



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 <i>Technical Standards and Safety Act</i>	For Office Use Only
Licence Number <u>0076522663-C</u>	
Check applicable type of propane operations. <input checked="" type="checkbox"/> Cylinder <input type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> 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.

Company Name		Ontario Corporation No., if applicable	
A <u>Huron Bay Co-Operative Inc.</u>			
Operator Name (if different from above)			
Telephone No.	Fax No.	E-mail	
<u>(519) 392-6862</u>	<u>(519) 392-6486</u>	<u>huronbayjeff@wightman.ca</u>	
B Street No.	Street Name / 911 Number / Address, if applicable		
<u>15</u>	<u>Hillcrest Street East</u>		
Town / City or Township / County		Province	Postal Code
<u>Teeswater</u>		<u>Ontario</u>	<u>NOG 2S0</u>
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.		
Street No.	Street Name / 911 Number / Address, if applicable	Nearest Major Intersection
D <u>35</u>	<u>Dundalk Street</u>	<u>Dundalk Street and Holland Street</u>
Town / City or Township / County		Province
<u>Dundalk</u>		<u>Ontario</u>
		Postal Code
		<u>NOC 1B0</u>

Name of Licence Holder	
<u>Jeff Hurst</u>	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).	ROT type
<u>Jeff Hurst</u>	<u>PTI 100-01</u>
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)	
<u>Township of Southgate</u>	
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.

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>Jeff Hurst</u>		<u>10-11-2014</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Jeff Hurst</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 1997 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>141-12</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: 2,000 USWG Portable: 292.5 USWG Mobile: _____



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Name of person completing this form (please print) <u>Kristina Scott</u>	Official Title <u>Consultant</u>	
Signature <u>Kristina Scott</u>	Telephone No. <u>(519) 848-5800</u>	Date (dd-mm-yyyy) <u>10-11-2014</u>



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**Application for Renewal of
Level 1 Propane Licence
Technical Standards and Safety Act
Propane Storage and Handling Regulation**

GENERAL INFORMATION

Name of Propane Supplier(s) UPI Energy LP			For Office Use - Party No.		
Street No. 105	Street Name / 911 Number / Address, if applicable Silvercreek Parkway North, Suite 200				
Town / City or Township / Country Guelph			Province ON	Postal Code N1H 8M1	
Telephone No. (519) 821-2667	Fax No. (519) 821-2618	Contact Name Dana Wells			
E-mail dwells@upi.on.ca					

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		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.

You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.

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.		
Print name of person completing this form. Kristina Scott		Official Title Consultant
Signature <i>Kristina Scott</i>	Telephone No. (519) 848-5800	Date (dd-mmm-yyyy) 03-07-2015



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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.

2,000 USWG Propane

1,000 USWG Chlorine

500 USWG Kerosene

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

1 x Fire extinguishers in cabinet

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.

1 x Emergency stop located on bollards around propane tank

Maintenance and testing schedule for fire protection controls and devices.

Fusible link and tank annually inspected by supplier

Third party annual inspection of extinguishers

Scales checked annually

Owner performs pre-use inspections

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Name of person completing this form (please print) Kristina Scott	Official Title Consultant
Signature <i>Kristina Scott</i>	Telephone No. (519) 848-5800
	Date (dd-mm-yyyy) 10-11-2014



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact

Name <u>Dave Rogers</u>	For Office Use - Party No.
Official Title <u>Branch Manager</u>	
Telephone No. <u>(519) 923-2014</u>	Fax No. <u>(519) 923-3562</u>
E-mail <u>hbrogers@wightman.ca</u>	
Role and responsibilities in emergency <u>First Responder. See Supervisor responsibilities in Schedule "1" for complete list.</u>	

5. Facility 24-Hour Contact Person

Name <u>Dave Rogers</u>	For Office Use - Party No.
Official Title <u>Branch Manager</u>	
Cell No. <u>(519) 374-7091</u>	Fax No. <u>(519) 923-3562</u>
E-mail <u>hbrogers@wightman.ca</u>	
Role and responsibilities in emergency <u>First Responder. See Supervisor responsibilities in Schedule "1" for complete list.</u>	

