



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario MBX 2X4  
Fax: 416.231.4078  
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 5,000 USWG or less; or  
- USWG of portable propane storage capacity

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

Check applicable type of propane operations.

Cylinder     Motor Fill     Filling Plant     Card/Keylock

Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.



**SECTION A: GENERAL INFORMATION**

The Undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act*, Propane Storage and Handling Regulation.

**A** Company Name: Capstone Ventures Inc. Corporation No. 2353821

Operator Name (if different from above): Petro Canada Capstone Market

Telephone No. (705) 788-1400 Fax No. E-mail: lgreenwood@vianet.ca

**B** Street No. 95 Street Name / 911 Number / Address, if applicable: Hanes Road

Town / City or Township / County: Huntsville Province: ON Postal Code: P1H 2K8

Mailing address if different from above.

**C** Street No. Box 5506 Street Name / 911 Number / Address, if applicable

Town / City or Township / County: HUNTSVILLE Province: ON Postal Code: P1H 2K8

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

**D** Location of facility.

Street No. 5 Street Name / 911 Number / Address, if applicable: Hilltop Road

Town / City or Township / County: Burk's Falls Nearest Major Intersection: Commercial Drive and Ontario St. Province: ON Postal Code: P0A 1C0

Name of Licence Holder: Capstone Ventures Inc.

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Joe Baldwin ROT type:

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): Armour Municipality

Hours of operation:

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.  
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Print name: \_\_\_\_\_ Signature: Date (dd-mmm-yyyy): 06-Oct-2016

Name of Licence Holder: Capstone Ventures Inc.

Name of Senior Management person as defined in the Regulation holding the Record of Training: Larry Greenwood



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

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

2016

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

	PSIG	Serial Number
Tank1:	250	852-01
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: 2,000 USWG      Portable: 278.4 USWG      Mobile: n/a

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Name of person completing this form (please print) Kristina Tobler	Official Title Manager, RSMP & Compliance, BPC Inc.
Signature <i>Kristina Tobler</i>	Telephone No. (519) 848-5800
	Date (dd-mmm-yyyy) 06-Oct-2016



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

<b>Name of Propane Supplier(s)</b> Moore Propane Ltd.		For Office Use - Party No.	
Street No. 56	Street Name / 911 Number / Address, if applicable Gibson Street		
Town / City or Township / Country North Bay		Province ON	Postal Code P1B 8J1
Telephone No. (705) 476-2334	Fax No.	Contact Name Rod Recoskie	
E-mail rodr@moorepropane.ca			

<b>Name of Propane Transporter.</b> 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			

<b>Off-site Cylinder and/or Mobile Storage</b>		Capacity stored off-site, in USWG	For Office Use - Party No.
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

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

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN**

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

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.  
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.

Use Inspections  
Annual 3rd party for fire extinguishers  
Annual inspection of tank  
Monthly Inspection of fire extinguishers by owner

