



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.

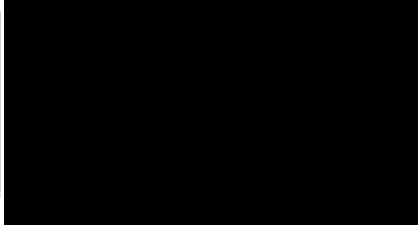
Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number: 0034284001-C

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.



NOV 28

**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: Quinte's Isle Campark Inc. Ontario Corporation No., if applicable: \_\_\_\_\_

Operator Name (if different from above): \_\_\_\_\_

Telephone No. (613)476-6310    Fax No. (613)476-7533    E-mail tim@qicampark.com

**B** Street No. 237    Street Name / 911 Number / Address, if applicable Salmon Point Road

Town / City or Township / County: Cherry Valley    Province: Ontario    Postal Code: K0K 1P0

Mailing address if different from above.

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

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

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

Location of facility.

**D** Street No. 237    Street Name / 911 Number / Address, if applicable Salmon Point Road    Nearest Major Intersection Salmon Point Road / CR 18

Town / City or Township / County: Cherry Valley    Province: Ontario    Postal Code: K0K 1P0

Name of Licence Holder: Quinte's Isle Campark

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Stephen Ward    ROT type: PP0-3

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): Prince Edward County Ward 5

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: Tim Ward | Signature: | Date (dd-mm-yyyy): 10-08-2011 |
| Name of Senior Management person as defined in the Regulation holding the Record of Training | Print name: Tim Ward | Signature: | Date (dd-mm-yyyy): 10-08-2011 |



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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)**

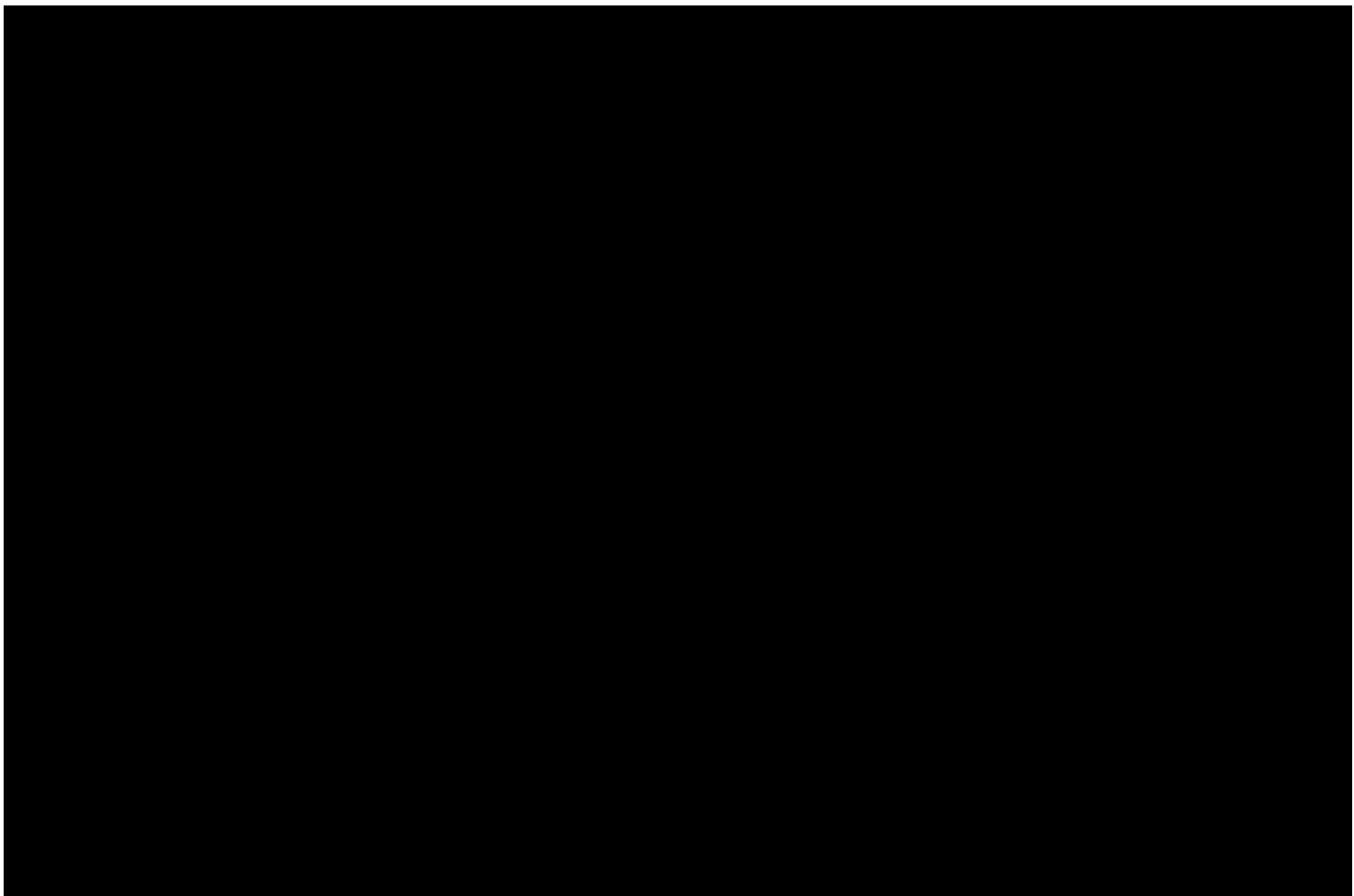
Indicate the year the facility was established. 1983      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.  
20 March 2002 - Greer's Propane installed 1000 USWG dispenser.

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

|        | PSIG       | Serial Number  |
|--------|------------|----------------|
| Tank1: | <u>250</u> | <u>1D75207</u> |
| Tank2: | _____      | _____          |
| Tank3: | _____      | _____          |

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 1000 USWG      Portable: 514 USWG      Mobile: 0



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|   |  |                                      |  |
|---|--|--------------------------------------|--|
| Name of person completing this form (please print)<br><u>Tim Ward</u> |  | Official Title<br><u>Manager</u>     |  |
| Signature<br><u>[Signature]</u>                                       |  | Telephone No.<br><u>613-476-6310</u> | Date (dd-mm-yyyy)<br><u>10-08-2011</u> |



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**Technical Standards and Safety Act**  
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**SECTION A: GENERAL INFORMATION (cont'd)**  
Activity Information

|   |   |  |                        |
|---|---|--|------------------------|
| Name of Propane Supplier(s)<br>Greer Propane    |   | For Office Use - Party No.                           |                        |
| Street No.<br>90                                | Street Name / 911 Number / Address, if applicable<br>Cleminson St. P.O. Box 249 |  |                        |
| Town / City or Township / Country<br>Wellington |   | Province<br>Ontario                                  | Postal Code<br>K0K 3L0 |
| Telephone No.<br>(613) 399-1089                 | Fax No.<br>(613) 399-1189   | Contact Name<br>Robert Greer<br>Cell: (613) 847-1713 |                        |
| E-mail<br>greerspropane@gmail.com               |   |  |                        |

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

|  |   |                            |             |
|--|---|----------------------------|-------------|
| Off-site Cylinder and/or Mobile Storage<br>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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|---|--------------------------------------|--|
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| Signature<br><i>[Signature]</i>                                       | Telephone No.<br><i>613-476-6310</i> | Date (dd-mm-yyyy)<br><i>10-08-2011</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.

Clear Diesel - 300 Gallons

Dyed Diesel - 300 Gallons

Gas - 300 Gallons

Note: 600 sites maximum at this campground and every site potentially could have a propane vessel.

