



Technical Standards and Safety Authority  
 14th Floor - Centre Tower  
 3300 Bloor Street West  
 Toronto Ontario M8X 2X4  
 Fax: 416.231.4903  
 www.tssa.org  
 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.

<p>Failure to fully complete this form may result in rejection.          Making a false statement may result in a fine or prosecution          under the <i>Technical Standards and Safety Act</i></p>	<p><b>For Office Use Only</b></p>
<p>Licence Number <u>0076544196-C</u></p> <p>Check applicable type of propane operations.</p> <p><input checked="" type="checkbox"/> Cylinder    <input type="checkbox"/> Motor Fill    <input type="checkbox"/> Filling Plant    <input type="checkbox"/> Card/Keylock</p> <p>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	

**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 1395559 Ontario Inc Ontario Corporation No., if applicable \_\_\_\_\_

Operator Name (if different from above) Sturgeon Falls Auto Sports & Marine

Telephone No. 705-753-5595 Fax No. 705-753-5769 E-mail Mike@sfasm

**B** Street No. 114 Street Name / 911 Number / Address, if applicable Front Street

Town / City or Township / County Sturgeon Falls Province On Postal Code P2B-2H8

Mailing address if different from above.

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

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

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

**D** Location of facility.

Street No. 114 Street Name / 911 Number / Address, if applicable Front Street Nearest Major Intersection Hwy17 / Front St and Nipissing St

Town / City or Township / County Sturgeon Falls Province On Postal Code P2B-2H8

Name of Licence Holder Sturgeon Falls Auto Sports & Marine

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Mike Renaud ROT type PP0-3 ROT # 18282

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

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.

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Name of Licence Holder <u>Michel Renaud</u>	Print name	Signature	Date (dd-mm-yyyy) <u>9/3/2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Mike Renaud</u>			



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

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

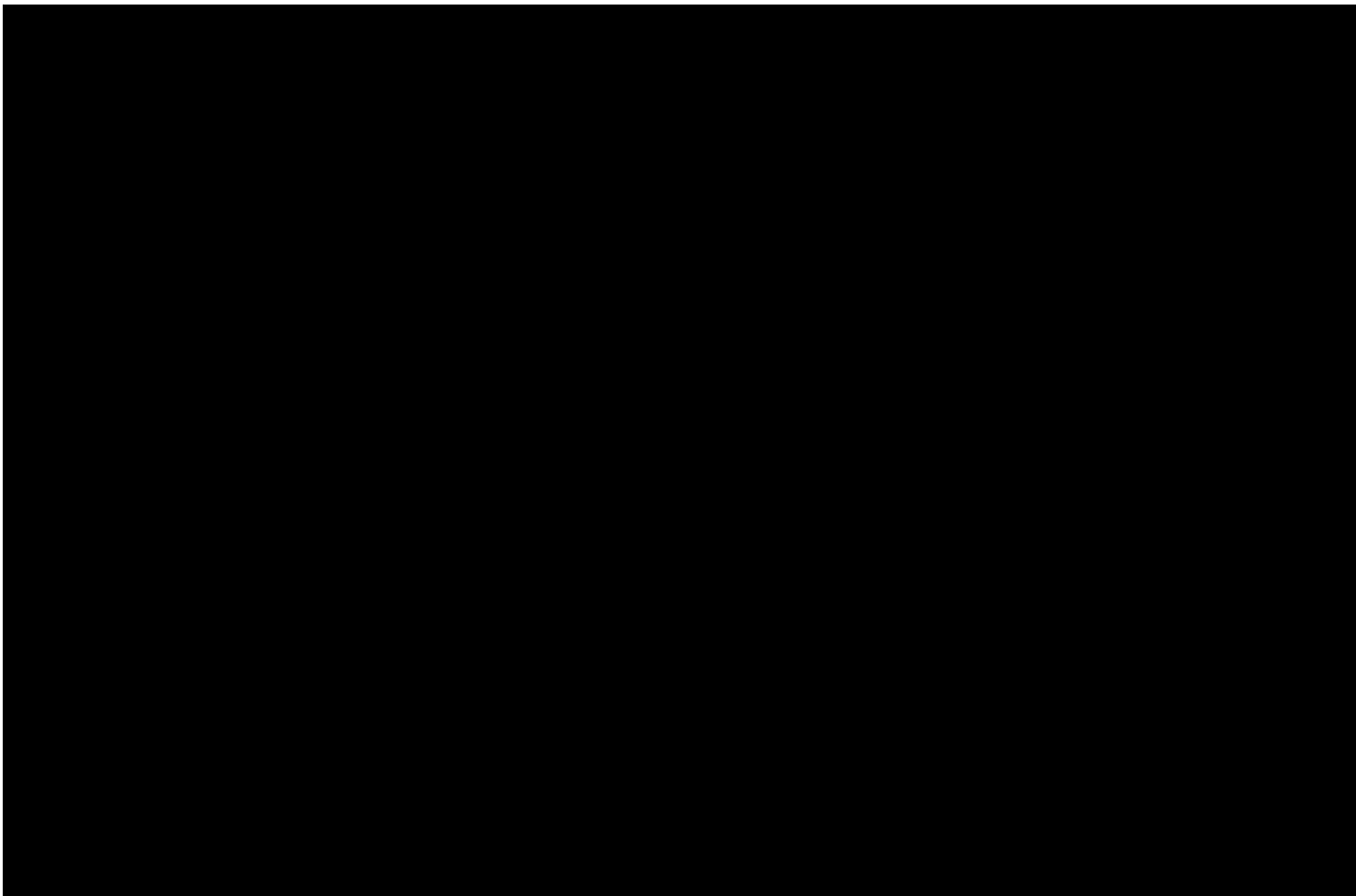
Indicate the year the facility was established. 1998      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 2000

