



Technical Standards and Safety Authority
 www.tssa.org

14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 3X4
 Fax: 416 231 4078
 Customer Service: 1-877-602-6778

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 600 USWG of portable propane storage capacity on site.

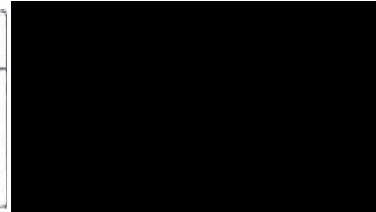
Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the Technical Standards and Safety Act

Licence Number: 00784148900

Check applicable type of propane container:

Cylinder Motor Fuel Filling Plant Cylinders/psk

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.

Company Name: Short Point Cafe & Conventrice Corporation No.:

Operator Name (if different from above):

Telephone No.: 613 828 9301 Fax No.: Email:

Street No.: 384 Street Name / R11 Number / Address, if applicable: Lyndhurst Rd

Town / City or Township / County: Lyndhurst Province: Ontario Postal Code: K0E 1N0

Mailing address (if different from above):

Street No.: Street Name / R11 Number / Address, if applicable:

Town / City or Township / County: Province: Postal Code:

Information on Container Refill Centre or Filling Plant

Location of facility:

Street No.: 384 Street Name / R11 Number / Address, if applicable: Lyndhurst Rd Nearest Water Intersection: CTY RD 33 and Cty RD 3

Town / City or Township / County: Lyndhurst Province: Ontario Postal Code: K0E 1N0

Name of Licence Holder:

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Angela Cassese ROT type: 500-1

Municipality (or municipalities if the facility or its hazard distance crosses multiple borders): Township of Leeds and Thousand Islands

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.

Print Name: Angela Cassese Signature: [Handwritten Signature] Date (dd-mm-yyyy): 04/11/15

Name of Licence Holder: Angela Cassese

Name of Senior Management person as defined in the Regulation holding the Record of Training: Angela Cassese Date: 04/11/15



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 1993 Indicate the year of any significant modifications, as defined in s.1. O.Reg 211/01, since establishment. None

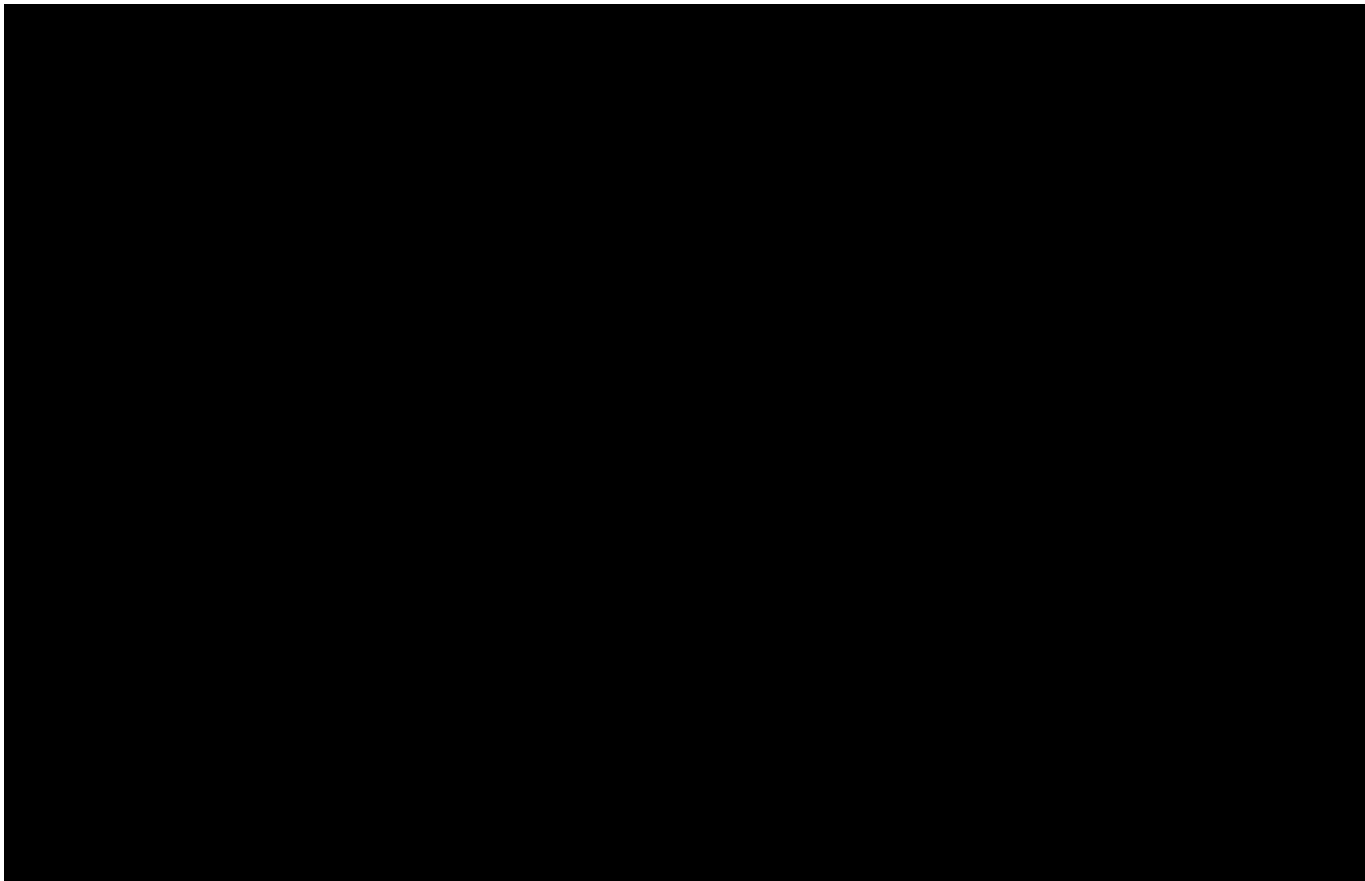
Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank1:	<u>250</u>	<u>854-01</u>
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: 1000 Portable: 58 Mobile: 3600

