



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.

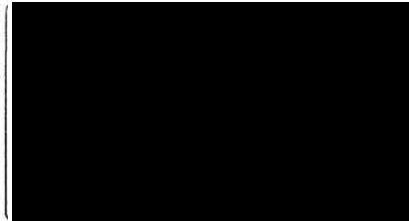
Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number

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 NORTH STAR VILLAGE Ontario Corporation No., if applicable

Operator Name (if different from above)

Telephone No. 807 224-2178 Fax No. E-mail NORTHSTAR@KMTS.CA

B Street No. 112 Street Name / 911 Number / Address, if applicable SAND LAKE ROAD

Town / City or Township / County MINAK. Province ONTARIO Postal Code P0X 1J0

Mailing address if different from above.

C Street No. — Street Name / 911 Number / Address, if applicable P.O. BOX 7

Town / City or Township / County MINAK. Province ONTARIO Postal Code P0X 1J0

Information on Container Refill Centre or Filling Plant

D Location of facility.

Street No. 112 Street Name / 911 Number / Address, if applicable SAND LAKE ROAD Nearest Major Intersection HWY 596 AND 525 JUNCTION

Town / City or Township / County MINAK. Province ONTARIO Postal Code P0X 1J0

Name of Licence Holder MICHAEL PINHEIRO * SEE ATTACHED

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type 100-8

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) NONE - NO MUNICIPALITY - UNORGANIZED AREA

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.

Name of Licence Holder	Print name <u>MICHAEL PINHEIRO</u> Signature <u>[Signature]</u> Date (dd-mm-yyyy) <u>01 MAY 2015</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>SAME AS ABOVE</u>



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SECTION A: GENERAL INFORMATION (cont'd)