2. Facility Contact Personnel - Alternate Contact

Name <u>Jen MacDonald</u>	For Office Use - Party No.
Official Title <u>Assistant Manager</u>	
Telephone No. <u>(519) 372-6839</u>	Fax No. <u>(519) 923-3562</u>
E-mail <u>hbmacksales@wightman.ca</u>	
Role and responsibilities in emergency <u>Act as alternate first responder with same responsibilities as above.</u>	

6. Name of Facility Manager

Name <u>Dave Rogers</u>	For Office Use - Party No.
Official Title <u>Branch Manager</u>	
Telephone No. <u>(519) 923-2014</u>	Fax No. <u>(519) 923-3562</u>
E-mail <u>hbrogers@wightman.ca</u>	
Role and responsibilities in emergency <u>First Responder. See Supervisor responsibilities in Schedule "1" for complete list.</u>	

3. Local Fire Services - Key Contact

Name <u>John Thompson</u>	For Office Use - Party No.
Official Title <u>Fire Chief</u>	E-mail <u>firechief@tsouthgate.ca</u>
Telephone No. <u>(519) 923-2402</u>	Fax No. <u>(519) 923-0287</u>
Role and responsibilities in emergency <u>Coordinate Emergency Response</u>	
Fire Services Address <u>85 Dundalk St., Box 765, Dundalk ON N0C 1B0</u>	

7. Propane Supplier Key Contact Person

Name <u>North Wellington Co-Op</u>	For Office Use - Party No.
Official Title <u>Energy Manager</u>	E-mail <u>awilliamson@nwcfs.com</u>
Telephone No. <u>(519) 338-2331</u>	Fax No. <u>(519) 338-3513</u>
Role and responsibilities in emergency <u>Proceed to site if required - Contact if ERAP is required</u>	
Propane Supplier Address <u>56 Margaret St, S Harriston ON N0G 1Z0</u>	

4. Local Fire Services - Alternate Contact

Name <u>N/A</u>	For Office Use - Party No.
Official Title	E-mail
Telephone No.	Fax No.
Role and responsibilities in emergency	
Fire Services Address	

8. Municipal Contact

Name <u>Doug Kopp</u>	For Office Use - Party No.
Official Title <u>Building and Planning Manager</u>	
Telephone No. <u>(519) 923-2110</u>	Fax No. <u>519-923-9262</u>
E-mail <u>dkopp@southgate.ca</u>	
Municipality Name and Address <u>Town of Southgate, 185667 Grey Road 9, RR 1, Dundalk ON N0C 1B0</u>	

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Name of person completing this form (please print) <u>Kristina Scott</u>	Official Title <u>Consultant</u>
Signature <u>Kristina Scott</u>	Telephone No. <u>(519) 848-5800</u>
	Date (dd-mm-yyyy) <u>10-11-2014</u>



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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.

[Large empty lined area for describing additional safety measures]

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) Christina Scott	Official Title Consultant	
Signature <i>Christina Scott</i>	Telephone No. (519) 848-5800	Date (dd-mm-yyyy) 10-11-2014



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

3. Record of Emergency Training Provided - For most recent 12-month period.

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

Training Date (dd-mm-yyyy) 01-11-2014	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) 30-11-2014	Print Name of Training Provider: Huron Bay Co-Operative Inc.
	Print Name of Instructor: Dave Rogers
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) 01-10-2014	Print Name of Training Provider: Huron Bay Co-Operative Inc.
	Print Name of Instructor: Dave Rogers
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) ristina Scott	Official Title Consultant
Signature 	Telephone No. (519) 848-5800
	Date (dd-mm-yyyy) 10-11-2014



