



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.

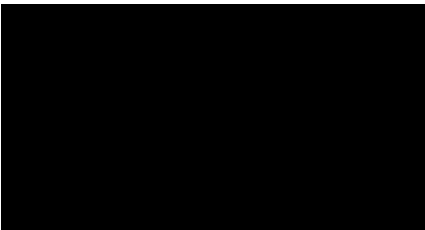
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 000076645374

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 DONALD L DAVIDSON FUELS LTD Ontario Corporation No., if applicable _____
 Operator Name (if different from above) _____

Telephone No. 705-856-2166 Fax No. 705-856-2886 E-mail davidson.fuels@shawcable.com

B Street No. 54 Street Name / 911 Number / Address, if applicable PINEWOOD DR

Town / City or Township / County WAWA Province ON Postal Code P0S1K0

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

D Location of facility.

Street No. 54 Street Name / 911 Number / Address, if applicable PINEWOOD DR Nearest Major Intersection HWY 17N AND HWY 101E

Town / City or Township / County WAWA Province ON Postal Code P0S1K0

Name of Licence Holder DONALD L DAVIDSON FUELS LTD

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). SCOTT DAVIDSON ROT type PPQ-3

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) MUNICIPALITY OF WAWA

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 Name of Licence Holder <u>DONALD L DAVIDSON FUELS LTD</u>	Signature 	Date (dd-mm-yyyy) <u>11-04-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>SCOTT DAVIDSON</u>		

add info
rec'd May 20



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Level 1 Risk and Safety Management Plan (RSMP)
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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established.
2002

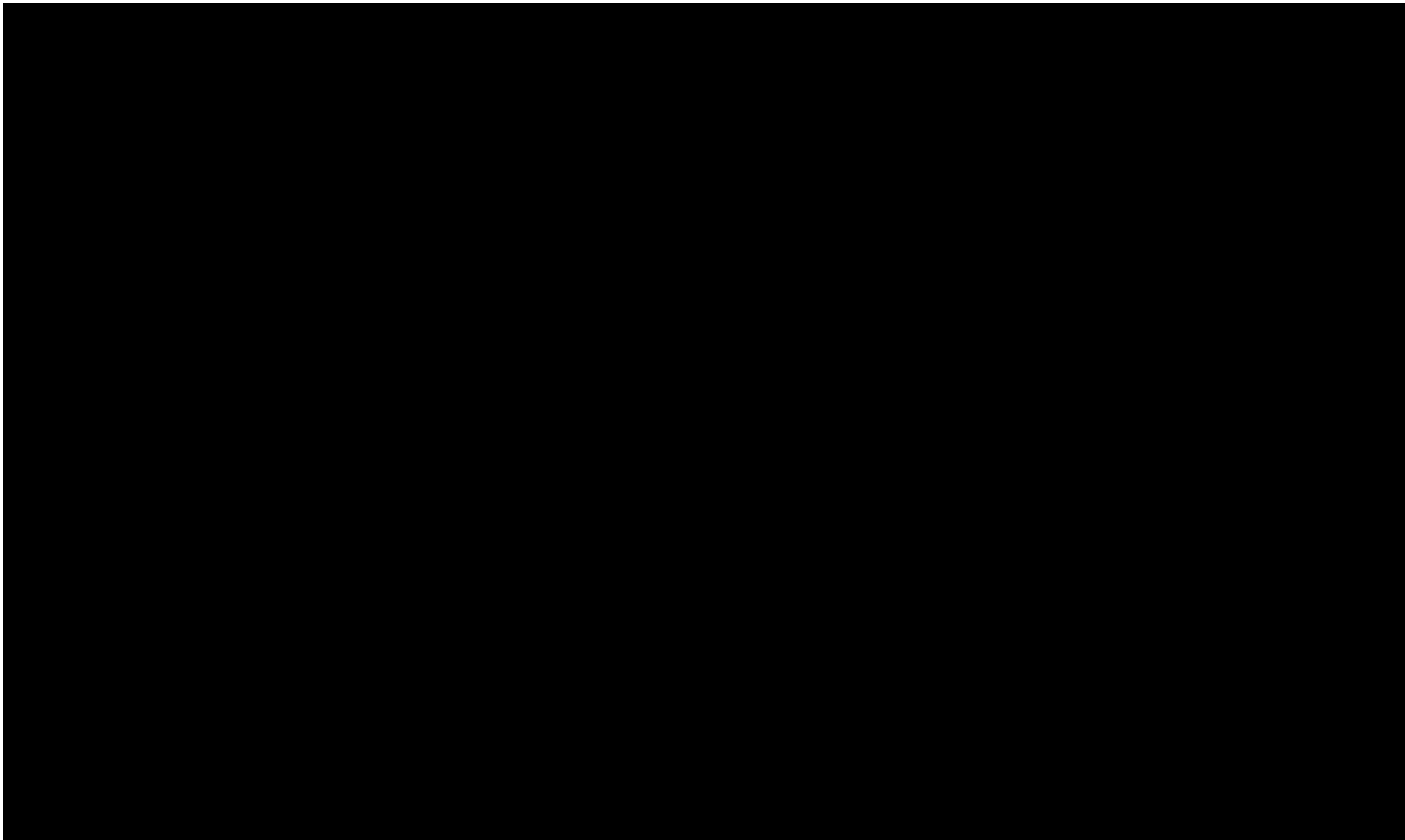
Indicate the year of any significant modifications, as defined in s. 1, O.Reg 211/01, since establishment.
2004 PROPANE TANK ADDED TO SITE