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

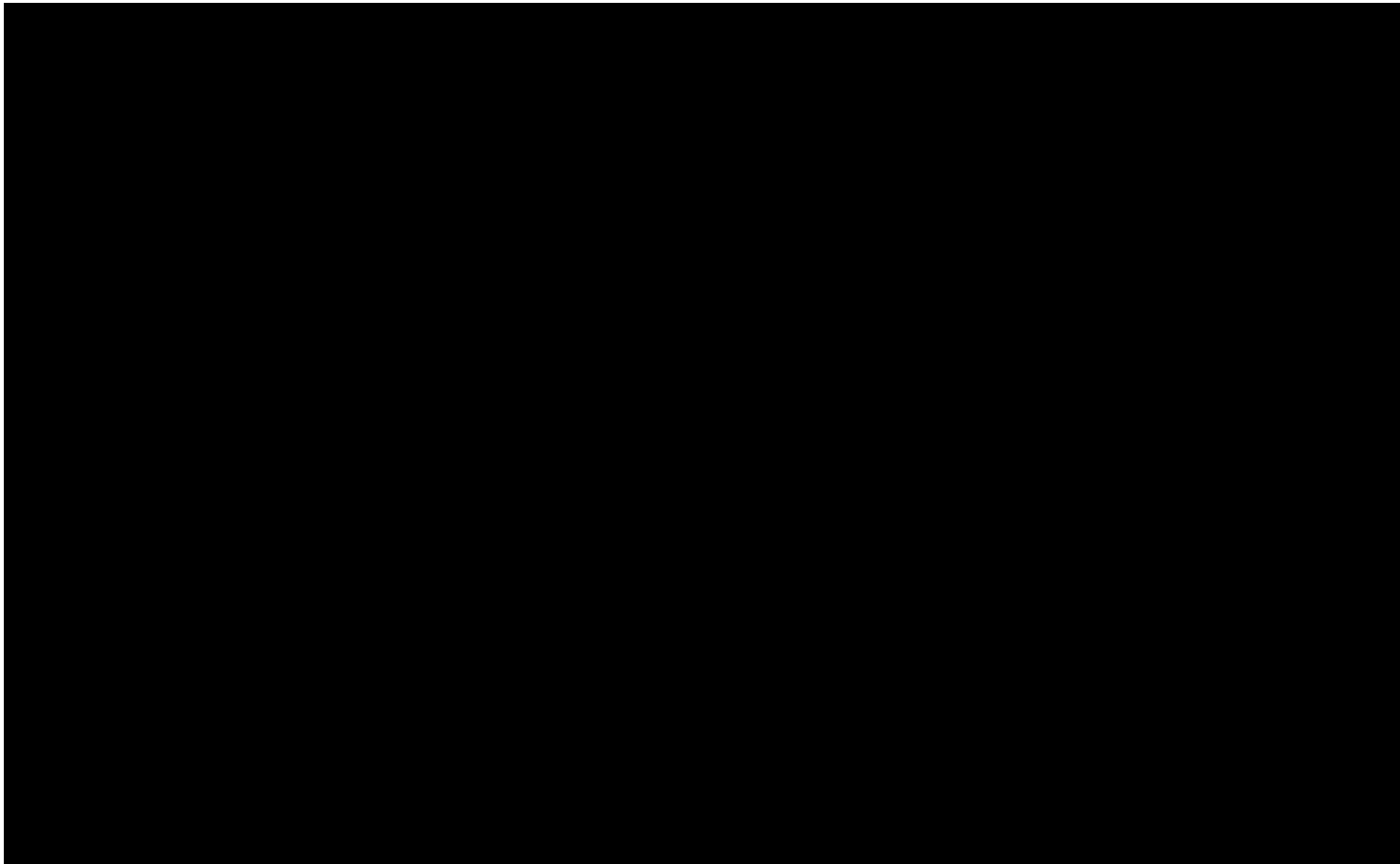
July 2009

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

	PSIG	Serial Number
Tank 1:	250	N 4843
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: 675.5 Mobile: /



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Name of person completing this form (please print) Michael Pintero		Official Title Owner	
Signature <i>Michael Pintero</i>		Telephone No. 807-224-2178	Date (dd-mm-yyyy) 01 May 2015



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

Name of Propane Supplier(s) <i>Federated Coop</i>			For Office Use - Party No.	
Street No. <i>330</i>	Street Name / 911 Number / Address, if applicable <i>EAGLE DR.</i>			
Town / City or Township / Country <i>Winnipeg</i>		Province <i>Man</i>	Postal Code <i>R3C 2E6</i>	
Telephone No. <i>204-631-4646</i>	Fax No. <i>204-697-8514</i>	Contact Name <i>Blair Owenby</i>		
E-mail				

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	<i>N/A</i>		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.	
Street No.	Street Name / 911 Number / Address, if applicable			
Town / City or Township / Country	<i>N/A</i>		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) <i>Michael Pinheiro</i>		Official Title <i>Owner Operator</i>	
Signature <i>[Signature]</i>		Telephone No.	Date (dd-mm-yyyy) <i>01 May 2015</i>



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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.

- 2000 Gallon Propane Storage
- Various Cylinders stored on site

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

- Emergency shut off shown on site map
- Fire extinguisher shown on site map (location)
- Fusible link on dispenser
- Decals on dispenser

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 melts & shut off main valve
- Fire extinguisher on site at dispenser
- Decals showing local phone numbers to call

Maintenance and testing schedule for fire protection controls and devices.

- Monthly inspection
- Annual testing by energy tech

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Name of person completing this form (please print) MICHAEL PINTHEO		Official Title OWNER / OPERATOR	
Signature <i>Michael Pinteo</i>		Telephone No. 807-224-2178	Date (dd-mm-yyyy) 01 May 2015



