



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.

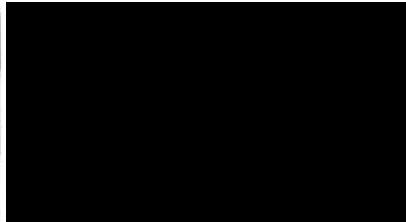
Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 0033986001-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 Gramp's Place Ontario Corporation No., if applicable \_\_\_\_\_

Operator Name (if different from above) \_\_\_\_\_

Telephone No. 705-569-3825 Fax No. 705-569-2315 E-mail n/a

**B** Street No. 4825 Street Name / 911 Number / Address, if applicable HWY 11 North (Angus Lake)

Town / City or Township / County Ternagarri Province On Postal Code P0H-2M0

Mailing address if different from above. \_\_\_\_\_

**C** Street No. \_\_\_\_\_ Street Name / 911 Number / Address, if applicable same

Town / City or Township / County \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Information on Container Refill Centre or Filling Plant**

Location of facility.

**D** Street No. \_\_\_\_\_ Street Name / 911 Number / Address, if applicable same Nearest Major Intersection HWY 11 N Con 13.

Town / City or Township / County \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Name of Licence Holder Gramp's Place

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Daniel James Thompson ROT type PP03 # 5437

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

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.

Printname	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>Gramp's Place</u>		<u>17/8/2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Daniel James Thompson</u>		<u>17/8/2011</u>



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#### SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established.

UNKNOWN 1990's

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

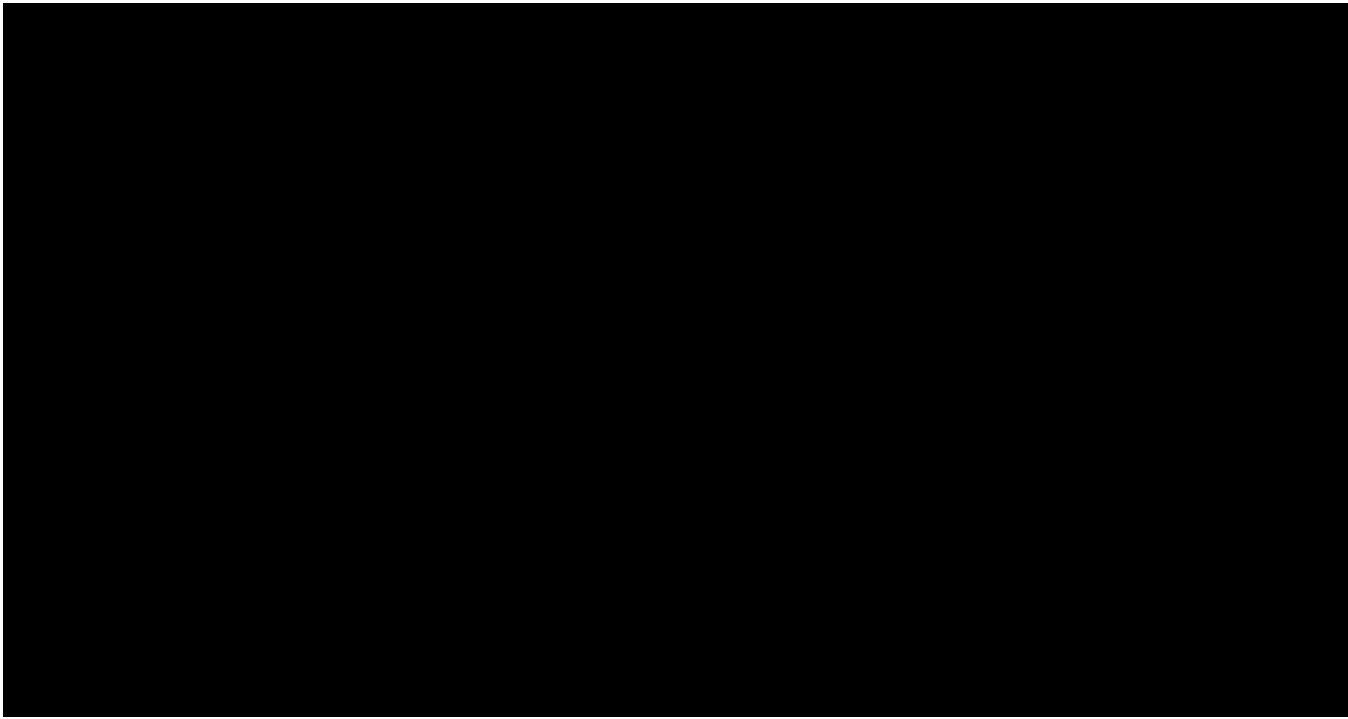
2004 change of fuel supplier, replace 1000 uswg vertical tank to 1000 uswg horizontal tank