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

	PSIG	Serial Number
Tank 1:	250 PSIG @ 120 F	5592595
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: 1 Portable: 0 Mobile: 0



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Name of person completing this form (please print) SCOTT DAVIDSON	Official Title PRESIDENT
Signature 	Telephone No. 705-666-2165
	Date (mm-dd-yyyy) 11-04-2011



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Level 1 Risk and Safety Management Plan (RSM)
Technical Standards and Safety
Propane Storage and Handling Regulation

SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) MCDUGALL ENERGY			
Street No. 421	Street Name / 911 Number / Address, if applicable BAY ST SUITE 103		
Town / City or Township / Country SAULT STE MARIE		Province ON	Postal Code P6A 1X3
Telephone No. 800-461-0512	Fax No. 705-949-2539	Contact Name STEVE HILDERLY	
E-mail stevehilderly@mcdougallcorp.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		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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Name of person completing this form (please print) SCOTT DAVIDSON		Official Title PRESIDENT	
Signature 	Telephone No. 705-856-2166	Date (dd-mm-yyyy) 11-04-2011	



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Level 1 Risk and Safety Management Plan (RSM)
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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.

90000 LITRES DIESEL FUEL

65000 LITRES GASOLINE

65 ACETYLENE BOTTLES

200 INERT BOTTLES

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

FIRE EXTINGUISHERS, EMERGENCY CRASH BUTTONS, FIRE HYDRANTS


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 AT TANK VALVE

Maintenance and testing schedule for fire protection controls and devices.

DAILY VISUAL CHECKS, MONTHLY FIRE EXTINGUISHER CHECKS

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Signature 		Telephone No. 705-856-2166	Date (dd-mm-yyyy) 11-04-2011



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Level 1 Risk and Safety Management Plan (RSM)
Technical Standards and Safety Authority
Propane Storage and Handling Regulation

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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact

Name SCOTT DAVIDSON		For Office Use - Party No.	
Official Title PRESIDENT			
Telephone No. 705-856-2166	Fax No. 705-856-2886		
E-mail davidson.fuels@shawcable.com			
Role and responsibilities in emergency ALERT AUTHORITIES, CONFIRM EVACUATION OF EMPLOYEES, ENSURE EMERGENCY PLAN EXECUTED			