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

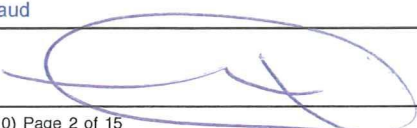
	PSIG	Serial Number
Tank1:	<u>250 PSIG</u>	<u>358-00</u>
Tank2:	_____	_____
Tank3:	_____	_____

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: 2000 USWG      Portable: \_\_\_\_\_      Mobile: n/a



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Name of person completing this form (please print) <u>Michel Renaud</u>	Official Title <u>President</u>	
Signature 	Telephone No. <u>705-753-5595</u>	Date (dd-mm-yyyy) <u>9/3/2011</u>



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

Activity Information

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

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No. [REDACTED]	
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			

Off-site Cylinder and/or Mobile Storage n/a	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		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

Note: Customer storage is not considered off-site storage.

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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.

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

Fire extinguishers at propane tank and in store


List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

fusible link on cable operated Internal safety control valve, if fire should occur at or under propane tank the fusible link will shut off the flow of propane when fusible links melts , Electrical Emergency Shut off . shut the power supply to dispenser which closes the solenoid valve which stops the flow of propane to the dispenser hose. located at propane tank. Electrical shut off at main power supply.

Maintenance and testing schedule for fire protection controls and devices.

Fire extinguishers are inspected monthly by staff and twice yearly by fire safety services, the propane system and control are inspected yearly by fuel supplier and daily by staff.

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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 Michel Renaud	For Office Use - Party No.	Name Mike Renaud	For Office Use - Party No.
Official Title President		Official Title President	
Telephone No. 705-753-5595	Fax No. 705-753-5769	Cell No. 705-471-1414	Fax No. 705-753-5769
E-mail mike@sfasm.com		E-mail mike@sfasm.com	
Role and responsibilities in emergency evacuation of building and property, contacting emergency services and propane supplier.		Role and responsibilities in emergency evacuation of building and property, contacting emergency services and propane supplier.	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Eric Renaud	For Office Use - Party No.	Name Tim Trottier	For Office Use - Party No.
Official Title Sales		Official Title	
Telephone No. 705-753-5595	Fax No. 705-753-5769	Telephone No. 705-753-5595	Fax No. 705-753-5769
E-mail eric@sfasm.com		E-mail Tim@sfasm.com	
Role and responsibilities in emergency evacuation of building and property, contacting emergency services and propane supplier.		Role and responsibilities in emergency evacuation of building and property, contacting emergency services and propane supplier.	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Richard Savage	For Office Use - Party No.	Name Bruce Moore	For Office Use - Party No.
Official Title Fire Chief		Official Title Owner	
Telephone No. 705-753-1171	Fax No. 705-753-6935	Telephone No. 705-476-2334	Fax No.
E-mail rsavage@wnfs.ca		E-mail	
Role and responsibilities in emergency supervisor of fire department		Role and responsibilities in emergency owner operator	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Richard Maranda	For Office Use - Party No.	Name Marcelle Cloutier	For Office Use - Party No.
Official Title Acting Fire Chief and Training Officer		Official Title Deputy Clerk	
Telephone No. 705-753-6923	Fax No. 705-753-6935	Telephone No. 705-753-2250 ext 6907	Fax No.
E-mail rmaranda@wnfs.ca		E-mail mcloutier@westnippissing.ca	
Role and responsibilities in emergency Training and replace takes over fire chief duty when chief not available		Municipality West Nipissing	

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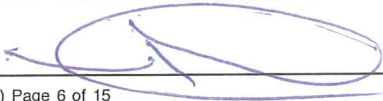
**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

2. Additional Safety Measures

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

Lined area for describing additional safety measures.