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SECTION B: 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 <i>MICHAEL PINDEIRO</i>	For Office Use - Party No.	Name	For Office Use - Party No.
Official Title		Official Title <i>SAME AS #1</i>	
Telephone No. <i>807-224-2178</i>	Fax No.	Cell No.	Fax No.
E-mail <i>NORTHSTAR@KMTS.CA</i>		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>MARCY McNALLY</i>	For Office Use - Party No.	Name	For Office Use - Party No.
Official Title <i>PARTNER</i>		Official Title <i>SAME AS #1</i>	
Telephone No. <i>807-224-2178</i>	Fax No.	Telephone No.	Fax No.
E-mail <i>NORTHSTAR@KMTS.CA</i>		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>MICHAEL TURCOTTE</i>	For Office Use - Party No.	Name <i>Mark Skrzypch</i>	For Office Use - Party No.
Official Title <i>FIRE CHIEF</i>		Official Title <i>President</i>	
Telephone No. <i>807-224-3296</i>	Fax No.	Telephone No. <i>807-468-2728</i>	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency <i>- FIRE DEPT CHIEF</i>		Role and responsibilities in emergency <i>ASSIST IN ERP.</i>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>JAMES MURPHY</i>	For Office Use - Party No.	Name <i>SEE APPENDIX</i>	For Office Use - Party No.
Official Title <i>FIRE FIGHTER</i>		Official Title <i>"A"</i>	
Telephone No. <i>807-224-2234</i>	Fax No.	Telephone No. <i>N/A</i>	Fax No. <i>N/A</i>
E-mail		E-mail <i>N/A</i>	
Role and responsibilities in emergency		Municipality <i>N/A</i>	

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Name of person completing this form (please print) <i>MICHAEL PINDEIRO</i>	Official Title <i>OWNER/OPERATOR</i>
Signature <i>[Signature]</i>	Telephone No. <i>807-224-2178</i>
	Date (dd-mm-yyyy) <i>01 MAY 2015</i>



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2. Additional Safety Measures

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

- Compound completely protected by 6x6 posts - All safety devices in place
- Decals, signage and phone numbers attached to 6x6 posts
- Emergency Response Plan in place.
- Owner Mike Pinheiro only person that uses station. Proper training completed
- Copy of Emergency Response Plan given to Fire Dept. "SEE ATTACHED"
- Review with Fire Dept Chief prior to start up at beginning of season

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Name of person completing this form (please print) Mike Pinheiro	Official Title Owner / Operator
Signature <i>Mike Pinheiro</i>	Telephone No. 807-224-2188 Date (dd-mm-yyyy) 01 MAY 2015



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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) 01 May 2015	Print Name of Training Provider: Energy Tech Services Keweenaw
	Print Name of Instructor: Mark Skrzypek
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) 01 May 2015	Print Name of Training Provider: Energy Tech Services Keweenaw
	Print Name of Instructor: Mark Skrzypek
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor: Same as above
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) 01 May 2015	Print Name of Training Provider: Energy Tech Services Keweenaw
	Print Name of Instructor: Mark Skrzypek
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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Name of person completing this form (please print) Michael P. ...	Official Title Owner / Operator
Signature Michael P. ...	Telephone No. 807-224-2178
	Date (dd-mm-yyyy) 01 May 2015



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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 May 2015	Print Name of Training Provider: ENERGY TECH SERVICES K-0017
	Print Name of Instructor: MARK SKRZYPEK
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 May 2015	Print Name of Training Provider: ENERGY TECH SERVICES K-0017
	Print Name of Instructor: MARK SKRZYPEK
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 May 2015	Print Name of Training Provider: ENERGY TECH SERVICES K-0017
	Print Name of Instructor: MARK SKRZYPEK
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) MICHAEL MILLER	Official Title OWNER / OPERATOR
Signature [Signature]	Telephone No. 807-224-2178
	Date (dd-mm-yyyy) 01 May 2015



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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).

I OR AUTOWATE WOULD GIVE WARNING TO ALL ON PROPERTY. WOULD IMMEDIATELY MAKE NECESSARY CALLS TO 911, FIRE, POLICE. PROPANE SUPPLIER - GEM TSCM.

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).

I OR AUTOWATE WOULD ENSURE ALL CALLS ARE MADE TO ALL APPROPRIATE CONTACTS. MEET AT A PREDETERMINED SAFE LOCATION, ORGANIZED AND EVACUATE EMERGENCY PLAN.

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).