5. Facility 24-Hour Contact Person

Name SCOTT DAVIDSON		For Office Use - Party No.	
Official Title PRESIDENT			
Cell No. 705-542-5203	Fax No. 705-856-2886		
E-mail davidson.fuels@shawcable.com			
Role and responsibilities in emergency ALERT AUTHORITIES, CONFIRM EVACUATION OF EMPLOYEES, ENSURE EMERGENCY PLAN EXECUTED			

2. Facility Contact Personnel - Alternate Contact

Name ROB SANDERSON		For Office Use - Party No.	
Official Title OFFICE MANAGER			
Telephone No. 705-856-2166	Fax No. 705-856-2886		
E-mail rsanderson.davidfuels@shawcable.com			
Role and responsibilities in emergency ALERT AUTHORITIES, CONFIRM EVACUATION OF EMPLOYEES, ENSURE EMERGENCY PLAN EXECUTED			

6. Name of Facility Manager

Name SCOTT DAVIDSON		For Office Use - Party No.	
Official Title PRESIDENT			
Telephone No. 705-856-2166	Fax No. 705-856-2886		
E-mail davidson.fuels@shawcable.com			
Role and responsibilities in emergency ALERT AUTHORITIES, CONFIRM EVACUATION OF EMPLOYEES, ENSURE EMERGENCY PLAN EXECUTED			

3. Local Fire Services - Key Contact

Name NIKI FILION		For Office Use - Party No.	
Official Title FIRE PREVENTION OFFICER			
Telephone No. 705-987-3684	Fax No. 705-856-2120		
E-mail nfilion@wawa.cc			
Role and responsibilities in emergency COORDINATION OF MUNICIPAL FIRE SERVICES AND RESOURCES DURING AN EMERGENCY			

7. Propane Supplier Key Contact Person

Name STEVE HILDERLY		For Office Use - Party No.	
Official Title RISK MANAGEMENT			
Telephone No. 705 941-5744	Fax No. 705-949-2539		
E-mail stevehilderly@mcdougallcorp.com			
Role and responsibilities in emergency ADDRESS ANY CONCERNS, ALERT SUPPORT SERVICES IF NECESSARY, FIRE POLICE, IMPLEMENT SUPPLIER RESPONSE PLAN			

4. Local Fire Services - Alternate Contact

Name KEVIN SABOURIN		For Office Use - Party No.	
Official Title FIRE CHIEF			
Telephone No. 705 987-3652	Fax No. 705-856-2120		
E-mail ksabourin@wawa.cc			
Role and responsibilities in emergency COORDINATION OF MUNICIPAL FIRE SERVICES AND RESOURCES DURING AN EMERGENCY			

8. Municipal Contact

Name CHRIS WRAY		For Office Use - Party No.	
Official Title ADMINISTRATOR			
Telephone No. 705-856-2244	Fax No. 705-856-2120		
E-mail cwrays@wawa.cc			
Municipality WAWA			

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Signature 		Telephone No. 705-856-2166	Date (dd-mm-yyyy) 11-04-2011



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Technical Standards and Safety,
Propane Storage and Handling Regulat

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.

IMPERIAL OIL ASSOCIATE COMPLYING WITH VSMG AND STOPS PROGRAM

CCTV VIDEO SURVEILANCE

2 STAFF MEMBERS WHO ARE ALSO ON OUR LOCAL FIRE DEPT

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Name of person completing this form (please print)		Official Title
SCOTT DAVIDSON		PRESIDENT
Signature		Telephone No.
		705-856-2166
		Date (dd-mm-yyyy)
		11-04-2011



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Level 1 Risk and Safety Management Plan (RSM)
Technical Standards and Safety Authority
Propane Storage and Handling Regulation

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) 01-04-2011	Print Name of Training Provider: DAVIDSON FUELS
	Print Name of Instructor: SCOTT DAVIDSON
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:

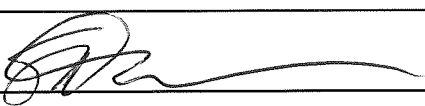
Training on the facility's Emergency Management Procedures provided to staff.

