



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.

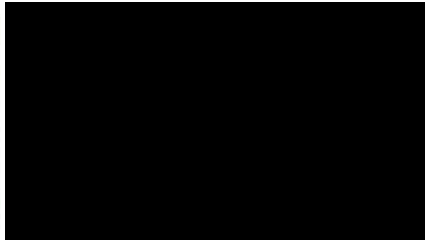
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number [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: SUMMER HOUSE PARK LTD Ontario Corporation No., if applicable: 1271595

Operator Name (if different from above): _____

Telephone No.: 519-795-7712 Fax No.: 519-795-7355 E-mail Address: info@summerhousepark.ca

B Street No.: 197 Street Name, Lot / Concession No.: MILLER LAKE SHORE ROAD LOT 26, CONC. 1, E. B. R.

Town / City or Township / County: MILLER LAKE / LINDSAY / BRUCE Province: ONTARIO Postal Code: N0H 1Z0

Mailing address if different from above: _____

C Street No.: _____ Street Name, Lot / Concession No.: _____

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

Information on Container Refill Centre or Filling Plant

Location of facility.

D Street No.: 197 Street Name, Lot / Concession No.: MILLER LAKE SHORE RD. Nearest major intersection: MILLER LAKE ROAD / HWY #6

Town / City or Township / County: MILLER LAKE BRUCE COUNTY Province: ONTARIO Postal Code: N0H 1Z0

Name of Licence Holder: J. E. LOMBARD [SUMMER HOUSE PARK]

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): J. E. LOMBARD ROT type: 100-08-49498

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): NORTHERN BRUCE PENINSULA

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>J. E. LOMBARD</u>	Signature: <u>[Signature]</u>	Date (dd-mm-yyyy): <u>20-05-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	Print name: <u>J. E. LOMBARD</u>	Signature: <u>[Signature]</u>	Date (dd-mm-yyyy): <u>20-05-2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

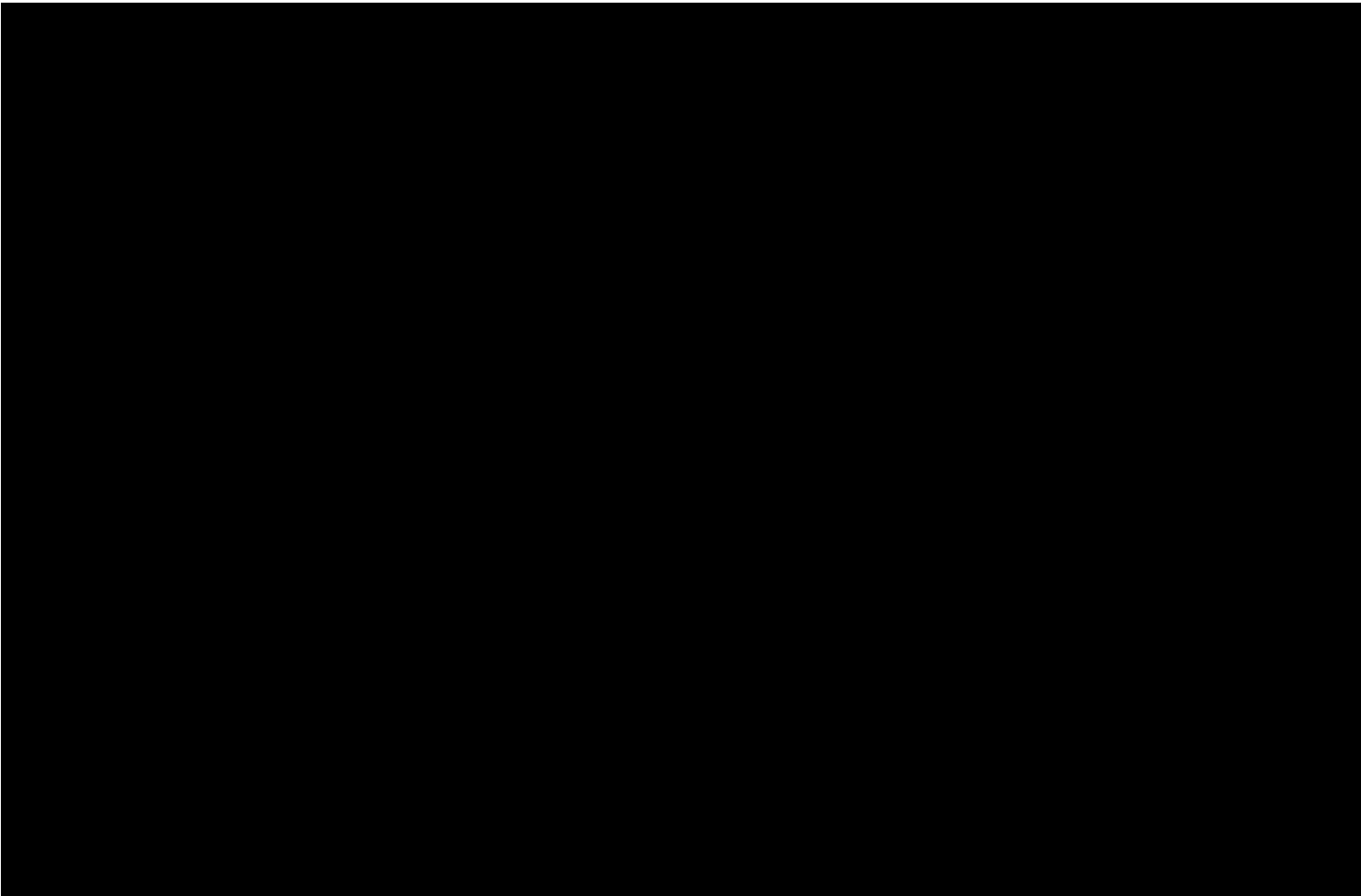
Indicate the year the facility was established. 1987 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. N/A

