



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.

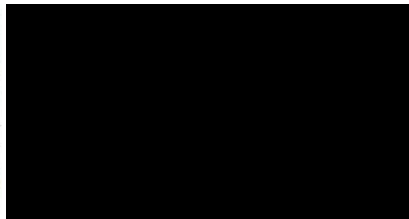
Failure to fully complete this form may result in rejection.  
Making a false statement may result in a fine or prosecution

Licence Number [REDACTED]

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 KAYAIR SERVICE INC - PA Ontario Corporation No., if applicable

Operator Name (if different from above) Peter Kay

Telephone No. 807-222-2434 Fax No. 807-222-2322 E-mail karenk@nwconv.net

B Street No. LOT 10 HWY 105 SOUTH Province ONTARIO Postal Code L0V1T0

Town / City or Township / County Ear Falls

Mailing address if different from above.

C Street No. Br 284 Province ONTARIO Postal Code L0V1T0

Town / City or Township / County Ear Falls

Information on Container Refill Centre or Filling Plant

D Location of facility. Street No. LOT 10 HWY 105 SOUTH Nearest Major Intersection

Town / City or Township / County Ear Falls Province ONTARIO Postal Code L0V1T0

Name of Licence Holder Peter Kay

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Peter Kay ROT type

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Ear Falls, ON

Hours of operation. [REDACTED]

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

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

Name of Licence Holder	Print name <u>Peter Kay</u>	Signature <u>Peter Kay</u>	Date (dd/mm/yyyy) <u>26/03/2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>Peter Kay</u>	<u>Peter Kay</u>	<u>26/03/2011</u>

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SECTION A: GENERAL INFORMATION (cont'd)

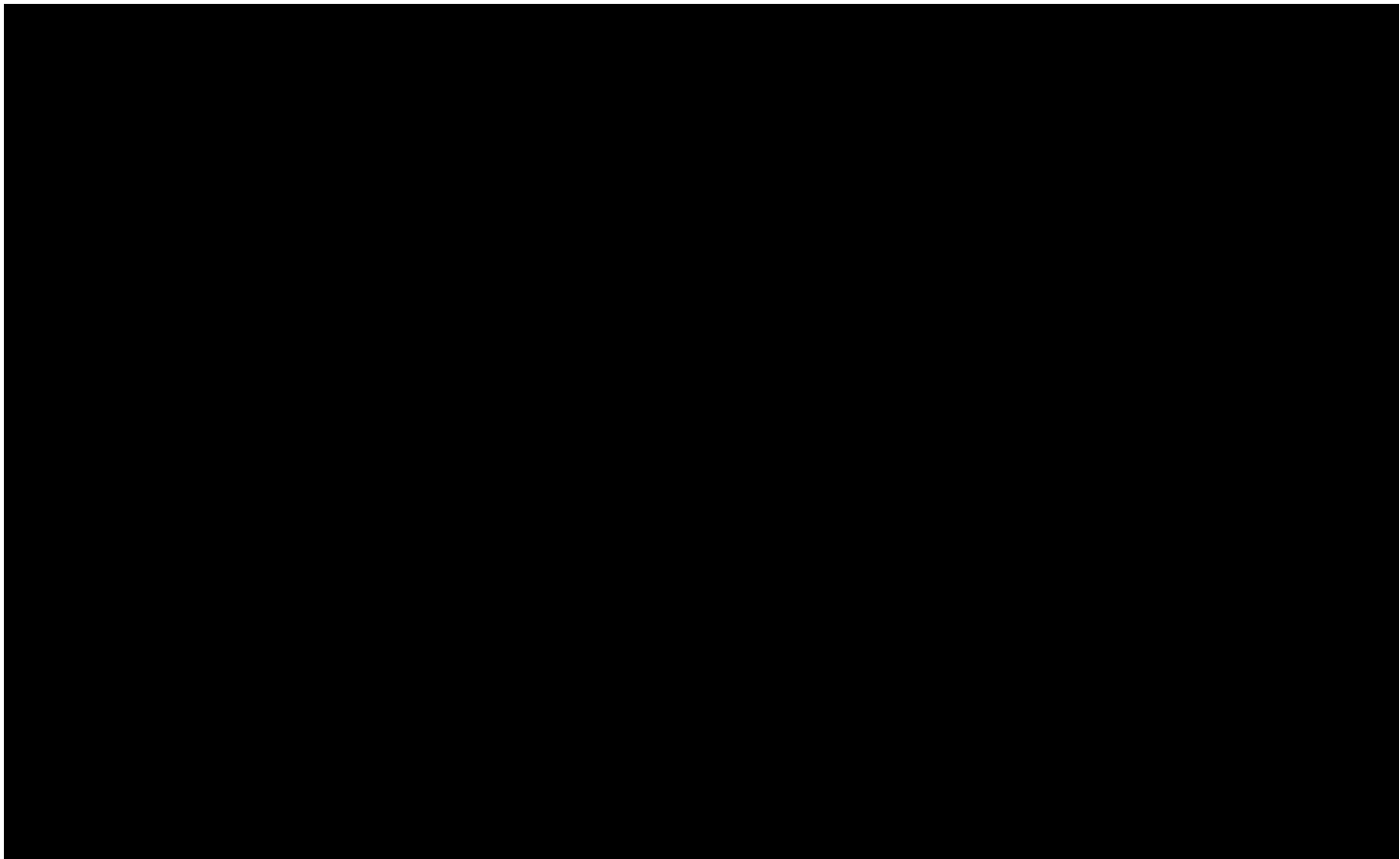
Indicate the year the facility was established. 2009 Indicate the year of any significant modifications, as defined in s 1, O.Reg 211/01, since establishment. N/A