Training Date (dd-mm-yyyy) 01-04-2011	Print Name of Training Provider: DAVIDSON FUELS
	Print Name of Instructor: SCOTT DAVIDSON
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) 01-04-2011	Print Name of Training Provider: DAVIDSON FUELS
	Print Name of Instructor: SCOTT DAVIDSON
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 	Telephone No. 705-856-2166
	Date (dd-mm-yyyy) 11-04-2011



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Level 1 Risk and Safety Management Plan (RSV)
Technical Standards and Safety
Propane Storage and Handling Regulat

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) 01-04-2012	Print Name of Training Provider: DAVIDSON FUELS
	Print Name of Instructor: SCOTT DAVIDSON
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) 01-04-2012	Print Name of Training Provider: DAVIDSON FUELS
	Print Name of Instructor: SCOTT DAVIDSON
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) 01-04-2012	Print Name of Training Provider: DAVIDSON FUELS
	Print Name of Instructor: SCOTT DAVIDSON
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) SCOTT DAVIDSON	Official Title PRESIDENT
Signature 	Telephone No. 705-856-2166
	Date (dd-mm-yyyy) 11-04-2011



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Level 1 Risk and Safety Management Plan (RSM)
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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).
FACILITY OPERATOR TO THE EMERGENCY SERVICES BY USING 911, PUBLIC NOTIFICATION BY EMERGENCY RESPONDERS

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).

FACILITY OPERATOR TO NOTIFY ALL STAFF AND THEN PROCEED TO SAFE MEETING PLACE DOWN THE STREET AT THE OPP STATION

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).

ALL STAFF TRAINED ON EMERGENCY PROCEDURES. EMERGENCY PROCEDURE CHART POSTED ON WALL

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

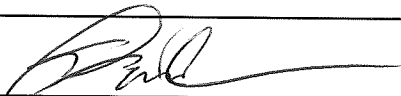
Describe how the licence holder will ensure continual flow of updated information to authorities.

ANNUAL REVIEW ON POLICIES AND IMMEDIATE UPDATES ON ANY CHANGES TO SITE PLAN

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

APPROX 15 MINUTES

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Name of person completing this form (please print) SCOTT DAVIDSON	Official Title PRESIDENT	
Signature 	Telephone No. 705-856-2166	Date (dd-mm-yyyy) 11-04-2011

add info
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Level 1 Risk and Safety Management Plan (RSM)
Technical Standards and Safety
Propane Storage and Handling Regulation

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., GCC 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)	75	
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	

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Name of person completing this form (please print) SCOTT DAVIDSON	Official Title PRESIDENT
Signature 	Telephone No. 705-856-2160
	Date (dd-mm-yyyy) 11-04-2011



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Level 1 Risk and Safety Management Plan (RSM)
Technical Standards and Safety Authority
Propane Storage and Handling Regulation

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

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

6. Building and Site Security and Procedures

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Water Supply

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

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<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)	75	
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)	<div style="background-color: yellow; width: 100px; height: 15px;"></div>	

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	Date (dd-mm-yyyy) 11-04-2011



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

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

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.

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name NIKKI FILION		14-04-2011

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SCOTT DAVIDSON	PRESIDENT
Signature	Date (dd-mm-yyyy)
	11-04-2011
	Telephone No.
	705-856-2166



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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.

