Level 1 Risk and Safety Management Plan (RSMP)

Technical Standards and Safety Act

Propane Storage and Handling Regulation

Tel: 416.734.3300 Fax: 416.231.4078 Customer Service: 1.877.682.8772 propanelicensing@tssa.org

www.tssa.org

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 For Office Use Only Licence Number 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

re	pane storage	and Handling Regul	ation.		Standards and Safety Act,
	Company Name				Corporation No.
A	1395559 Ontario I	1970			1395559
	Operator Name (if dif Sturgeon Shell	ferent from above)			
_	Telephone No. 7057535595	Fax No. 7057535769	E-mail mike@asmstores.com		
В	Street No.	Street Name / 911 Numb	er / Address, if applicable		
	Town / City or Towns	ship / County		Province	Postal Code
	Sturgeon Falls			ON	P2B 2H8
	Mailing address i	f different from above.			1 20 210
С	Street No.		er / Address, if applicable		
	Town / City or Townsh	nip / County		Province	Postal Code
D	162	Front Street		Front Street/Nipissing	
	Town / City or Townsh	ip / County		Province	Postal Code
	Sturgeon Falls			ON	P2B 2H8
1	Name of Licence Holde	r			
L	Sturgeon Shell				
1	Name of a Senior Man Michel Renaud	agement person as defined i	n the regulation holding the Record	of Training (ROT).	QUE DO CONTEXT
	Municipality (or munic Vest Nipissing	ipalities if the facility or its ha	zard distance louches multiple bord	ders)	
	fours of operation.				
1					
1					
1					

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 I hereby declare that the information I have given Date (dd-mmm-yyyy) Name of Licence Holder Michel Renaud Name of Senior Management person as defined in the Regulation holding the Record of Training Michel Renaud



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SECTION A: GENERAL INFORMATION (cont'd)

2025	ar the facility was established.	Indicate the year of any significant	nt modifications, as defined in s.1, O.Reg 211/01, since establishmer	it.
dentify the psig	rating and serial number for e	ach fixed propane storage tank on	site.	
Tank 1:	PSIG 250 PSIG	Serial Number 358-00		
Tank2:				
Tank3:		MIN AND AND AND AND AND AND AND AND AND AN		
	f, portable, and mobile) and the	rtable, and mobile, and provide detectable, and mobile, and provide detectable; and provide detectable	ailed inventory that includes the number of tank/vessel for a separate document. Mobile: n/a	

Name of person completing this form (please print) Michel Renaud	Official Title President	
Signature	Telephone No. 705-753-5595	Date (dd-mmm-yyyy)



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Level 1 Risk and Safety Management Plan (RSMP)

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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

	ane Supplier(s)			For Office Use - Party No.
MOORE PROPA	NE			
Street No.	Street Name / 911 Number / A	address, if applicable		BUILDING BUILDING SERVICE SERVICES
56	GIBSON STREET			
Town / City or NORTH BAY	Township / Country		Province ON	Postal Cod
Telephone No. 054762334	Fax No. 7054769908	Contact Name Bruce Moore		
E-mail				
ruce@moorepro	pane.ca			
Name of Propa	ne Transporter. If same as ab	ove, please check box.		For Office Use - Party No.
Street No.	Street Name / 911 Number / A	ddress, if applicable		
Town / City or	Fownship / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name		
E-mail				
24 -14 - 0 11 -1				
on-site Cylinde	r and/or Mobile Storage	Capacity st	ored off-site, in USWG	For Office Use - Party No.
Street No.	Street Name / 911 Number / Ad	ldress, if applicable		
Town / City or T	ownship / Country		Province	I Postal Code
		617.00		, colai code
Telephone No.	ı Fax No.	Contact Name	- AP	

Name of person completing this form (please print)	Official Title	
Signature	President Telephone No.	Date (dd-mmm-yyyy)
	705-753-5595	204-29



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

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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLA	B: EMERGENCY AND PRI	PAREDNESS	RESPONSE	PLAN
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The licence holder will complete Section B in consultation with the local Fire Services.

