



**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.

<p>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></p>	<p><b>For Office Use Only</b></p>
<p>Licence Number <u>0033392001-C</u></p> <p>Check applicable type of propane operations.</p> <p><input type="checkbox"/> Cylinder    <input checked="" type="checkbox"/> Motor Fill    <input checked="" type="checkbox"/> Filling Plant    <input type="checkbox"/> Card/Keylock</p> <p>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	

**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	
<b>A</b>	<u>E &amp; G Riverside Variety &amp; Gas Bar</u>	<u>Proprietor</u>	
Operator Name (if different from above)			
<u>Gil Rametta</u>			
Telephone No.	Fax No.	E-mail	
<u>705-538-2271</u>	<u>Same</u>	<u>c20144@mkting.ca</u>	
<b>B</b>	Street No.	Street Name / 911 Number / Address, if applicable	
	<u>14165</u>	<u>Hwy 12 RR1</u>	
Town / City or Township / County		Province	Postal Code
<u>Waubauskene</u>		<u>ON</u>	<u>LOK2C0</u>
Mailing address if different from above.			
<b>C</b>	Street No.	Street Name / 911 Number / Address, if applicable	
Town / City or Township / County		Province	Postal Code

<b>Information on Container Refill Centre or Filling Plant</b>			
Location of facility.			
<b>D</b>	Street No.	Street Name / 911 Number / Address, if applicable	Nearest Major Intersection
	<u>14165</u>	<u>Lot 8 Con 8</u>	<u>2 km east Hwy 12 &amp; 400 Hwy</u>
Town / City or Township / County		Province	Postal Code
<u>Waubauskene</u>		<u>ON</u>	<u>LOK2C0</u>

Name of Licence Holder	
<u>Gil Rametta E &amp; G Riverside Variety &amp; Gas Bar</u>	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).	ROT type
<u>Gil Rametta</u>	<u>PT1 100-0181366</u>
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)	
<u>Town Trumehin</u>	

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

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

Name of Licence Holder	Print name	Signature	Date (dd-mm-yyyy)
<u>Gil Rametta</u>	<u>Gil Rametta</u>	<u>[Signature]</u>	<u>26/05/2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training			
<u>Gil Rametta</u>			



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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.  
1989      2009

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

	PSIG	Serial Number
Tank 1:	250 PSI @ 115 F	D2040 6543210789T
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: 2000 US      Portable: \_\_\_\_\_      Mobile: \_\_\_\_\_



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Name of person completing this form (please print)	Official Title	
<i>Gil Rametta</i>	Owner	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Gil Rametta</i>	705 538 2271	26/05/2011



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

Activity Information

Name of Propane Supplier(s) Nasco Propane		For Office Use - Party No.	
Street No. 290	Street Name / 911 Number / Address, if applicable Railway St P.O Box 90		
Town / City or Township / Country Timmins		Province ON	Postal Code P4N 7C8
Telephone No. 705-360-3755	Fax No.	Contact Name Mark Basarba	
E-mail mark@nascopropane.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 None	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		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) <i>Eric Kametha</i>	Official Title <i>Owner</i>
Signature <i>[Signature]</i>	Telephone No. <i>7055382271</i>
	Date (dd-mm-yyyy) <i>26/05/2011</i>



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

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

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

Gas 60,000 L    3 tanks 12,500    1 tank 23,000

Diesel 13,000 L

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

2 - 10 LB ABC Dry gas & diesel pumps

2 - 5 LB ABC Dry propane and kiosk stations

2 - 5 LB ABC Dry in store

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.

Huronia Alarm system monitor and manual alert for store smoke and security systems

Vederoot alarm for gas pumps and gas tank shut offs

Emergency shut off at propane dispenser, on outside wall by garage door and point of sale station (Nasco propane)

Maintenance and testing schedule for fire protection controls and devices.