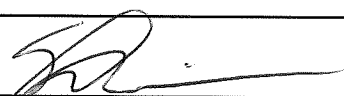
The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

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) 28-03-2011	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: 40 M	Right side property line: 90 M
Rear: 10 M	Left side property line: 30 M
GPS coordinates of single largest vessel:	84 47' 33.99 W 47 57'52.06N

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) SCOTT DAVIDSON	Official Title PRESIDENT
Signature 	Telephone No. 705-856-2166
	Date (dd-mm-yyyy) 11-04-2011



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Level 1 Risk and Safety Management Plan (RSW)
Technical Standards and Safety,
Propane Storage and Handling Regulation

SECTION C: SUBMISSIONS (cont'd)

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

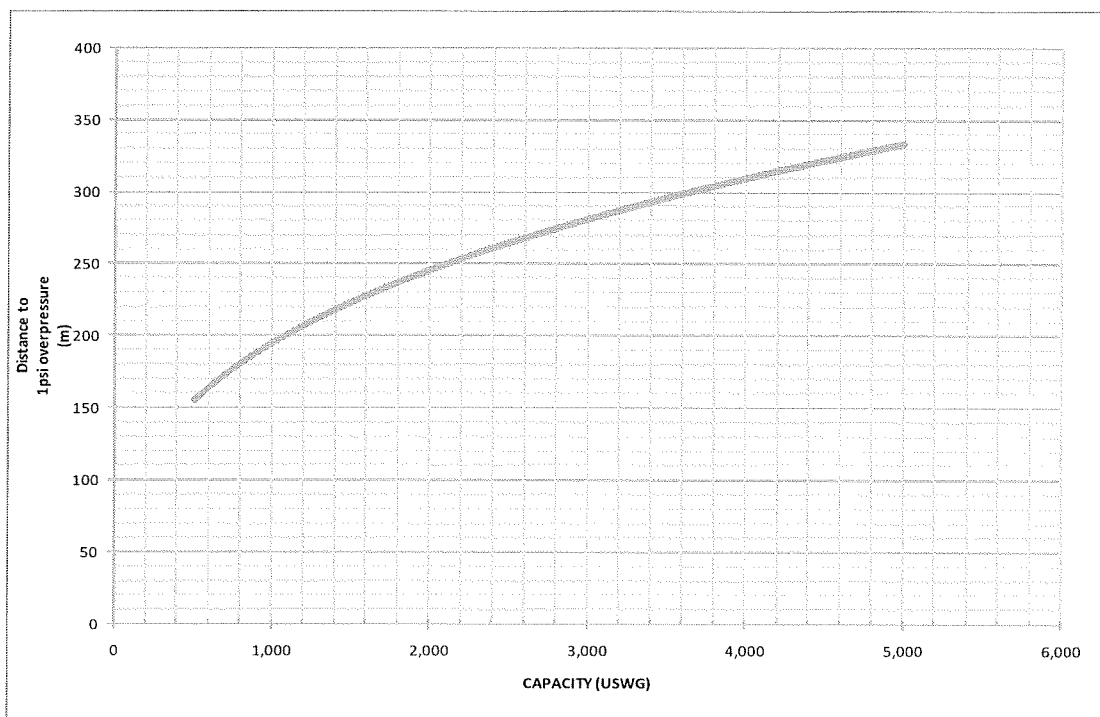