- UPON DISCOVERY OF AN EMERGENCY I WOULD CALL BY LAND LINE OR CELL PHONE. CALL 911 ASAP CHECK WITH FIRE AND POLICE TO ENSURE CALL WAS MADE

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

- OUTDOOR FILLING STATION WITH NOTHING TO PREVENT FIRE OR EMERGENCY SERVICES FROM ACCESSING STATION AT ANY TIME.

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

ANY UPDATES WILL BE FORWARDED TO LOCAL FIRE CHIEF PERSONALLY.

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

UNDER 5 MINUTES. LIVE LESS THAN 2 MINUTES FROM SITE.

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Name of person completing this form (please print) M ICHAE PINTHEIRO		Official Title OWNER / OPERATOR	
Signature Mull RL		Telephone No. 807-224-2178	Date (dd-mm-yyyy) 01 MAY 2015



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)
The licence holder will complete Section B in consultation with the local Fire Services.
6. Building and Site Security and Procedures

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| 1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there adequate night lighting at the site? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are weighing systems validated for accuracy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the schedule of maintenance and testing activities retained on site? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

7. Water Supply

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| 1. Is a pressurized water system available at the propane facility site? | <input checked="" type="checkbox"/> | <input 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>15 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>90 m</u> |

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Name of person completing this form (please print) <i>Michael Pinheiro</i>	Official Title <i>owner / operator</i>	
Signature <i>Michael R. P.</i>	Telephone No. <i>807-224-2178</i>	Date (dd-mm-yyyy) <i>01 MAY 2015</i>



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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:

SITE WAS INSPECTED AFTER INSTALLATION

To be completed by the Licence Holder

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

A complete Review by Fire Department Completed PRIOR TO 2011 OPERATION

The licence holder will respond to the Local Fire Services comments by: 24 MAR 2011
 (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 MICHAEL TORLOTTE	Print name TORLOTTE	Signature <i>Michael Torlotte</i>	Date (dd-mm-yyyy) 01 MAY 2015
--	------------------------	--------------------------------------	----------------------------------

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Name of person completing this form (please print), MICHAEL PINTARO	Official Title OWNER / OPERATOR	
Signature <i>Michael P. L.</i>	Telephone No. 807-224-2178	Date (dd-mm-yyyy) 01 MAY 2015



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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) 23 mar 2011	Capacity of single largest propane storage vessel (USWG) 1000
Tank setback coordinates. Indicate placement on the map.	
Front: 125 m	Right side property line: 50 m
Rear: 16 m	Left side property line: 134 m
GPS coordinates of single largest vessel: 49 59 11 N 94 40 12 W	

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Name of person completing this form (please print) Michael Pinheiro	Official Title Owner / Operator
Signature Michael Pinheiro	Telephone No. 807-224-2178 Date (dd-mm-yyyy) 01 MAY 2015