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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) <i>30/8/2008</i>	Print Name of Training Provider: <u>Ontario Propane Association</u>
	Print Name of Instructor: <u>Kevin Summerton</u>
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

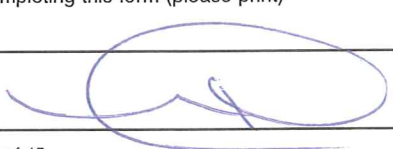
Training on the facility's Emergency Management Procedures provided to staff.

Training Date (dd-mm-yyyy) <i>30/8/2008</i>	Print Name of Training Provider:
	Print Name of Instructor: <u>Kevin Summerton</u>
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy) <i>30/8/2008</i>	Print Name of Training Provider: <u>Ontario Propane Association</u>
	Print Name of Instructor: <u>Kevin Summerton</u>
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mm-yyyy) <i>30/8/2008</i>	Print Name of Training Provider: <a href="#">Ontario Propane Association</a>
	Print Name of Instructor: <a href="#">Kevin Summerton</a>
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) <i>30/8/2008</i>	Print Name of Training Provider: <a href="#">Ontario Propane Association</a>
	Print Name of Instructor: <a href="#">Kevin Summerton</a>
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>30/8/2008</i>	Print Name of Training Provider: <a href="#">Ontario Propane Association</a>
	Print Name of Instructor: <a href="#">Kevin Summerton</a>
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

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

5. Emergency Response Communications Plan

**Warnings and Actions**

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).  
If an incident should occur. 1=the owner/ operator will assess the situation and take proper action to control the incident. 2=if the owner operator can not control the situation He will evacuate the immediate area and contacted emergency services by calling 911 and the propane fuel supplier. The fuel supplier will contact TSSA

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

The owner operator will will evacuate the area of clients to safe distance. The personnel will meet the front of the store at Max Milk on Front Street.  
The fire department will take control of the seen *DN* arrival.

**Communication with Emergency Response Authorities**

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

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

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

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

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

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

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

The owner can arrive on site in approximately then 5 minutes.

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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 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>87 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>n/a</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  
 B. 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?    
 If not, please explain (e.g., no fire services). *- nil -*

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Fire services comments, if any:  
*The information provided is good.  
 All concerns were addressed.*

---

**To be completed by the Licence Holder**  
 In response to the above comments, the following action(s) is required:  
 \_\_\_\_\_  
 \_\_\_\_\_

---

The licence holder will respond to the Local Fire Services comments by: \_\_\_\_\_ (dd-mm-yyyy)

**LOCAL FIRE SERVICES**

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

Print name <i>West Nipissing Fire Service</i> <small>Local Fire Services Name</small>	Signature  <i>(F.P.O.)</i>	Date (dd-mm-yyyy) <i>12-05-2011</i>
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**WEST NIPISSING OUEST  
 FIRE SERVICE D'INCENDIE**  
 225 Holdich St, Suite 104  
 Sturgeon Falls ON P2B 1T1  
 (705) 753-1171

*Re: 114 Front St.  
 Sturgeon Falls Auto Sports & Marine*

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Name of person completing this form (please print) Michel Renaud	Official Title President		
Signature: 	<table style="width: 100%;"> <tr> <td style="width: 60%;">           Telephone No.            705-753-5595         </td> <td style="width: 40%;">           Date (dd-mm-yyyy)            9/3/2011         </td> </tr> </table>	Telephone No. 705-753-5595	Date (dd-mm-yyyy) 9/3/2011
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**SECTION C: SUBMISSIONS**

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

**Facility Site Plan.**

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

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

**Map of Surrounding Area.**

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

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

**Required Mapping Information from Updated Site Plan**

Date Map Prepared (dd-mm-yyyy)	Capacity of single largest propane storage vessel (USWG)
	2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 12 M	Right side property line: 6 M
Rear: 45 M	Left side property line: 40 M
GPS coordinates of single largest vessel:	N 46°21'34" / W 079° 55,478

