0</u>			X		<u>44</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>LEVAIRS CAMPGROUND</u> Address: <u>3712 ROUND LAKE ROAD</u> City: <u>KILLALOE</u> Province <u>ONTARIO</u> Postal Code <u>K0J2A0</u>			X		<u>86</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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Signature 	Telephone No. <u>613-757-0900</u>
	Date (dd-mmm-yyyy) <u>03, APRIL, 2018</u>



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**WORKSHEET**

**Portable Storage Additional Information Worksheet**

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	<del>0</del>	<del>0</del>
# 100	29.5	10	295
# 40	11.75	<del>0</del>	<del>0</del>
# 33.3	9.62	<del>0</del>	<del>0</del>
# 30	8.8	10	88
# 20	5.8	35	203
# 10	2.9	<del>0</del>	<del>0</del>
# 5	1.5	<del>0</del>	<del>0</del>
<b>Total Cylinder Capacity</b>			

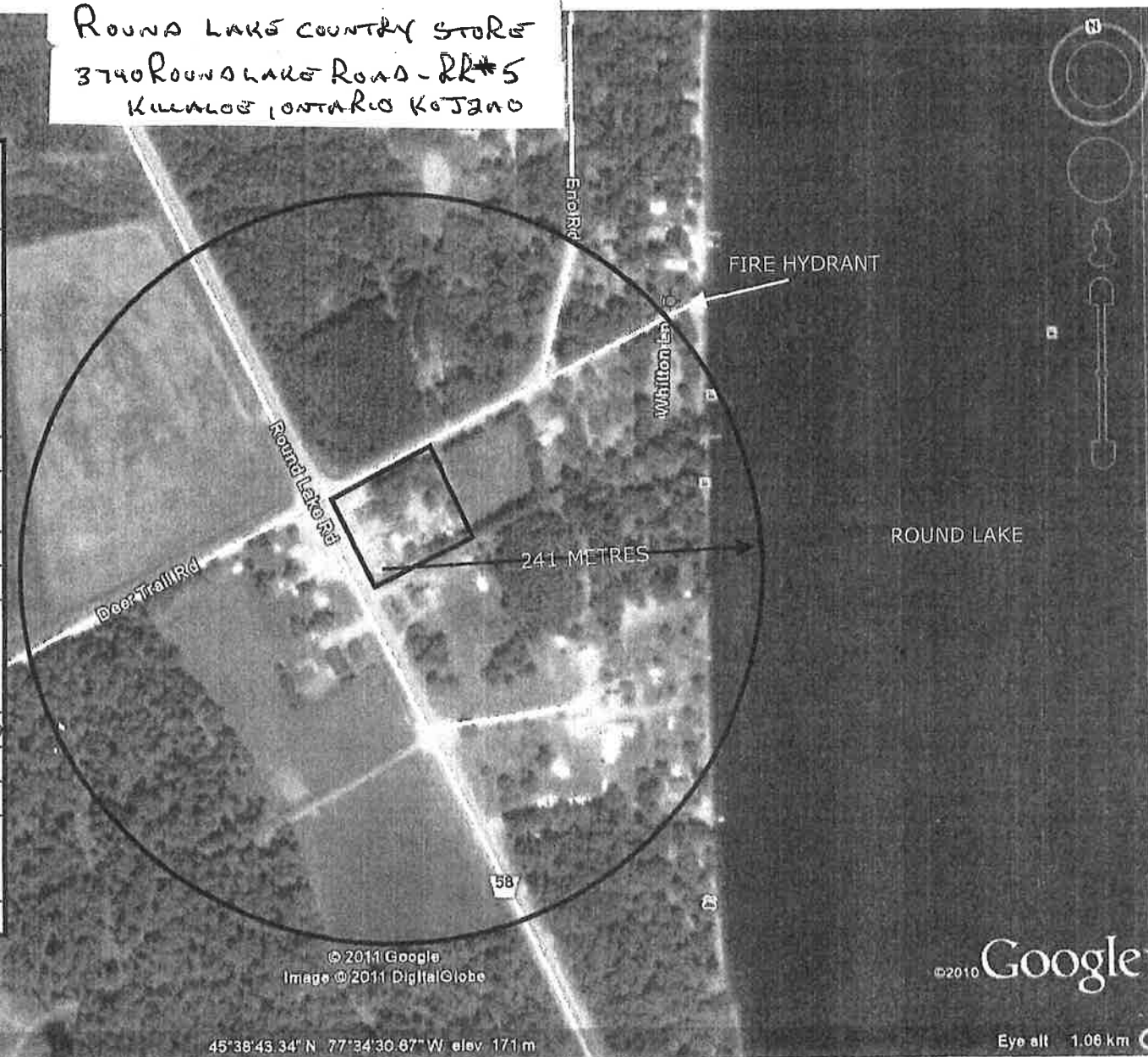
**Tanks Stored On-site Not Connected for Use**

Tank Size In USWG	Quantity	Total Volume in USWG
<del>0</del>	<del>0</del>	<del>0</del>
<b>Total Tank Capacity</b>		

<b>Total Cylinder Capacity</b>	586
<b>Total Tank Capacity</b>	<del>0</del>
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	586

ROUND LAKE COUNTRY STORE  
 3740 ROUND LAKE ROAD - RR#5  
 KILLALOE, ONTARIO K0J2A0

Location	3740 Round Lake Rd. Killaloe, ON K0J 2A0
Prepared	Aerial Map taken 05/2006
Largest Tank	1800 USWG
Tank Set Backs	Front: 22' Rear: 190' Right: 19' Left: 162'
Radius	241 metres
GPS Coordinates	45°38'42.66" North 77°34'30.69" West
Municipality 1	Township of Killaloe
City Clerk	Lorna Hudder
Address	1 John Street P.O. Box 39 Killaloe, ON K0J 2A0
Phone	613-757- <del>8634</del> 2300
Municipality 2	County of Renfrew
City Clerk	Jim Hutton
Address	9 International Drive Pembroke, ON K8A 6W5
Telephone	1-800-273-0183



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Imagery Date: 5/26/2006 2006

45°38'43.34" N 77°34'30.87" W elev. 171 m

Eye alt 1.06 km

(17)  
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