Yearly contract with Huronia Alarm    Fire extinguishers

Nasco Propane inspection done May yearly complete propane equipment and safety devices

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Name of person completing this form (please print) <i>Eric Sametha</i>	Official Title <i>OWNER</i>	
Signature <i>[Signature]</i>	Telephone No. <i>705 5382271</i>	Date (dd-mm-yyyy) <i>26/05/2011</i>



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*Same as #*

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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 Gil Rametta	For Office Use - Party No.
Official Title Owner Operator	
Telephone No. 705-538-2271	Fax No. Cell 705-790-0116
E-mail c20144@mktng.ca	
Role and responsibilities in emergency shut down + safety dispatch	

MTO - 1800 3873445



The Corporation of the  
**Township of Tay**  
*Road Closers*  
 GERARD LACHAPELLE, CRS-S  
 Works Superintendent

TWID 705 7258450

450 PARK ST.  
 P.O. BOX 100  
 VICTORIA HARBOUR  
 ONTARIO, L0K 2A0

TEL: (705) 534-7248 ext. 242  
 FAX: (705) 534-4493  
 Email: glachapelle@tay.ca

**2. Facility Contact Personnel - Alternate Contact**

Name Seb Rametta	For Office Use - Party No.
Official Title Manager	
Telephone No. 705-331-4566	Fax No.
E-mail	
Role and responsibilities in emergency Manager - shut down + safety dispatch	

**6. Name of Facility Manager**

Name <i>SAMRAS #1 + #2</i>	For Office Use - Party No.
Official Title	
Telephone No.	Fax No.
E-mail	
Role and responsibilities in emergency <i>SAMRAS #1 + #2</i>	

**3. Local Fire Services - Key Contact**

Name Brian Thomas	For Office Use - Party No.
Official Title Fire Chief	
Telephone No. 705-534-7248 Ext 245	Fax No. 705-534-4493
E-mail bthomas@tay.ca	
Role and responsibilities in emergency Coordinate municipal fire services & its resources during emergency Liaison with property owner	

**7. Propane Supplier Key Contact Person**

Name Mark Basaraba (Nasco)	For Office Use - Party No.
Official Title Owner	
Telephone No. 705-360-3755	Fax No.
E-mail mark@nascopropane.com	
Role and responsibilities in emergency	

**4. Local Fire Services - Alternate Contact**

Name Shawn Aymer	For Office Use - Party No.
Official Title Deputy Fire Chief	
Telephone No. 705-534-7248 Ext 253	Fax No. 705-534-4493
E-mail saymer@tay.ca	
Role and responsibilities in emergency Coordinate municipal fire services & its resources during emergency Liaison with property owner	

**8. Municipal Contact**

Name Mara Burton	
Official Title Director of Planning and Development	
Telephone No. 705-534-7248 Ext 225	Fax No. 705-534-4493
E-mail mburton@tay.ca	
Municipality The Corporation of the Township of Tay	

**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) <i>Gil Rametta</i>	Official Title <i>OWNER</i>
Signature <i>Gil Rametta</i>	Telephone No. <i>705 538 2271</i>
	Date (dd-mm-yyyy) <i>26/09/2011</i>



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

2. Additional Safety Measures

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

Emergency Propane Shut off at outside wall of Convenience Store across from Propane Tank Dispensing area.

Emergency Propane Shut off in Convenience Store side entrance on wall North East corner

Emergency Shut Off for gas pumps in Gas Kiosk located behind cash register

Emergency Siren to be installed to alert neighbors if an emergency occurs.

Attendant: has authority to shut down and trained to use a fire extinguisher

- Alert the manager, who will phone 911 (contact Gil, fire dept)

- Remove automobiles or any source of ignition away from site

- Contain the problem and shut down all emergency switches and also main breakers in store and kiosk

- If leak or fire cannot be stopped safely or contained, sound the alarm and evacuate everyone to a safe distance

- For leaks, evacuate to 500m - 12 Hwy East 13923, South 1879 Rosemount, Hwy 12 W- 14259, N - Waters edge

- For fire evacuate to 1000m - Hwy 12 E 13967, South 1790 Rosemount, Hwy 12 W - Gervais, N- Waters edge

- To aid the emergency find out which way the wind is blowing and where the acting attendant is located

- Meeting place: Tanner Beach Rd

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Name of person completing this form (please print) <i>Gil Hametta</i>	Official Title <i>Owner</i>
Signature <i>Gil Hametta</i>	Telephone No. <i>705 5382271</i> Date (dd-mm-yyyy) <i>26/05/2011</i>



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

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

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

Training Date (dd-mm-yyyy) May 8/10	Print Name of Training Provider: PTI Nasco
	Print Name of Instructor: Guy F Masscotti
Training Date (dd-mm-yyyy) May 8/10	Print Name of Training Provider: PTI Nasco
	Print Name of Instructor: Guy F Masscotti
Training Date (dd-mm-yyyy) May 8/10	Print Name of Training Provider: PTI Nasco
	Print Name of Instructor: Guy F Masscotti