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>Q0402704</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: 1000 USWG Portable: 225 USWG Mobile: 0



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Name of person completing this form (please print) <u>Daniel James Thompson</u>	Official Title	
Signature <u>Daniel James Thompson</u>	Telephone No. <u>705-569-3825</u>	Date (dd-mm-yyyy) <u>17/8/2011</u>



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

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

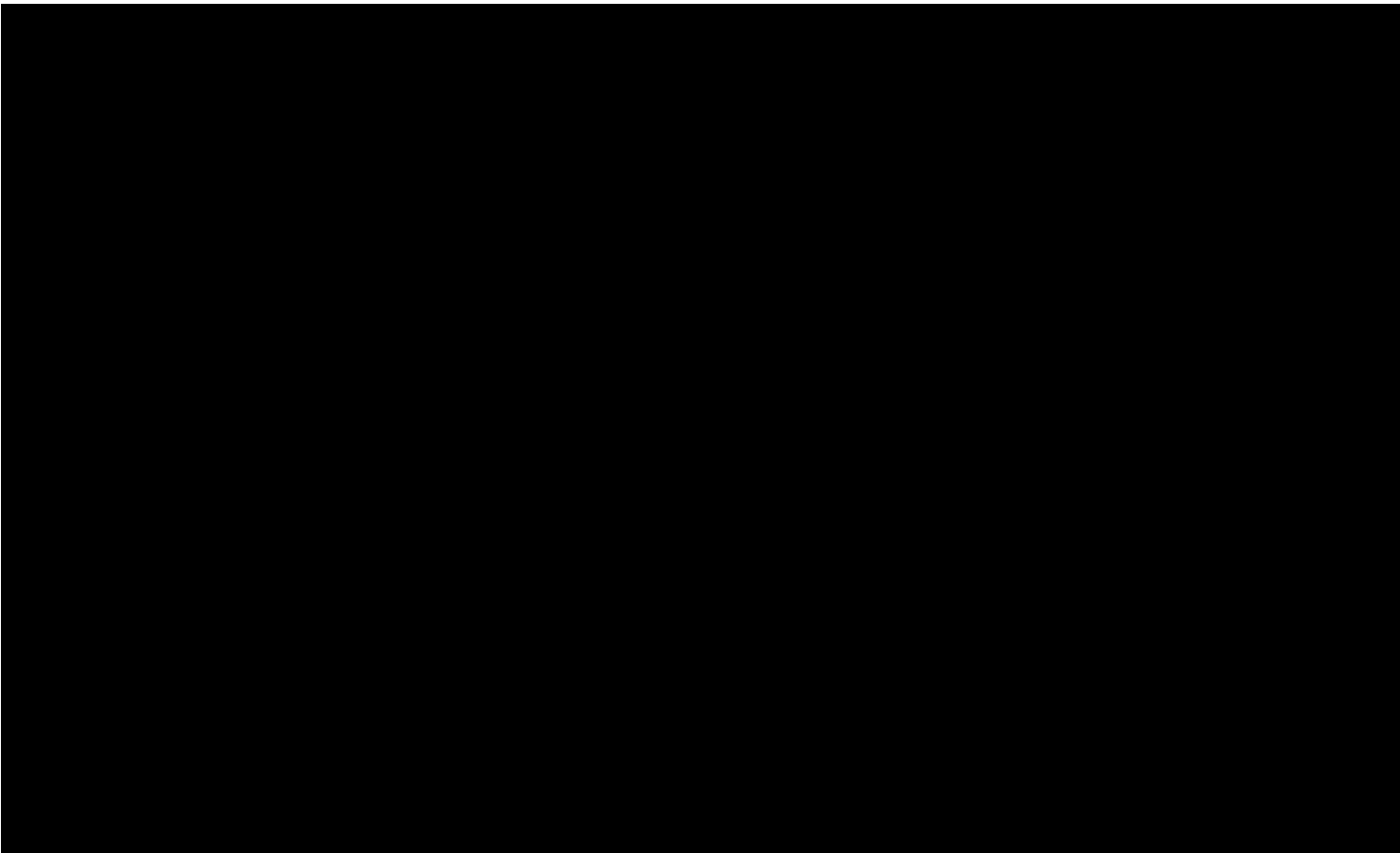
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	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>Q0402704</u>
Tank 2:	_____	_____
Tank 3:	_____	_____