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

	PSIG	Serial Number
Tank 1:	<u>250 (WP)</u>	<u>5306727</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>Jim Lombard</u>	Official Title <u>Owner</u>
Signature 	Telephone No. <u>519-795-7712</u> Date (dd-mm-yyyy) <u>20-05-2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) <i>Superior Propane</i>		For Office Use - Party No.	
Street No. <i>241</i>	Street Name Lot / Concession No. <i>Woodlawn Road West Unit 217</i>		
Town / City or Township / Country <i>Quelph, ON Canada</i>		Province <i>ON</i>	Postal Code <i>N1H 8J1</i>
Telephone No. <i>877-873-7467</i>	Fax No. <i>519-836-7766</i>	Contact Name <i>Mike Mullins</i>	
E-mail <i>mullinsm@superiorpropane.com</i>			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
<i>Superior Propane - Owen Sound</i>			
Street No.	Street Name Lot / Concession No. <i>Fire # 718020 Hwy 6</i>		
Town / City or Township / Country <i>Owen Sound</i>		Province <i>ON</i>	Postal Code <i>N4K 5P5</i>
Telephone No. <i>(519) 379-6752</i>	Fax No. <i>519-376-4562</i>	Contact Name <i>Mike Mullins</i>	
E-mail <i>mullinsm@superiorpropane.com</i>			

Off-site Cylinder and/or Mobile Storage	Capacity stored off-site, in USWG	For Office Use - Party No.	
Street No.	Street Name Lot / Concession No.		
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>[Signature]</i>	Telephone No. <i>519-795-7712</i>
	Date (dd-mm-yyyy) <i>20-05-2011</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.

We also store filled propane cylinders for a short time - to be picked up at a later date. No more than 10 cylinders are stored on site. Total maximum volume: 224 L

We also have propane cylinders for heating and a gas tank at maintenance shop.

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

Each building has at least one 2.5, 5 or 10 lb ABC fire extinguishers. Our kitchen has a automatic ABC extinguisher (KP375 Amerex) over grill.

Our shop has 2 portable pressurized water tanks and one 50lb, portable dry chemical extinguisher. Our propane cage has a 10lb ABC extinguisher.

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.

We have a shut off valve on our fixed propane tank as well as an emergency electrical shut off for the tank (switch)

Smoke & CO detectors in all buildings

Maintenance and testing schedule for fire protection controls and devices.

Annual fire extinguisher checks and monthly inspections of all extinguishers. Daily extinguisher check on propane cage and a 'shut off' drill periodically to test electrical shut-off for tank.

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Name of person completing this form (please print) Jim Lombard	Official Title Owner
Signature 	Telephone No. 519-795-7712
	Date (dd-mm-yyyy) 20-05-2011



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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>Jim Lombard</i>	For Office Use - Party No.	Name <i>Kevin Robinson</i>	For Office Use - Party No.
Official Title <i>Owner / operator</i>		Official Title <i>Manager</i>	
Telephone No. <i>519-795-7417</i>	Fax No. <i>519-795-7355</i>	Cell No. <i>519-270-1001</i>	Fax No.
E-mail <i>jimandsharon@summerhousepark.ca</i>		E-mail <i>kevrob8@yahoo.com</i>	
Role and responsibilities in emergency		Role and responsibilities in emergency	