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>X 3513</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 Portable: \_\_\_\_\_ Mobile: \_\_\_\_\_



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Name of person completing this form (please print) <u>Peter Kay</u>	Official Title <u>President</u>
Signature <u>Peter Kay</u>	Telephone No. <u>807-222-2434</u> Date (dd-mm-yyyy) <u>26/03/2011</u>





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

Name of Propane Supplier(s) <b>FEDERATED CO-OP</b>			For Office Use - Party No.	
Street No.	Street Name / 911 Number / Address, if applicable			
Town / City or Township / Country <b>1615 King Edward St. Winnipeg</b>	Province <b>MANITOBA</b>	Postal Code <b>R3C-2L26</b>		
Telephone No. <b>204-694-4820</b>	Fax No.	Contact Name <b>BLAIR OVERBY</b>		
E-mail				

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			For Office Use - Party No.	
<b>ENERGY TECH SERVICES</b>				
Street No. <b>1539</b>	Street Name / 911 Number / Address, if applicable <b>HWY 17 EAST</b>			
Town / City or Township / Country <b>KENORA</b>	Province <b>ON</b>	Postal Code <b>R9N 3K7</b>		
Telephone No. <b>408-2228</b>	Fax No. <b>408-4138</b>	Contact Name <b>MARK SKRZYPEK</b>		
E-mail				

Off-site Cylinder and/or Mobile Storage		Capacity stored off-site, in USWG		For Office Use - Party No.	
<b>N/A</b>					
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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Signature <i>Peter Kay</i>		Telephone No. <b>807-222-2434</b>	Date (dd-mm-yyyy) <b>26/03/2011</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.

1000 gal Aviation Fuel - LOCATED BY OFFICE  
1700 gal Regular CAR Fuel - LOCATED BY OFFICE.  
SHOWN ON ATTACHED SITE MAP

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

FIRE PUMPS + FIRE EXTINGUISHERS

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 Links on Propane Filling Station  
FIRE EXT.  
FIRE PUMP

Maintenance and testing schedule for fire protection controls and devices.