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

5 Extinguishers - Fire extinguishers are dry chemical

Posted "No Smoking" signs on both sides of the tank

Emergency Shut Off Button located on the East side of Building nearest tank.

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.

Electrical (E-Stop)

ISC valve on propane tank. Manual valve with automatic override that detects excess flow. It is connected to the manual opening lever with a fusible link.

The fusible link will melt at 100°C and the ISC valve will "fail safe closed".

Maintenance and testing schedule for fire protection controls and devices.

Annual inspection by third party with a R.O.T. for propane.

Monthly fire extinguisher check.

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|  |  |                     |                   |
|--|--|---------------------|-------------------|
| Name of person completing this form (please print) |  | Official Title      |                   |
| <i>Tim Ward</i>                                    |  | <i>Manager</i>      |                   |
| Signature  |  | Telephone No.       | Date (dd-mm-yyyy) |
| <i>TJ Ward</i>                                     |  | <i>613-474-6310</i> | <i>10-08-2011</i> |



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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<br>Tim Ward  | For Office Use - Party No.       | Name<br>Tim Ward  | For Office Use - Party No.        |
| Official Title<br>Manager   |                                  | Official Title<br>Manager   |                                   |
| Telephone No.<br>(613) 476-6310   | Fax No.<br>(613) 476-7533        | Cell No.<br>(613) 921-0302  | Fax No.<br>(613) 476-7533         |
| E-mail<br>tim@qicampark.com   |                                  | E-mail<br>tim@qicampark.com   |                                   |
| Role and responsibilities in emergency<br>First Responder. See Supervisor responsibilities in Schedule "1" for complete list. |                                  | Role and responsibilities in emergency<br>First Responder. See Supervisor responsibilities in Schedule "1" for complete list. |                                   |
| <b>2. Facility Contact Personnel - Alternate Contact</b>  |                                  | <b>6. Name of Facility Manager</b>  |                                   |
| Name<br>Stephen Ward  | For Office Use - Party No.       | Name<br>Stephen Ward  | For Office Use - Party No.        |
| Official Title<br>Manager   |                                  | Official Title<br>Manager   |                                   |
| Telephone No.<br>(613) 476-6310   | Fax No.<br>(613) 476-7533        | Telephone No.<br>(613) 476-6310   | Fax No.<br>(613) 476-7533         |
| E-mail<br>steve@qicampark.com   |                                  | E-mail  |                                   |
| Role and responsibilities in emergency<br>Act as alternate first responder with same responsibilities as above.               |                                  | Role and responsibilities in emergency<br>Act as alternate first responder with same responsibilities as above.               |                                   |
| <b>3. Local Fire Services - Key Contact</b>   |                                  | <b>7. Propane Supplier Key Contact Person</b>   |                                   |
| Name<br>Scott Manlow  | For Office Use - Party No.       | Name<br>Bob Greer   | For Office Use - Party No.        |
| Official Title<br>Fire Chief  | E-mail<br>smanlow@pecounty.on.ca | Official Title<br>Owner   | E-mail<br>greerspropane@gmail.com |
| Telephone No.<br>(613)476-2345  | Fax No.<br>(613)476-9826         | Telephone No.<br>(613)399-1089  | Fax No.<br>(613)399-1189          |
| Role and responsibilities in emergency<br>Emergency Responder   |                                  | Role and responsibilities in emergency<br>Proceed to site if required - Activate ERAP if required.                            |                                   |
| Fire Services Address<br>2 Ross St. Picton, Ontario. K0K 1T0  |                                  | Propane Supplier Address<br>90 Cleminson St. P.O. Box 249, Wellington, Ontario, K0K 3L0                                       |                                   |
| <b>4. Local Fire Services - Alternate Contact</b>   |                                  | <b>8. Municipal Contact</b>   |                                   |
| Name<br>Robert Rutter   | For Office Use - Party No.       | Name<br>Victoria Leskie   | For Office Use - Party No.        |
| Official Title<br>Deputy Fire Chief   | E-mail<br>rutter@pecounty.on.ca  | Official Title<br>County Clerk / Information Officer  |                                   |
| Telephone No.<br>(613)476-2345  | Fax No.<br>(613)476-9826         | Telephone No.<br>(613)476-2148 ext 226  | Fax No.<br>(613)476-5728          |
| Role and responsibilities in emergency<br>Alternate emergency responder   |                                  | E-mail<br>vleskie@pecounty.on.ca  |                                   |
| Fire Services Address<br>2 Ross St. Picton, Ontario. K0K 1T0  |                                  | Municipality Name and Address<br>332 Main Street, Picton, Ontario, K0K 2T0  |                                   |

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|   |  |
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| Name of person completing this form (please print)<br><i>Tim Ward</i> | Official Title<br><i>Manager</i>       |
| Signature<br><i>Tim Ward</i>  | Telephone No.<br><i>613-476-6310</i>   |
|   | Date (dd-mm-yyyy)<br><i>10-08-2011</i> |



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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.  
Electrical emergency stop button 30 feet from tank.

[Lined area for additional safety measures]

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| Signature<br><i>T Ward</i>  |  | Telephone No.<br><i>416-476-6340</i> | Date (dd-mm-yyyy)<br><i>10-08-2011</i> |



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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)<br>05-07-2011 | Print Name of Training Provider: Beatty Petroleum Consulting Inc. |
|  | Print Name of Instructor: Alex Beatty                             |
| 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)<br>15-08-2011 | Print Name of Training Provider: Quinte's Isle Campark |
|  | Print Name of Instructor: Tim Ward                     |
| 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)<br>15-08-2011 | Print Name of Training Provider: Quinte's Isle Campark |
|  | Print Name of Instructor: Tim Ward                     |
| 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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| Signature<br><i>T Ward</i>  | Telephone No.<br><i>416-476-6310</i>   |
|   | Date (dd-mm-yyyy)<br><i>10-08-2011</i> |



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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)<br>05-07-2011 | Print Name of Training Provider: Quinte's Isle Campark |
|  | Print Name of Instructor: Tim Ward                     |
| 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)<br>01-07-2012 | Print Name of Training Provider: Quinte's Isle Campark |
|  | Print Name of Instructor: Tim Ward                     |
| 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)<br>01-07-2012 | Print Name of Training Provider: Quinte's Isle Campark |
|  | Print Name of Instructor: Tim Ward                     |
| 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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| Signature<br><i>Tim Ward</i>  | Telephone No.<br><i>413-476-6310</i>   |
|   | Date (dd-mm-yyyy)<br><i>10-08-2011</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.

**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).  
See "Schedule 1 - Emergency Management Procedures".

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).  
See "Schedules 3 - 8".

**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).  
See "Schedule 1 - Emergency Management Procedures".

Describe provisions for fire department entry when there are no operations or staffing at the propane site.  
Discussions with Fire Department have lead to the procedure of driving through gate access as this is a very light barrier arm.  
Cabinet on 1000 USWG tank is locked and fire department will gain access with bolt cutters.

Describe how the licence holder will ensure continual flow of updated information to authorities.  
Tim and Steve Ward will be the contact persons's to en sure continual flow of information to authorities.

How long will it take the facility liaison person to respond to the site.  
Tim Ward - 5 minutes (typical response time)  
Steve Ward - 5 Minutes (typical response time)

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| Signature<br><i>T. Ward</i>   | Telephone No.<br><i>613-476-6310</i>   |
|   | Date (dd-mm-yyyy)<br><i>10-08-2011</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.