2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>Sharon Lombard</i>	For Office Use - Party No.	Name <i>Darci Lombard</i>	For Office Use - Party No.
Official Title <i>manger</i>		Official Title <i>manager</i>	
Telephone No. <i>519-795-7417</i>	Fax No. <i>519-795-7355</i>	Telephone No. <i>519-795-7544</i>	Fax No. <i>519-795-7355</i>
E-mail <i>jimandsharon@summerhousepark.ca</i>		E-mail <i>darci@summerhousepark.ca</i>	
Role and responsibilities in emergency		Role and responsibilities in emergency	

3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>Mike Henderson</i>	For Office Use - Party No.	Name <i>Supertor Propane Hotline</i>	For Office Use - Party No.
Official Title <i>Fire Chief</i>		Official Title <i>Contact: Wayne Spahr - ^{cust. service} 1-877-873-7467</i>	
Telephone No. <i>519-793-3522 x733</i>	Fax No.	Telephone No. <i>1-877-873-7467</i>	Fax No. <i>(519) 376-4562</i>
E-mail <i>firechief.nbp@amtelecom.net</i>		E-mail <i>customerservice@supertorpropane.com</i>	
Role and responsibilities in emergency <i>incident command</i>		Role and responsibilities in emergency <i>Identify and dispatch Supertor Propane and/or LPERGC emergency response personnel as required.</i>	

4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>Wilf Barnes</i>	For Office Use - Party No.	Name <i>Mike Henderson</i>	For Office Use - Party No.
Official Title <i>Deputy Fire Chief</i>		Official Title <i>Fire Chief / CEMC</i>	
Telephone No. <i>(519) 793-3713</i>	Fax No. <i>(519) 793-4004</i>	Telephone No. <i>519-793-3522 x233</i>	Fax No. <i>(519) 793-3823</i>
E-mail <i>nbpfd@amtelecom.net</i>		E-mail <i>firechiefnbp@amtelecom.net</i>	
Role and responsibilities in emergency <i>incident command.</i>		Municipality <i>Northern Bruce Peninsula</i>	

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Name of person completing this form (please print) <i>Jim Lombard</i>	Official Title <i>Owner</i>
Signature 	Telephone No. <i>519-795-7712</i> Date (dd-mm-yyyy) <i>20-05-2011</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.

In addition to our on-site 2.5-10lb fire extinguishers:

We have a fire plan which all our staff are familiar with & are trained on how to execute, which we would do so.

In case of emergency the first person^(staff) on the scene is to immediately call 911 & keep continuous contact w/ fire & police, or ask someone else to do so & report back. Our team will contact all neighbours & guest within 198m radius of propane vessel & proceed w/ evacuation plan. We have a designated meeting site outside of radius & an alternate within park if access to entrance is unsafe.

If safe to do so our staff are trained on using fire extinguishers & we are able to use our two pressurized water tanks & 1 portable 50lb chemical extinguishers. We will assist fire department if required. (Volunteer fire staff live within 5 min of our facility)

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Name of person completing this form (please print) Jim Lombard	Official Title Owner		
Signature 	Telephone No. 519-795-7712	Date (dd-mm-yyyy) 20-05-2011	



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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) May 17, 2010	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: Richard Napper
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) 26-05-2011	Print Name of Training Provider: Blue Water Security
	Print Name of Instructor: Dwayne Dupon
Training Date (dd-mm-yyyy) 11-05-2011	Print Name of Training Provider: Summer House Park
	Print Name of Instructor: Danni Lombard
Training Date (dd-mm-yyyy) 10-05-2011	Print Name of Training Provider: Canadian Red Cross
	Print Name of Instructor: Cynthia Wilson

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

Training Date (dd-mm-yyyy) 06-08-2008	Print Name of Training Provider: Propane Training Institute
	Print Name of Instructor: Wt Bird
Training Date (dd-mm-yyyy) 06-05-2011	Print Name of Training Provider: Summer House Park
	Print Name of Instructor: James Lombard
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) James (Jim) Lombard	Official Title owner
Signature 	Telephone No. 279-795-7712
	Date (dd-mm-yyyy) 20-05-2011



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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) 10-05-2012	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: Richard Napper
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) 13-06-2011	Print Name of Training Provider: Summer House Park
	Print Name of Instructor: Dari Lombard
Target Date (dd-mm-yyyy) 11-07-2011	Print Name of Training Provider: Summer House Park
	Print Name of Instructor: Dari Lombard
Target Date (dd-mm-yyyy) 15-08-2011	Print Name of Training Provider: Summer House Park
	Print Name of Instructor: Dari Lombard

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

Target Date (dd-mm-yyyy) 13-06-2011	Print Name of Training Provider: Summer House Park
	Print Name of Instructor: Jim Lombard
Target Date (dd-mm-yyyy) 11-07-2011	Print Name of Training Provider: Summer House Park / Propane Training Institute
	Print Name of Instructor: Jim Lombard / Wt Bird
Target Date (dd-mm-yyyy) 15-08-2011	Print Name of Training Provider: Summer House Park
	Print Name of Instructor: Jim Lombard

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Name of person completing this form (please print) Jim Lombard	Official Title owner
Signature 	Telephone No. 519-795-7712
	Date (dd-mm-yyyy) 20-05-2011



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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).