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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mm-yyyy) 01-11-2015	Print Name of Training Provider: <u>Huron Bay Co-Operative Inc.</u>
	Print Name of Instructor: <u>Dave Rogers</u>
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) 30-11-2015	Print Name of Training Provider: <u>Huron Bay Co-Operative Inc.</u>
	Print Name of Instructor: <u>Dave Rogers</u>
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) 30-10-2015	Print Name of Training Provider: <u>Huron Bay Co-Operative Inc.</u>
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) <u>Kristina Scott</u>	Official Title <u>Consultant</u>
Signature <u>Kristina Scott</u>	Telephone No. <u>(519) 848-5800</u>
	Date (dd-mm-yyyy) <u>10-11-2014</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.

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"

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 "Schedule 1"

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"

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

Fire Departments are outfitted with bolt cutters to remove the lock on the cabinet.

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

See "Schedule 1"

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

Dave Rogers lives 30 mins from the site

Jen MacDonald lives 25 mins from the site

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Name of person completing this form (please print) Irislina Scott	Official Title Consultant	
Signature <i>Irislina Scott</i>	Telephone No. (519) 848-5800	Date (dd-mm-yyyy) 10-11-2014



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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 type="checkbox"/>	<input checked="" type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Water Supply

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

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	<u>75 metres</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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Signature <i>Kristina Scott</i>	Telephone No. (519) 848-5800
	Date (dd-mm-yyyy) 10-11-2014



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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	Yes	No
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If not, please explain (e.g., no fire services).		
Fire services comments, if any:		
<i>"IN CASE OF EMERGENCY" DIRECTIONS SHALL BE POSTED AT ALL EXITS OF STORE.</i>		
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: <u>30-01-2015</u>		
(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 John Thompson		<i>27-12-2014</i>

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Signature <i>Kristina Scott</i>	Telephone No. (519) 848-5800
Date (dd-mm-yyyy) 10-11-2014	



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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) October 2014	Capacity of single largest propane storage vessel (USWG) 2,000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 85 feet	Right side property line: 91 feet
Rear: 10 feet	Left side property line: 15 feet
GPS coordinates of single largest vessel: 44°10'05.51" N 80°23'37.72 W	

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	Date (dd-mm-yyyy) 10-11-2014



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SECTION C: SUBMISSIONS (cont'd)

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

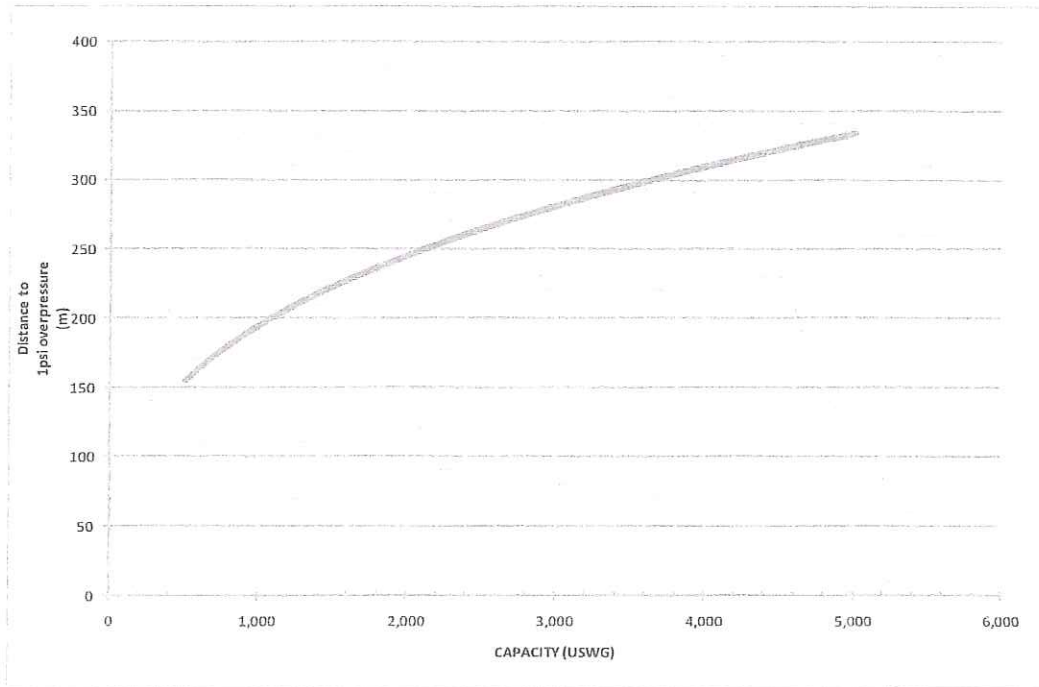
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