Description of the maximum vo	olume, types and storage location of other hazardous materials on site, if any.
Description of fire and emerge Fire Extinguishers at dispenser a	ncy equipment indicated on facility site map. nd in store.
and describe their function, use Fusible link on cable operated into	ernal safety control valve. If fire should occur at or under propane tank the fusible link will shut off the flow of propane
when the fusible link melts. Elect	rical Emergency Shut Off which shuts the power supply to the dispenser, will close the solenoid valve stopping the
flow of propane to the dispenser I	nose located at the propane tank. Electrical shut off at main power supply.
Maintenance and testing sched	ule for fire protection controls and devices. nonthly by staff and yearly by fire safety services. The propane systems and controls are inspected yearly by fuel supplier
and daily by staff	The proparie systems and controls are inspected yearly by fuel supplier

Official Title President	
Telephone No. 705-753-5595	Date (dd-mmm-yyyy)
	Telephone No.



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Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

Propane Storage and Handling Regulation

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

1. Contacts for Emergency Response

	nel - Key Contact		5. Facility 24-Hour Cor	ntact Person	
Name Michel Renaud		For Office Use - Party No.	Name Michel Renaud		For Office Use - Party N
Official Title President			Official Title President		
Telephone No. 7054711414	Fax No. 7057535	769	Cell No. 7054711414	Fax No. 705753576	69
E-mail mike@asmstores.com		4.7	E-mail mike@asmstores.com		
Role and responsibilities in e			Role and responsibilities	in emergency	
evacuation of building and pro propane supplier	operty, contacting er	nergency services and	evacuation of building and supplier		ergency services and propa
2. Facility Contact Person	nel - Alternate Co	ontact	6. Name of Facility Man	ager	
Name Eric Report		For Office Use - Party No.	Name		For Office Use - Party No
Eric Renaud Official Title			Official Title		
General Manager	107 - 107 -		Official Title		
Telephone No. 7054771668	Fax No. 7057535	769	Telephone No.	Fax No.	
E-mail eric@asmstores.com			E-mail		
Role and responsibilities in e	emergency		Dolo and access to the		
evacuation of building and pro		organav sandasa d	Role and responsibilities i	n emergency	
propane supplier	perty, contacting en	lergency services and			
3. Local Fire Services - Ke	ev Contact	(Ba56)	7 Propose Supplies K		
Name		For Office Use - Party No.	7. Propane Supplier Key	Contact Person	
					Cor Office Use Ded M
Frank Loeffen		or office ode 1 arry 140.			For Office Use - Party No
Official Title	E-mail		Bruce Moore Official Title	E-mail	For Office Use - Party No
Official Title Fire Chief	floeffen@		Bruce Moore Official Title Owner		orepropane.ca
Official Title Fire Chief Telephone No. 7057531171	floeffen@ Fax No. 70575369	wnfs.ca	Bruce Moore Official Title Owner Telephone No.		
Official Title Fire Chief Telephone No. 7057531171 Role and responsibilities in ei	floeffen@ Fax No. 70575369	wnfs.ca	Bruce Moore Official Title Owner	bruce@mo Fax No.	
Fire Chief Telephone No. 7057531171 Role and responsibilities in el supervisor of fire department	floeffen@ Fax No. 70575369	wnfs.ca	Bruce Moore Official Title Owner Telephone No. 7054762334 Role and responsibilities ir owner/operator	Fax No.	
Official Title Fire Chief Telephone No. 7057531171 Role and responsibilities in elsupervisor of fire department Fire Services Address 225 Holditch Street, Suite 104, S	floeffen@ Fax No. 70575369 mergency	wnfs.ca	Bruce Moore Official Title Owner Telephone No. 7054762334 Role and responsibilities in	Fax No.	
Official Title Fire Chief Telephone No. 7057531171 Role and responsibilities in elsupervisor of fire department Fire Services Address 225 Holditch Street, Suite 104, S	floeffen@ Fax No. 70575369 mergency	wnfs.ca	Bruce Moore Official Title Owner Telephone No. 7054762334 Role and responsibilities ir owner/operator Propane Supplier Address	Fax No.	