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

Training Date (dd-mm-yyyy) same	Print Name of Training Provider: same
	Print Name of Instructor:
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) same	Print Name of Training Provider: same
	Print Name of Instructor:
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) <i>Guy Masscotti</i>	Official Title <i>Owner</i>
Signature <i>Guy Masscotti</i>	Telephone No. <i>705 538 2211</i> Date (dd-mm-yyyy) <i>26/05/2010</i>



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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mm-yyyy) May 2011	Print Name of Training Provider: PTI
	Print Name of Instructor: Guy F Mascotti (Nasco)
Target Date (dd-mm-yyyy) same	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) same	Print Name of Training Provider:
	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:

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

Target Date (dd-mm-yyyy) same	Print Name of Training Provider:
	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:

**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) <i>Gil Mascotti</i>	Official Title <i>Owner</i>
Signature <i>Gil Mascotti</i>	Telephone No. <i>705 538 2271</i> Date (dd-mm-yyyy) <i>26/05/2011</i>





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

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

5. Emergency Response Communications Plan

**Warnings and Actions**

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).

The attendant has the authority to shut down and is trained to use a fire extinguisher and alert the manager, who will phone 911

Contact Gil, Fire Dept, contractor, supplier

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).

Call Brian (Fire Chief) as per arial lot map schedule 'B'

alert automobiles or any possible ignition away from source

meeting 500m for leak - E #13923 S - 1879 Rosemount W - 14259 N - to beach

Evacuation for fire E - 13967 N - Beach W - Gervais A - 1790

**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).

When problem cannot be contained, when alerted sound the alarm on the security system and call 911

Find out which way the wind is going

Attendant will meet Fire Dept. at the corner of Hwy. 12 and Tanners Beach Rd.

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

Propane is shut down completely and an access key is available at the key compartment by the gas vents

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

By informing authorities of all conditions and changes and upgrades

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

3 - 5 minutes

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Name of person completing this form (please print)	Official Title	
<i>Gil Kametta</i>	<i>Owner</i>	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>[Signature]</i>	<i>705 535 2211</i>	<i>26/05/2011</i>



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

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

**6. Building and Site Security and Procedures**

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

**7. Water Supply**

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

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input 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>100m</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>1200m</u>	

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Name of person completing this form (please print) <i>Gil Lamotta</i>	Official Title <i>Owner</i>
Signature <i>Gil Lamotta</i>	Telephone No. <i>705 538 2221</i> Date (dd-mm-yyyy) <i>26/05/2011</i>



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

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

8. Licence holder and local Fire Services Review

**To be completed by the Local Fire Services**

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes

No



If not, please explain (e.g., no fire services).

**Fire services comments, if any:**

Recommend that siren and flashing light be installed to alert neighbors of an emergency.

Section "B" part C would like to review set procedures as listed and schedule of maintenance and testing activities.

Level 1 RSMP section "B" is very vague and hard to understand. Needs to be expanded on and answer what the section is asking for. Section "C" incorrect.

**To be completed by the Licence Holder**

In response to the above comments, the following action(s) is required:

Recommendation by security and alarm is to install a louder store and kiosk alarm to alert the local residence

We will be installing that as soon as it comes in

The licence holder will respond to the Local Fire Services comments by: May 1/11

(dd-mm-yyyy)

**LOCAL FIRE SERVICES**

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

Print name <i>BRAIN THOMAS</i> Local Fire Services Name	Signature <i>TAY FIRE CHIEF BT</i>	Date (dd-mm-yyyy) <i>28/09/11</i>
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Name of person completing this form (please print) <i>GIL KAMETTA</i>	Official Title <i>Owner</i>	
Signature <i>Gil Kametta</i>	Telephone No. <i>205 538 2001</i>	Date (dd-mm-yyyy) <i>26/09/11</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-mm-yyyy) <i>MAY 7, 2008</i>	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: <u>75' or 25m</u>	Right side property line: <u>25' or 8.5m</u>
Rear: <u>30' or 10m</u>	Left side property line: <u>30' or 10m</u>
GPS coordinates of single largest vessel: <u>LATITUDE 44.73265 LONGITUDE 79.732761</u> <i>AS PER ATTACHED</i>	