First on scene calls 911 & reports to manager on duty. Manager on duty contacts key/alternate contact. Manager on duty & on-site staff alert all persons in the immediate area & proceed with evacuation as per our Summit House Park fire safety 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).

When warning is issued all staff on site will direct customers to congregate in safe designated meeting area, or alternate meeting area if egress points 1 & 2 are compromised. Key contact & manager(s) on-site will direct this action. Fire fighting efforts will occur if safe to do so.

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).

First on scene or requested assistant (other staff) will call 911 & keep continuous contact with emergency responders. Who ever places call, or assistant, will report to manager on duty & key contact.

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

Fire department has a gate key for access to park when no staff is on site, as well, a 'break the gate' policy is in place with local fire department. Wire fence on propane cage can be easily cut if direct access to cage is necessary.

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

We will maintain continuous contact with emergency responders via phone or personal contact.

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

Staff are on site 24 hours; response would be less than five minutes. Our on-call contact is within 5 min of site as monitors via cell phone at all times.

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Name of person completing this form (please print) Jim Lombard	Official Title Owner		
Signature 	Telephone No. 519-795-7712	Date (dd-mm-yyyy) 22-10-2011	



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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?
<i>1050 GPM</i> | <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>48m - lake</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>48m "</u> | |

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Name of person completing this form (please print) <i>Jim Lombard</i>	Official Title <i>owner</i>
Signature <i>[Signature]</i>	Telephone No. <i>519 795-7712</i>
	Date (dd-mm-yyyy) <i>20-05-2011</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:

Fire department is satisfied with emergency response & preparedness plan.

To be completed by the Licence Holder

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

N/A

The Licence holder will respond to the Local Fire Services comments by: N/A

(dd-mm-yyyy)

LOCAL FIRE SERVICES

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

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name MIKE HENDERSON	<i>Mike Henderson</i>	

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) Jim Lombard	Official Title Owner
Signature <i>Jim Lombard</i>	Telephone No. 519-795-7712
	Date (dd-mm-yyyy) 28-06-2011



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SECTION C: SUBMISSIONS (cont'd)

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>16-04-2010</u>	Capacity of single largest propane storage vessel (USWG) <u>1000 USWG</u>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>12 m (S)</u>	Right side property line: <u>91 m</u>
Rear: <u>346 m</u>	Left side property line: <u>609 m</u>
GPS coordinates of single largest vessel: <u>Geographic: Long: -81.401975, Lat: 45.098981</u>	

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>Jim Lombard</u>	Official Title <u>Owner</u>
Signature 	Telephone No. <u>519-795-7712</u>
	Date (dd-mm-yyyy) <u>20-05-2011</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

SECTION C: SUBMISSIONS (cont'd)