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

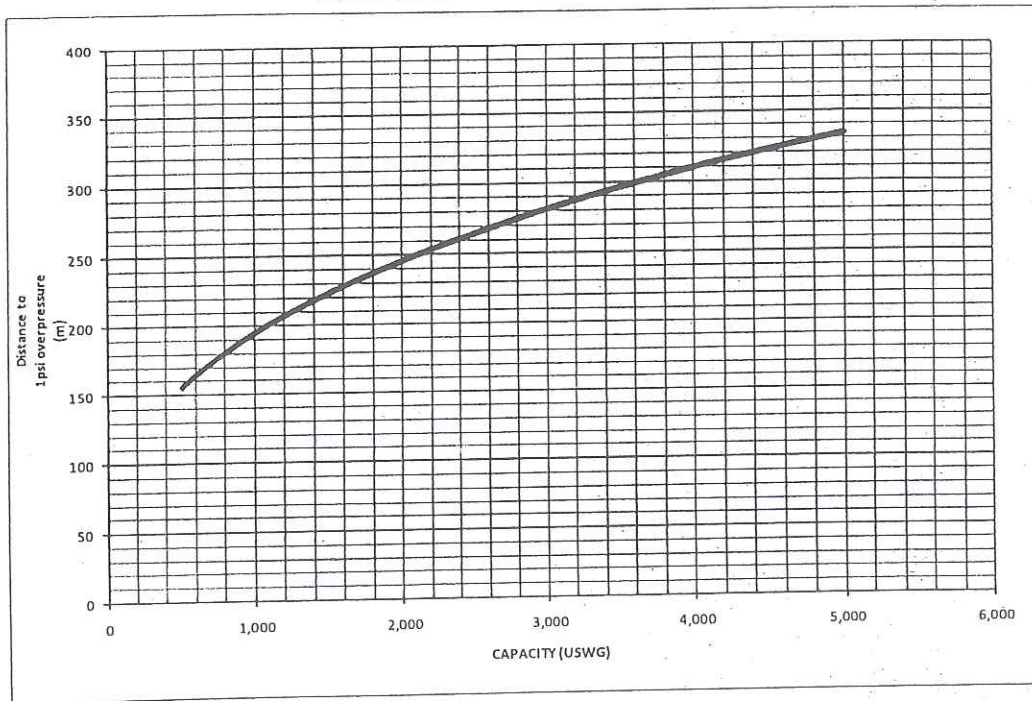
Table 1: Distance Table

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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Name of person completing this form (please print) <i>Michael Pinheiro</i>	Official Title <i>owner</i>
Signature <i>Michael Pinheiro</i>	Telephone No. <i>807-224-2178</i> Date (dd-mm-yyyy) <i>01 MAY 2015</i>



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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: _____ Address: _____ City: _____ Province _____ Postal Code _____	0				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	0				_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	0				_____ m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>NORTH STAR VILLAGE (SEASONAL OCCUPANCY)</u> Address: <u>112 SAND LAKE ROAD</u> City: <u>MINIKI</u> Province <u>ONTARIO</u> Postal Code <u>P0X 1T0</u>			X		<u>100</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	0				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	0				_____ 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>MICHAEL PINHEIRO</u>	Official Title <u>Owner / Operator</u>
Signature <u>Michael R. L.</u>	Telephone No. <u>807-224-2178</u> Date (dd-mm-yyyy) <u>01 MAY 2015</u>