↑ increased,



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Name of person completing this form (please print) <u>Angela Descealse</u>	Official Title <u>Co-Tenant</u>
Signature 	Telephone No. <u>613 826 3301</u>
	Date (dd-mm-yy) <u>04/11/15</u>



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

Name of Propane Supplier(s) P38 Energy		For Office Use - Party No.	
Street No. 683	Street Name / 911 Number / Address, if applicable Laroque Rd		
Town / City or Township / Country Valleyfield		Province Quebec	Postal Code J8T 4E1
Telephone No. 450 373 4983	Fax No. 450 373 3336	Contact Name Guy Marchand	
E-mail Guy@budgetpropane.com			

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 Not Applicable	Capacity stored off-site, in UQWG	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) Angela Desautels	Official Title Co-Tenant		
Signature 	Telephone No. 613 928 3301	Date (dd-mm-yyyy) 04/11/15	



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

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.
 Propane 1000 USWG
 No other hazardous materials

Description of fire and emergency equipment indicated on facility site map.
 20lb Fire Extinguishers in Compound
 6lb Fire Extinguisher 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 at shut off on tank
 Emergency electrical shut off switch at compound
 Electrical circuit breaker in panel in store

Maintenance and testing schedule for fire protection controls and devices.
 Annually

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Name of person completing this form (please print) Angela Desrosiers	Official Title Co-Tenant	
Signature 	Telephone No. 813 928 3301	Date (dd-mm-yyyy) 04/11/15