**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>30 Meters</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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|---|--|--------------------------------------|--|
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| Signature<br><i>T Wood</i>  |  | Telephone No.<br><i>413-476-6310</i> | Date (dd-mm-yyyy)<br><i>10-08-2011</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:

**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

|                          |                                   |               |  |
|--------------------------|-----------------------------------|---------------|--|
| Local Fire Services Name | Print name<br><b>SCOTT MANLOW</b> | Signature<br> | Date (dd-mm-yyyy)<br><b>06/09/2011</b> |
|--------------------------|-----------------------------------|---------------|--|

**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)<br><b>Tim Ward</b> | Official Title<br><b>Manager</b>       |
| Signature<br>   | Telephone No.<br><b>413-476-6310</b>   |
|   | Date (dd-mm-yyyy)<br><b>10-08-2011</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**

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)<br>12/07/2011                          | Capacity of single largest propane storage vessel (USWG)<br>1000 USWG |
| Tank setback coordinates. Indicate placement on the map.              |   |
| Front: 1400'  | Right side property line: 3000'                                       |
| Rear: 6000'   | Left side property line: 1500'  |
| GPS coordinates of single largest vessel: 43°52'33.00"N 77°12'42.09"W |   |

**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)<br><i>Tim Ward</i> | Official Title<br><i>Manager</i>     |  |
| Signature<br><i>[Signature]</i>                                       | Telephone No.<br><i>413-476-6310</i> | Date (dd-mm-yyyy)<br><i>10-08-2011</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

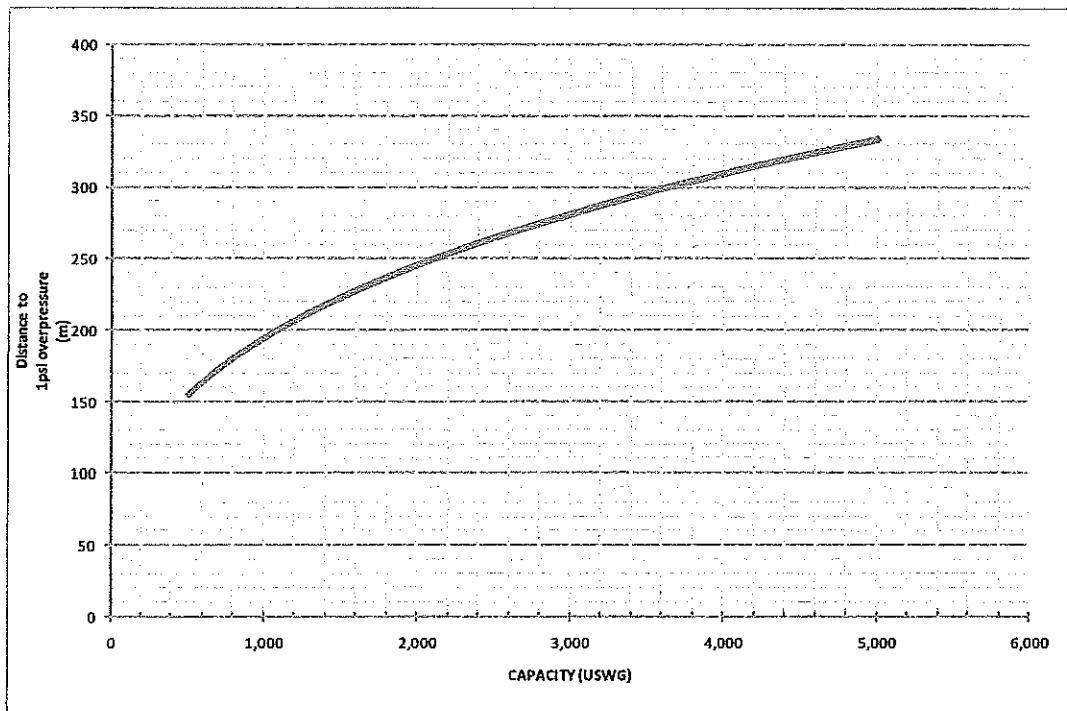
Table 1: Distance Table

| 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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**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<br>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<br>Name: _____<br>Address: _____<br>City: _____ Province _____ Postal Code _____  | X   |   |      |           | _____ m   |
| Residential building units specifically permanent single family dwellings, condominiums, and apartments.<br>Name: _____<br>Address: _____<br>City: _____ Province _____ Postal Code _____   | X   |   |      |           | _____ m   |
| Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes.<br>Name: _____<br>Address: _____<br>City: _____ Province _____ Postal Code _____                                     | X   |   |      |           | _____ m   |
| Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts.<br>Name: Quinte's Isle Campark Inc.<br>Address: 237 Salmon Point Road<br>City: Cherry Valley Province Ontario Postal Code K0K 1P0 |   |   |      | 139 Sites | 8.0 m   |
| Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons.<br>Name: _____<br>Address: _____<br>City: _____ Province _____ Postal Code _____     | X   |   |      |           | _____ m   |
| Emergency responders specifically fire stations, ambulance stations, and police stations.<br>Name: _____<br>Address: _____<br>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)<br><i>Tim Ward</i> | Official Title<br><i>Manager</i>     |  |
| Signature<br><i>T. Ward</i>   | Telephone No.<br><i>613-476-6310</i> | Date (dd-mm-yyyy)<br><i>10-08-2011</i> |



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

**WORKSHEET**

**Portable Storage Additional Information Worksheet**

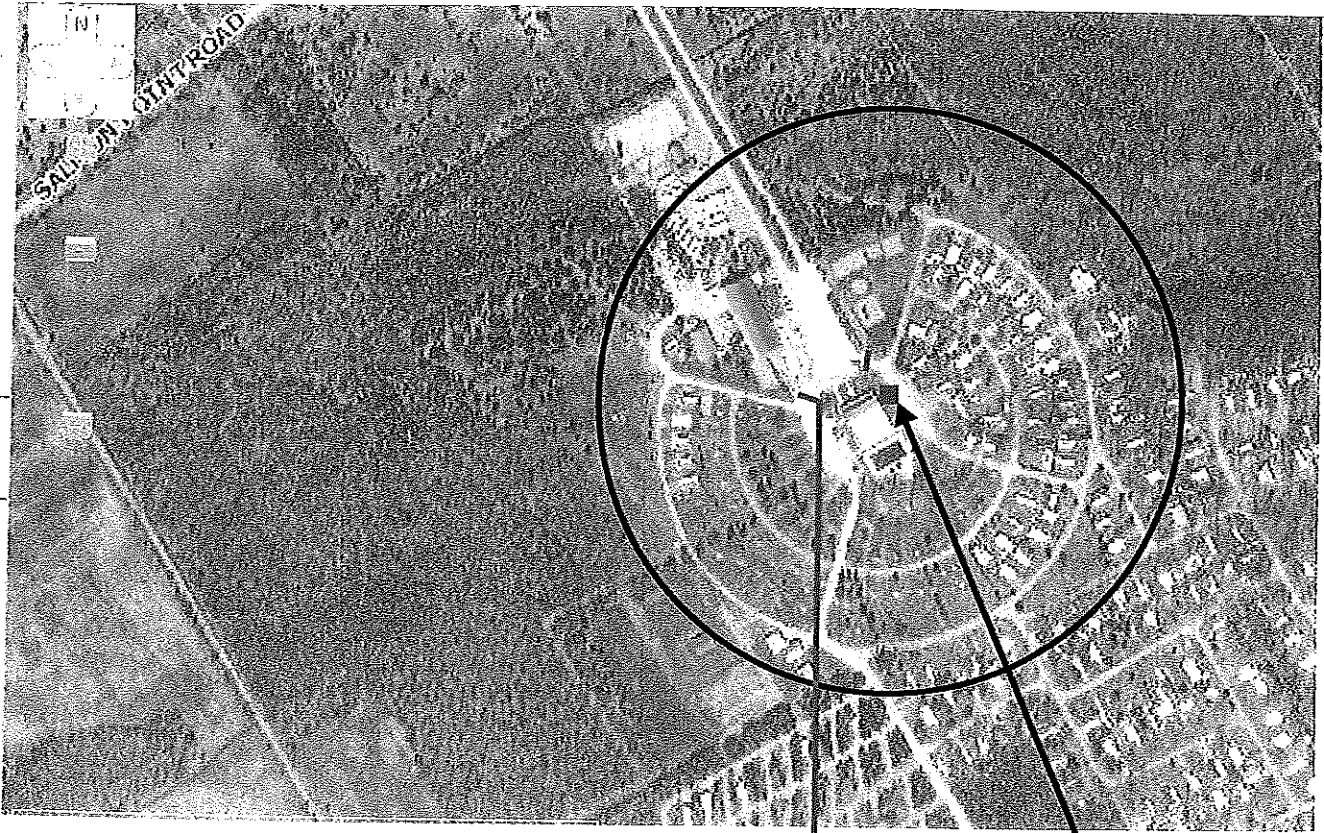
| Cylinder Size                  | Capacity in USWG | Quantity | Total Volume in USWG |
|--------------------------------|------------------|----------|----------------------|
| # 420                          | 123.9            | 0        | 0                    |
| # 100                          | 29.5             | 10       | 295                  |
| # 40                           | 11.75            | 5        | 59                   |
| # 33.3                         | 9.62             | 0        | 0                    |
| # 30                           | 8.8              | 10       | 88                   |
| # 20                           | 5.8              | 10       | 58                   |
| # 10                           | 2.9              | 3        | 9                    |
| # 5                            | 1.5              | 3        | 0                    |
| <b>Total Cylinder Capacity</b> |                  |          | 514                  |

