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 face propane storage capacity USWG or less; or - USWG of loss; or - uSWG or less; or - uSWG or less; or	52		avel 1 DOM		a: 1.877.682.8772			· · opane of	al Standards and Safet prage and Handling Regul
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This document is valid until the next licence renewal date. You Declaration: I am aware that it is an offence t I hereby declare that the information f Printname	are required by law to notify TSS/ o give false information in this do	A of any change of information. cument and
Print name Name of Licence Holder <u>Capatone</u> Venitures Inc.	Signature of Comp	Date (dd-mmm-yyyy)
Name of Senior Management person as dollard		
regulation holding the Record of Training Larry Greenwood	_ CHEVIM	1 06-07-2016
S 09195 (10/14) Page 1 of 15		

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TSSA re-

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 3300 Bloor Street West

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 Toronto Ontario M8X 2X4

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 Fax: 416.231.4078

SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the 1 2016	facility was established.	Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
Identify the psig rating	g and serial number for eac	h fixed propane storage tank on site.
	PSIG	Serial Number
Tank 1: 250		852-01
Tank 2:		
Tank3:		

Fixed: 2,000 USWG

Portable: 278.4 USWG

Mobile: n/a

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)	Official Title		
Kristina Tobler	Manager, RSMP & Compliance, BPC Inc.		
Kisting Jobles.	Telephone No. (519) 848-5800	Date (dd-mmm-yyyy)	
Construction of the constr		100-UT-2010	

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 Toronto Ontario M8X2X4

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 www.tssa.org
 Customer Service: 1.877.682.8772

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

Name of Propa	ne Supplier(s)		·····	
Moore Propane Lt	110001201112001-010002034			For Office Use - Party No.
Street No.	Street Name / 911 Number			
56	Gibson Street	7 Address, if applicable		
Town / City or T	ownship / Country			
North Bay	ownship / Country		Province ON	Postal Code P1B 8J1
Telephone No.	Fax No.	Contact Name		
(705) 476-2334		Rod Recoskie		
E-mail				
rodr@mooreproan	e.ca			
Newsork				
Name of Propan	e Transporter. If same as	above, please check box.		For Office Use - Party No.
Street No.	Street Name / 911 Number	/ Address, if applicable		
Town / City or To	ownship / Country		Province	Postal Code
Te. Jne No.	Fax No.	Contact Name	I	
E-mail				
Off-site Cylinder	and/or Mobile Storage	Capacity st	ored off-site, in USWG	For Office Use - Party No.
Street No.	Street Name / 911 Number /	Address, if applicable		
Town / City or To	ownship / Country		Province	Postal Code

Telephone No.	Fax No.	Contact Name	
· · · · · · · · · · · · · · · · · · ·			

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

Name of person completing this form (please print)	Official Title		
Kristina Tobler	Manager, RSMP & Compliance, BPC Inc.		
Signature Kintera Jobler- 5 09195 (10/14) Page 3 of 15	Telephone No. (519) 848-5800	Date (dd-mmm-yyyy) Olo-Oct-2016	



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 Fax: 416.231.4078
 Fax: 416.231.4078

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. Underground fuels tanks - 65,000 litres Diesel, 105,000 litres of regular gasoline, 25,000 litres of Premium gasoline

Description of fire and emergency equipment indicated on facility site map. Fire extinguishers are located throughout the site - refer to site plan for locations

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

Fusible link on pull chain. If propane transfer system is exposed to fire the link will melt and the tank valve will automatically close

Excess Flow valve will automatically close if propane flow exceeds maximum flow rate of 50 gallons per minute

Emergency stop locations noted on the site plan.