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Signature 	Telephone No. 705-753-5595
	Date (dd-mm-yyyy) 9/3/2011



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

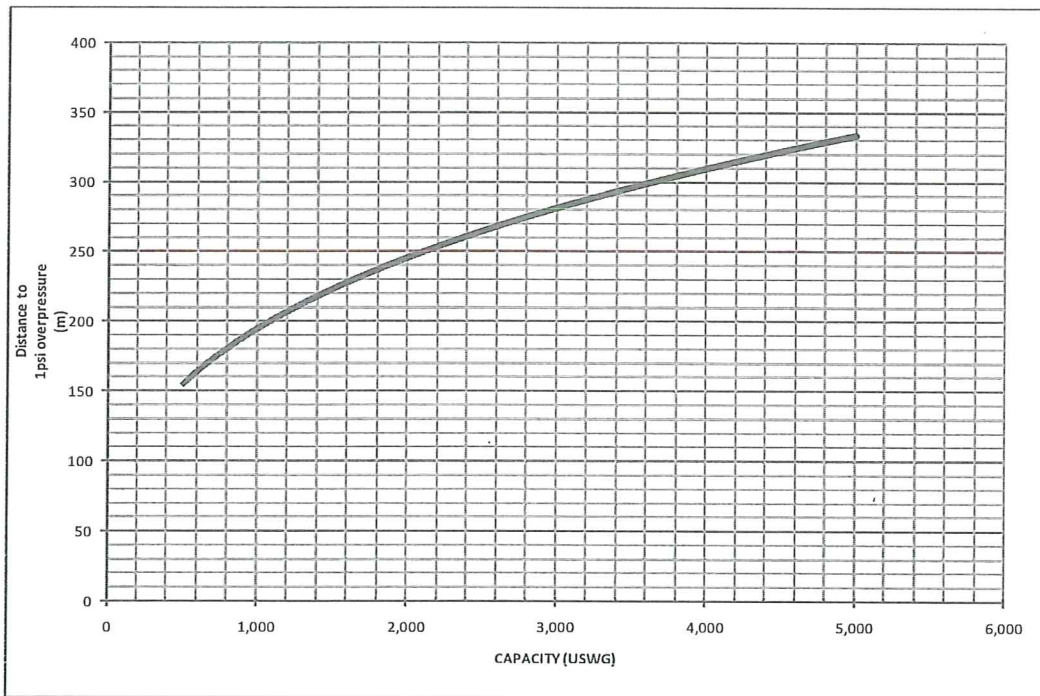
Table 1: Distance Table

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) Michel Renaud	Official Title President	
Signature 	Telephone No. 705-753-5595	Date (dd-mm-yyyy) 9/3/2011



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As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>n/a</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: <span style="background-color: black; color: black;">[REDACTED]</span> Address: <span style="background-color: black; color: black;">[REDACTED]</span> City: <span style="background-color: black; color: black;">[REDACTED]</span>			X		<u>88</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Sturgeon Builders Supplies-Home Hardware</u> Address: <u>118 Front Street</u> City: <u>Sturgeon Falls</u> Province <u>On</u> Postal Code <u>P2B-2H8</u>			X		<u>60</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>n/a</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>n/a</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>West Nipissing Fire Service</u> Address: <u>225 Holditch Street</u> City: <u>Sturgeon Falls</u> Province <u>On</u> Postal Code <u>P0H-2G0</u>			X		<u>532</u> m

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

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Name of person completing this form (please print) <u>Michel Renaud</u>	Official Title <u>President</u>
Signature 	Telephone No. <u>705-753-5595</u> Date (dd-mm-yyyy) <u>9/3/2011</u>



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

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

Portable Storage Additional Information Sheet


Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	20	116
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			186 USWG

Tanks Stored On-site Not Connected for Use

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

<b>Total Cylinder Capacity</b>	186 USWG
<b>Total Tank Capacity</b>	2000 USWG
<b>Total Portable Capacity</b>	186 USWG

**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) Michel Renaud	Official Title President	
Signature 	Telephone No. 705-753-5595	Date (dd-mm-yyyy) 9/3/2011