Table 1: Distance Table

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

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

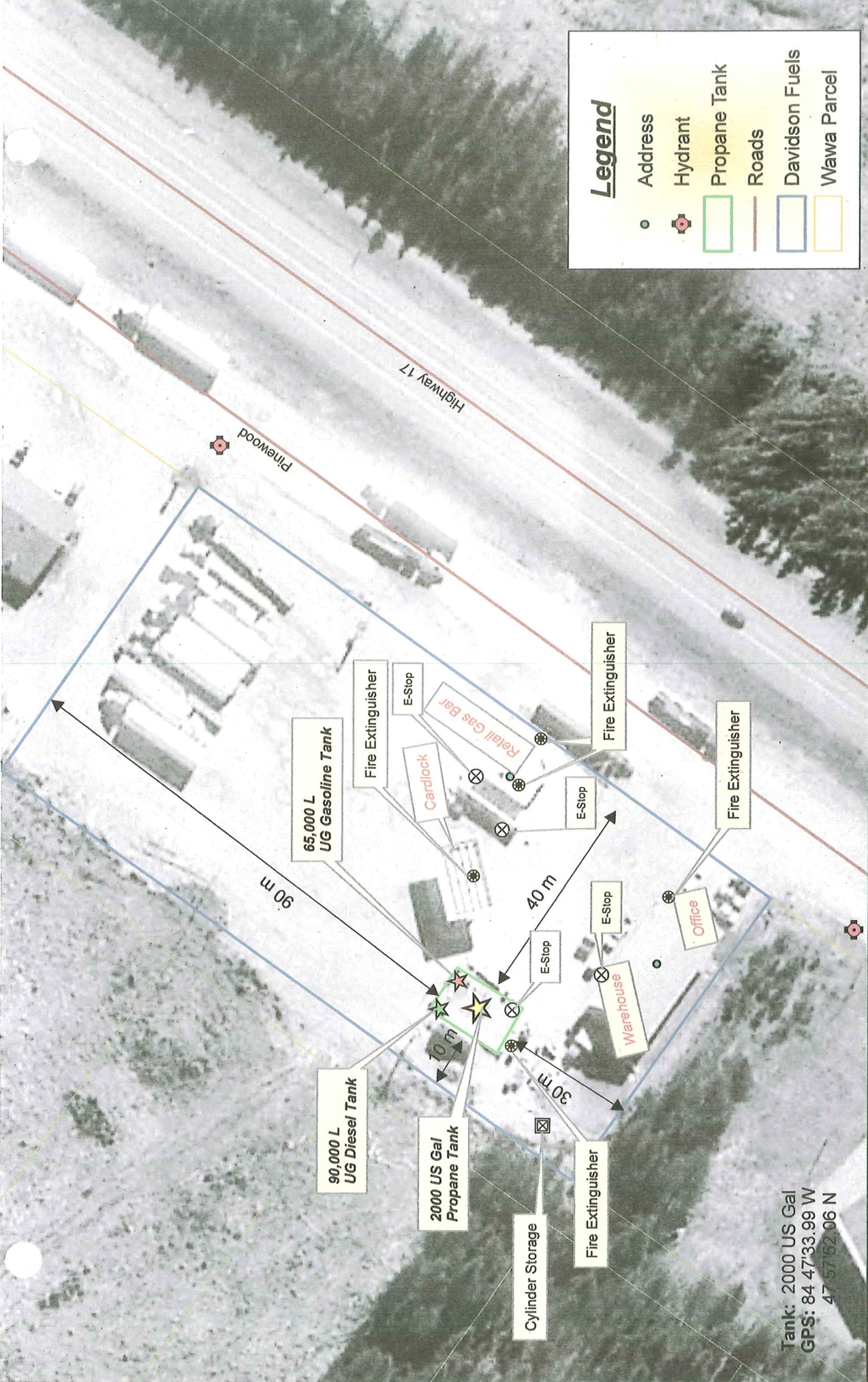
Parameters: Density of Propane is 0.5033 kg per litre @ 15 C
 Assume all vessels are 80% full
 1 gallon [US, liquid] = 0.003785411784 cubic meter
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)



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Signature 		Telephone No. 705-856-2166	Date (dd-mm-yyyy) 11-04-2011



Tank: 2000 US Gal
 GPS: 84 47'33.99 W
 47 57'52.06 N

Legend

- Address
- ⊕ Hydrant
- ▭ Propane Tank
- ▭ Roads
- ▭ Davidson Fuels
- ▭ Wawa Parcel

Projection
 WGS 1984
 UTM Zone 16 N
 ID: WA0085

NITGC
NORTHERN INNOVATION TECHNOLOGY AND GEOSPATIAL COOPERATIVE
 Created: April 14, 2011
 Created By: Anders Dereski