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

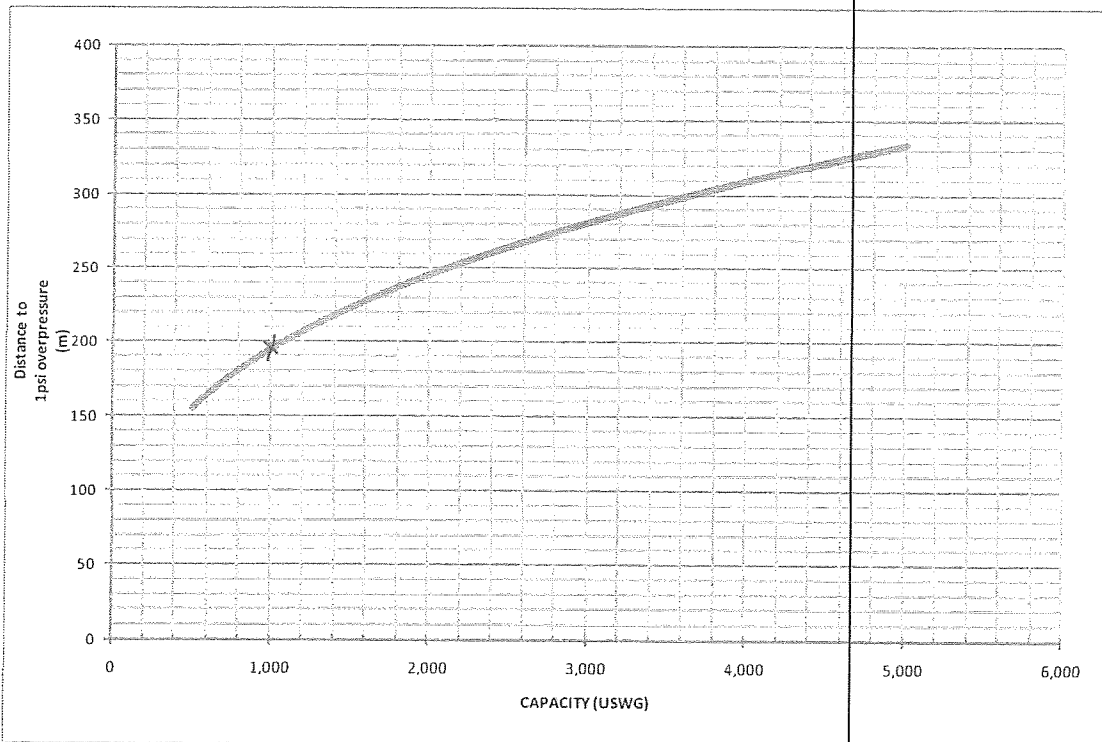
Table 1: Distance Table

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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Signature <i>[Signature]</i>	Telephone No. <i>519-795-7712</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: <u>Summer House Park workshop</u> Address: <u>197 Miller Lake Shore Rd</u> City: <u>Miller Lake</u> Province <u>ON</u> Postal Code <u>N0H 1Z0</u>		X			<u>95</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments [Redacted]			X		<u>60</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Summer House Park reservation office</u> Address: <u>197 Miller Lake Shore Rd</u> City: <u>Miller Lake</u> Province <u>ON</u> Postal Code <u>N0H 1Z0</u>			X		<u>7.62</u> m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>Summer House Park - cottage #3</u> Address: <u>197 Miller Lake Shore Rd</u> City: <u>Miller Lake</u> Province <u>ON</u> Postal Code <u>N0H 1Z0</u>		X			<u>22</u> 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 _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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Name of person completing this form (please print) <u>Jim Lombard</u>	Official Title <u>Owner</u>
Signature <u>[Signature]</u>	Telephone No. <u>579-795-7712</u>
	Date (dd-mm-yyyy) <u>20-05-2011</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	N/A	
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

Tank Size in USWG	Quantity	Total Volume in USWG
8.8	max 10	8.8
5.8	max 2	11.6
Total Tank Capacity		99.6

Total Cylinder Capacity	99.6 USWG
Total Tank Capacity	
Total Portable Capacity	

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Name of person completing this form (please print) <i>Jim Lombardi</i>	Official Title <i>Owner</i>
Signature <i>[Signature]</i>	Telephone No. <i>519-795-7712</i>
	Date (dd-mm-yyyy) <i>20-05-2011</i>