**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) <i>BIL KAMETHA</i>	Official Title <i>Owner</i>
Signature <i>[Signature]</i>	Telephone No. <i>705 535 2271</i> Date (dd-mm-yyyy) <i>26/09/11</i>



Technical Standards and Safety Authority  
www.issa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X 2X4  
Fax: 416.231.4903  
Customer Service: 1.877.682.8772

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

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

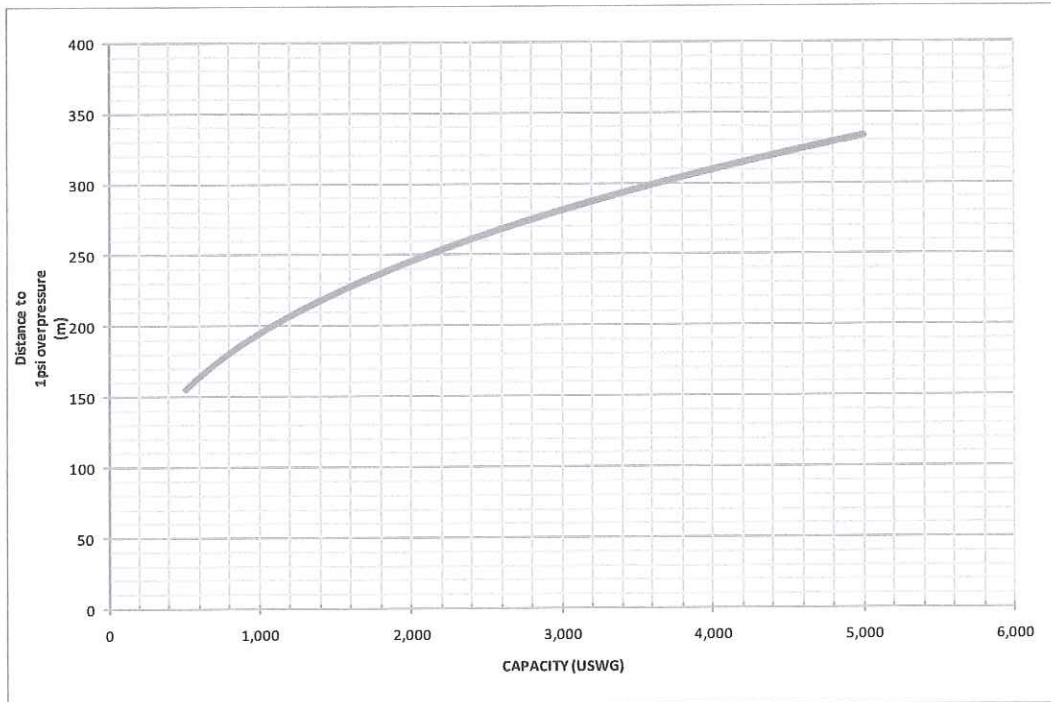
**Table 1: Distance Table**

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)**



**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) <i>Gil Kametta</i>	Official Title <i>Owner</i>
Signature <i>Gil Kametta</i>	Telephone No. <i>705 535 2011</i>   Date (dd-mm-yyyy) <i>26/05/2011</i>



Technical Standards and Safety Authority  
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14th Floor - Centre Tower  
3300 Bloor Street West  
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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>None</u> Address: _____ City: _____ Province _____ Postal Code _____					<u>N/A</u> m
[REDACTED]					<u>267</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Convenience store</u> Address: _____ City: _____ Province _____ Postal Code _____					<u>10</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____					<u>N/A</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____					<u>N/A</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>Fire Dept. Waubaushene 911</u> <u>2km</u> Address: <u>Ambulance Midland 911</u> <u>10km</u> City: <u>Police Midland 911</u> Province <u>10km</u> Postal Code _____					<u>2km</u> m

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

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Name of person completing this form (please print) <u>Gail Rametta</u>	Official Title <u>Owner</u>	
Signature <u>[Signature]</u>	Telephone No. <u>705 538 2271</u>	Date (dd-mm-yyyy) <u>28/09/2011</u>



Technical Standards and Safety Authority  
www.tssa.org

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3300 Bloor Street West  
Toronto Ontario M8X 2X4  
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**Level 1 Risk and Safety Management Plan (RSMP)**  
*Technical Standards and Safety Act*  
Propane Storage and Handling Regulation