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SECTION 8: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name Angela Desseles	For Office Use - Party No.	Name Angela Desseles	For Office Use - Party No.
Official Title Co-Tenant		Official Title Co-Tenant	
Telephone No. 613 928 3301	Fax No.	Cell No. 613 803 1088	Fax No.
E-mail a_desseles@hotmail.com		E-mail a_desseles@hotmail.com	
Role and responsibilities in emergency Notify appropriate authorities by phone and describe incident - 911		Role and responsibilities in emergency Notify appropriate authorities by phone and describe incident - 911 Notify propane supplier	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Ronald Karas	For Office Use - Party No.	Name Angela Desseles	For Office Use - Party No.
Official Title Co-Tenant		Official Title Co-Tenant	
Telephone No. 613 928 3301	Fax No.	Telephone No. 613 928 3301	Fax No.
E-mail rkaras@bell.net		E-mail a_desseles@hotmail.com	
Role and responsibilities in emergency Notify appropriate authorities by phone and describe incident - 911		Role and responsibilities in emergency Notify appropriate authorities by phone and describe incident - 911 Notify propane supplier	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Wayne Shields	For Office Use - Party No.	Name Guy Merchant	For Office Use - Party No.
Official Title Chief PPO	E-mail	Official Title Owner	E-mail guy@budgetpropane.com
Telephone No. 613 928 3303	Fax No.	Telephone No. 450 373 4333	Fax No. 450 373 3336
Role and responsibilities in emergency First Response and Suppression		Role and responsibilities in emergency Activate ERAP if necessary	
Fire Services Address 1400 King St. East, Lakeshore Ontario	<i>P.O. Box 280 1233 Princess St.</i>	Propane Supplier Address 533 Laroue Rd Valleyfield QC	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Gerald Bennett	For Office Use - Party No.	Name Elaine Mallory	For Office Use - Party No.
Official Title Fire Chief	E-mail	Official Title Director of Planning and Development	
Telephone No. 613 928 3303	Fax No.	Telephone No. 613 659 2415	Fax No. 613 659 3519
Role and responsibilities in emergency First Response and Suppression		E-mail efaine@townshipleeds.on.ca	
Fire Services Address Stn 2 - 312 Lyndhurst Rd, Lyndhurst Ontario		Municipality Name and Address Twp of Leeds and the Thousand Islands, 1253 Prince St, Lakeshore ON K0E1L0	

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Name of person completing this form (please print) Angela Desseles	Official Title Co-Tenant
Signature 	Telephone No. 613 928 3301
	Date (dd-mm-yyyy) 04/11/15



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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.

Lighting

Hose inspections

Cylinder tracking

ICS turned off, Compound locked

Fire Station close by

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Name of person completing this form (please print)		Official Title
Angela Desroches		Co-Tenant
Signature		Telephone No.
		813 928 3301
		Date (dd-mm-yyyy)
		04/11/15



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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) 22-Jun-2012	Print Name of Training Provider: Jean Marc Levac
	Print Name of Instructor: Jean Marc Levac
Training Date (dd-mm-YYYY) 08-Jan-2013	Print Name of Training Provider: Jean Marc Levac
	Print Name of Instructor: Jean Marc Levac
Training Date (dd-mm-YYYY) 28-Mar-2015	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)	Print Name of Training Provider:
	Print Name of Instructor:
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 and off-site training provided to certificate holders / persons with Records of Training.

Training Date (dd-mm-YYYY) 22-Jun-2012	Print Name of Training Provider: Jean Marc Levac
	Print Name of Instructor: Jean Marc Levac
Training Date (dd-mm-YYYY) 08-Jan-2013	Print Name of Training Provider: Jean Marc Levac
	Print Name of Instructor: Jean Marc Levac
Training Date (dd-mm-YYYY) 28-Mar-2015	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) Angela Deseelles	Official Title Co-Tenant
Signature 	Telephone No. 613 828 3301
	Date (dd-mm-YYYY) 04/11/15



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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) 01-Jan-2016	Print Name of Training Provider: P38 Energy
	Print Name of Instructor: TBD
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) 01-Jan-2016	Print Name of Training Provider: P38 Energy
	Print Name of Instructor: TBD
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) 01-Jan-2016	Print Name of Training Provider: P38 Energy
	Print Name of Instructor: TBD
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) Angela Dasseles	Official Title Co-Tenant
Signature 	Telephone No. 613 928 3301
	Date (dd-mm-yyyy) 06/11/15



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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.

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).
Pump Attendant / Co-Tenant to notify appropriate authorities by phone and describe nature of incident - 911

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).
Pump Attendant / Co-Tenant to ensure that danger area has been evacuated. Rendezvous at Intersection of City Rd 33 and Short Point RD.

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).
Pump Attendant to call 911 at time of incident

Describe provisions for fire department entry when there are no operations or staffing at the propane site.
Fire Dept has access to facility and authority to cut lock on fenced compound

Describe how the licence holder will ensure continual flow of updated information to authorities.
Co-Tenant will be on-site to communicate with Fire officials and Incident Commander

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

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Name of person completing this form (please print) Angela Desrosiers	Official Title Co-Tenant	
Signature 	Telephone No. 613 928 3301	Date (dd-mm-yyyy) 04/11/15



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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 licensee 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 licensee 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>500 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>500 metres</u>	