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

| Tank Size In USWG          | Quantity | Total Volume In USWG |
|----------------------------|----------|----------------------|
| 0                          | 0        | 0                    |
|                            |          |                      |
|                            |          |                      |
|                            |          |                      |
|                            |          |                      |
|                            |          |                      |
|                            |          |                      |
|                            |          |                      |
| <b>Total Tank Capacity</b> |          |                      |

|   |     |
|---|-----|
| <b>Total Cylinder Capacity</b>  | 514 |
| <b>Total Tank Capacity</b>  | 0   |
| <b>Total Portable Capacity</b><br>(Total Cylinder Capacity + Total Tank Capacity) | 514 |

**QUINTE'S ISLE CAMPARK  
237 SALMON POINT ROAD  
CHERRY VALLEY, ONT  
K0K 1P0**



**Egress Points**

**1000 USWG  
Propane Tank**

|                        |  |
|------------------------|--|
| <b>Location</b>        | 237 Salmon Point Rd<br>Cherry Valley, Ontario, K0K 1P0       |
| <b>Prepared</b>        | 12 July 2011   |
| <b>Largest Tank</b>    | 1000 USWG Vertical Propane Tank                              |
| <b>Tank Set Backs</b>  | Front = 1400' / Back = 6000'<br>Left = 1500' / Right = 3000' |
| <b>Radius</b>          | 195 Metre Radius   |
| <b>GPS Coordinates</b> | 43°52'33.00"N 77°12'42.09"W                                  |
| <b>Municipality 1</b>  | Prince Edward County Ward 5                                  |
| <b>City Clerk</b>      | Victoria Leskie  |
| <b>Address</b>         | 332 Main St. Picton, Ont K0K 2T0                             |
| <b>Phone</b>           | (613)476-2148  |