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

Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	None	
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			

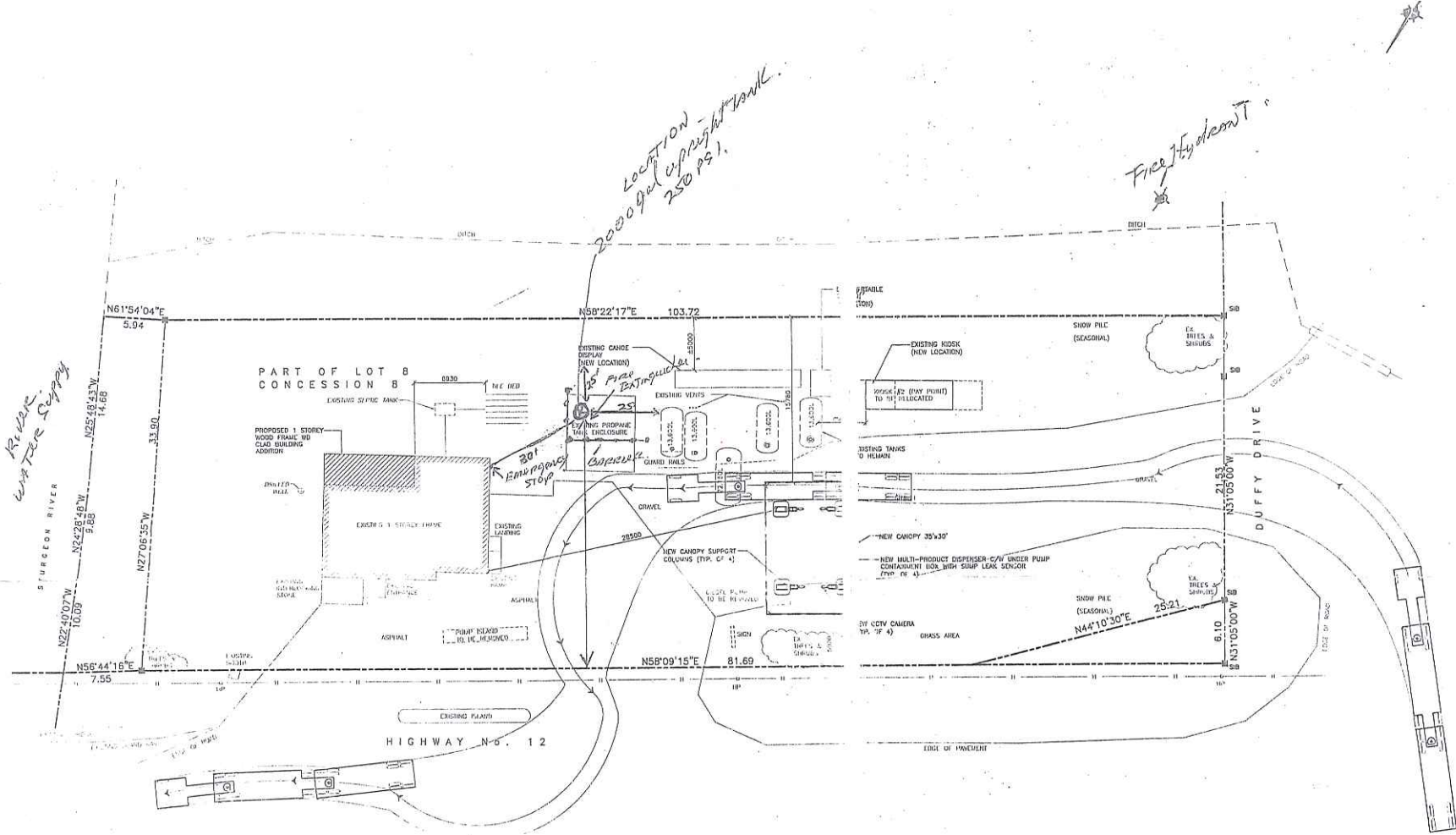
Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
	None	
<b>Total Tank Capacity</b>		

Total Cylinder Capacity		None
Total Tank Capacity	N/A	NONE
Total Portable Capacity		