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Name of person completing this form (please print) Angele Dessefas	Official Title Co-Tenant
Signature 	Telephone No. 613 928 3301
Date (dd-mm-yyyy) 04/11/15	



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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 Emergency Response and Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If not, please explain (e.g., no fire services).		
<hr/> <hr/>		
Fire services comments, if any:		
<hr/> <hr/>		
To be completed by the Licence Holder		
In response to the above comments, the following action(s) is required:		
<hr/> <hr/>		
The licence holder will respond to the Local Fire Services comments by: _____		
<small>(dd-mmm-yyyy)</small>		

LOCAL FIRE SERVICES		
The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.		
<small>Print name</small> Township of LEEDS + 1000 Island	<small>Signature</small> 	<small>Date (dd-mmm-yyyy)</small> 21-10-2015

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<small>Name of person completing this form (please print)</small> Angela Dossela	<small>Official Title</small> Co-Tenant
<small>Signature</small> 	<small>Telephone No.</small> 613 928 3301
	<small>Date (dd-mmm-yyyy)</small> 04/11/15



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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 6.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below.

Required Mapping Information from Updated Site Plan

Data map prepared (dd-mmm-yyyy)	Capacity of single largest propane storage vessel (LBSWG)		
	1000		
Tank setback coordinates. Indicate placement on the map.			
Front:	<u>125 ft</u>	Right side property line:	<u>178 ft</u>
Rear:	<u>75 ft</u>	Left side property line:	<u>25 ft</u>
GPS coordinates of single largest vessel:		<u>44 32' 48.71" N, 78 7' 44.27"</u>	

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Name of person completing this form (please print) Angela Desjardis	Official Title Co-Tenant	
Signature 	Telephone No. 613 228 3301	Date (dd-mmm-yyyy) <u>04/11/15</u>



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SECTION C: SUBMISSIONS (cont'd)
Applicant must include a Facility Site Plan and Map of Surrounding Area.

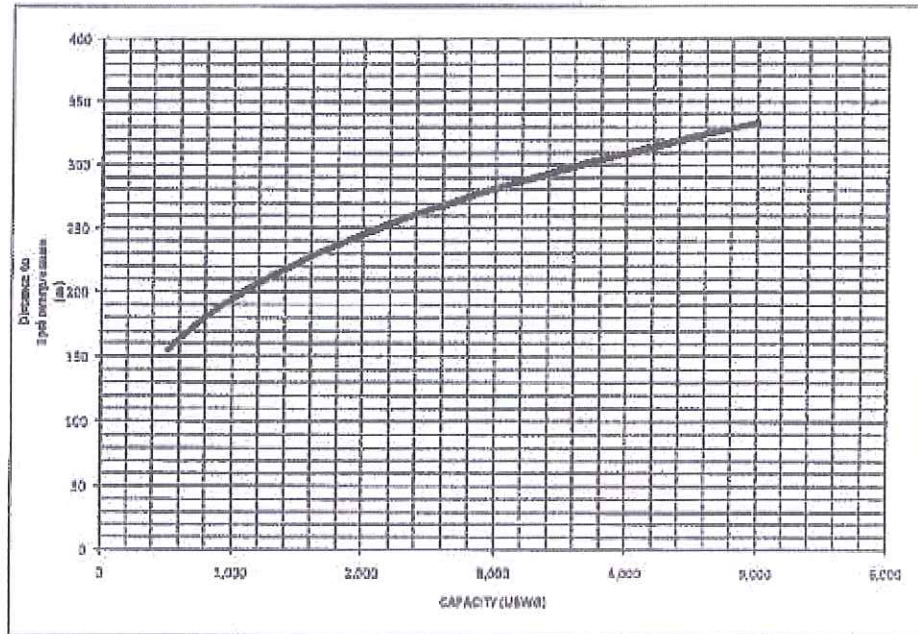
Table 1: Distance Table

Water Capacity (litre)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	219
5,820	1,750	235
7,130	1,895	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 0.5039 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>None</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]			X		176 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Home Hardware Building Centre</u> Address: <u>City Rd 35</u> City: <u>Lyndhurst</u> Province <u>Ontario</u> Postal Code <u>K0E 1N0</u>			X		100 m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>Leeds and Thousand Islands Fire Service - Lyndhurst Station</u> Address: <u>312 Lyndhurst Rd</u> City: <u>Lyndhurst</u> Province <u>Ontario</u> Postal Code <u>K0E 1N0</u>					600 m

