



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

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 style="text-align: center; font-size: small;">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>Licence Number <span style="background-color: yellow;">0076600139-C</span></p> <p>Check applicable type of propane operations.</p> <p> <input checked="" type="checkbox"/> Cylinder                <input type="checkbox"/> Motor Fill                <input type="checkbox"/> Filling Plant                <input type="checkbox"/> Card/Keylock         </p> <p style="font-size: x-small;">Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p style="text-align: center; font-weight: bold;">For Office Use Only</p> <div style="background-color: black; width: 100%; height: 100%; min-height: 100px;"></div>
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**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.

<b>A</b>	Company Name <b>DUBIEN'S GENERAL STORE LTD</b>	Ontario Corporation No., if applicable
	Operator Name (if different from above)	
	Telephone No. <b>705-363-2100</b>	Fax No. <b>705-363-3028</b>
	E-mail <b>DUBIENS@EXPLO.NET.CA</b>	
<b>B</b>	Street No. <b>16495</b>	Street Name / 911 Number / Address, if applicable <b>HIGHWAY 101 EAST</b>
	Town / City or Township / County <b>CONNAUGHT</b>	Province <b>ONT</b>
		Postal Code <b>P0N 1A0</b>
<b>C</b>	Mailing address if different from above.	
	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**

<b>D</b>	Location of facility.	Nearest Major Intersection
	Street No. <b>16495</b>	Street Name / 911 Number / Address, if applicable <b>HIGHWAY 101 EAST</b>
	Town / City or Township / County <b>CONNAUGHT, ONT</b>	Province <b>ONT</b>
		Postal Code <b>P0N 1A0</b>

Name of Licence Holder <b>DUBIENS GENERAL STORE</b>	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). <b>ANDRE LAUZIERE</b>	ROT type <b>PPO-3</b>
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) <b>TIMMINS</b>	
Hours of operation. <div style="background-color: black; width: 100%; height: 50px;"></div>	

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	Printname <b>ANDRE LAUZIERE</b>	Signature 	Date (dd-mm-yyyy) <b>25/10/11</b>
Name of Senior Management person as defined in the Regulation holding the Record of Training	Printname <b>ANDRE LAUZIERE</b>	Signature 	Date (dd-mm-yyyy) <b>25/10/11</b>



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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. \_\_\_\_\_

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

	PSIG	Serial Number
Tank 1:	250 PSIG	176-16
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: 500 USWG      Portable: 69.6 USWG      Mobile: N/A

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Name of person completing this form (please print) MARK BASARABA	Official Title MANAGER	
Signature 	Telephone No. 705 360 3755	Date (dd-mmm-yyyy) 25-04-2017



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

<b>Name of Propane Supplier(s)</b> NASCO PROPANE LTD			For Office Use - Party No.	
Street No. 290	Street Name / 911 Number / Address, if applicable RAILWAY STREET			
Town / City or Township / Country TIMMINS			Province ONTARIO	Postal Code P0N 1A0
Telephone No. 705 264 5213	Fax No. 705 264 6979	Contact Name MARK BASARABA		
E-mail MARK@NASCOPROPANE.COM				

<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.	
N/A		N/A		
Street No. N/A	Street Name / 911 Number / Address, if applicable N/A			
Town / City or Township / Country N/A			Province N/A	Postal Code N/A
Telephone No. N/A	Fax No. N/A	Contact Name N/A		

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

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Name of person completing this form (please print) MARK BASARABA		Official Title MANAGER	
Signature 		Telephone No. 705 360 3755	Date (dd-mmm-yyyy) 25-04-2017



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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.

1 - TANK 22,700 REGULAR GAS  
1 - TANK 22,700 PREMIUM GAS  
1 - TANK 22,700 DIESEL  
1 - TANK 2100 DYED DIESEL

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

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.

NONE

Maintenance and testing schedule for fire protection controls and devices.

DELWITE FIRE EXTINGUISHER SERVICES YEARLY INSPECTION

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Name of person completing this form (please print) <b>ANDRE LAVIERRE</b>	Official Title <b>PROPRIETARY</b>
Signature 	Telephone No. <b>705-363-2100</b> Date (dd-mm-yyyy) <b>25/10/14</b>