Maintenance and testing schedule for fire protection controls and devices. Jse Inspections

Annual 3rd party for fire extinguishers

Annual inspection of tank

Monthly Inspection of fire extinguishers by owner

Kristina Tobler	Official Title Manager, RSMP & Compliance, BPC Inc.	
Signature Histing Jobles. FS 09195 (10/14) Page 4 of 15	Telephone No. (519) 848-5800	Date (dd-mmm-yyyy) 06-0c4 -2016



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SECTION B:	EMERGENCY AI	ND PREPAREDNESS	RESPONSE PLAN	(cont'd)	
SECTION B.	EWENGENCT A	ND PREPAREDNESS	RESPONSE PLAN	(cont'	d)

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key	(Contact				
Name Joe Baldwin	Contact	For Office Use - Party No.	5. Facility 24-Hour Contact Perso	For Office Use - Party No.	
Official Title General Manager			Joe Baldwin Official Title		
Telephone No. (705) 321-4075	Fax No.		General Manager Cell No. (705) 321-4075	Fax No.	
E-mail pc40385@gmail.com			E-mail pc40385@gmail.com	1	
Role and responsibilities in emergence	у		Role and responsibilities in emergence	CV	
First Responder. See Supervisor responsibilities in Schedule "1" for complete list.			First Responder. See Supervisor response.		
2. Facility Contact Personnel - Al	ternate Co	ontact	6. Name of Facility Manager		
Name Dan Guenette		For Office Use - Party No.	Name Dan Guenette	For Office Use - Party No.	
Official Title Manager			Official Title Manager	·····	
Telephone No. (705) 380-2957	Fax No.		Telephone No. (705) 380-2957	Fax No.	
E-mail			E-mail		
Role and responsibilities in emergenc	у		Role and responsibilities in emergency		
* - + as alternate first responder with same responsibilities as above.			Act as alternate first responder with same responsibilities as above.		
3. Local Fire Services - Key Conta	ct)	7. Propane Supplier Key Contact Person		
Name Dave McNay		For Office Use - Party No.	Name Rod Recoskie	For Office Use - Party No.	
Official Title Fire Chief	E-mail chiefbfdfd	@gmail.com	Official Title	E-mail rodr@moorepropane.ca	
Telephone No. (705) 382-4010	Fax No. (705) 382-	2273	Telephone No. (705) 471-4762	Fax No.	
Role and responsibilities in emergency Co-ordinate emergency response	y		Role and responsibilities in emergency Proceed to site if required - Activate ERAP if required.		
Fire Services Address 162 Ontario St. Burk's Falls ON, P0A 1C0			Propane Supplier Address 56 Gibson St., North Bay ON, P1B 8J1		
4. Local Fire Services - Alternate C	ontact		8. Municipal Contact		
Name Martyn Payge		For Office Use - Party No.	Name John Theriault	For Office Use - Party No.	
Official Title Fire Prevention Officer	E-mail fpo.mpayg	e.bfdfd@gmail.com	Official Title Deputy Clerk		
Telephone No. (705) 788-4676			Telephone No. Fax No. (705) 382-3332 (705) 382-2068		
Role and responsibilities in emergency Co-ordinate emergency response if Fire Cl	1		E-mail		
Fire Services Address			Municipality Name and Address	N	
162 Ontario St. Burk's Falls ON P0A 10	0		56 Ontario St., Burk's Falls ON P0A 1C0		

ne of person completing this form (please print)	Official Title	
Kristina Tobler	Manager, RSMP & Complian	nce, BPC Inc.
Signature A A A	Telephone No.	Date (dd-mmm-yyyy)
Kintera Johler.	(519) 848-5800	06-0ct-2016
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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. This site also has monitored alarm systems and security cameras

e of person completing this form (please print) Kristina Tobler	Official Title Manager, RSMP & Compliance, BPC Inc.		
Kisting Jobler.	Telephone No. (519) 848-5800	Date (dd-mmm-yyyy)	
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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 Res	ponse Plan and Procedures provided to facility key contacts.
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: Beatty Petroleum Consulting Inc.
13-Oct-2016	Print Name of Instructor: Alex Beatty
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training on the facility's Eme	ergency Management Procedures provided to staff.
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: Beatty Petroleum Consulting Inc.
13-Oct-2016	Print Name of Instructor: Alex Beatty
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
-site specific training pro	vided to certificate holders / persons with Records of Training.
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: Beatty Petroleum Consulting Inc.
13-Oct-2016	Print Name of Instructor: Alex Beatty
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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.