Summer House Park

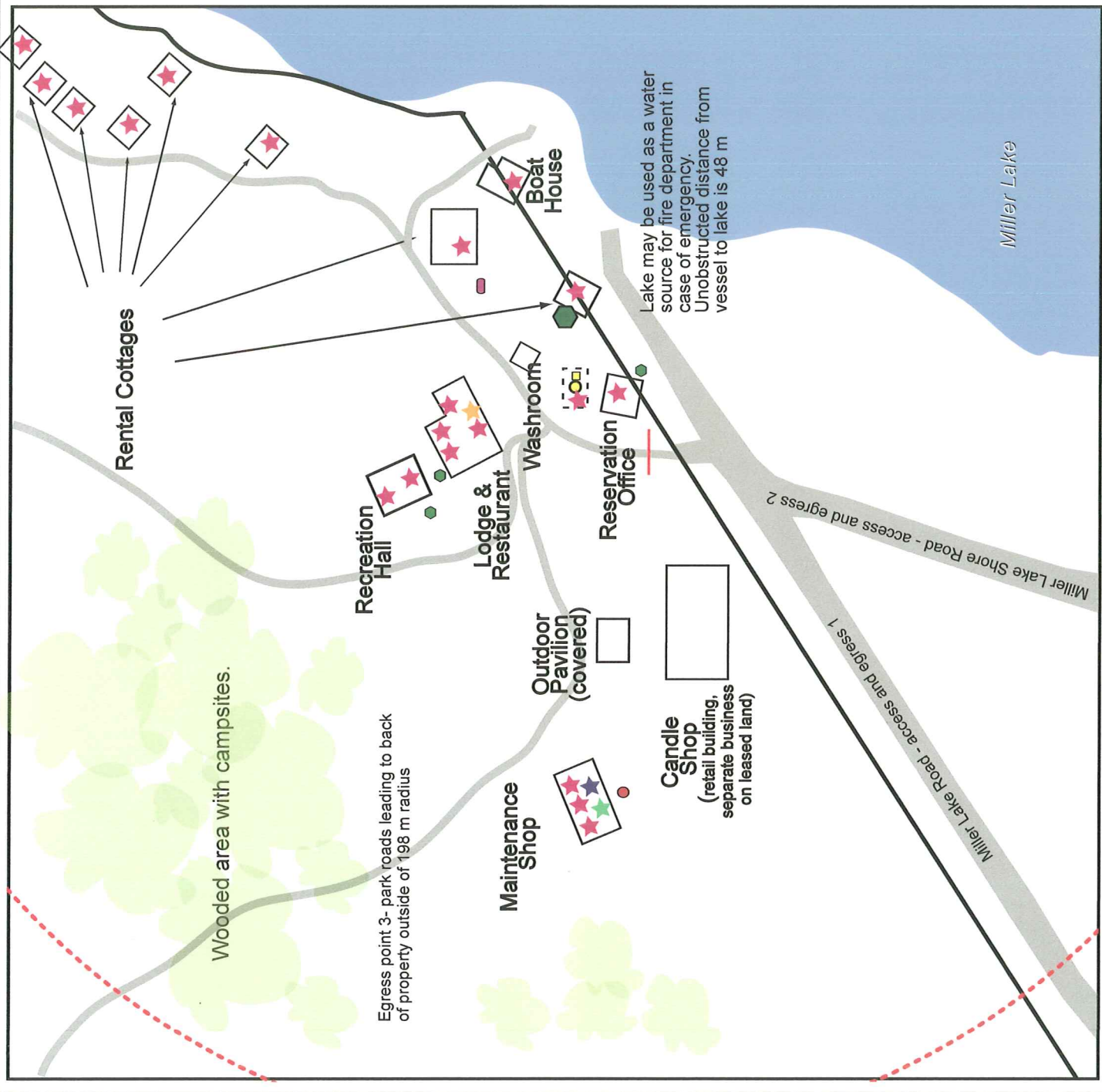
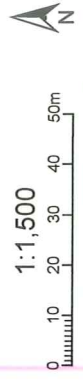
Facility Site Plan
 197 Miller Lake Shore Road
 Pt Lt 26, Con 1 East of Bury Road
 Former Geographic Township of Lindsay
 Municipality of Northern Bruce Peninsula
 County of Bruce
 ARN: 410966000211800 (85 ac.)

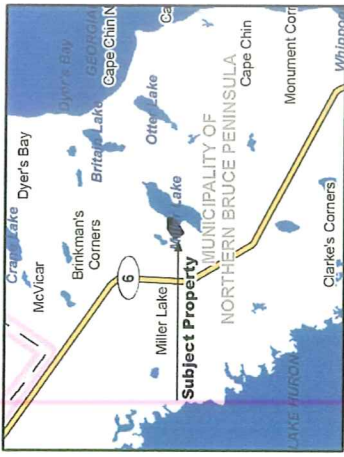
- Storage location of fixed vessel (1000 USWG tank)
- Fixed vessel fence barrier
- 198 m radius boundary around vessel
- Emergency shut off switches
- Park control gates

- HAZARDOUS MATERIALS: within 198 m radius of fixed LP vessel (●)**
- Propane storage cylinder for heating: 334 USWG
 - Propane storage cylinder for heating: 123.9 USWG
 - Unleaded gasoline storage tank for tractors: 1360 L
 - Propane cylinders for temporary customer storage: maximum 100 USWG (20# & 30# tanks located inside vessel cage)

- EMERGENCY EQUIPMENT: within 198 m radius of fixed LP vessel (●)**
- 2.5, 5 or 10lb ABC fire extinguishers
 - 1- KP375 automated extinguisher above grill
 - 1- 50 lb dry chemical portable extinguisher
 - 2- portable pressurized water extinguishers
 - Water supply
- NOTE: There are CO detectors and smoke detectors in all cottages and all other buildings noted on site plan

- Park roadways
- Park municipal boundary
- Municipal roadways





Summer House Park

Propane Tank Location Overview Map
 Tank volume: 1000 USWG

197 Miller Lake Shore Road

Pt Lt 26, Con 1 East of Bury Road

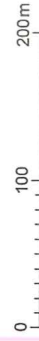
Former Geographic Township of Lindsay
 Municipality of Northern Bruce Peninsula
 County of Bruce

ARN: 410966000211800 (85 ac.)