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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 <b>ANDRE LAUZIERE</b>		For Office Use - Party No.		Name <b>ANDRE LAUZIERE</b>		For Office Use - Party No.	
Official Title <b>OWNER</b>				Official Title <b>OWNER</b>			
Telephone No. <b>705-363-2327</b>		Fax No. <b>705-363-3328</b>		Cell No. <b>705-360-3968</b>		Fax No. <b>705-363-3328</b>	
E-mail				E-mail			
Role and responsibilities in emergency				Role and responsibilities in emergency			
<b>2. Facility Contact Personnel - Alternate Contact</b>				<b>6. Name of Facility Manager</b>			
Name <b>PAT LAUZIERE</b>		For Office Use - Party No.		Name <b>ANDRE LAUZIERE</b>		For Office Use - Party No.	
Official Title <b>OWNER</b>				Official Title <b>OWNER</b>			
Telephone No. <b>705-363-2327</b>		Fax No. <b>705-363-3328</b>		Telephone No. <b>705-363-2327</b>		Fax No. <b>705-363-3328</b>	
E-mail				E-mail			
Role and responsibilities in emergency				Role and responsibilities in emergency			
<b>3. Local Fire Services - Key Contact</b>				<b>7. Propane Supplier Key Contact Person</b>			
Name <b>MIKE PINTAR</b>		For Office Use - Party No.		Name <b>GRANT PROPANE</b>		For Office Use - Party No.	
Official Title <b>CHIEF</b>		E-mail		Official Title <b>DISTRIBUTOR</b>		E-mail	
Telephone No. <b>705-360-2626</b>		Fax No.		Telephone No. <b>1-800-563-8794</b>		Fax No.	
Role and responsibilities in emergency				Role and responsibilities in emergency			
Fire Services Address				Propane Supplier Address <b>251 GREY RD NEWLISKEGARD</b>			
<b>4. Local Fire Services - Alternate Contact</b>				<b>8. Municipal Contact</b>			
Name		For Office Use - Party No.		Name <b>JANET RONNE</b>		For Office Use - Party No.	
Official Title		E-mail		Official Title <b>MANAGER OF PLANNING</b>			
Telephone No.		Fax No.		Telephone No. <b>705-360-2600, 3370</b>		Fax No.	
Role and responsibilities in emergency				E-mail			
Fire Services Address				Municipality Name and Address <b>CITY OF TIMMINS 220 ALGONQUINE</b>			

**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) <b>ANDRE LAUZIERE</b>		Official Title <b>PRESIDENT</b>	
Signature 		Telephone No. <b>705 363 2100</b>	Date (dd-mm-yyyy) <b>25/10/11</b>



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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.

TURN OFF EMERGENCY SWITCH  
IF POSSIBLE TURN OFF TANK  
IF EMERGENCY SHUT OFF MAIN POWER IN BUILDING  
CALL 911  
CALL OWNER  
E. VACUATE STORE AND PROPERTY  
MAKE SURE ALL VEHICLES ARE NOT RUNNING

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Name of person completing this form (please print) <b>ANDRE LAUZIERE</b>	Official Title <b>PRESIDENT</b>
Signature 	Telephone No. <b>705 363 2180</b>
	Date (dd-mm-yyyy) <b>25/10/11</b>



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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): 20-09-2009	Print Name of Training Provider: Print Name of Instructor: ANN LAUZIERE
Training Date (dd-mm-yyyy): 19-04-2011	Print Name of Training Provider: Print Name of Instructor: ANDY LAUZIERE
Training Date (dd-mm-yyyy): 26-09-2011	Print Name of Training Provider: Print Name of Instructor: ANDY LAUZIERE

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

Training Date (dd-mm-yyyy): 20/09/2009	Print Name of Training Provider: Print Name of Instructor: ANDY LAUZIERE
Training Date (dd-mm-yyyy): 15-10-2009	Print Name of Training Provider: Print Name of Instructor: ANDY LAUZIERE
Training Date (dd-mm-yyyy): 26-09-2011	Print Name of Training Provider: Print Name of Instructor: ANDY LAUZIERE

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

Training Date (dd-mm-yyyy): 30-12-2009	Print Name of Training Provider: GRANT PROPANE Print Name of Instructor: BEN POTVIN
Training Date (dd-mm-yyyy): 15-10-2010	Print Name of Training Provider: GRANT PROPANE Print Name of Instructor: BEN POTVIN
Training Date (dd-mm-yyyy): 30-12-2009	Print Name of Training Provider: GRANT PROPANE Print Name of Instructor: BEN POTVIN

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Name of person completing this form (please print) ANDRE LAUZIERE	Official Title PRESIDENT
Signature 	Telephone No. 705 363 2100
	Date (dd-mm-yyyy) 25/10/11



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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)	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:

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

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:
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) 17-10-2011	Print Name of Training Provider: GRANT PROPANE
	Print Name of Instructor: BEN POTVIN
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:

ALL PROPANE ATTENDANTS ARE TRAINED AND LICENSED BY GRANT PROPANE WHEN HIRED

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) ANDRÉ LAUZIERA.	Official Title PRESIDENT
Signature 	Telephone No. 705-363-2100
	Date (dd-mm-yyyy) 25/10/11





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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).

RURAL

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).

ANDRE LAUZIERE WILL TAKE CHARGE

**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).

CASHIER WILL CALL 911 IMMEDIATELY  
TWO STAFF PRESENT AT ALL TIMES

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

OWNER LIVES CLOSE BY

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

INFORMATION TO BE PROVIDED AS REQUESTED

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

LESS THAN 5 MINS

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Name of person completing this form (please print)	Official Title
ANDRE LAUZIERE	RESIDENT
Signature	Telephone No. Date (dd-mm-yyyy)
	705-363-2160 25/10/11



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**Level 1 Risk and Safety Management Plan (RSMP)**  
*Technical Standards and Safety Act*  
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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 type="checkbox"/>            | <input checked="" 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 checked="" 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 type="checkbox"/> | <input checked="" 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>30 Ft Well 9m</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>150 meters</u>        |                                     |

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Name of person completing this form (please print) <b>ANDREW KAUZIERE</b>	Official Title <b>PRESIDENT</b>	
Signature 	Telephone No. <b>705-363 2152</b>	Date (dd-mm-yyyy) <b>25/10/15</b>



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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.