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: 1000 USWG Portable: 205 USWG Mobile: 0



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Signature <u>Daniel James Thompson</u>	Telephone No. <u>705-569-3825</u>	Date (dd-mm-yyyy) <u>17/8/2011</u>



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

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

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		[Redacted]	
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.
n/a		
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)	Official Title	
Daniel James Thompson	owner /operator	
Signature	Telephone No.	Date (dd-mm-yyyy)
	705-569-3825	17/8/2011



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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.

This location is also license as a Gasoline Station. It as 2 tanks on site 1x 4500L Diesel underground tank located 16 meters from propane tank.

It also as 1 underground gasoline tanks 1x 9000 liters the fill pipes for this tank is located 30 meters away from the propane tank.

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

Fire extinguishers at propane tank and 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.

fusible link on cable operated Internal safety control valve, if fire should occur at or under propane tank the fusible link will shut off the flow of propane when

fusible links melts , Electrical Emergency Shut off . shut the power supply to dispenser which closes the selanoid valve which stops the flow of propane to

the dispenser hose. located at propane tank. Electrical shut off at main power supply.

Maintenance and testing schedule for fire protection controls and devices.

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

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Signature <i>Daniel James Thompson</i>		Telephone No. 705-569-3825	Date (dd-mm-yyyy) 17/8/2011



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

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name Dan Thompson	[Redacted]	Name Dan Thompson	For Office Use - Party No.
Official Title Owner /Operator		Official Title Owner /Operator	
Telephone No. 705-569-3825	Fax No. 705-569-2315	Cell No. 705-840-9532	Fax No. 705-569-2315
E-mail n/a		E-mail	
Role and responsibilities in emergency Main contact. Contacts emergency service and propane supplier		Role and responsibilities in emergency Main contact. Contacts emergency service and propane supplier	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Bonnie Thompson	For Office Use - Party No.	Name Bonnie Thompson	For Office Use - Party No.
Official Title Owner / operator		Official Title Owner /Operator	
Telephone No. 705-569-3825	Fax No. 705-569-2315	Telephone No. 705-569-3825	Fax No. 705-569-2315
E-mail		E-mail	
Role and responsibilities in emergency Main contact. Contacts emergency service and propane supplier		Role and responsibilities in emergency Main contact. Contacts emergency service and propane supplier	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Jim Sanderson	For Office Use - Party No.	Name Bruce Moore	For Office Use - Party No.
Official Title Fire Chief		Official Title Owner	
Telephone No. 705-569-3421 ext 1500	Fax No. 705-569-2834	Telephone No. 705-476-2334	Fax No. 705- 476-9908
E-mail temfire@temagami.ca		E-mail bruce@moorepropane.ca	
Role and responsibilities in emergency Fire Department Supervisor		Role and responsibilities in emergency Verify all involved parties have been contacted,assist fire department with propane issues,perform repairs on propane equipment.	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Monty Cummings	For Office Use - Party No.	Name Elaine Gunnell	[Redacted]
Official Title Deputy Fire Chief		Official Title Municipal Clerk	
Telephone No. 705-569-3421 ext 205	Fax No. 705-569-2834	Telephone No. 705-569-3421 ext 208	Fax No. 705-569-2834
E-mail building@tamagami.ca		E-mail clerk@temagami.ca	
Role and responsibilities in emergency Fire Department Supervisor when fire chief is not available		Municipality The Corporation of the Municipality of Temagami	