Formula: $D = 16.94 \times (1.524 \times C)^{1/3}$
 D = Distance to overpressure of 1 psi (meters)
 C = Tank Total Capacity in USWG

Parameters: Density of Propane is 0.5033 kg per litre @ 15 C
 Assume all vessels are 80% full
 1 gallon [US, liquid] = 0.003785411784 cubic meter
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)





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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>Huron Bay Co-Operative Feed Plant</u> Address: <u>Holland St</u> City: <u>Dundalk</u> Province <u>ON</u> Postal Code <u>NOC 1B0</u>			X		<u>31</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: [REDACTED] Address: [REDACTED] City: [REDACTED]				X	<u>50</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Sanford & Son 2nd Hand Store</u> Address: <u>78 Proton Street</u> City: <u>Dundalk</u> Province <u>ON</u> Postal Code <u>NOC 1B0</u>				X	<u>68</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>Dundalk Fire Department</u> Address: <u>85 Dundalk Street</u> City: <u>Dundalk</u> Province <u>ON</u> Postal Code <u>NOC 1B0</u>		X			<u>152</u> m

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

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

Name of person completing this form (please print) <u>Kristina Scott</u>		Official Title <u>Consultant</u>	
Signature <u>Kristina Scott</u>		Telephone No. <u>(519) 848-5800</u>	Date (dd-mm-yyyy) <u>12-08-2014</u>



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4078
Customer Service: 1.877.682.8772

Application for Renewal of Level 1 Propane Licence
Technical Standards and Safety Act
Propane Storage and Handling Regulation

CAPACITY INFORMATION

A. Fixed Tanks

PSIG	Serial Number	Capacity
Tank 1: _____	_____	_____
Tank 2: _____	_____	_____
Tank 3: _____	_____	_____
Total Fixed Capacity:		_____

B. Portable Storage

Cylinder Size	Capacity in USWG	Quantity	Total Capacity in USWG
# 420	123.9		
# 100	29.5	5	147.5
# 40	11.75		
# 33.3	9.62		
# 30	8.8	5	44
# 20	5.8	25	145
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity		Line A	336.5

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Capacity in USWG
Total Tank Capacity		Line B 0