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Kristina Tobler	Manager, RSMP & Complia	P & Compliance, BPC Inc.	
Signature	Telephone No.	Date (dd-mmm-yyyy)	
Kistera Johles	(519) 848-5800	06-0ct-2016	

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

4. Emergency Training Plan for Coming Year

Training on Emergency Re	esponse Plan and Procedures provided to facility key contacts.
Target Date (dd-mmm-yyyy)	Print Name of Training Provider: Capstone Ventures Inc.
13-Oct-2017	Print Name of Instructor: Larry Greenwood
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training on the facility's Em	nergency Management Procedures provided to staff.
Target Date (dd-mmm-yyyy)	Print Name of Training Provider: Capstone Ventures Inc.
13-Oct-2017	Print Name of Instructor: Larry Greenwood
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
site specific training pro	vided to certificate holders / persons with Records of Training.
,et Date (dd-mmm-yyyy)	Print Name of Training Provider: Capstone Ventures Inc.
3-Oct-2017	Print Name of Instructor: Larry Greenwood
arget Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
arget Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

➔ of person completing this form (please print) Kristina Tobler	Official Title	
Signature	Manager, RSMP & Complie Telephone No.	Date (dd-mmm-yyyy)
FS 09195 (10/14) Page 8 of 15	(519) 848-5800	06-0ct-2016



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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).

Schedule 1

Describe provisions for fire department entry when there are no operations or staffing at the propane site. Fire Departments are equipped with bolt cutter to remove the cabinet lock.

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. Joe lives 50 mins from the site

Dan lives 2 mins from the site

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ame of person completing this form (please print)	Official Title	Official Title		
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Signature	Telephone No.	Date (dd-mmm-yyyy)		
Kistera Jobler.	(519) 848-5800	06-0cf-2016		

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	SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)				
	The licence holder will complete Section B in consultation with the lo	ocal Fire Se	rvices.	it dy	
	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)?	\checkmark			
2.	Is there adequate night lighting at the site?	1			
3.	Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	\checkmark			
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?	\checkmark			
5.	Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	✓			
6.	Are weighing systems validated for accuracy?	\checkmark			
7.	Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	\checkmark			
8	Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	\checkmark			
9.	Is the schedule of maintenance and testing activities retained on site?	\checkmark			
	7. Water Supply				
The sup	propane licence holder should work with the local fire department to determine water bly capabilities that are available based on the propane facility's location.	Yes	Νο		
1.	Is a pressurized water system available at the propane facility site?		\checkmark		
2.	Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	\checkmark			
3.	What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	80 metres			
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)	n/a			

Is a of person completing this form (please print) Kristina Tobler	Official Title Manager, RSMP & Compliance, BPC Inc.		
Signature	Telephone No. (519) 848-5800	Date (dd-mmm-yyyy)	
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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:	mmm-yyyy)	1. (m

LOCAI	FIRE SERVICES	
The undersigned has reviewed Section B of the Risk and Sa	fety Management Plan Fire Services.	
Davis McNAy Local Fire Services Name Burles Galiss Distant file	Aux Signature	Date (dd-mmm-yyyy
		0 11 /

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Kristina Tobler	Manager, RSMP & Compile	Manager, RSMP & Compliance, BPC Inc.		
Signature	Telephone No.	Date (dd-mmm-yyyy)		
Histeralobles.	(519) 848-5800	06-0ct - 2016		

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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

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-mmm-yyyy) 15-Sep-2016	Capacity of single largest propane storage vessel (USWG) 2,000 USWG		
Tank setback coordinates. Indicate placement on the Front: 199 feet 60.6 Rear: 58.3 feet 17.8	map. Right side property line: 294 feet 39.6 Left side property line: 193 feet 58.6		
GPS coordinates of single largest vessel: 45°36'3	31.00" N 79°24'20.00"W	_	

Official Title Manager, RSMP & Compliance, BPC Inc.		
Telephone No. (519) 848-5800	Date (dd-mmm-yyyy)	
	Manager, RSMP & Complie Telephone No.	