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Signature 	Telephone No. 705-569-3825
	Date (dd-mm-yyyy) 17/8/2011



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

2. Additional Safety Measures

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

n/a

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

3. Record of Emergency Training Provided - For most recent 12-month period.

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

Training Date (dd-mm-yyyy) 30/12/2009	Print Name of Training Provider: <u>Ontario Propane Association</u>
	Print Name of Instructor: <u>Kevin Summerton</u>
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy) 30/12/2009	Print Name of Training Provider: <u>Ontario Propane Association</u>
	Print Name of Instructor: <u>Kevin Summerton</u>
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Training Date (dd-mm-yyyy) 21/03/2011	Print Name of Training Provider: <u>Ontario Propane Association</u>
	Print Name of Instructor: <u>Kevin Summerton</u>
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mm-yyyy) 16/12/2011	Print Name of Training Provider: Ontario Propane Association
	Print Name of Instructor: Kevin Summerton
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) 16/12/2011	Print Name of Training Provider: Ontario Propane Association
	Print Name of Instructor: Kevin Summerton
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) 16/12/2011	Print Name of Training Provider: Ontario Propane Association
	Print Name of Instructor: Kevin Summerton
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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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

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

5. Emergency Response Communications Plan

**Warnings and Actions**

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).

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

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).

The owner operator will will evacuate the area of clients to safe distance as identified on receptor map. The personnel will meet at the truck snow plow turn around on HWY 11 just past Rabbit Lake Road at which point the fire department will take control of the situation on arrival.

**Communication with Emergency Response Authorities**

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).

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

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

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

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

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

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

The owner operator lives on site.

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Signature <i>Daniel James Thompson</i>	Telephone No. 705-569-3825
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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 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 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>80 m</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>80 m</u>	

*POUND AT BACK OF PROPERTY*

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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.

*MARTEN RIVER FIRE DEPT.*  
Local Fire Services Name

Print name

Signature  
*[Handwritten Signature]*

Date (dd-mm-yyyy)

*12/09/2011*

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Name of person completing this form (please print) Daniel James Thompson	Official Title owner / operator
Signature <i>[Handwritten Signature]</i>	Telephone No. 705-569-3825
	Date (dd-mm-yyyy) 17/8/2011



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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) 24/6 2011	Capacity of single largest propane storage vessel (USWG) 1000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 29 m	Right side property line: 94 m
Rear: 64 m	Left side property line: 4 M
GPS coordinates of single largest vessel: N46.55.152 / W079.45.004	

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Name of person completing this form (please print) Daniel James Thompson	Official Title owner / operator
Signature 	Telephone No. 705-569-3825
	Date (dd-mm-yyyy) 17/8/2011



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X2X4  
Fax: 416.231.4903  
Customer Service: 1.877.682.8772