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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 <u>Joe Baldwin</u>	For Office Use - Party No.	Name <u>Joe Baldwin</u>	For Office Use - Party No.
Official Title <u>General Manager</u>		Official Title <u>General Manager</u>	
Telephone No. <u>(705) 321-4075</u>	Fax No.	Cell No. <u>(705) 321-4075</u>	Fax No.
E-mail <u>pc40385@gmail.com</u>		E-mail <u>pc40385@gmail.com</u>	
Role and responsibilities in emergency <u>First Responder. See Supervisor responsibilities in Schedule "1" for complete list.</u>		Role and responsibilities in emergency <u>First Responder. See Supervisor responsibilities in Schedule "1" for complete list.</u>	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name <u>Dan Guenette</u>	For Office Use - Party No.	Name <u>Dan Guenette</u>	For Office Use - Party No.
Official Title <u>Manager</u>		Official Title <u>Manager</u>	
Telephone No. <u>(705) 380-2957</u>	Fax No.	Telephone No. <u>(705) 380-2957</u>	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency <u>As alternate first responder with same responsibilities as above.</u>		Role and responsibilities in emergency <u>Act as alternate first responder with same responsibilities as above.</u>	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name <u>Dave McNay</u>	For Office Use - Party No.	Name <u>Rod Recoskie</u>	For Office Use - Party No.
Official Title <u>Fire Chief</u>	E-mail <u>chiefbfdfd@gmail.com</u>	Official Title	E-mail <u>rodr@moorepropane.ca</u>
Telephone No. <u>(705) 382-4010</u>	Fax No. <u>(705) 382-2273</u>	Telephone No. <u>(705) 471-4762</u>	Fax No.
Role and responsibilities in emergency <u>Co-ordinate emergency response</u>		Role and responsibilities in emergency <u>Proceed to site if required - Activate ERAP if required.</u>	
Fire Services Address <u>162 Ontario St. Burk's Falls ON, P0A 1C0</u>		Propane Supplier Address <u>56 Gibson St., North Bay ON, P1B 8J1</u>	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name <u>Martyn Payge</u>	For Office Use - Party No.	Name <u>John Theriault</u>	For Office Use - Party No.
Official Title <u>Fire Prevention Officer</u>	E-mail <u>fpo.mpayge.bfdfd@gmail.com</u>	Official Title <u>Deputy Clerk</u>	
Telephone No. <u>(705) 788-4676</u>	Fax No. <u>(705) 382-2273</u>	Telephone No. <u>(705) 382-3332</u>	Fax No. <u>(705) 382-2068</u>
Role and responsibilities in emergency <u>Co-ordinate emergency response if Fire Chief is not available</u>		E-mail	
Fire Services Address <u>162 Ontario St. Burk's Falls ON P0A 1C0</u>		Municipality Name and Address <u>56 Ontario St., Burk's Falls ON P0A 1C0</u>	

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Signature <u>Kristina Tobler</u>	Telephone No. <u>(519) 848-5800</u>
	Date (dd-mmm-yyyy) <u>06-Oct-2016</u>





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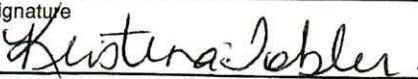
**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

2. Additional Safety Measures

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

This site also has monitored alarm systems and security cameras

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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-mmm-yyyy) 13-Oct-2016	Print Name of Training Provider: <u>Beatty Petroleum Consulting Inc.</u>
	Print Name of Instructor: <u>Alex Beatty</u>
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 Emergency Management Procedures provided to staff.

Training Date (dd-mmm-yyyy) 13-Oct-2016	Print Name of Training Provider: <u>Beatty Petroleum Consulting Inc.</u>
	Print Name of Instructor: <u>Alex Beatty</u>
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 provided to certificate holders / persons with Records of Training.

Training Date (dd-mmm-yyyy) 13-Oct-2016	Print Name of Training Provider: <u>Beatty Petroleum Consulting Inc.</u>
	Print Name of Instructor: <u>Alex Beatty</u>
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:

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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-mmm-yyyy) 13-Oct-2017	Print Name of Training Provider: <u>Capstone Ventures Inc.</u>
	Print Name of Instructor: <u>Larry Greenwood</u>
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 Emergency Management Procedures provided to staff.

Target Date (dd-mmm-yyyy) 13-Oct-2017	Print Name of Training Provider: <u>Capstone Ventures Inc.</u>
	Print Name of Instructor: <u>Larry Greenwood</u>
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:

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

Target Date (dd-mmm-yyyy) 13-Oct-2017	Print Name of Training Provider: <u>Capstone Ventures Inc.</u>
	Print Name of Instructor: <u>Larry Greenwood</u>
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:

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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 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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**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>80 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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**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-mmm-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 <i>DAVID MCNAY</i> <i>Burke's Falls + District fire dept</i>	Signature <i>[Signature]</i>	Date (dd-mmm-yyyy) <i>04/10/2016</i>
--------------------------	-------------------------------------------------------------------------------	---------------------------------	-----------------------------------------