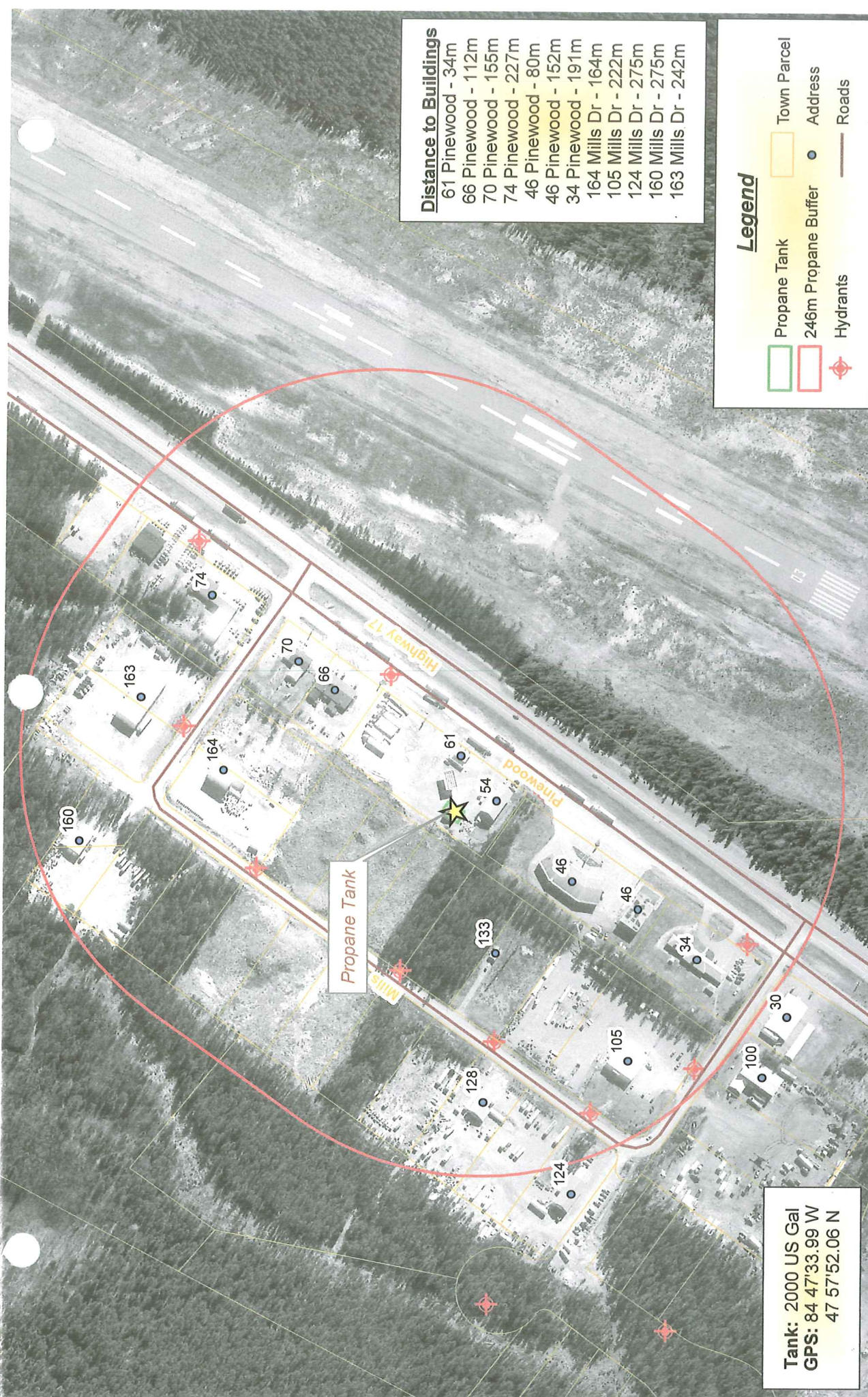
0 5 10 20 30 40
 Meters

N
 W E S

Donald L. Davidson Propane Tank

Donald L. Davidson Fuels
 54 Pinewood Drive
 Wawa Ontario
 P0S 1K0

Municipal Contact: Chris Wray
 40 Broadway Ave
 Wawa Ontario
 705-856-2244 x223

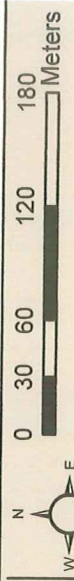


Distance to Buildings

61 Pinewood	- 34m
66 Pinewood	- 112m
70 Pinewood	- 155m
74 Pinewood	- 227m
46 Pinewood	- 80m
46 Pinewood	- 152m
34 Pinewood	- 191m
164 Mills Dr	- 164m
105 Mills Dr	- 222m
124 Mills Dr	- 275m
160 Mills Dr	- 275m
163 Mills Dr	- 242m

Legend

- Propane Tank
- 246m Propane Buffer
- Hydrants
- Town Parcel
- Address
- Roads



Projection
WGS 1984
UTM Zone 16 N
ID: WA0086

Donald L. Davidson Propane Tank

Tank: 2000 US Gal
GPS: 84 47'33.99 W
47 57'52.06 N

Donald L. Davidson Fuels
54 Pinewood Drive
Wawa Ontario
POS 1K0

Municipal Contact: Chris Wray
40 Broadway Ave
Wawa Ontario
705-856-2244 x223

add info
rec'd May 20



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Level 1 Risk and Safety Management Plan (RSM)
Technical Standards and Safety
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 Classed Building or Feature	Number of Buildings and Features (mark with an "X")				Distance (m) Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: NORWA MANUFACTURING (VACANT OVER 2 YRS) Address: 164 MILLS RD City: WAWA Province ON Postal Code P0S1K0			X		104
[REDACTED]					N/A
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: FAMILY KITCHEN RESTAURANT Address: 66 PINEWOOD DR City: WAWA Province ON Postal Code P0S1K0			X		112
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: SUPERIOR MOTEL (VACANT OVER 2 YRS) Address: 46 PINEWOOD DR City: WAWA Province ON Postal Code P0S1K0			X		80
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: None Address: None City: _____ Province _____ Postal Code _____					N/A
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: OPP Address: 34 PINEWOOD DR City: WAWA Province ON Postal Code P0S1K0					101

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