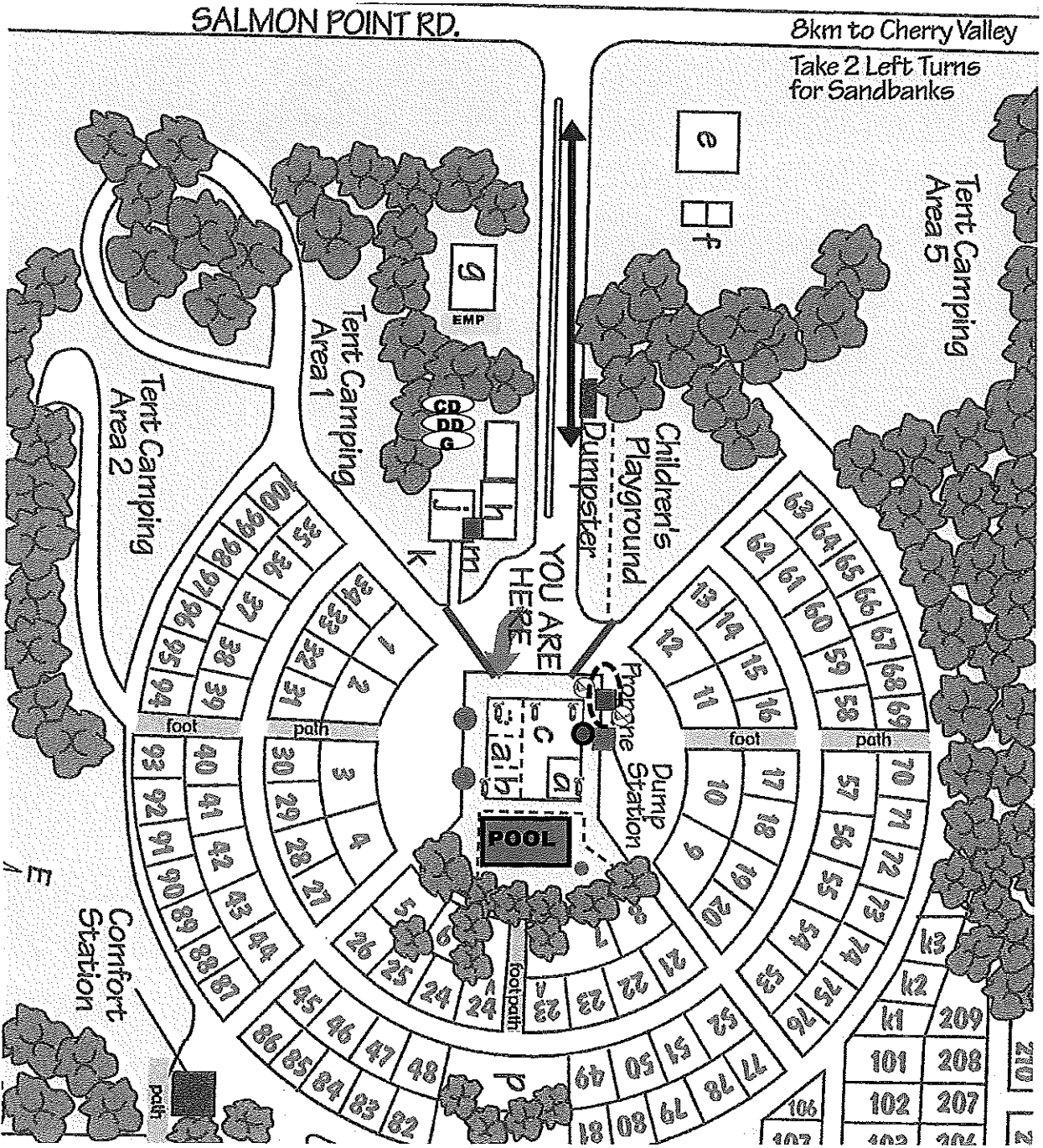
*Ab.*



**QUINTE'S ISLE CAMPARK  
PROPERTY LINE**



APP



ENLARGED  
SITE PLAN  
QUINTE'S ISLE CAMPARK  
237 SALMON POINT RD.  
CHERRY VALLEY, ONT.  
K0K 1P0

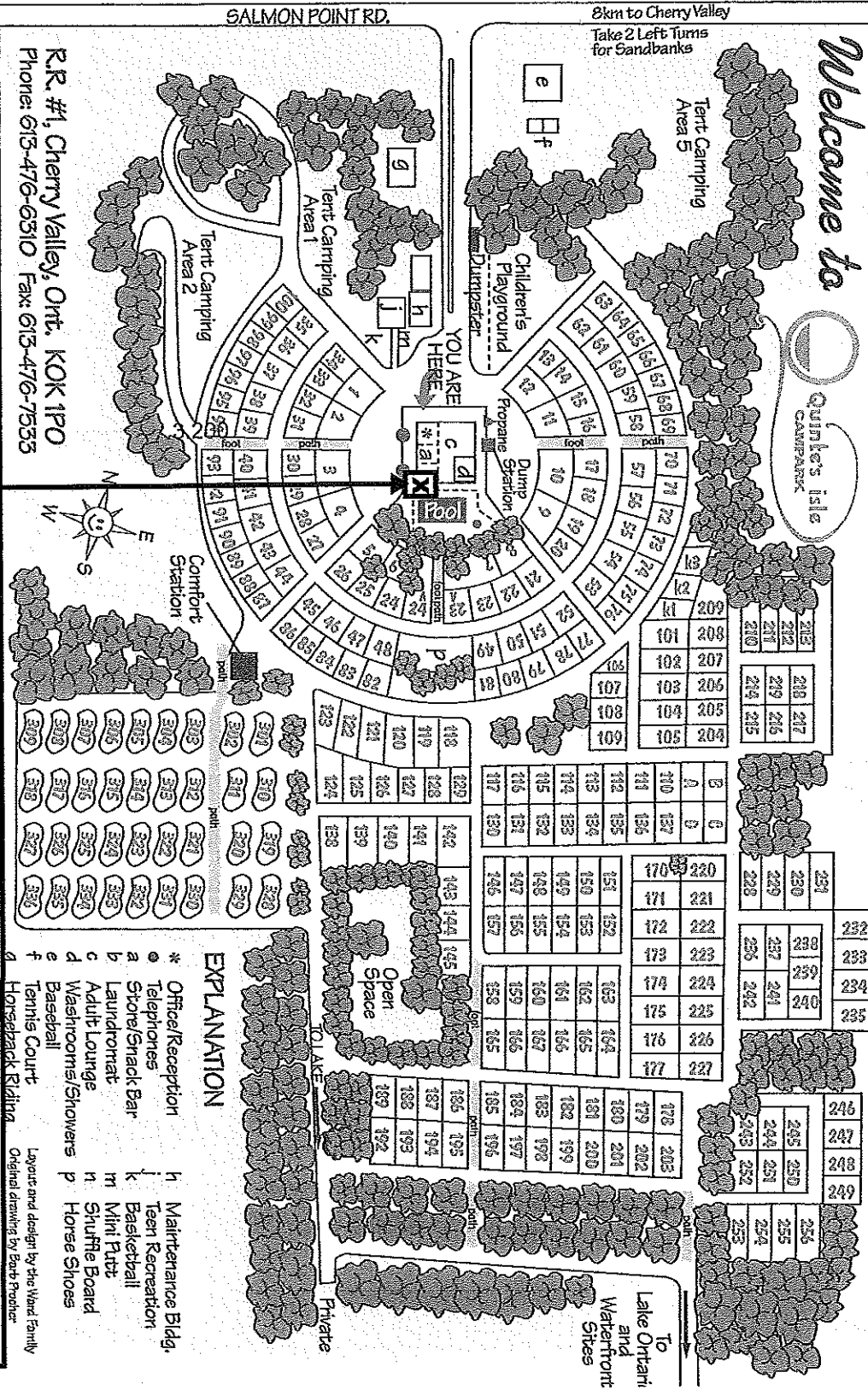
- LEGEND**
- GATED ENTRANCE
  - FIRE EXTINGUISHER
  - NO SMOKING
  - ELECTRICAL E-STOP
  - PORTABLE TANK STORAGE
  - 1000 USWG PROPANE TANK
  - BOLLARDS
  - 300 gal. Clear Diesel
  - 300 gal. Dyed Diesel
  - 300 gal. Gas
  - 333,000 ltr POOL
  - ALT WATER SOURCE
  - EMP
  - EMERGENCY MEETING POINT
  - ACCESS AND EGRESS
  - Office
  - Store/ Snack bar
  - Laundromat
  - Lounge
  - Washroom/Showers
  - Baseball Diamond
  - Tennis Court
  - Horseback Riding / Muster Area
  - Maintenance Building
  - Teen Recreation/Basketball
  - Mini Putt
  - Horse Shot Pit

NOTE: Discussed gated entrance with Fire Department. They are aware of it and have spoken with the park owners who have informed them to run the gates in case of emergency. Gates are only flimsy plastic. Fire Department is fine with the arrangement.

**SCHEDULE 3**

**OFFICE TO GIVE TO EMPLOYEE "ONE"**

*Where you come at a guest and leave at a friend! The Wood Family*



**EXPLANATION**

- \* Office/Reception
  - o Telephones
  - a Store/Snack Bar
  - b Laundromat
  - c Adult Lounge
  - d Washrooms/Showers
  - e Baseball
  - f Tennis Court
  - g Horseback Riding
  - h Maintenance Bldg.
  - i Teen Recreation
  - j Basketball
  - k Mini Putt
  - l Shuffle Board
  - m Horse Shoes
- LAYOUT and design by the Wood Family  
 Original drawing by Barb Proctor