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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-mmm-yyyy) 15-Sep-2016	Capacity of single largest propane storage vessel (USWG) 2,000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 199 feet 60.6	Right side property line: 294 feet 89.6
Rear: 58.3 feet 17.8	Left side property line: 193 feet 58.8
GPS coordinates of single largest vessel: 45°36'31.00" N 79°24'20.00" W	

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

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

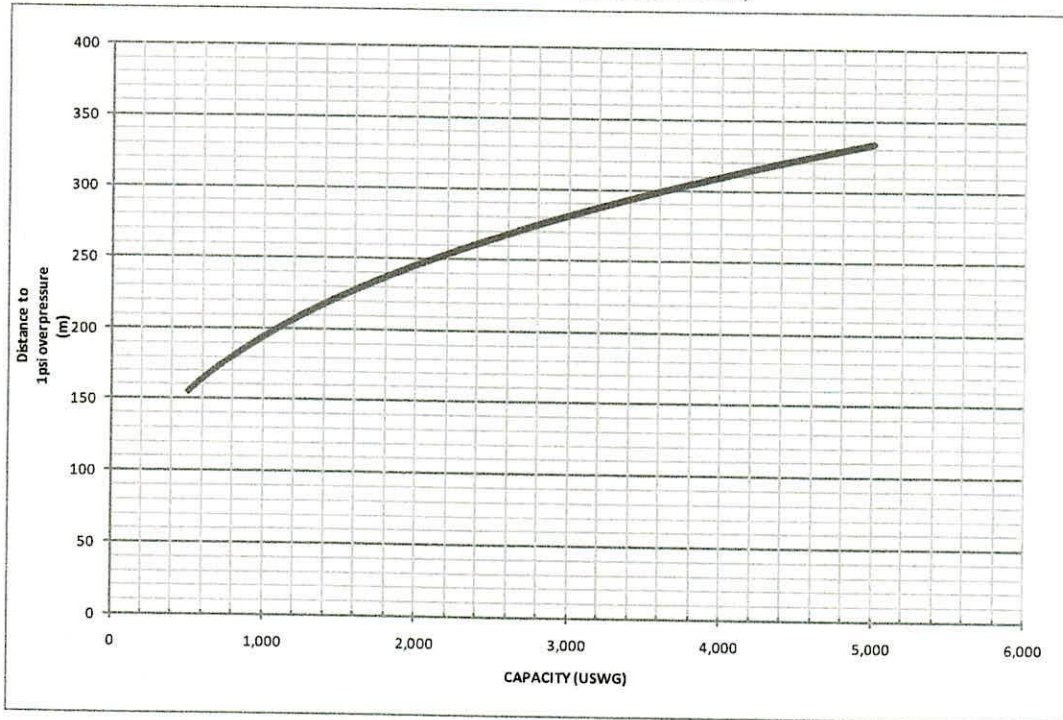
Table 1: Distance Table

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)







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

**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 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: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Pegasus Health and Wellness Center &amp; Retail Store</u> Address: <u>51 Commercial Drive</u> <u>Burk's Falls</u> Province <u>ON</u> Postal Code <u>POA 1C0</u>			X		<u>150</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>Legacy Life Centre - Church</u> Address: <u>44 Commercial Drive</u> City: <u>Burk's Falls</u> Province <u>ON</u> Postal Code <u>POA 1C0</u>		X			<u>107</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ 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 Tobler</u>	Official Title <u>Manager, RSMP &amp; Compliance, BPC Inc.</u>
Signature 	Telephone No. <u>(519) 848-5800</u>
	Date (dd-mmm-yyyy) <u>06-Oct-2016</u>



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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		
# 30	8.8		
# 20	5.8	48	278.4
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			278.4