Total Portable Capacity. Line A plus Line B: 336.5

C. Mobile Tanks

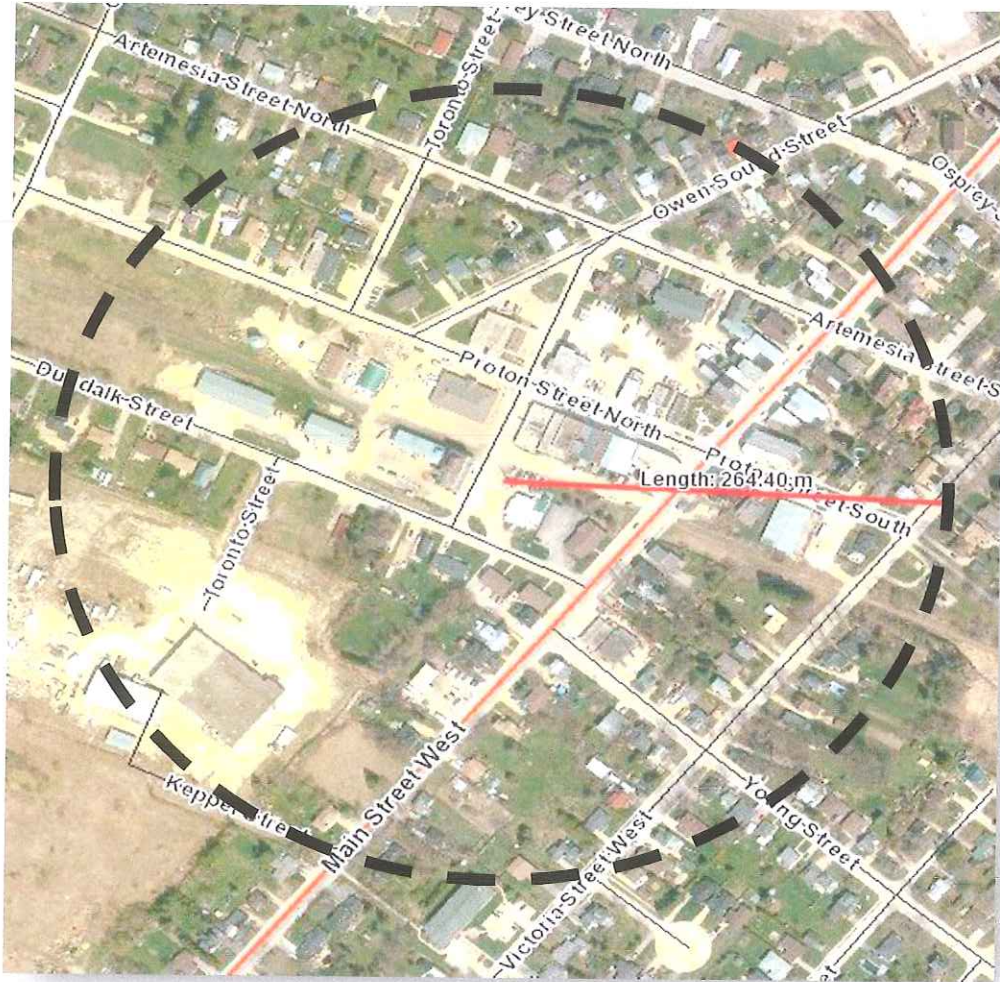
Type	Tank Size In USWG	Quantity	Total Capacity in USWG
Tankers			
Cargo Liners			
Total Mobile Tank Capacity			0

You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.