# STURGEON FALLS SPORTS + MARINE

RRC

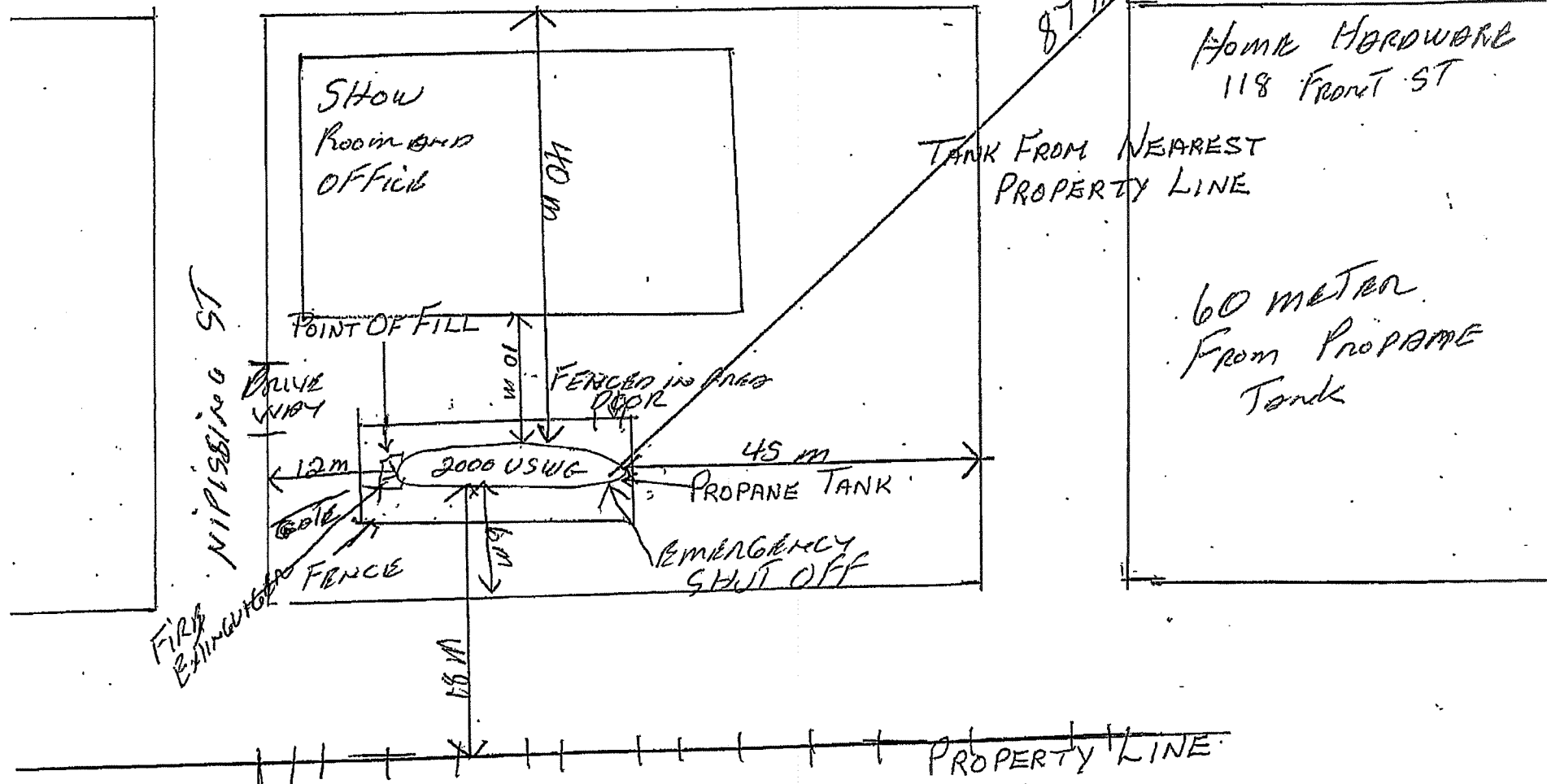
RES

1 = 2000 USWG

2 = NO HAZARDOUS MATERIAL

114 Front St / HWY 17 STURGEON FALLS

249 Church St



Railway

POINT OF FILL

• TANK PROTECTION

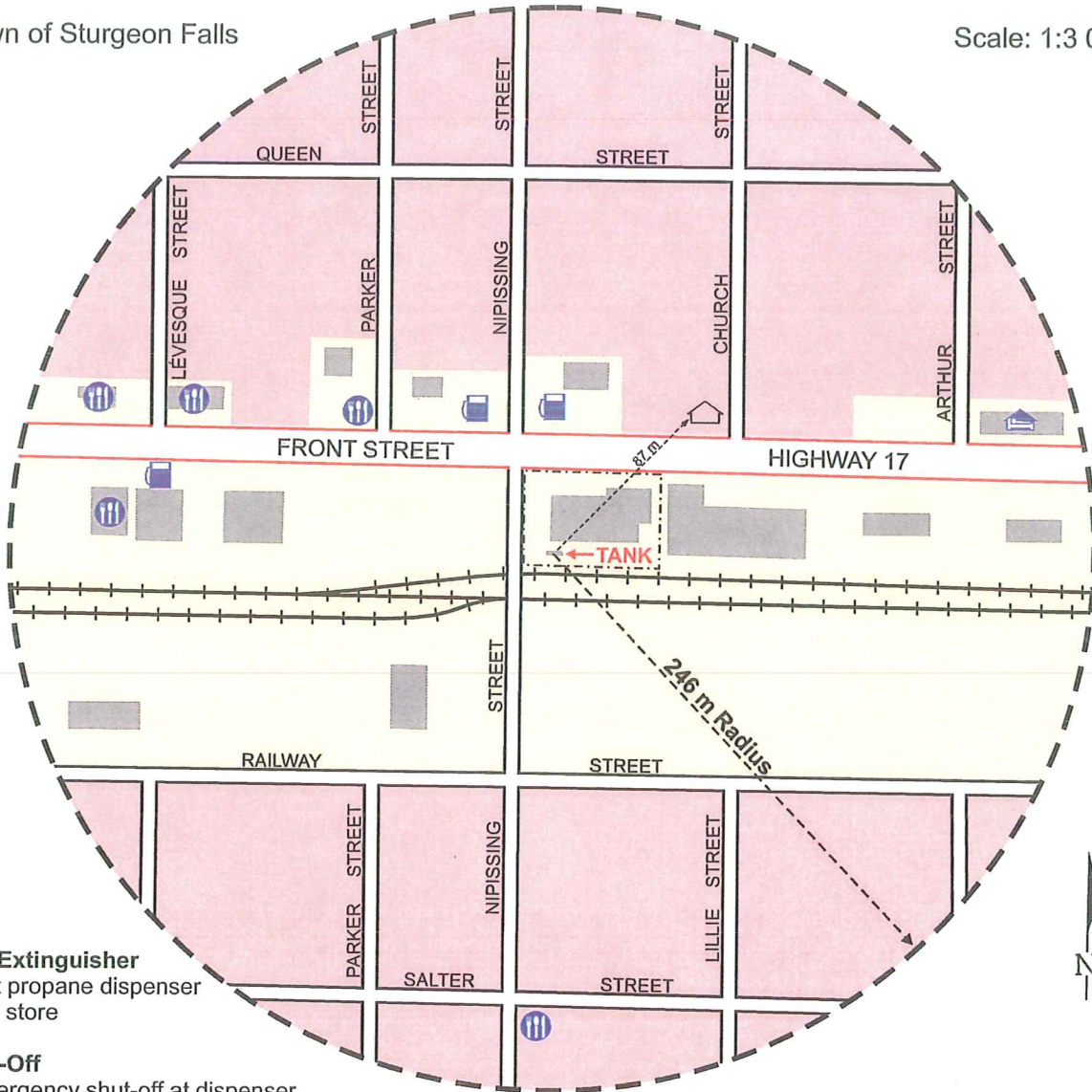


# Risk and Safety Management Plan

## PUBLIC RECEPTORS WITHIN HAZARD DISTANCE

Town of Sturgeon Falls

Scale: 1:3 000



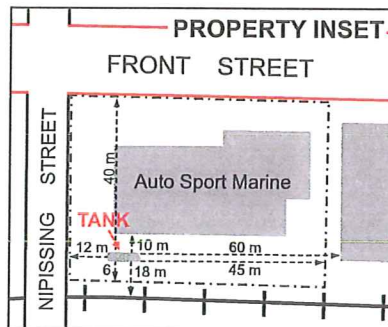
**Fire Extinguisher**

- 1 at propane dispenser
- 1 in store

**Shut-Off**

- Emergency shut-off at dispenser
- Power shut-off in store

LEGEND	
	Industrial/Commercial
	Residential Area
	Highway
	Road
	Restaurant
	Gas Station
	Accommodation



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

KennKart Digital Mapping ©2011

Moore Propane Ltd. ©2011

**Sturgeon Falls Auto Sport Marine**  
114 Front Street, Sturgeon Falls, Ontario, Canada, P0H 2C0