Official Title Fire Chief Telephone No. 7057531171 Role and responsibilities in el supervisor of fire department Fire Services Address	floeffen@ Fax No. 70575369 mergency	wnfs.ca	Bruce Moore Official Title Owner Telephone No. 7054762334 Role and responsibilities in owner/operator Propane Supplier Address 56 Gibson Street, North Bay 8. Municipal Contact Name	Fax No.	orepropane.ca
Official Title Fire Chief Telephone No. 7057531171 Role and responsibilities in elsupervisor of fire department Fire Services Address 225 Holditch Street, Suite 104, S 4. Local Fire Services - Alte Name	floeffen@ Fax No. 70575369 mergency	wnfs.ca 35 B 1T1 For Office Use - Party No.	Bruce Moore Official Title Owner Telephone No. 7054762334 Role and responsibilities in owner/operator Propane Supplier Address 56 Gibson Street, North Bay 8. Municipal Contact Name Melanie Ducharme Official Title	Fax No.	
Official Title Fire Chief Telephone No. 7057531171 Role and responsibilities in elsupervisor of fire department Fire Services Address 225 Holditch Street, Suite 104, S 1. Local Fire Services - Alter Name Gilles Imbeau Official Title Fire Prevention Officer Telephone No. 7057531171	floeffen@ Fax No. 70575369 mergency sturgeon Falls ON, P2 ernate Contact E-mail gimbeau@ Fax No. 705753693	wnfs.ca 35 B 1T1 For Office Use - Party No.	Bruce Moore Official Title Owner Telephone No. 7054762334 Role and responsibilities in owner/operator Propane Supplier Address 56 Gibson Street, North Bay 8. Municipal Contact Name Melanie Ducharme Official Title Municipal Clerk Telephone No.	bruce@mo Fax No. n emergency ON, P1B8Z4 Fax No.	orepropane.ca For Office Use - Party No
Official Title Fire Chief Telephone No. 7057531171 Role and responsibilities in elupervisor of fire department Fire Services Address 225 Holditch Street, Suite 104, S Local Fire Services - Alte Name Billes Imbeau Official Title Fire Prevention Officer Felephone No. 7057531171 Role and responsibilities in en	floeffen@ Fax No. 70575369 mergency sturgeon Falls ON, P2 ernate Contact E-mail gimbeau@ Fax No. 705753693	wnfs.ca 35 B 1T1 For Office Use - Party No.	Bruce Moore Official Title Owner Telephone No. 7054762334 Role and responsibilities in owner/operator Propane Supplier Address 56 Gibson Street, North Bay 8. Municipal Contact Name Melanie Ducharme Official Title Municipal Clerk Telephone No. 7057532250	bruce@mo Fax No. n emergency ON, P1B8Z4	orepropane.ca For Office Use - Party No
Official Title Fire Chief Telephone No. 1057531171 Role and responsibilities in elupervisor of fire department Fire Services Address 25 Holditch Street, Suite 104, S Local Fire Services - Alte Name Iilles Imbeau Official Title Iire Prevention Officer Telephone No. 1057531171 Role and responsibilities in enupervisor	floeffen@ Fax No. 70575369 mergency sturgeon Falls ON, P2 ernate Contact E-mail gimbeau@ Fax No. 705753693	wnfs.ca 35 B 1T1 For Office Use - Party No.	Bruce Moore Official Title Owner Telephone No. 7054762334 Role and responsibilities in owner/operator Propane Supplier Address 56 Gibson Street, North Bay 8. Municipal Contact Name Melanie Ducharme Official Title Municipal Clerk Telephone No.	bruce@mo Fax No. n emergency GON, P1B8Z4 Fax No. 7057533950	orepropane.ca For Office Use - Party No
Official Title Fire Chief Telephone No. 7057531171 Role and responsibilities in elupervisor of fire department Fire Services Address 225 Holditch Street, Suite 104, S I. Local Fire Services - Alter Name Billes Imbeau Official Title Fire Prevention Officer Felephone No.	floeffen@ Fax No. 70575369 mergency sturgeon Falls ON, P2 ernate Contact E-mail gimbeau@ Fax No. 705753693 mergency	wnfs.ca 35 B 1T1 For Office Use - Party No.	Bruce Moore Official Title Owner Telephone No. 7054762334 Role and responsibilities in owner/operator Propane Supplier Address 56 Gibson Street, North Bay 8. Municipal Contact Name Melanie Ducharme Official Title Municipal Clerk Telephone No. 7057532250 E-mail	Fax No. 7057533950 estnipissing.on.ca	orepropane.ca For Office Use - Party No