**DUTY: 1) POSTED AT SOUTH WEST CORNER OF MAIN BUILDING.  
 2) BLOCK AND CLEAR PEOPLE FROM POOL AREA AND WASHROOMS.**

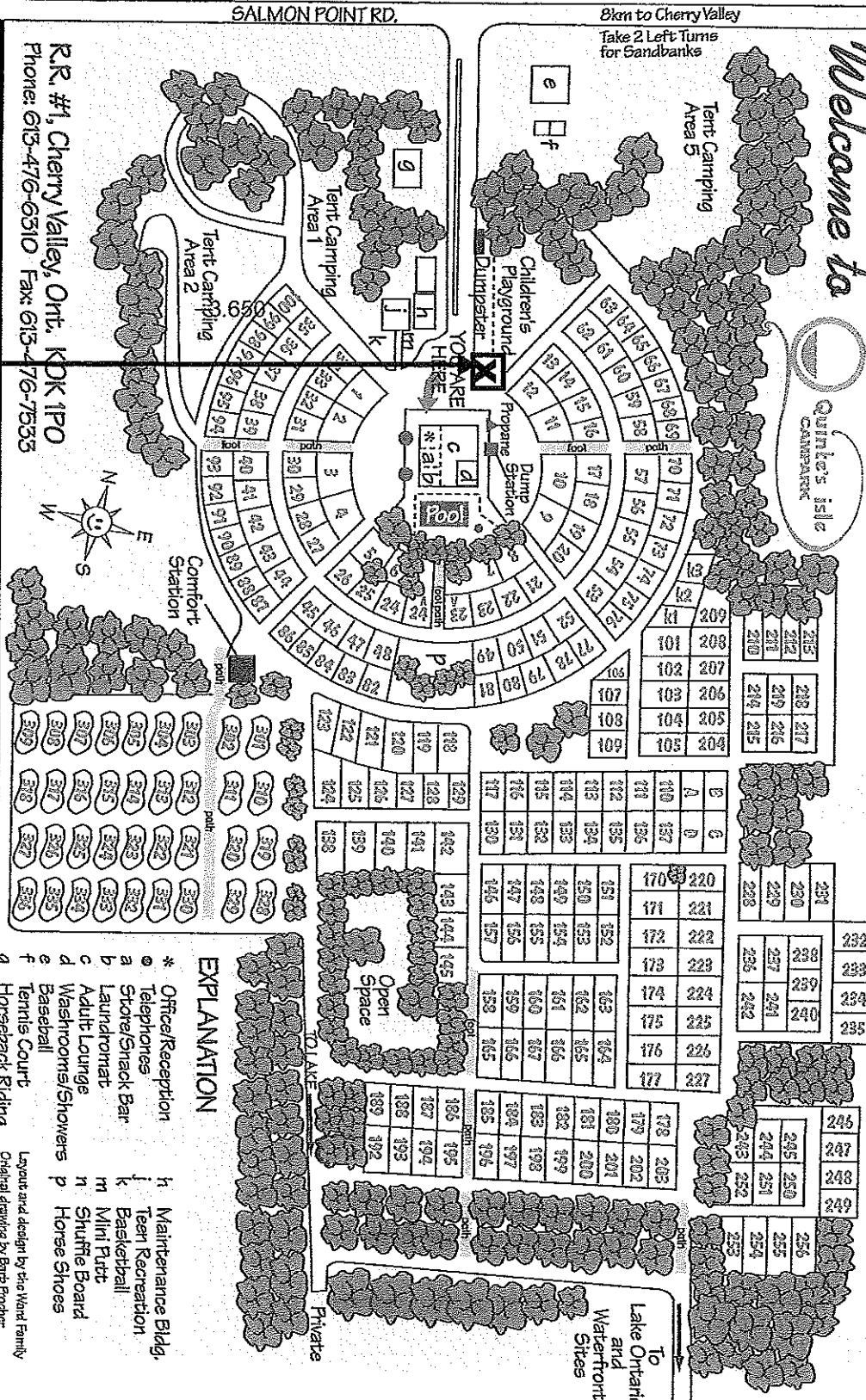
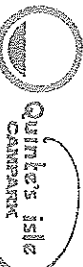
R.R. #1, Cherry Valley, Ont. K0K 1P0  
 Phone: 613-476-6510 Fax: 613-476-7535

**SCHEDULE 4**

**OFFICE TO GIVE TO EMPLOYEE "TWO"**

*Where you come at a great and leave at a friend! The Wood Family*

>Welcome to



**EXPLANATION**

- \* Office/Reception
  - o Telephones
  - a Store/Strack Bar
  - b Laundromat
  - c Adult Lounge
  - d Washrooms/Showers
  - e Baseball
  - f Tennis Court
  - g Horseshack/Ridina
  - h Maintenance Bldg
  - i Teen Recreation
  - k Basketball
  - m Mini Pub
  - n Shuffle Board
  - p Horse Shoes
- Layout and design by The Wood Family  
Original drawing by Barb Fischer

**DUTIES: 1) CLEAR PLAYGROUND.**

**2) POSTED AT EAST GATE ENSURE TRAFFIC CAN EXIT AND DIRECT EMERGENCY VEHICLES IN.**

R.R. #1, Cherry Valley, Ont. K0K 1P0  
Phone: 613-476-6310 Fax: 613-476-7535

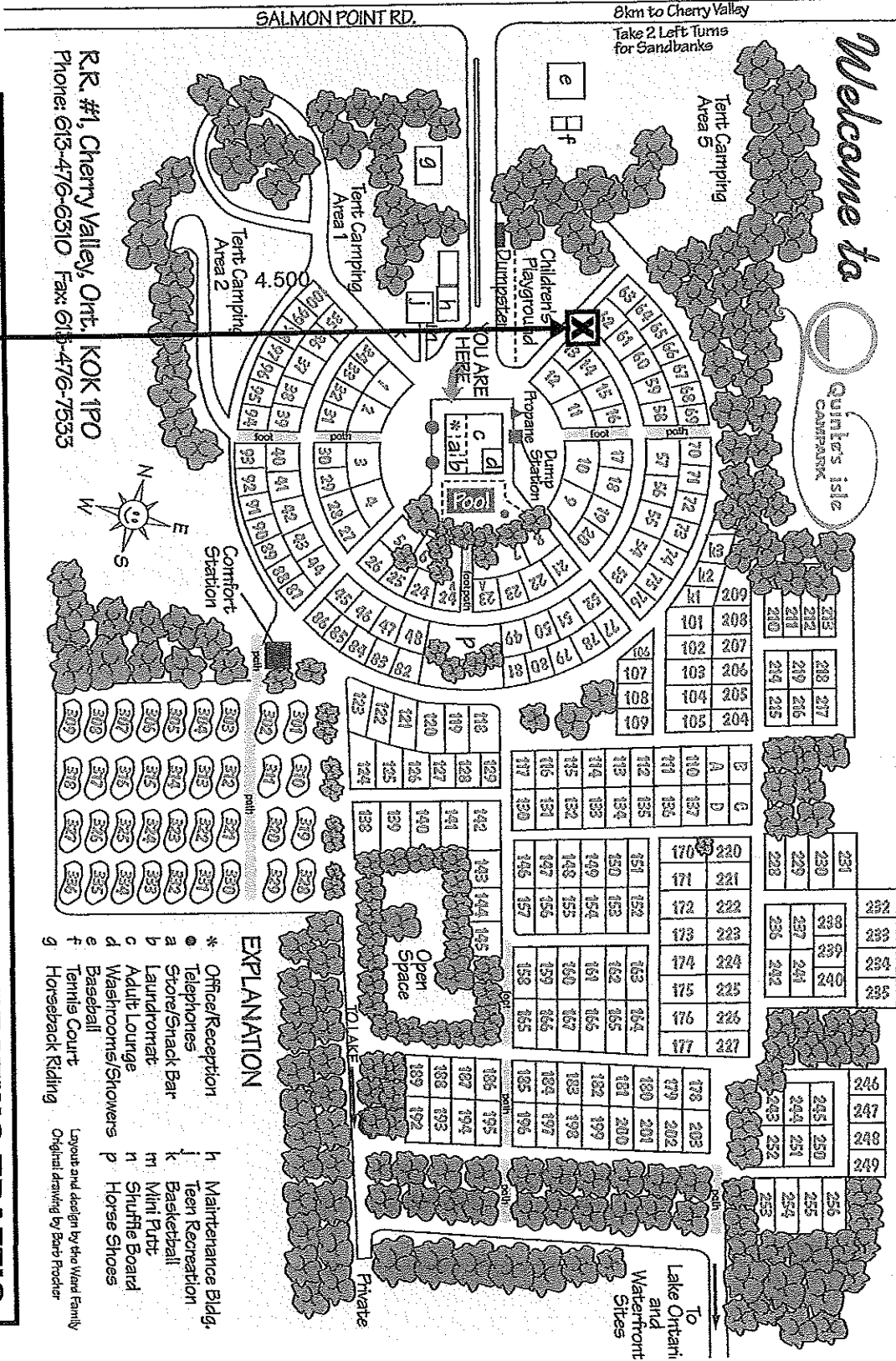
**SCHEDULE 5**

**OFFICE TO GIVE TO EMPLOYEE "THREE"**

*Where you come as a guest and leave as a friend! The Ward Family*

Welcome to

Quinners Isle  
CAMPBANK



**EXPLANATION**

- \* Office/Reception
- Telephones
- a Store/ Snack Bar
- b Laundry/Trat
- c Adult Lounge
- d Washrooms/Showers
- e Baseball
- f Tennis Court
- g Horseback Riding
- h Maintenance Bldg.
- i Teen Recreation
- k Basketball
- m Mini Futr
- n Shuffle Board
- p Horse Shoes