**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) <i>Gil Kametta</i>	Official Title <i>Owner</i>	
Signature <i>Gil Kametta</i>	Telephone No. <i>7055382271</i>	Date (dd-mm-yyyy) <i>28/09/2011</i>



**KEY PLAN**  
 PART OF LOT 8  
 CONCESSION B  
 TOWNSHIP OF TAY  
 COUNTY OF SIMCOE

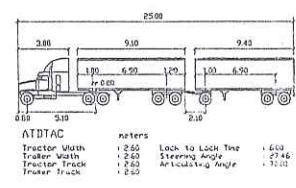
R165 HW  
 R161  
 WAUBAUSH  
 ONT LOK

- GENERAL NOTES:**
1. VERIFY ALL DIMENSIONS PRIOR TO CONSTRUCTION.
  2. DO NOT SCALE DRAWINGS.
  3. REPORT ALL OCCURRENCES OF ERRORS, OMISSIONS OR DISCREPANCIES TO THE ARCHITECT OR DESIGN ENGINEER AS APPLICABLE.
  4. USE ONLY LATEST REVISED DRAWINGS OR THOSE THAT ARE MARKED "ISSUED FOR CONSTRUCTION".
  5. DESIGN AND CONSTRUCTION OF THIS PROJECT SHALL COMPLY WITH THE PROVISIONS AND LOCAL BUILDING CODES LATEST EDITION.
  6. ALL WORDS AND MATERIALS USED SHALL COMPLY AS REQUIRED BY THE O.B.C. LATEST EDITION.
  7. THIS DRAWING SHALL BE READ IN CONJUNCTION WITH ALL RELEVANT DRAWINGS & SPECIFICATIONS.
  8. ALL DIMENSIONS SHOWN ARE IN METERS.
  9. EVERYTHING IS TO BE CONSIDERED NEW UNLESS NOTED OTHERWISE.
  10. ALL PETROLEUM EQUIPMENT INSTALLATIONS TO BE AS PER THE CANADIAN LIQUID FUELS HAZARD CODE LATEST EDITION.

**SITE STATISTIC INFORMATION**  
 BASED ON H.L. WELLS SURVEY DATED MAY 7, 2000

OWNER/APPALISER	SHELL CANADA PRODUCT LTD.
ZONING	XXXXXXX
SITE AREA	= 3,448.06m <sup>2</sup>
BUILDING COVERAGE	
EXISTING BUILDING	= 101.80m <sup>2</sup> (4,005)
ROOF #1	= 4.50m <sup>2</sup> (1,618)
ROOF #2 (TO BE REMOVED)	= 23.94m <sup>2</sup> (8,878)
NEW CANOPY	= 140.60m <sup>2</sup> (4,663)
BUILDING HEIGHT	
EXISTING BUILDING	= ---m
NEW CANOPY	= 6.00m
LANDSCAPE AREA	= ---m <sup>2</sup>
ASPHALT/CONC. AREA	= ---m <sup>2</sup>
PARKING SPACES	
TOTAL PARKING PROVIDED	= --- INCL 1 HC

ALL SITE FEATURES LOCATED AS PER MOST RECENT SURVEY DATED MAY 7, 2000 (H.L. WELLS SURVEY LIMITED) FILE-3783-2



4	17 SEP 08	REVISED AS PER CITY COMMENTS	
3	28 AUG 08	NOTE ADDED AT ROOF (PARKING ADULT)	
2	22 APR 08	NOTE ADDED	
1	13 MAY 08	ISSUED FOR CLIENT REVIEW	
0	21 APR 07	ISSUED FOR CLIENT REVIEW	

**J AND B ENGINEERING INC**  
 5734 Major Street, Unit 201, City of North York, Ontario, M2H 4T1, CANADA

**Shell Independent Operator**

**SITE PLAN**

HIGHWAY 12 & DUFFY DR.

File No.	007322	Date	17 APR 08
Drawn By	B.D.	Scale	1:200
Checked By	S.D.	Scale	1:200

Project: SHELL  
 P-200





To Beach  
500-1000 m



500 To #14249  
1000 To #Gervais

HIGHWAY 12 WEST

EAST 500 To #13923  
1000 To #13967

G.P.S. COORDINATES

Riverside Shell - 14165 Hwy 12

Hazard Distance Radius = 267 m

AN EVACUATION: 500 m  
1000 m

ROSEMOUNT ROAD  
See map to 1977  
revised to 1990