that the information I have given here is true and complete.

Nama of parage paraglatic attitude		
Name of person completing this form (please print)	Official Title	
Michel Renaud		
	President	
Signature	Telephone No.	Date (dd-mmm-yyyy)
	705-753-5595	22-04-25
FORM #: FS-030-v3	'	00 0103



Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416.734.3300 Fax: 416.231.4078 Customer Service: 1.877.682.8772 propanelicensing@tssa.org

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

2. Additional Safety Measures

Describe any other managers in place at the	-1-22	
Describe any other measures in place at th	e facility that exceed the minimum Code and Standard	ds requirements.
	1 2 2	

	g. To the foliate and complete	ete.
Name of person completing this form (please print) Michel Renaud	Official Title President	
Signature	Telephone No. 705-753-5595	Date (dd-mmm-yyyy) JQ-O4-JS
FORM #: FS-030-v3	200	



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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 Res	esponse Plan and Procedures provided to facility key contacts.	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: CPA	
9-2-2024	Print Name of Instructor: Richard Tetreault	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:	
Tel -	Print Name of Instructor:	
Training on the facility's Em	nergency Management Procedures provided to staff.	
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 Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
On-site specific training pro	ovided to certificate holders / persons with Records of Training.	
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: CPA	
9-2-2024	Print Name of Instructor: Richard Tetreault	
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:	

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

· Martin Control of the Control of t	o and and comple	oto.
Name of person completing this form (please print)	Official Title	
Michel Renaud	President	
Signature	Telephone No.	Date (dd-mmm-yyyy)
	705-753-5595	22.04-25

FORM #: FS-030-v3



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

4. Emergency Training Plan for Coming Year

Training on Emergency Re	sponse Plan and Procedures provided to facility key contacts.	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider: CPA	
	Print Name of Instructor: Richard Tetreault	
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 Em	nergency Management Procedures provided to staff.	
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:	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
On-site specific training pro	ovided to certificate holders / persons with Records of Training.	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider: CPA	
	Print Name of Instructor: Richard Tetreault	
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:	

Official Title	
President	
Telephone No. 705-753-5595	Date (dd-mmm-yyyy)
	Telephone No.



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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 of an incident should occur, the owner/operator will assess the s	when the warning will be given (including public notification as appropriate). situation and take proper action to control the incident. If the owner cannot control the situation.
	ervices through 911 as well as contacting the fuel supplier. The fuel supplier will contact TSSA
Describe what notice is to be talked and but to be	
activating the evacuation plan, if necessary).	warning is issued (including details of a meeting place in a safe identified area and
The owner/operator will evacuate all from the area to a safe dis The fire department will control the scene on arrival.	stance. The personnel will meet at the front of Gervais Tavern directly across Front Street.
The life department will control the scene on arrival.	
Communication with Emergency Response Authorit	tios
	varning to emergency response authorities (including a process to ensure that a call is
placed to 911).	
If an incident should occur, the owner/operator will assess the s	situation and take proper action to control the incident. If the owner cannot control the situation,
he will evacuate the immediate area and contact emergency se	rvices through 911 as well as contacting the fuel supplier. The fuel supplier will contact TSSA
and will confirm the owner/operator has contacted 911.	
Describe provisions for fire department entry when there a	are no operations or staffing at the propage site
The propane fuel supplier has their contact information on the p	ropane supply tank and the client contact information on file.
Describe how the licence holder will ensure continual flow o	f updated information to authorities.
The owner/operator will contact the propane fuel supplier who in	turn will keep the authorities advised.
	No.
How long will it take the facility liaison person to respon The owner can arrive on site in approximately 5 minutes	d to the site.