Layout and design by the Ward Family  
Original drawing by Bob Proctor

R.R. #1, Cherry Valley, Ont. KOK 1P0  
Phone: 613-476-6310 Fax: 613-476-7533

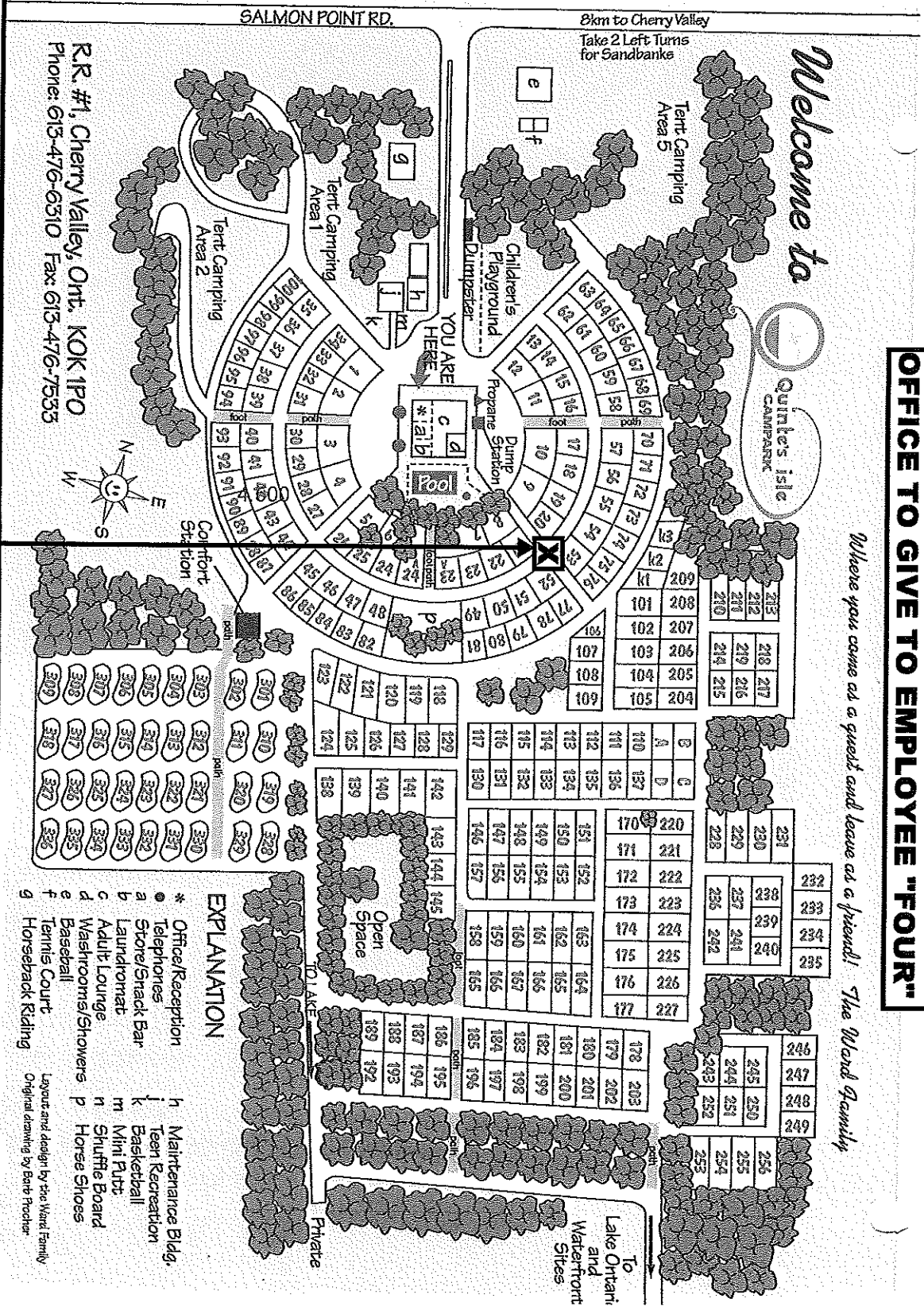
**DUTY: 1) POSTED AT CORNER OF SITE 13 & 62 REDIRECTING TRAFFIC AWAY FROM PROPANE TANK.**

AP

**SCHEDULE 6**

**OFFICE TO GIVE TO EMPLOYEE "FOUR"**

*Where you came as a guest and leave as a friend! The Wood Family*



**EXPLANATION**

- \* Office/Reception
  - Telephones
  - a Store/Bar
  - b Laundry
  - c Adult Lounge
  - d Washrooms/Showers
  - e Base
  - f Tennis Court
  - g Horseback Riding
  - h Maintenance Bldg.
  - i Teen Recreation
  - k Basketball
  - m Mini Putt
  - n Shuffle Board
  - p Horse Shoes
- Layout and design by: The Wood Family  
Original drawing by: Barry Proctor