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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

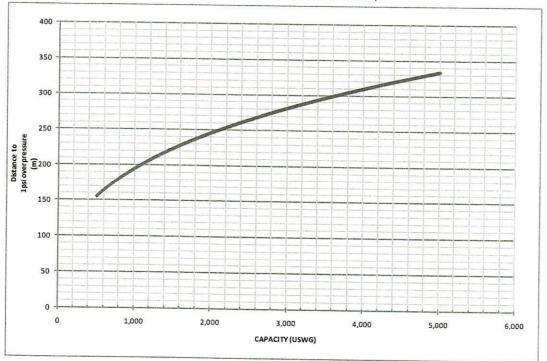
Formula: $D = 16.94 \times (1.524 \times C)^{1/3}$

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")		
-	the name and Address of olosest Building of Feature	0	1	2-10	11+	Building or Feature
Name:	buildings or parks or golf coursesProvincePostal Code	x				m
Name:	al building units specifically permanent single family dwellings, condominiums, and apartments.	×				m
Commerce Name:	ial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Pegasus Health and Wellness Center & Retail Store 51 Commercial Drive Burk's Falls Province ON Postal Code POA 1C0			x		<u>150</u> m
Name:	ial building units – continuous occupancy specifically hotels, campgrounds, and resorts.	x				m
Sensitive institutions Name: Address: City:	institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health s, and prisons. Legacy Life Centre - Church 44 Commercial Drive Burk's Falls Province ON Postal Code POA 1C0		x			<u>107</u> m
Name: Address:	y responders specifically fire stations, ambulance stations, and police stations.	x				m

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

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Signature Jobler	Telephone No. (519) 848-5800	Date (dd-mmm-yyyy)	

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WORKSHEET

Portable Storage Additional Information Worksheet

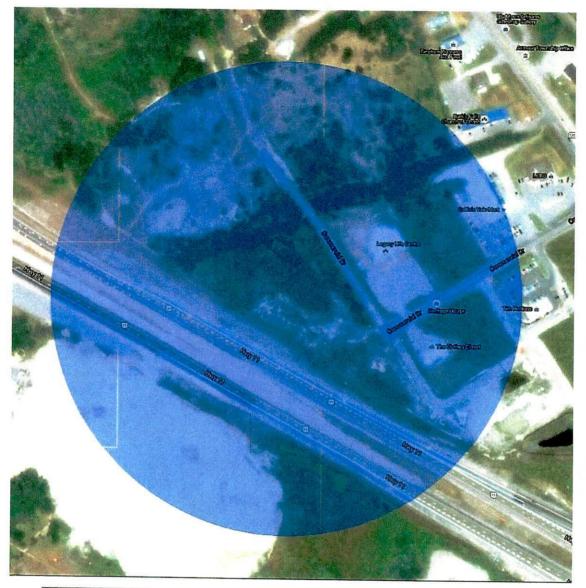
Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		and a second
# 30	8.8		
# 20	5.8	48	278.4
# 10	2.9		
# 5	1.5		and a second

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG

278.4		
0		
278.4 USWG		

Capstone Ventures Inc. Burk's Falls, ON 246 Metre Radius



Location	5 Hilltop Drive, Burk's Falls ON P0A 1C0		
Prepared	September 15, 2016		
Largest Tank	2,000 USWG		
Tank Set Backs	Front – 199 ft Right – 294 ft		
	Rear – 58.3 ft Left – 193 ft		
Radius	246 metres		
GPS Coordinates	45°36'31.00" N 79°24'20.00"W		
Municipality 1	Township of Armour		
Deputy Clerk	John Theriault		
Address	56 Ontario Street PO Box 533,		
	Burk's Falls ON P0A 1C0		
Phone	(705) 382-3332		
Fax	(705) 382-2068		