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

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

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

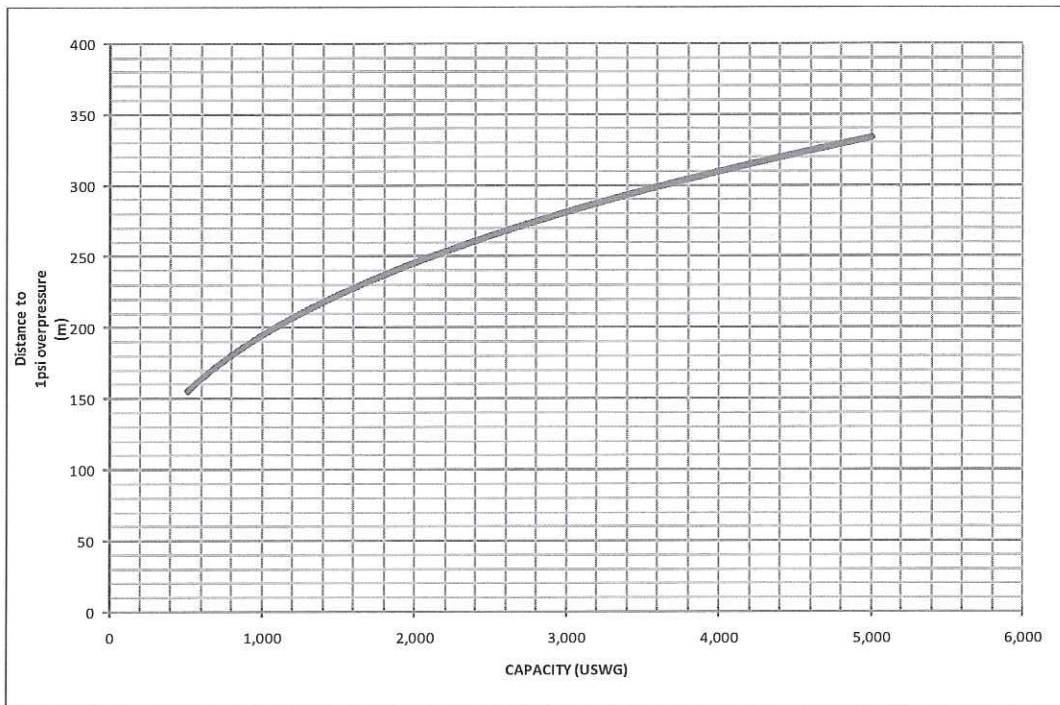
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

**Formula:**  $D = 16.94 \times (1.524 \times C)^{1/3}$   
 D = Distance to overpressure of 1 psi (meters)  
 C = Tank Total Capacity in USWG

**Parameters:** Density of Propane is 0.5033 kg per litre @ 15 C  
 Assume all vessels are 80% full  
 1 gallon [US, liquid] = 0.003785411784 cubic meter  
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)



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**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: <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>15</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Gramp's Place</u> Address: <u>4825 HWY 11</u> City: <u>Temagami</u> Province <u>On</u> Postal Code <u>POH-2H0</u>		X			<u>15</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: <u>Temagami Fire Department</u> Address: <u>5 Stevens Road</u> City: <u>Temagami</u> Province <u>ON</u> Postal Code <u>POH-2H0</u>		X			<u>20000</u> m

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

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Signature <i>Daniel James Thompson</i>	Telephone No. 705-569-3825	Date (dd-mm-yyyy) 17/8/2011



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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	5	147.5
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	10	58
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>		15	205

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

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

<b>Total Cylinder Capacity</b>	205
<b>Total Tank Capacity</b>	1000 USWG
<b>Total Portable Capacity</b>	205