MUNICIPAL CONTACT:

Mike Henderson
 Fire Chief / C.E.M.C
 56 Lindsay Road 5, RR #2
 Lion's Head, ON N0H 1W0
 519-793-3522 x233
 firechief.nbp@amtelecom.net

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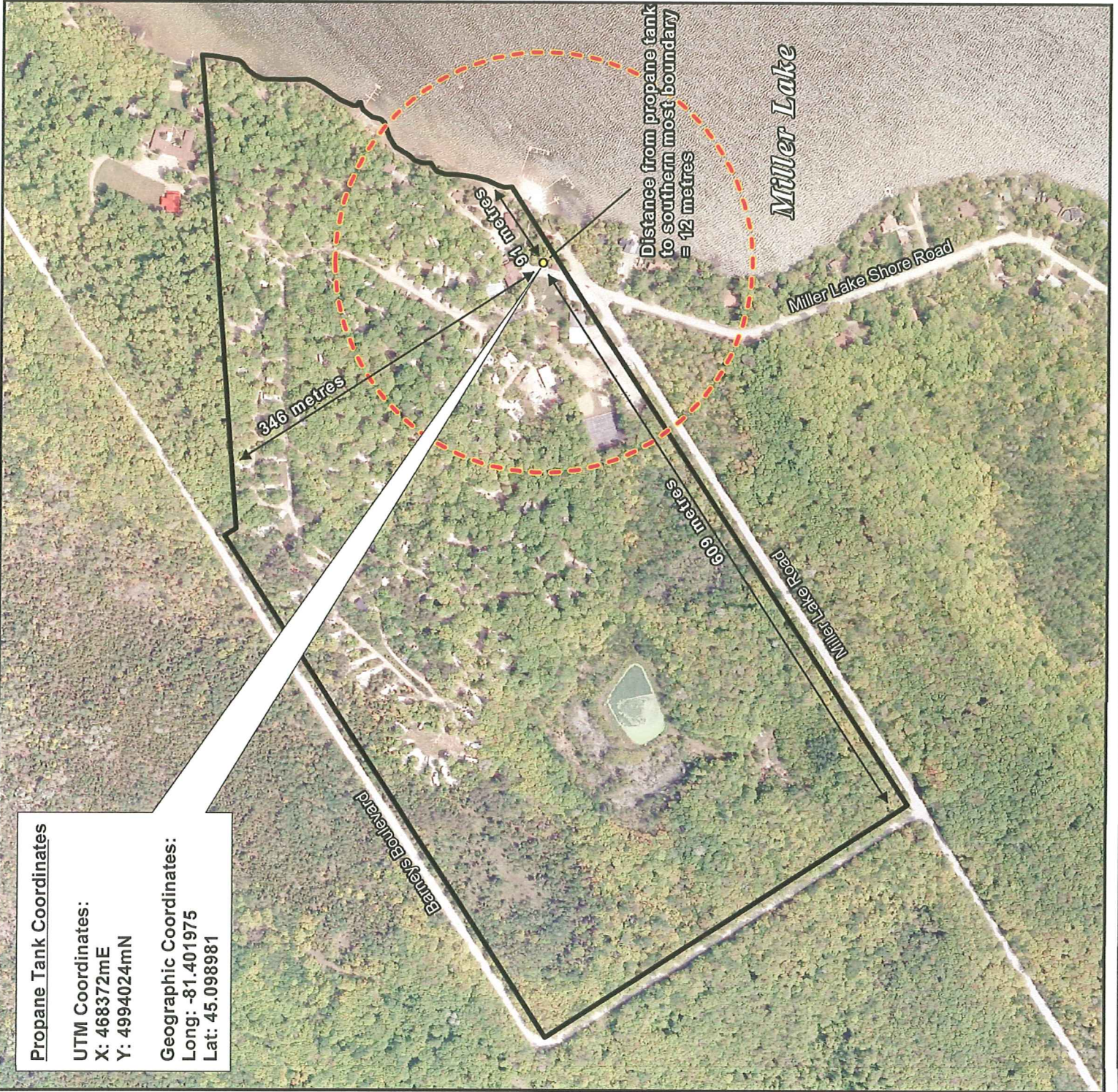


Legend

Propane Tank

195 metre radius

Subject Property Boundary



Propane Tank Coordinates

UTM Coordinates:
 X: 468372mE
 Y: 4994024mN

Geographic Coordinates:

Long: -81.401975
 Lat: 45.098981



Summer House Park

Propane Tank Location - Large Scale
 Tank volume: 1000 USWG

197 Miller Lake Shore Road
 Pt Lt 26, Con 1 East of Bury Road
 Former Geographic Township of Lindsay
 Municipality of Northern Bruce Peninsula
 County of Bruce
 ARN: 410966000211800 (85 ac.)