FIRE PUMPS + EXT CHECKED EVERY 12 MONTHS. TESTING MONITORED VISUALLY

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Name of person completing this form (please print)	Official Title	
Peter Kay	President	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>[Signature]</i>	807-272-2434	26/03/11





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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	Peter Kay	Name	Peter Kay
Official Title	President	Official Title	President
Telephone No.	807-222-2434	Cell No.	807-222-2434
Fax No.	807-222-2322	Fax No.	807-222-2322
E-mail	karenk@nwconx.net	E-mail	karenk@nwconx.net
Role and responsibilities in emergency	OWNER	Role and responsibilities in emergency	OWNER
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name	Karen Kay	Name	Peter Kay
Official Title	SECRETARY	Official Title	President
Telephone No.	807-222-2434	Telephone No.	807-222-2434
Fax No.	807-222-2322	Fax No.	807-222-2322
E-mail	karenk@nwconx.net	E-mail	karenk@nwconx.net
Role and responsibilities in emergency	OWNER	Role and responsibilities in emergency	OWNER
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name	Gary Gazankas	Name	Mark Szezypek
Official Title	Fire Chief	Official Title	President
Telephone No.	807-222-3732	Telephone No.	807-468-2228
Fax No.	807-222-3376	Fax No.	807-468-4138
E-mail	ggazankas@ear-falls.com	E-mail	Energy Dept. Mark & Stan - ca
Role and responsibilities in emergency	Community Emergency Management Coordinator	Role and responsibilities in emergency	Assist in Emergency Plan.
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name	Don Macdonald	Name	Kimberley Ballance
Official Title	Deputy Chief	Official Title	Clerk Treasury Administrator
Telephone No.	807-222-1145	Telephone No.	807-222-3124
Fax No.	807-222-3376	Fax No.	807-222-3116 EXT. 27
E-mail	macdonald.don@hotmail.com	E-mail	kballance@ear-falls.com
Role and responsibilities in emergency	ALTERNATE	Municipality	EAR FALLS

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Signature			Telephone No.	807-222-2434
			Date (dd-mm-yyyy)	26/03/11





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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**  
**2. Additional Safety Measures**

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

Remote Area - No Occupancy Around.

Seasonal Operation.

House Runs off Tank - AND we fill  
20 - 60 - 100 lb Tanks for transfer to  
our Outpost Camps May thru Oct.  
For our use only - (NO SALES)

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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) <b>07/04/11</b>	Print Name of Training Provider: <b>Energy Tech Services</b>
	Print Name of Instructor: <b>Mark Skrzypek</b>
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) <b>07/04/11</b>	Print Name of Training Provider:
	Print Name of Instructor: <b>James A. Brown</b>
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) <b>07/04/11</b>	Print Name of Training Provider: <b>Energy Tech</b>
	Print Name of Instructor: <b>MARK SKRZYPEK</b>
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 PROVIDED FOR PETER KAY + RAYMOND KAY**

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**  
4. Emergency Training Plan for Coming Year

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

Target Date (dd-mm-yyyy) <i>07/04/11</i>	Print Name of Training Provider: <i>Energy Tech Services</i>
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider: <i>Mark Szarybok</i>
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) <i>07/04/11</i>	Print Name of Training Provider: <i>A. Abous</i>
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) <i>07/04/11</i>	Print Name of Training Provider: <i>A. Abous</i>
	Print Name of Instructor:
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 Provided For Peter Kay  
Raymond Kay*

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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).

Peter Kay gives warnings to Local Fire Department By Phone call # 911 (807-222-3733)

List of Emergency #s are attached in response plan

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

Any + All person will be told to meet at the office for further instructions. If needed. If evacuation is needed all person will move out to Hwy 105 S.

**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).

~~911~~ The Licence Holder will by phone give warning to the emergency response authorities.

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

Fire Department enter site down white wing Road + Follow Signs.

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

Any pertinent + updated info will be forwarded to the authorities.