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

Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Name of person completing this form (please print) <u>Angela Desrosiers</u>	Official Title <u>Co-Tenant</u>	
Signature 	Telephone No. <u>813 928 3301</u>	Date (dd-mm-yyyy) <u>04/11/15</u>



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.251.4078
Customer Service: 1.877.682.8772

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	29.6		
# 40	11.75		
# 33.3	9.62		
# 30	5.8		
# 20	5.8	10	58
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			58

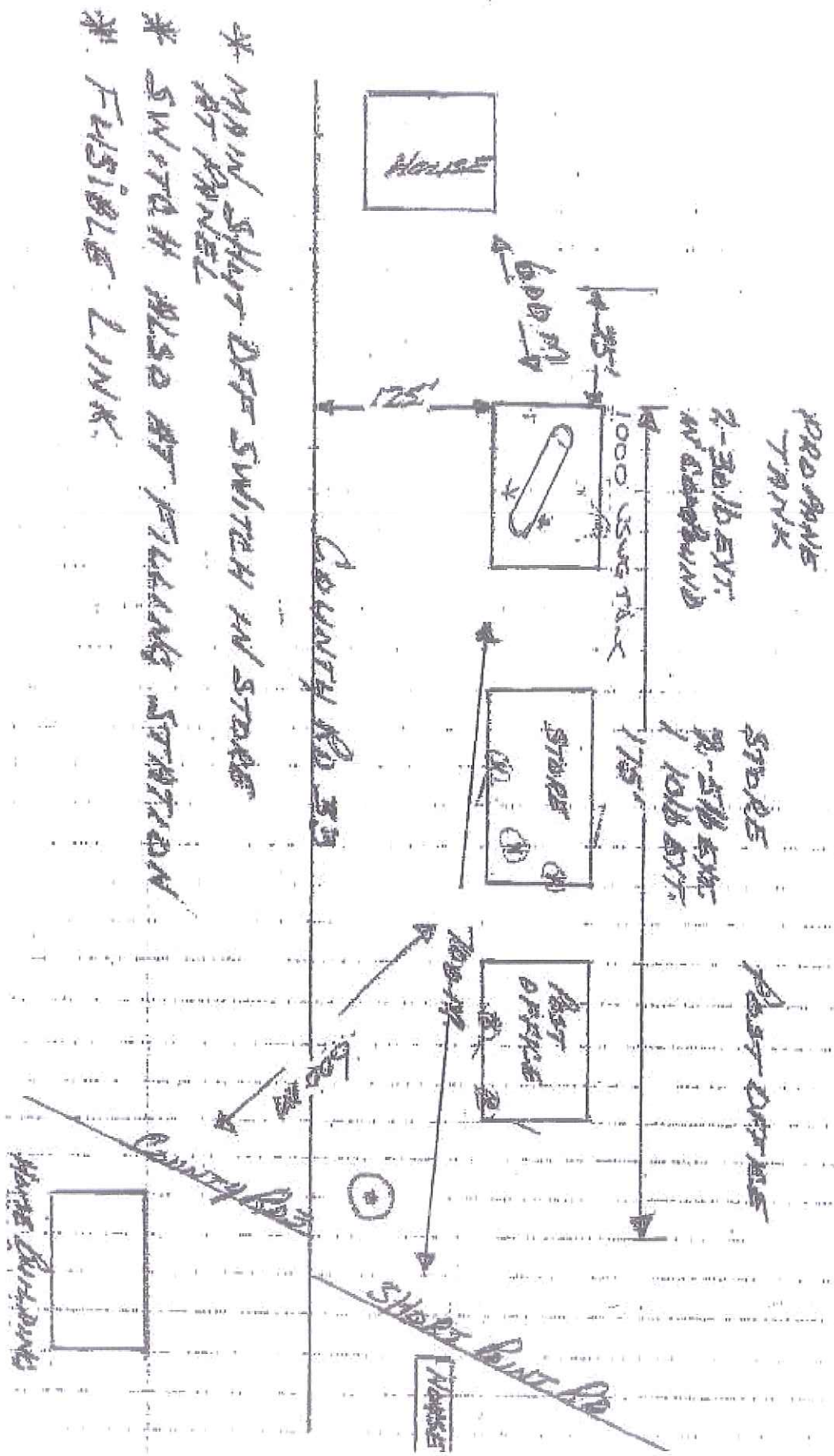
Tanks Stored On-site Not Connected for Use