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

WORKSHEET

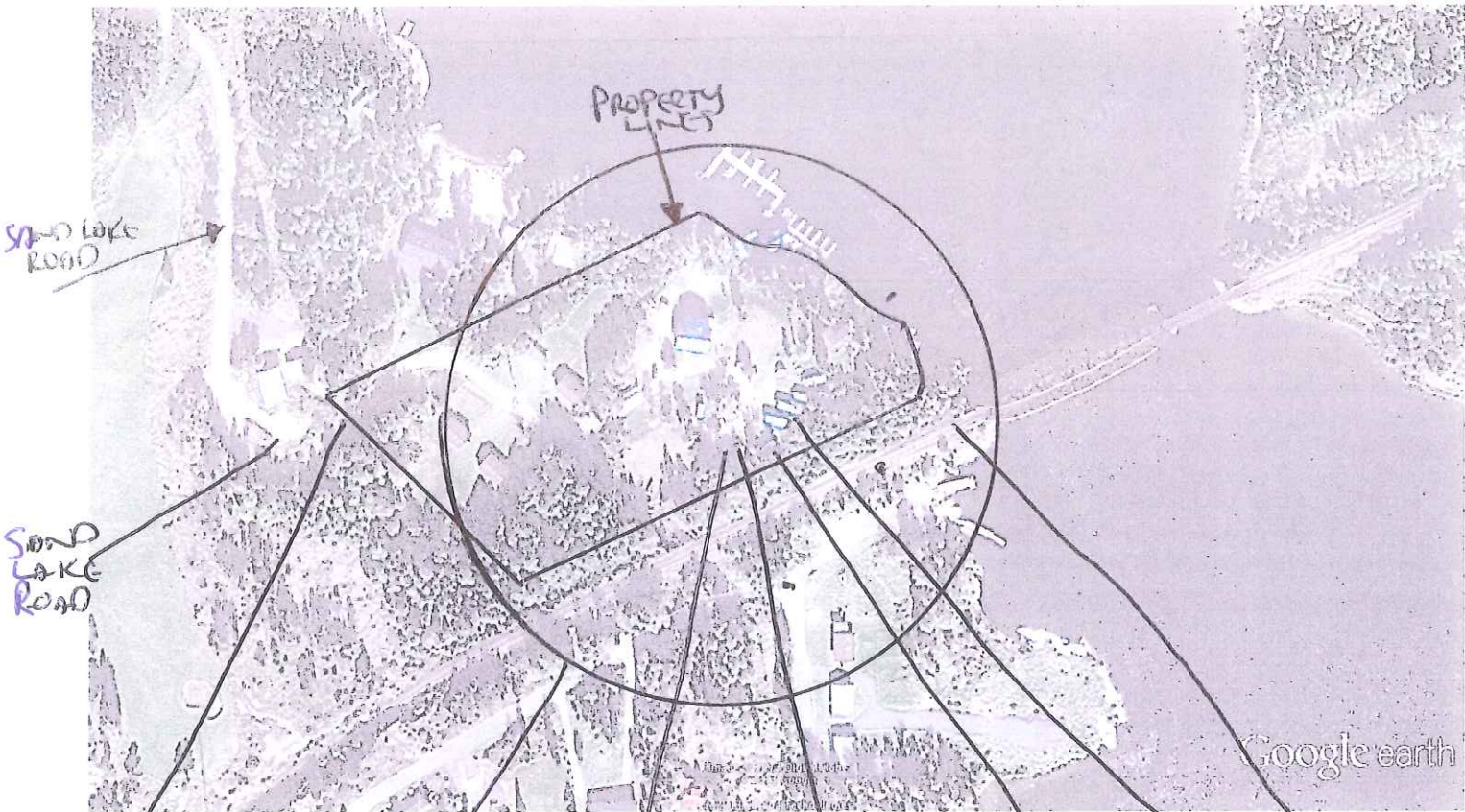
Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	/	/
# 100	29.5	20	590
# 40	11.75	40	470
# 33.3	9.62	0	/
# 30	8.8	10	88
# 20	5.8	30	174
# 10	2.9	10	29
# 5	1.5	5	7.5
Total Cylinder Capacity		115	1358.50

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	1358.50
Total Tank Capacity	0
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	1358.50



ACCESS & EGRESS

246 METER BLAST AREA

- PORTABLE TANK STORAGE
- FULL/EMPTY CYLINDERS
- METAL SIDED BUILDING

- FIXED PROPANE STORAGE TANK
- EMERGENCY EQUIP AT TANK LOCATION
- SHUT DOWN VALVES AT TANK
- GPS LOCATION OF TANK
49° 59' 11" N
94° 40' 12" W