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

ON SITE

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PETER KAY	President	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Peter Kay</i>	807-222-2434	26/03/11





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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"/> every 12 months |
| 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"/> Fire Truck<br>Fire pump |
| 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>100 m. (Lake water)</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>100 m (Lake water)</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

**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:

*Section B 6 Page 10 items No 4, 5, 6, 8, 19 -  
Documentation Required*

**To be completed by the Licence Holder**

In response to the above comments, the following action(s) is required:

*Supplied upon Request*

The licence holder will respond to the Local Fire Services comments by:

*08/04/11*  
(dd-mm-yyyy)

**LOCAL FIRE SERVICES**

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

Local Fire Services Name	Print name <i>GARY GAZANAKAS</i>	Signature <i>Gary Gazanakas</i>	Date (dd-mm-yyyy) <i>08/04/11</i>
--------------------------	-------------------------------------	------------------------------------	--------------------------------------

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**SECTION C: SUBMISSIONS**  
Applicant must include a Facility Site Plan and Map of Surrounding Area

**Facility Site Plan.**

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

**Map of Surrounding Area.**

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below .

**Required Mapping Information from Updated Site Plan**

Date Map Prepared (dd-mm-yyyy) <u>March 26/2011</u>	Capacity of single largest propane storage vessel (USWG) <u>1000</u>
Tank setback coordinates. Indicate placement on the map.	
Front: _____	Right side property line: _____
Rear: _____	Left side property line: _____
GPS coordinates of single largest vessel: <u>50-35N 93 10 W</u>	

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

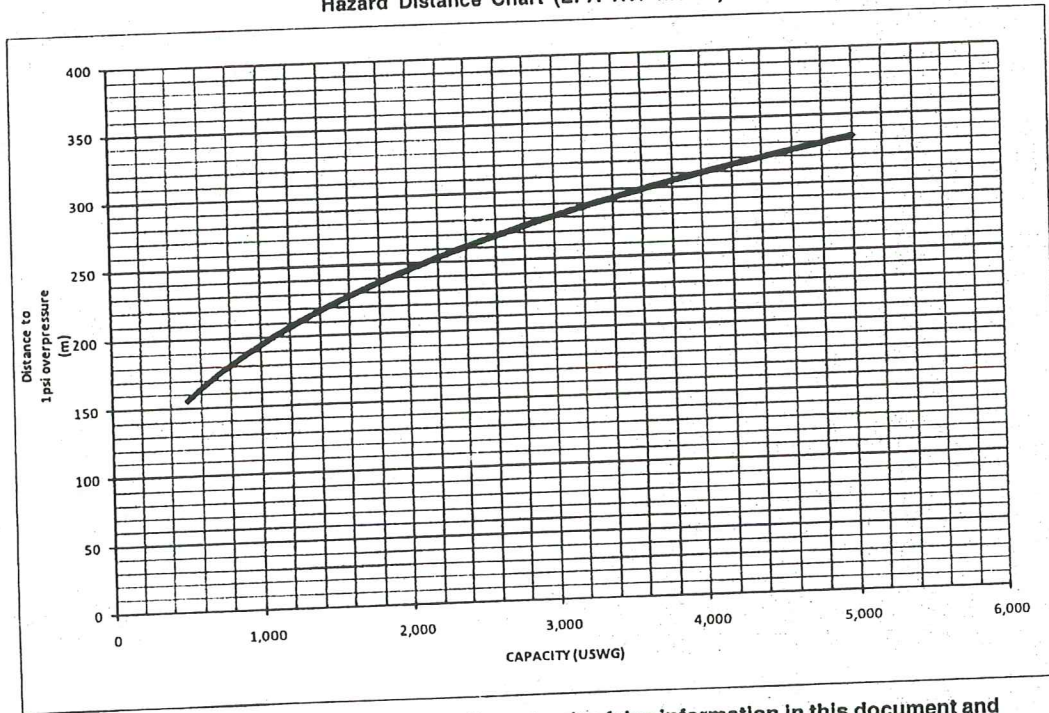
Table 1: Distance Table

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)



**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>PETER KAY</b>	Official Title <b>President</b>
Signature <i>Peter Kay</i>	Telephone No. <b>607-222-2434</b> Date (dd-mm-yyyy) <b>26/03/2011</b>