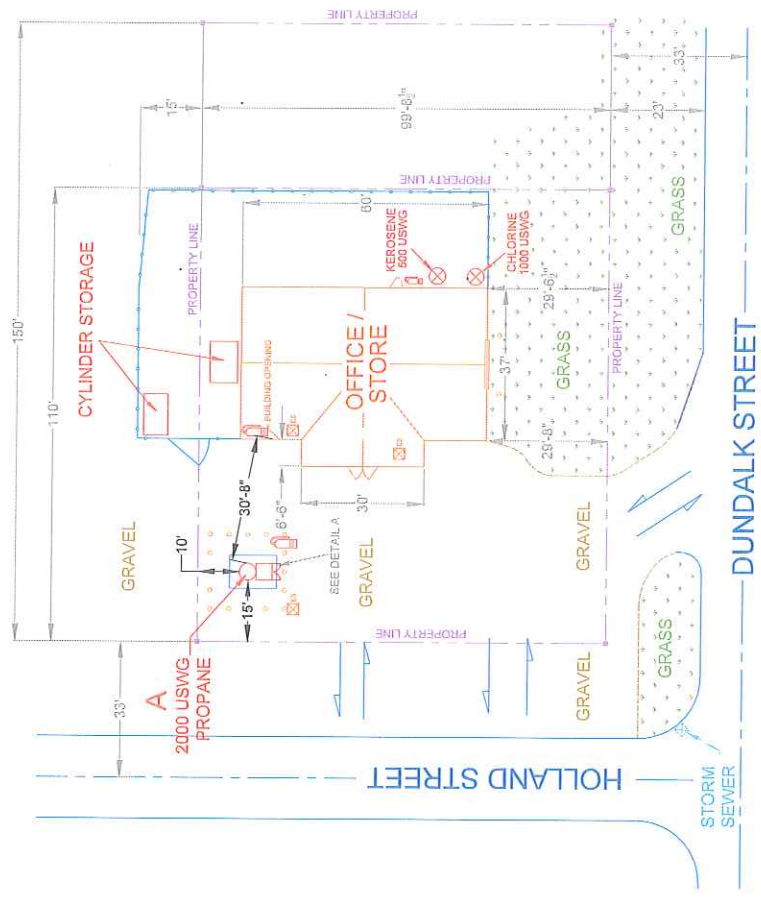
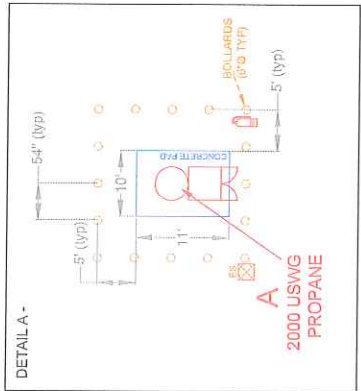
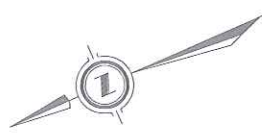
Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.		
Print name of person completing this form. Kristina Scott	Official Title Consultant	
Signature <i>Kristina Scott</i>	Telephone No. (519) 848-5800	Date (dd-mmm-yyyy) 03-07-2015

Huron Bay Co-Operative Inc.

Dundalk ON
264 Metre Radius



Location	35 Dundalk St, Dundalk ON N0C 1B0	
Prepared	October 2014	
Largest Tank	2,000 USWG	
Tank Set Backs	North – 10 feet	East – 91 feet
	South – 85 feet	West – 15 feet
Radius	264 metres	
GPS Coordinates	44°10'05.51" N 80°23'37.72 W	
Municipality 1	Township of Southgate	
CAO	Dave Milliner	
Address	185667 Grey County Rd. 9, Dundalk ON N0C 1B0	
Phone	(519) 923-2110	
Fax	(519) 923-9262	
Municipality 2	Corporation of the County of Grey	
County Clerk	Sharon Vokes	
Address	595 9 th Ave. E. Owen Sound ON, N4K 3E3	
Phone	(519) 372-0219 ext. 1227	
Fax	(519) 376-8998	



CYLINDER STORAGE	
QTY	SIZE
5	100 LB
5	30 LB
25	20 LB
TOTAL	336.5 USWG

DISTANCE TABLE		TANK A
(distances in ft)		
NORTH PROPERTY LINE		10
EAST PROPERTY LINE		91
SOUTH PROPERTY LINE		85
WEST PROPERTY LINE		15

LEGEND	
	Property Line
	Emergency Stop
	Industrial Building
	Vehicle Barriers
	Egress Points
	Fire Extinguisher
	Fire Hydrant
	Bollards
	Propane Line (liquid)
	Propane Line (vapour)
	Chain Link Fence
	Storm Drain

3	26/06/15	changes per site visit
2	12/11/14	move tank 15' from west property line
1	29/10/14	changes requested by UPI
0	11/09/14	initial engineering approval
REV	DATE	DESCRIPTION
DWG NO: HBC-DUN-S-01-1R3		
APPROVED BY: beauty petroleum consulting inc		
181 College St. PO Box 684 Aurora, Ontario M0G 1M0		
HURON BAY CO-OP, Dundalk, ON		
PREPARED BY: Jeff Collinson		
CHECKED BY: Alex Beauty		
REV:	3	signature: date:

REFERENCE DOCUMENTS	
DRAWING NUMBER	DESCRIPTION



SITE PLAN