Tanks Stored On-site Not Connected for Use

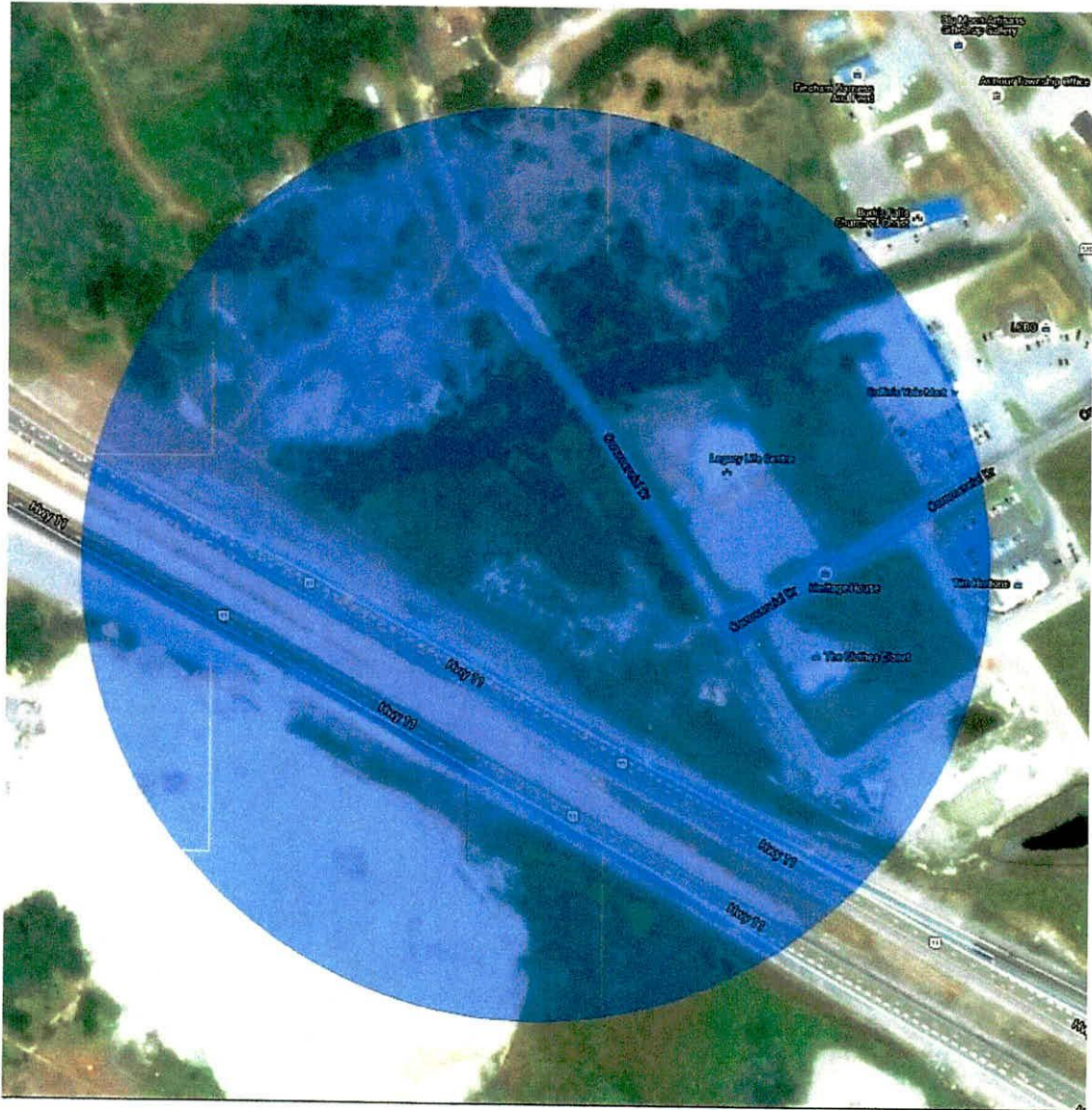
Tank Size In USWG	Quantity	Total Volume in USWG
<b>Total Tank Capacity</b>		0

<b>Total Cylinder Capacity</b>	278.4
<b>Total Tank Capacity</b>	0
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	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 Rear – 58.3 ft	Right – 294 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	