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

**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: _____ Address: _____ City: _____ Province _____ Postal Code _____ <i>Remote Area See SITE PLAN + MAP</i>					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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Name of person completing this form (please print) <i>PETER KAY</i>	Official Title <i>President</i>	
Signature <i>Peter Kay</i>	Telephone No. <i>807-222-2434</i>	Date (dd-mm-yyyy) <i>26/03/2011</i>





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**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

**Portable Storage Additional Information Sheet**

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5	4	118.0
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	10	58.0
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			176.0

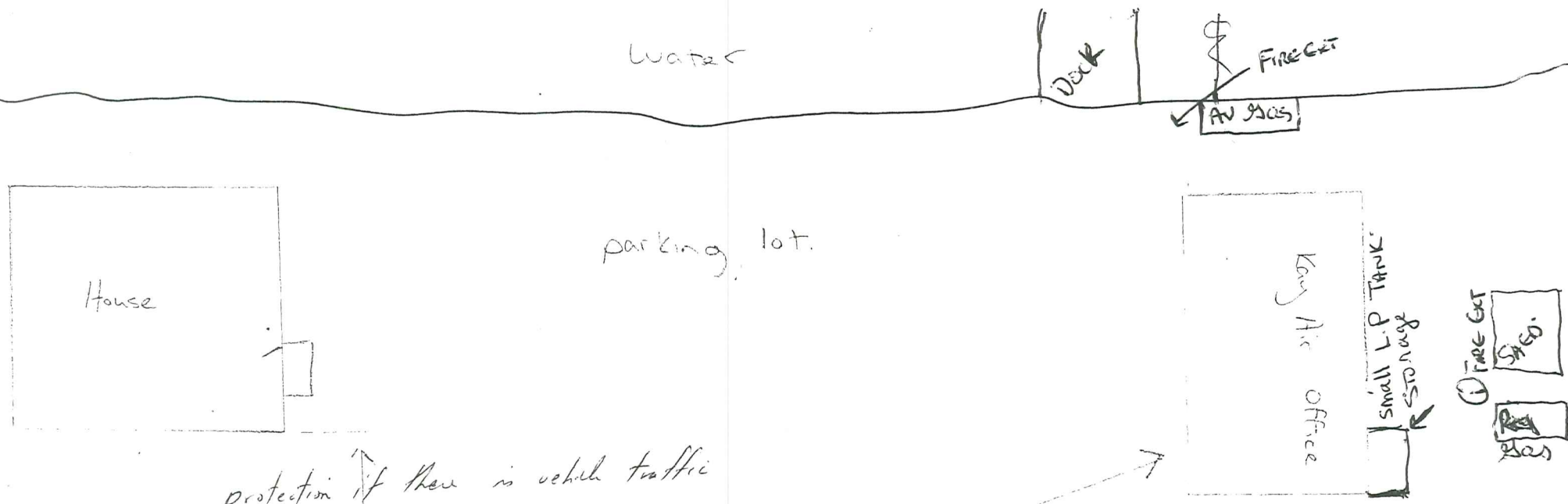
**Tanks Stored On-site Not Connected for Use**

Tank Size in USWG	Quantity	Total Volume in USWG
# 60 - 12.6 USWG	10	176.0
Total Tank Capacity		176.0

Total Cylinder Capacity	
Total Tank Capacity	
Total Portable Capacity	

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

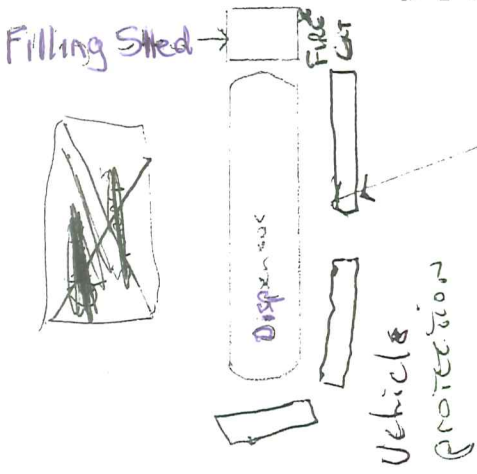
Name of person completing this form (please print) <i>Peter Kay</i>	Official Title <i>President</i>
Signature <i>Peter Kay</i>	Telephone No. <i>807-222-2434</i> Date (dd-mm-yyyy) <i>26/03/2011</i>



protection if there is vehicle traffic

30'