Name of person completing this form (please print) Michel Renaud	Official Title President	
Signature	Telephone No. 705-753-5595	Date (dd-mmm-yyyy)
ORM #: FS-030-v3		760



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Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

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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 Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)? Is there adequate night lighting at the site? Are procedures in place that ensure access routes, aisles, storage area, filling areas 3. and the grounds are kept clear from unwanted materials? 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? Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? 6. Are weighing systems validated for accuracy? 7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)? Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves) Is the schedule of maintenance and testing activities retained on site? 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 Is a pressurized water system available at the propane facility site? Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location? What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only) 72 m What is the unobstructed distance to the closest approved water supply with year 4 round access if there are no hydrants? (distance in metres only) n/a

Name of person completing this form (please print) Michel Renaud	Alien)	Official Title President	
Signature	14:141	Telephone No. 705-753-5595	Date (dd-mmm-yyyy)
FORM #: FS-030-v3	44 744		



Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416.734.3300 Fax: 416.231.4078 Customer Service: 1.877.682.8772 propanelicensing@tssa.org

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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		Yes No
Has the local fire service had an opportunity to review the f	Emergency Response and Preparedness Plan?	
If not, please explain (e.g., no fire services)		
Fire services comments, if any:	the Circle K parking let for the section by the	
Section B page 9 Warning and Actions identifies the location as Thank for updating the evacuation location on page 9. April 17, 2	2025	imend the meeting location be review
To be completed by the Licence Holder		
In response to the above comments, the following action(s The meeting location has been updated as per the suggestion of) is required: f the Fire Department	
The licence holder will respond to the Local Fire Services	s comments by: 15-APR-2025	
		-mmin-yyyy)
L The undersigned has reviewed Section B of the Risk a	OCAL FIRE SERVICES and Safety Management Plan Fire Services.	
	Sig	Date (dd-mmm-yyyy)

Name of person completing this form (please print)	Official Title	
Signature	Telephone No. 705-753-5595	Date (dd-rnmm-yyyy)
FORM #: FS-030-v3		10000103



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Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

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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

2000 U	apacity of single largest pro	opane storage vessel (USWG)
cement on the map.	Right side property line:	95 m
	Left side property line:	40 m
el: N°46 21.9401'	W°079 55.1866'	
	acement on the map.	2000 USWG accement on the map. Right side property line: Left side property line:

Name of person completing this form (please print) Michel Renaud	Official Title President	
Signature	Telephone No. 7057535595	Date (dd-mmm-yyyy)



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Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

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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:

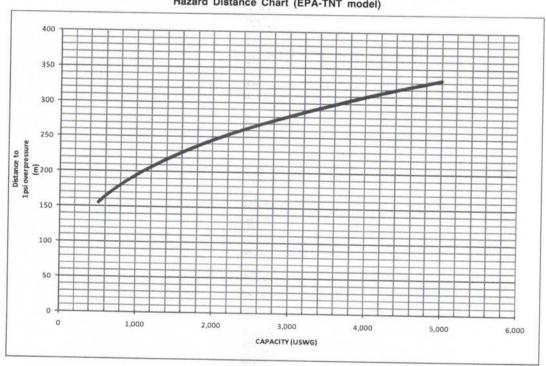
Density of Propane is 0.5033 kg per litre @ 15 C