MUNICIPAL CONTACT:
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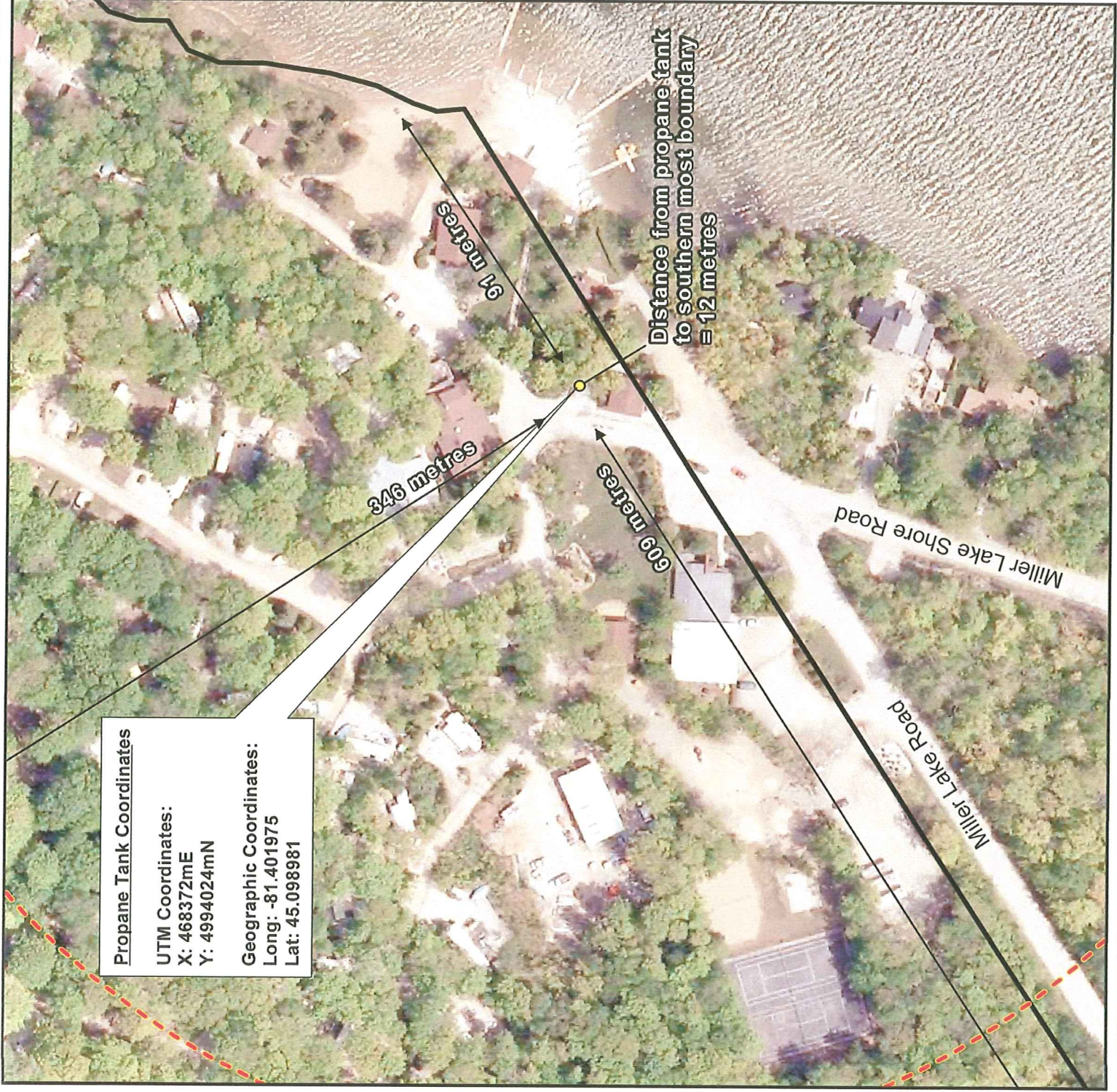
Legend

-  Propane Tank
-  195 metre radius
-  Subject Property Boundary



UTM Projection, NAD83, Zone 17. This is not a plan of survey.
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slangley - April 16, 2011



Propane Tank Coordinates
 UTM Coordinates:
 X: 468372mE
 Y: 4994024mN
 Geographic Coordinates:
 Long: -81.401975
 Lat: 45.098981