300'



1000 USWS program

Technical Standards and Safety Authority  
 Fuels Safety Division  
**DRAWING REVIEWED**  
 Revisions/Notes: Yes / No  
 Name: SOLOMON KJ  
 Signature: [Signature]  
 Date: Jan 24, 2009

DRIVEWAY

Remote area, no occupancy around

Lot 10 Hwy 105 South, Whitewind, Eau Claire



Google

50 35N 93 10 W

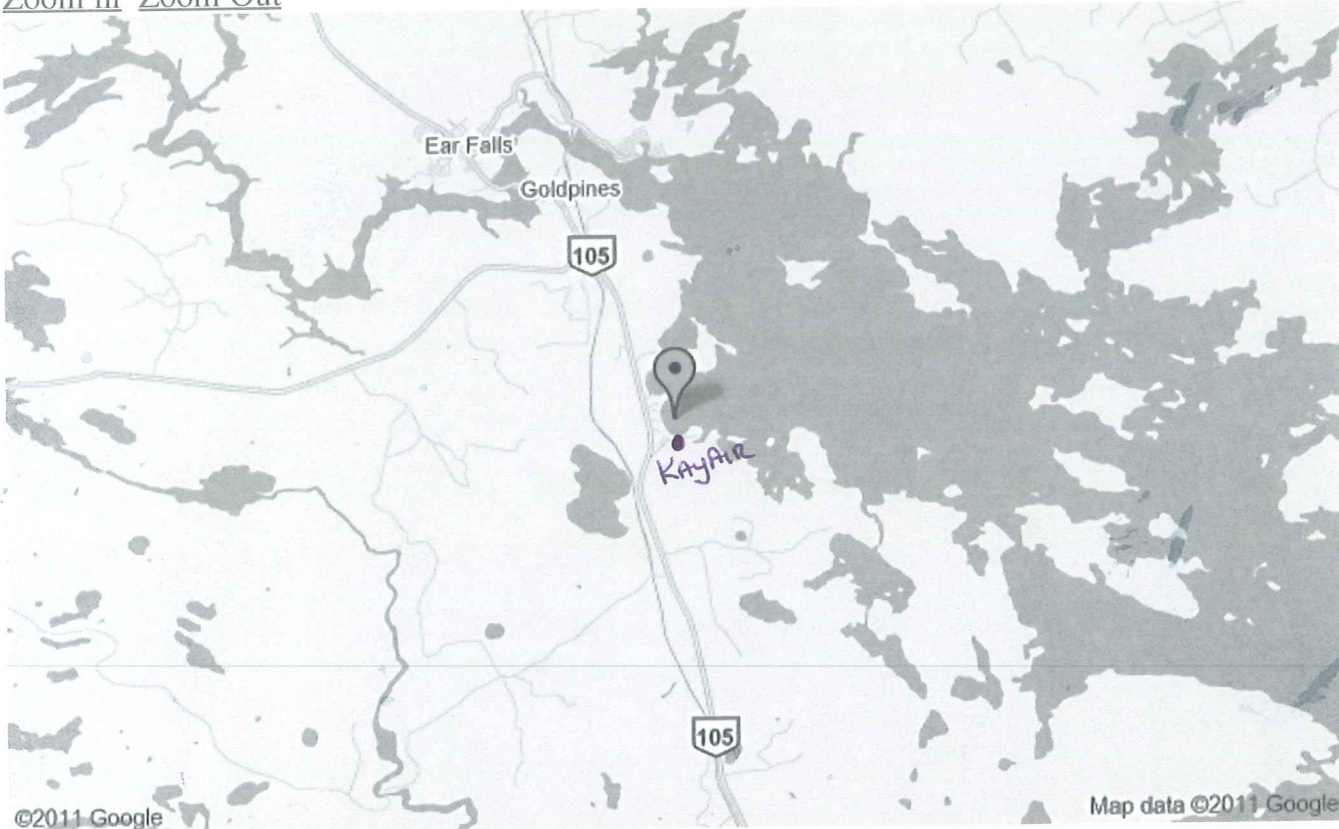
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Goose Bay, Ear Falls, ON