**DUTY: 1) POSTED AT CORNER OF SITE 20 & 21 REDIRECTING TRAFFIC AWAY FROM PROPANE TANK.**

R.R. #1, Cherry Valley, Ont. K0K 1P0  
Phone: 613-476-6310 Fax: 613-476-7535

**SCHEDULE 7**

**OFFICE TO GIVE TO EMPLOYEE "FIVE"**

*Where you come as a guest and leave as a friend! The Ward Family*

*Welcome to*

Quinto's Isle CAMPARK

Blm to Cherry Valley  
Take 2 Left Turns  
for Sandbanks

Tent Camping  
Area 5

e f

Children's  
Playground  
Dumpster

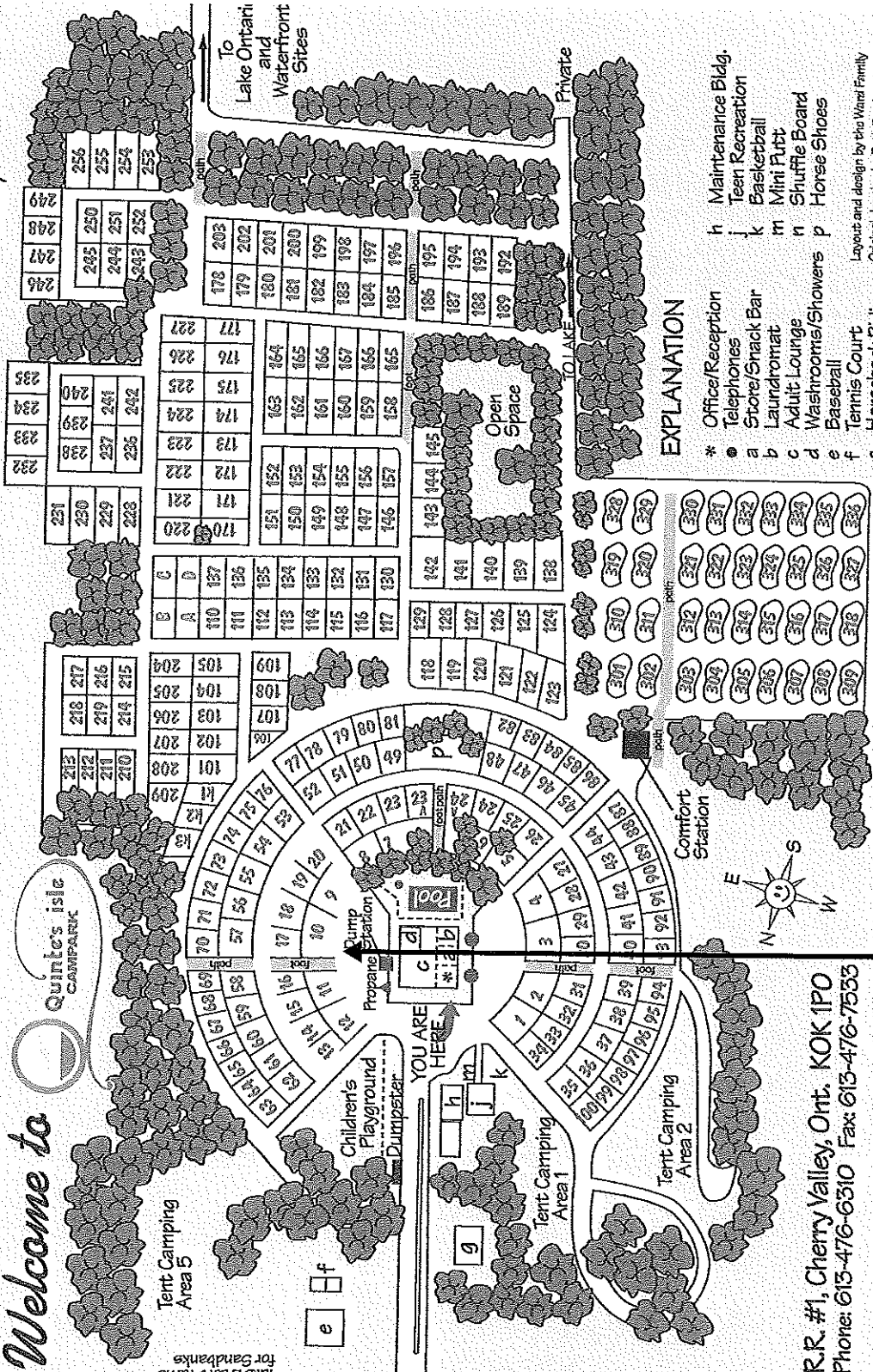
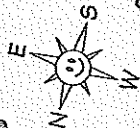
YOU ARE  
HERE

SALMON POINT RD.

Tent Camping  
Area 1

Tent Camping  
Area 2

Comfort  
Station



**EXPLANATION**

- \* Office/Reception
- Telephones
- a Store/ Snack Bar
- b Laundrymat
- c Adult Lounge
- d Washrooms/Showers
- e Baseball
- f Tennis Court
- g Horseback Riding
- h Maintenance Bldg.
- i Teen Recreation
- j Basketball
- k Mini Fltt
- m Shuffle Board
- n Horse Shoes

Layout and design by the Ward Family  
Original drawing by Barb Prochar

**DUTY: CLEAR ALL TRAILER SITES # 9 TO 20.**

R.R. #1, Cherry Valley, Ont. K0K 1P0  
Phone: 613-476-6310 Fax: 613-476-7533

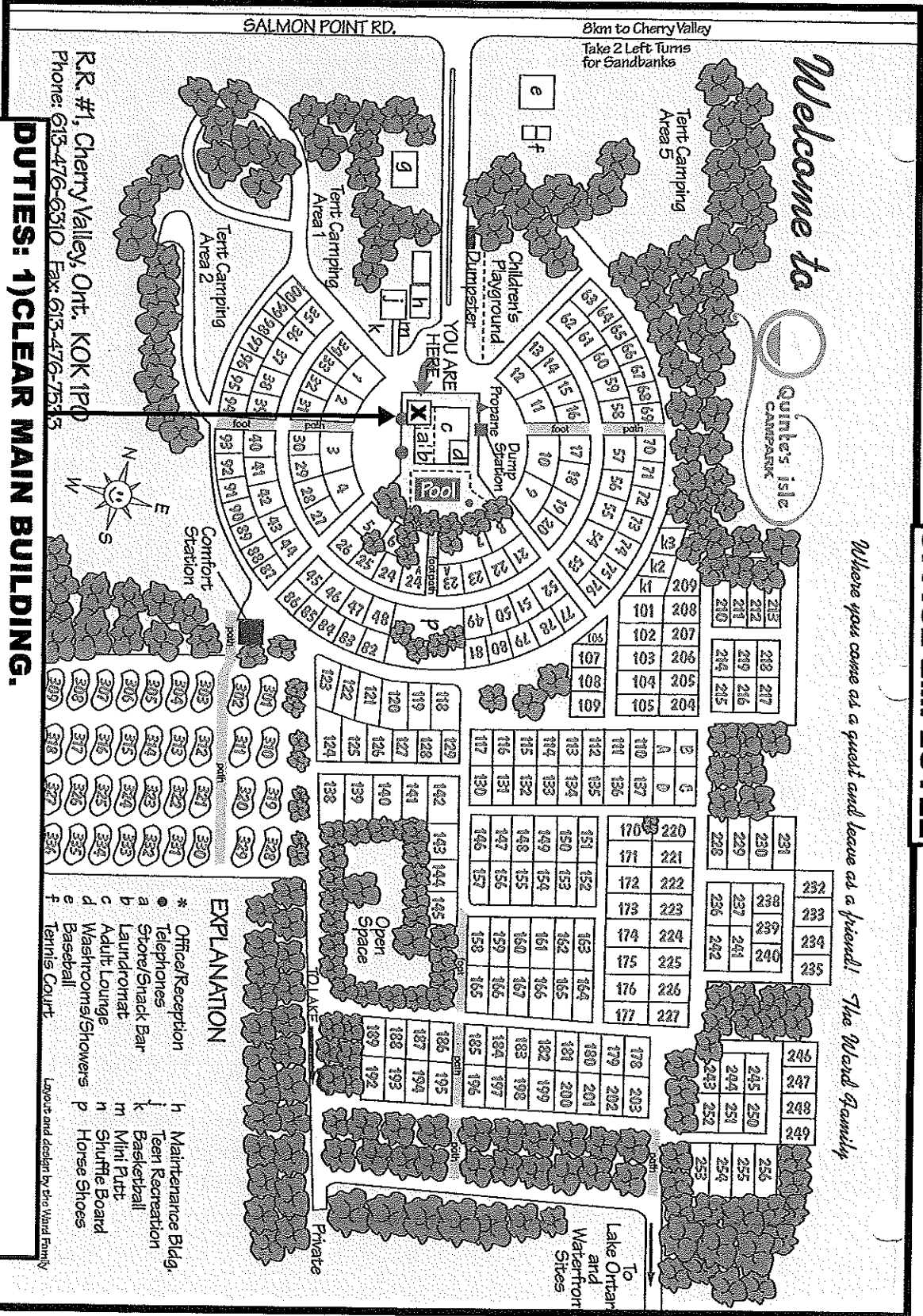
**SCHEDULE 8**

**OFFICE EMPLOYEE**

*Where you come as a guest and leave as a friend! The Ward Family*

*Welcome to*

Quinlan's Isle  
CAMPARK



R.R. #1, Cherry Valley, Ont. KOK 1P0  
Phone: 613-476-6310 Fax: 613-476-7535

**DUTIES: 1) CLEAR MAIN BUILDING.  
2) CONTINUOUS ANNOUNCEMENTS TO CLEAR ALL TRAFFIC  
TO THE WEST SIDE OF MAIN BUILDING.**

- EXPLANATION**
- \* Office/Reception
  - a Telephones
  - b Store/Snack Bar
  - c Laundrymat
  - d Adult Lounge
  - e Washrooms/Showers
  - f Baseball
  - g Tennis Courts
  - h Maintenance Bldg.
  - i Teen Recreation
  - j Basketball
  - k Mini Pub
  - m Shuffle Board
  - n Horse Shoes

Layout and design by the Ward Family

8