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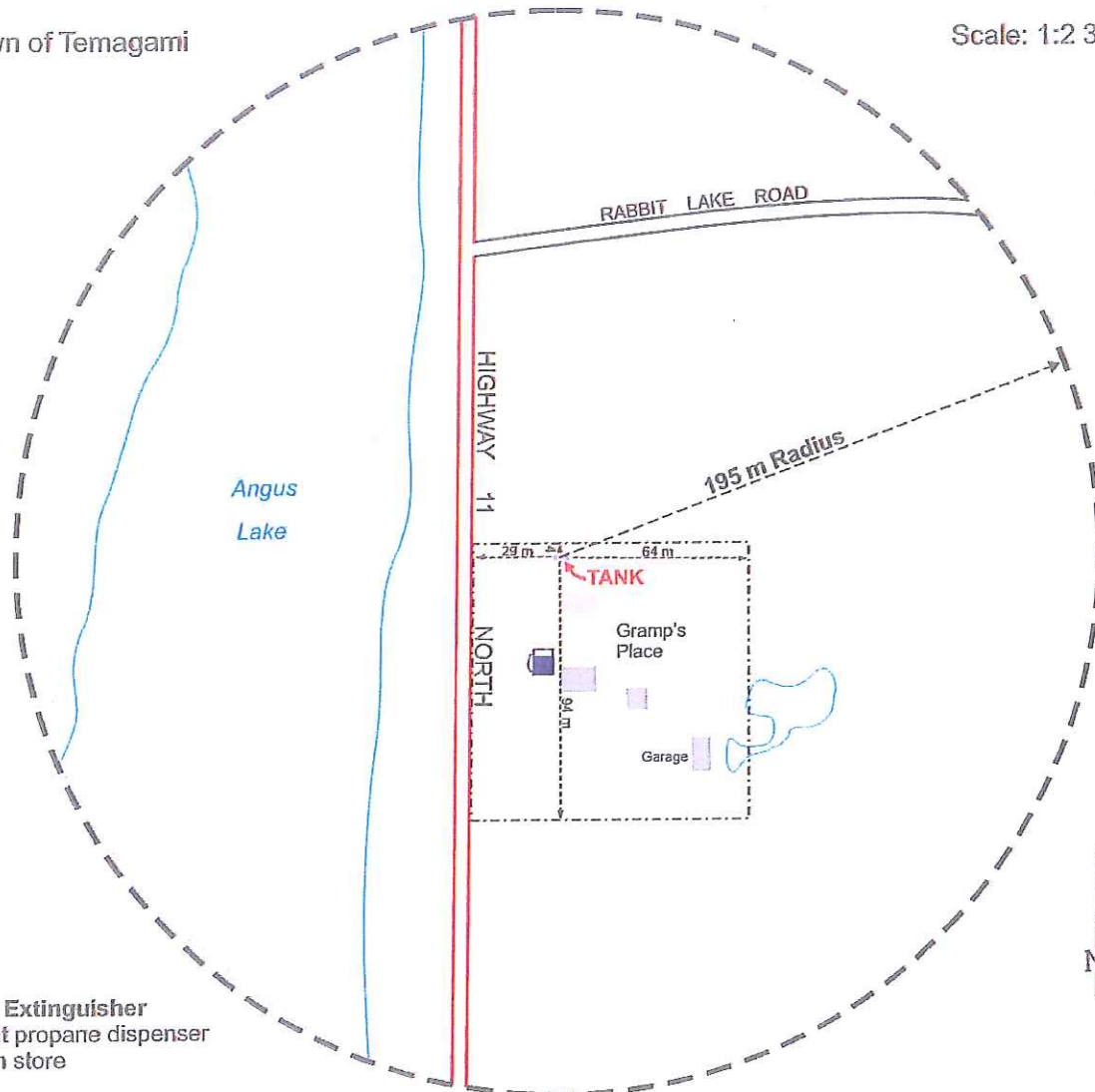
Name of person completing this form (please print) Daniel James Thompson		Official Title owner / operator	
Signature 		Telephone No. 705-569-3825	Date (dd-mm-yyyy) 17/8/2011



# Risk and Safety Management Plan PUBLIC RECEPTORS WITHIN HAZARD DISTANCE

Town of Temagami

Scale: 1:2 380



- Fire Extinguisher**
- 1 at propane dispenser
  - 1 in store

- Shut-Off**
- Emergency shut-off at dispenser
  - Power shut-off in store

LEGEND	
	Industrial/Commercial
	Residential Area
	Highway
	Road
	Gas Station

GPS N 46.55.152 / W079.45.004  
 Municipality of Temagami  
 Municipality Contact  
 Elaine Gunnell Town Clerk  
 705-569-3421 ext 208  
 P.O.Box 220 7 Lakeshore Drive  
 Temagami On.P0H-2H0

Nominal Water Capacity (USWG)	Distance to Endpoint (m)
500	155
1000	195
1,300	213
1,750	235
1,885	241
2,000	246
5,000	333

KennKart Digital Mapping ©2011

Moore Propane Ltd. ©2011

**Gramp's Place**  
 4825 Highway 11, Temagami, Ontario, Canada, P0H 2H0

# Risk and Safety Management Plan

## FACILITY SITE PLAN

Scale: 1:600