[Zoom in](#) [Zoom Out](#)

*Remote Area*



Move:  $\leq$   $\geq$   $\wedge$   $\vee$

[Get directions](#)

50 35N 93 10 W

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# KayAir Service Inc.

PO Box 284

Ear Falls Ontario P0V 1T0

807-222-2434 Work

807-222-3494 Home

807-222-2322 Fax

## Additional note.

KayAir Service Inc is located in a remote area. We are 6 miles south of Ear Falls Ontario and have no pressurized water supply. Lake water is available and access is shown on the TSSA approved site map. A fusible link is installed in the Propane Dispensing shed along with fire extinguishers a fire pump and hose are in our storage shed as per drawing. NO SMOKING signs and placards are well visible. We printed off a goggle map with the GPS coordinates of our base and attached to the site map. Also other records kept on file are listed below.

List of Emergency Numbers

List of Emergency Contact Numbers

Filling Station Inspection Reports

Fire Extinguisher Inspection Reports.

WHMS Data Sheets

Weigh Scale Test report and Certification

Filling Station Attendant Personal Training Records



## KayAir Service Inc

Po Box 284

Ear Falls Ontario P0V 1T0

807-222-2434 Work

807-222-3494 Home

807-222-2322 Fax

## Emergency Response Contacts

Peter Kay	Owner Operator	807-222-2434	Work
		807-222-3494	Home
Karen Kay	Owner Operator	807-222 -2434	Work
		870-222-3494	Home
Gary Gazankas	Fire Chief	807-222-3723	W
		807-222-3376	F
Don MacDonald	Deputy Fire Chief	807-222-1146	W
		807-222-3376	F
Mark Skrzpek	Energy Tech President	807-543-1408	W
		807-467-1088	Cell
Mike Bye	Energy Tech General Manager	807-468-6280	W
		807-467-1645	Cell
Blair Overby	Supervisor Wpg Branch	204-631-4646	W
		204-981-0052	Cell

## Emergency Numbers

Fire Department	911	807-222-3733
Police	911	807-222-3112
Ambulance	911	807-222-3400
Enviroment Canada		204-945-4888
Transport Canada		204-983-5548
TSSA Inspector		807-344-9400

# KayAir Service Inc

PO Box 284

Ear Falls Ontario P0V 1T0

807-222-2434 Work

807-222-3493 Home

807-222-2322 Fax

## Emergency Response Plan

In case of an Emergency the following plan will be put into action.

1. All valves, tanks, and switches will be shut off at the filling station.
2. Area will be evacuated and All persons will be moved to the office.
3. Fire Department will be notified of the emergency.
4. The 2 nearest residents will be notified of the emergency .  
Cheryl Dextraze Phone # 807-222-3510  
White Wing Lodge Phone # 807-222-3000
5. All other emergency response members required will be notified by using the list of Emergency Response Contacts and Emergency numbers which is posted in the office.
6. If further evacuation is required the people will be told to meet at the Junction of highway 105 and the White Wing road.
7. The emergency will be dealt with in the appropriate manner .



## Kayair Service Inc.

### Emergency Response Assistance Plan.

1. All persons affected by the emergency will be moved to the end of the White Wing Road just off Hwy 105 South, on the SOUTH Side of the road.
2. They will be advised to stay there to avoid any Conflict with Emergency Vehicles and Personnel.
3. The OPP will be advised of the Emergency .
4. All persons will be instructed to travel 6 Miles North on Hwy 105 to Ear Falls , where there is food and shelter available if needed.  
Trillium Hotel           807-222-3126  
Hotel 105               807-222-3374
5. All persons will be advised when the Emergency is over and it is safe to return.