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Name of person completing this form (please print) SCOTT DAVIDSON	Official Title PRESIDENT
Signature 	Telephone No. 705-856-2186
	Date (dd-mm-yyyy) 11-04-2011



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Level 1 Risk and Safety Management Plan (RSM)
Technical Standards and Safety
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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: NORWA MANUFACTURING (VACANT OVER 2 YRS) Address: 164 MILLS RD City: WAWA Province ON Postal Code P0S1K0			5		164
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					X
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: FAMILY KITCHEN RESTAURANT Address: 66 PINEWOOD DR City: WAWA Province ON Postal Code P0S1K0			2		112
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: SUPERIOR MOTEL (VACANT OVER 2 YRS) Address: 46 PINEWOOD DR City: WAWA Province ON Postal Code P0S1K0			1		80
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					X
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: OPP Address: 34 PINEWOOD DR City: WAWA Province ON Postal Code P0S1K0					191

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

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Name of person completing this form (please print) SCOTT DAVIDSON	Official Title PRESIDENT
Signature 	Telephone No. 705-856-2166
	Date (dd-mm-yyyy) 11-04-2011



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SECTION C: SUBMISSIONS (cont'd)
Applicant must include a Facility Site Plan and Map of Surrounding Area

Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5	20	590
# 40	11.75		
# 33.3	9.62	15	144.3
# 30	8.8	15	132
# 20	5.8	40	232
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity 1098			

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity		

Total Cylinder Capacity	1098
Total Tank Capacity	2000
Total Portable Capacity	

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Signature 	Telephone No. 705-856-2166
	Date (dd-mm-yyyy) 11-04-2011