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")			
	The state of the s	0	1	2-10	11+	Building or Feature		
Industrial Name:	buildings or parks or golf courses n/a							
Address:						m		
City:	Province Postal Code							
Resident								
Name:						84		
Address:					x	m		
City:								
Commerc	cial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name				_			
	Address:					7000		
	169 Front St			x		65m		
	Sturgeon Falls on. P2B-2H9 rovince Postal Code							
Commerc Name:	ial building units – continuous occupancy specifically hotels, campgrounds, and resorts.							
Address:	175 Front Street					74 m		
City:	Sturgeon Falls Province ON Postal Code P2B 2J1							
Sensitive institutions Name:	institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health s, and prisons. n/a					m		
Address:								
City:	Province Postal Code							
Emergenc	y responders specifically fire stations, ambulance stations, and police stations. West Nipissing Fire and Emergency Service	\dashv						
Address:	225 Holditch Street, Suite 104		, l			850 m		
City:	Sturgeon Falls Province on Postal Code P2B 1T1		^			m		
Name: Address: City:	225 Holditch Street, Suite 104		x					

N	mi mave given here is true and complete	
Name of person completing this form (please print) Michel Renaud	Official Title President	
Signature	Telephone No. 705-753-5595	Date (dd-mmm-yyyy)

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



Fax: 416.231.4078 Customer Service: 1.877.682.8772 propanelicensing@tssa.org www.tssa.org

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

WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5	5	147.5
# 40	11.75	to A	
# 33.3	9.62	6	
# 30	8.8	10	88
# 20	5.8	20	116
# 10	2.9	E Part	
# 5	1.5	INTERNATION	

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
	-1 f - 2	
	73	
	310	

351	
2000 uswg	
2351	
	2000 uswg

^{*}Information provided in this application is releasable under the Freedom of Information and Privacy Protection Act and may be disclosed upon request.

FORM #: FS-030-v3

Note:

The following fees are applicable only if there are changes to the most recent RSMP submission.

If this RSMP is for a new facility/License Holder Change, RSMP fees are charged as part of the initial application fee and the fees below do not apply.

If there are no changes to the RSMP, no RSMP fees are due.

FEES (HST Registration No: 891131369)

Select	Service	Fee Type	Fee	HST	Total (Including HST)	Total Fees Due
	Risk Safety Management Plan (RSMP) - Changes to RSMP from prior year's submission					
	Bulk Plant & Fill Sites - L1, <5,000 Gallons (includes review)	Flat*	\$ 223.50	\$ 29.06	\$ 252.56	
	Expedited Services**		340	1111		
	Expedited Engineering Services (Additional charge to engineering review per site application)	Flat	\$ 560.00	\$ 72.80	\$ 632.80	
	No.		1030	***************************************	1.5	
	Total F	ees Due				
	12.7		1			

If paying by credit card, amount in Box 1 to be entered in TSSA Service Prepayment Portal

All required fees must be prepaid for application to be processed. Fees are non-refundable. For payment options, see Payment Instructions

*Flat fees relating to engineering services or initial inspection may be subject to additional billing if engineering submissions are inadequate or require excessive engineering review/initial inspection time. Additional billing, if any, will be billed in 1/4 hour increments at the applicable hourly labour rate based on TSSA's posted fee schedule. All labour rates are per inspector or engineer.

**Expedited Services

Expedited service fees are non-refundable

Expedited services places your application in an expedited service line.



Toronto, Ontario M9W 6N9

PAYMENT INSTRUCTIONS

TSSA use only	L#	CH#	-
WO#			

If paying by cheque, bank draft, money order, this form must accompany all applications submitted to TSSA. A separate payment form is required for each application. Please refer to our fee schedule posted on our website www.tssa.org. HST Registration No: 891131369.

Payment Options:	
Credit Card - Click link below	
TSSA Service Prepayment Portal https://forms.tssa.org/Payments/Service	e-Prepayment-Portal
Cheque, Bank Draft or Money Order	payable to Technical Standards and Safety Authority
Name of Applicant/Organization:	
Telephone No:	
Email Address:	
Cheque/Bank Draft/Money Order #:	
Mail payment along with a copy of ye	our application to:
Attention: Accounts Receivable	
Technical Standards and Safety Aut	hority
345 Carlingview Drive	

If a copy of the application is not submitted with your payment, this will delay the processing of the application.

Dishonored Payments: A \$35 administration fee will apply for each returned item