- SHOWER HOUSE
- LAUNDRY
- PRESSURIZED WATER HERE
- 45 FT FROM FIX TO TANK
- MAIN BREAKER FOR TANK LOCATED HERE

SEASONAL TRAILER SITES

- PROPERTY IS LOCATED AT:
112 SAND LAKE ROAD
MINAKI ONTARIO
POX 1J0

MAP PREPARED 01 MAY 2015

SITE MAP

0 - 7 RENTAL CABINS

1 - OFFICE

2 - 1000 USGAL
FIXED PROPANE
TANK

3 - CYLINDER 12x20
STORAGE AREA
PORTABLE CAPACITY
USING BUILDING

4 - SHOWER HOUSE
AND LAUNDRY

5 - 25000 LITRE
FIXED GASOLINE
STORAGE TANK

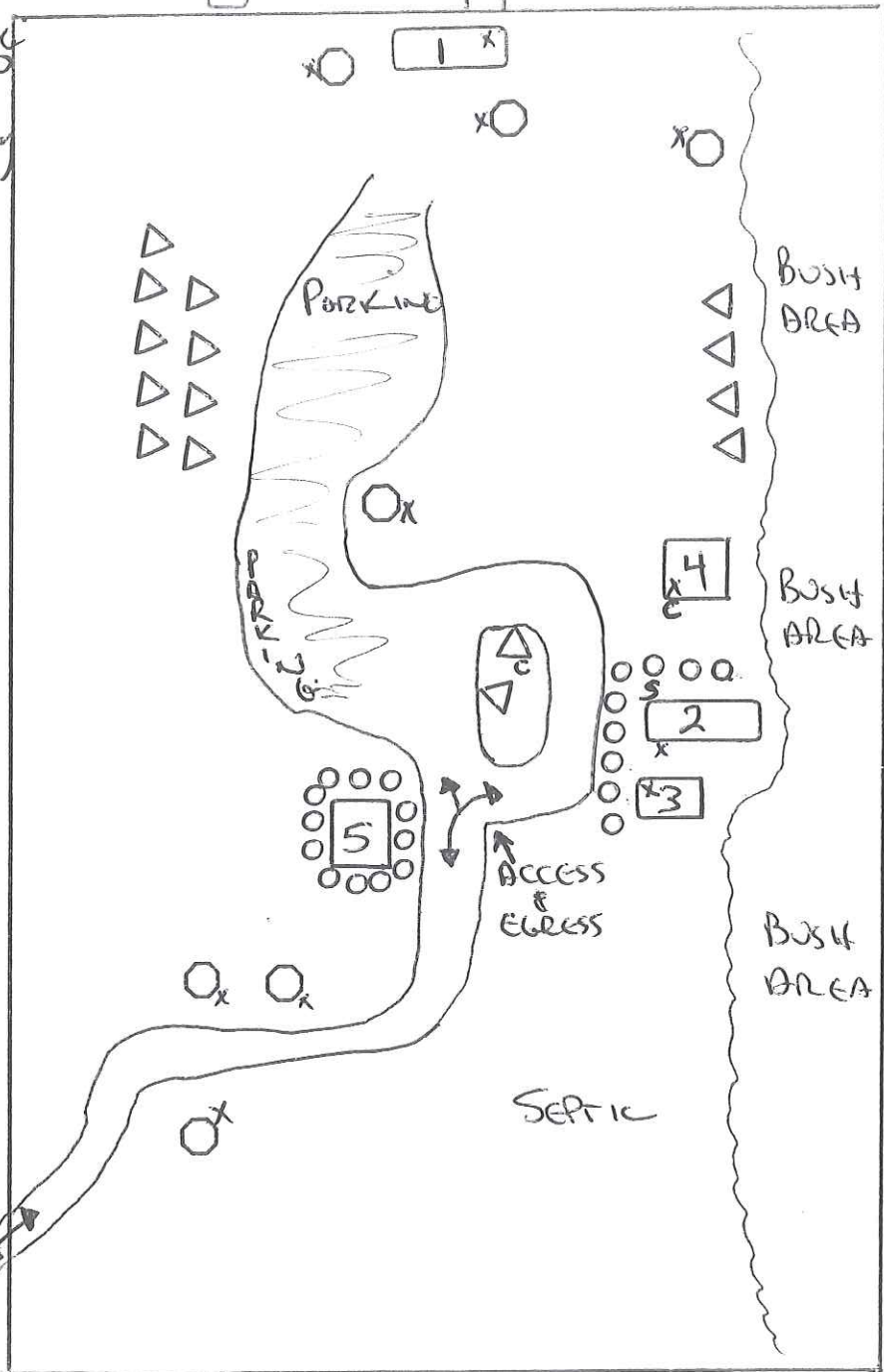
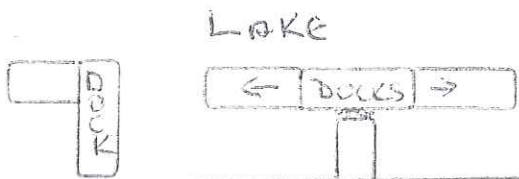
0 - BARRIERS

△ - SEASONAL
RV SITES
(15 TOTAL)

X - LOCATION OF
PORTABLE FIRE
EXTINGUISHERS

S - LOCATION OF
EMERGENCY
SHUT OFF

○ - PRESSURIZED
WATER SUPPLY



FACILITY SITE PLAN FOR
NORTH STAR VILLAGE

Prepared 01 May 2015