Tank Size in USWG	Quantity	Total Volume in USWG
Total Tank Capacity		

Total Cylinder Capacity	58
Total Tank Capacity	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	58

MAY 2015

EMERGENCY RESPONSE AND PREPAREDNESS PLAN



- * MAIN SHUT OFF SWITCH IN STABLE AT PANEL
- * SWITCH ALSO AT FILLING STATION
- * FEASIBLE LINK

May 2015

EMERGENCY RESERVANCE
AND
PREPAREDNESS PLAN

PROBANE
TANK

2-300LB EXT.
W/ CASH/STAMP

STORAGE

2-500LB EXT.
1-100LB EXT.

FAST RESPONSE

HOUSE

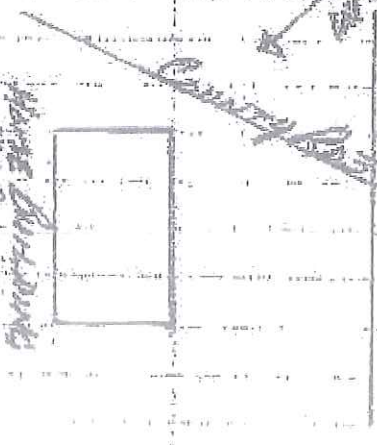


County Rd 35

* MAIN SPLIT DEP SWITCH AND STOPS
AT PANEL

* SWITCH ALSO AT PILLARY STATION

* FEASIBLE LINK



HOUSE

MANAGER

MAY 2015

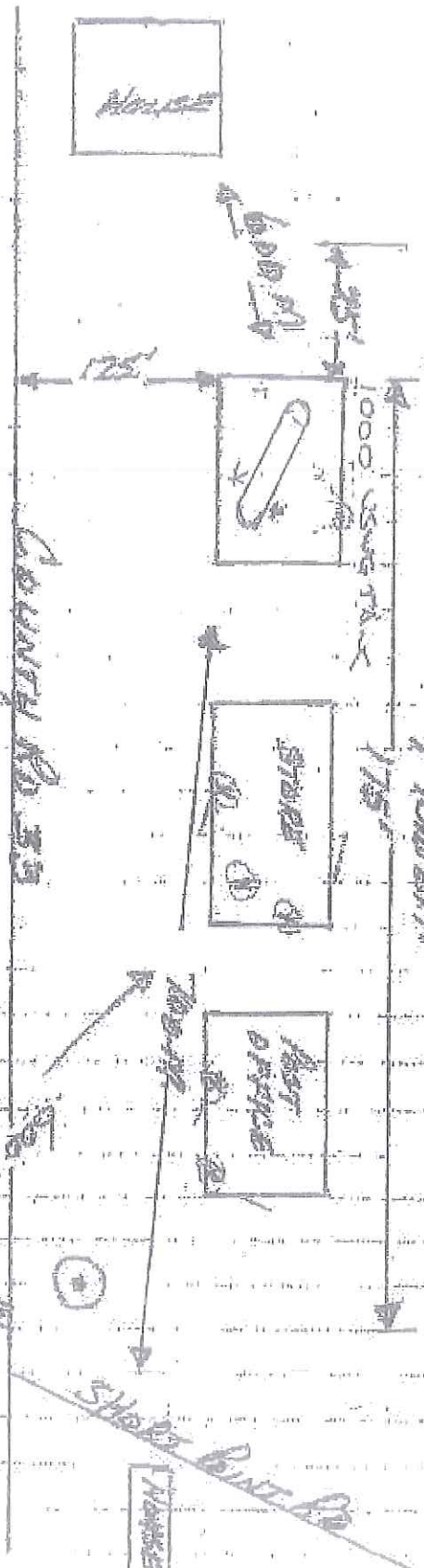
EMERGENCY RESPONSE
AND
PREPAREDNESS PLAN

PROBABLE
THREATS

2-3 MIL B EYE
W/ CHEMICAL

STABLE
2-5 MIL B EYE
1-10 MIL B EYE

HAZARD
DROPPES



- * MAIN SHUT OFF SWITCH AND STORAGE AT LABORATORY
- * SWITCH ALSO AT FILLING STATION
- * FEASIBLE LINK



WATER MAINS

WATER TOWER