<b>TIMMINS FIRE DEPT</b> Local Fire Services Name	Print name <b>MIKE PINTAR</b>	Signature <i>[Signature]</i>	Date (dd-mm-yyyy) <b>21/10/11</b>
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Name of person completing this form (please print) <b>ANDRÉ LAUZIERE</b>	Official Title <b>PRESIDENT</b>	
Signature <i>[Signature]</i>	Telephone No. <b>705-363-2158</b>	Date (dd-mm-yyyy) <b>35/10/11</b>



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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) 16-10-2011	Capacity of single largest propane storage vessel (USWG) 500 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 110'	Right side property line: 354.20'
Rear: 691.77'	Left side property line: 334.82'
GPS coordinates of single largest vessel: 48'324162N-80533024W	

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Name of person completing this form (please print) MARK BASARABA	Official Title MANAGER
Signature 	Telephone No. 705 360 3755
	Date (dd-mmm-yyyy) 25-04-2017



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

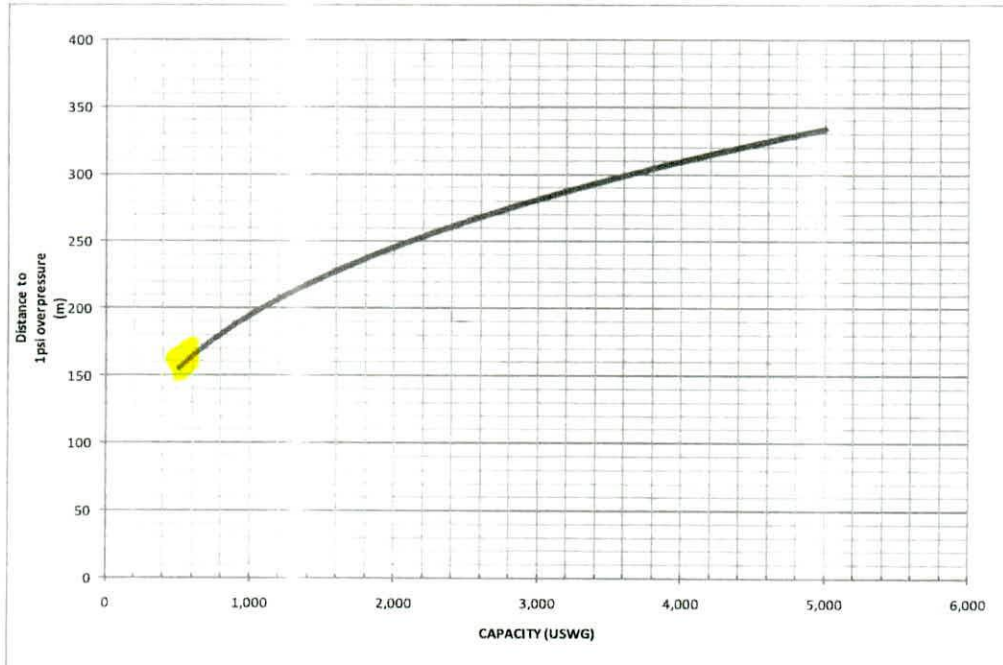
Table 1: Distance Table

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  
 345 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
 Fax: 416.231.4078  
 Customer Service: 1.877.682.8772  
 www.tssa.org

**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: _____ Address: _____ City: _____ Province _____ Postal Code _____		X			<u>17.27</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: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ 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) <b>MARK BASARABA</b>	Official Title <b>MANAGER</b>
Signature 	Telephone No. <b>705 360 3755</b>
	Date (dd-mmm-yyyy) <b>25-04-2017</b>



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**WORKSHEET**

**Portable Storage Additional Information Worksheet**

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	N/A	N/A
# 100	29.5	N/A	N/A
# 40	11.75	N/A	N/A
# 33.3	9.62	N/A	N/A
# 30	8.8	N/A	N/A
# 20	5.8	12	69.6
# 10	2.9	N/A	N/A
# 5	1.5	N/A	N/A
<b>Total Cylinder Capacity</b>			

**Tanks Stored On-site Not Connected for Use**

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

<b>Total Cylinder Capacity</b>	69.60
<b>Total Tank Capacity</b>	N/A
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	69.60



Google earth







Google earth

feet  
meters

1000

500



Google earth

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Image © 2011 DigitalGlobe

CIRCLE = 195 METERS

GPS CO-ORDINATES - 48° 32' 41.65" N  
80° 53' 31.22" W

MUNICIPALITY  
CITY OF TIMMINIS

MUNICIPAL CONTACT

JANET RONNE

MANAGER OF PLANNING

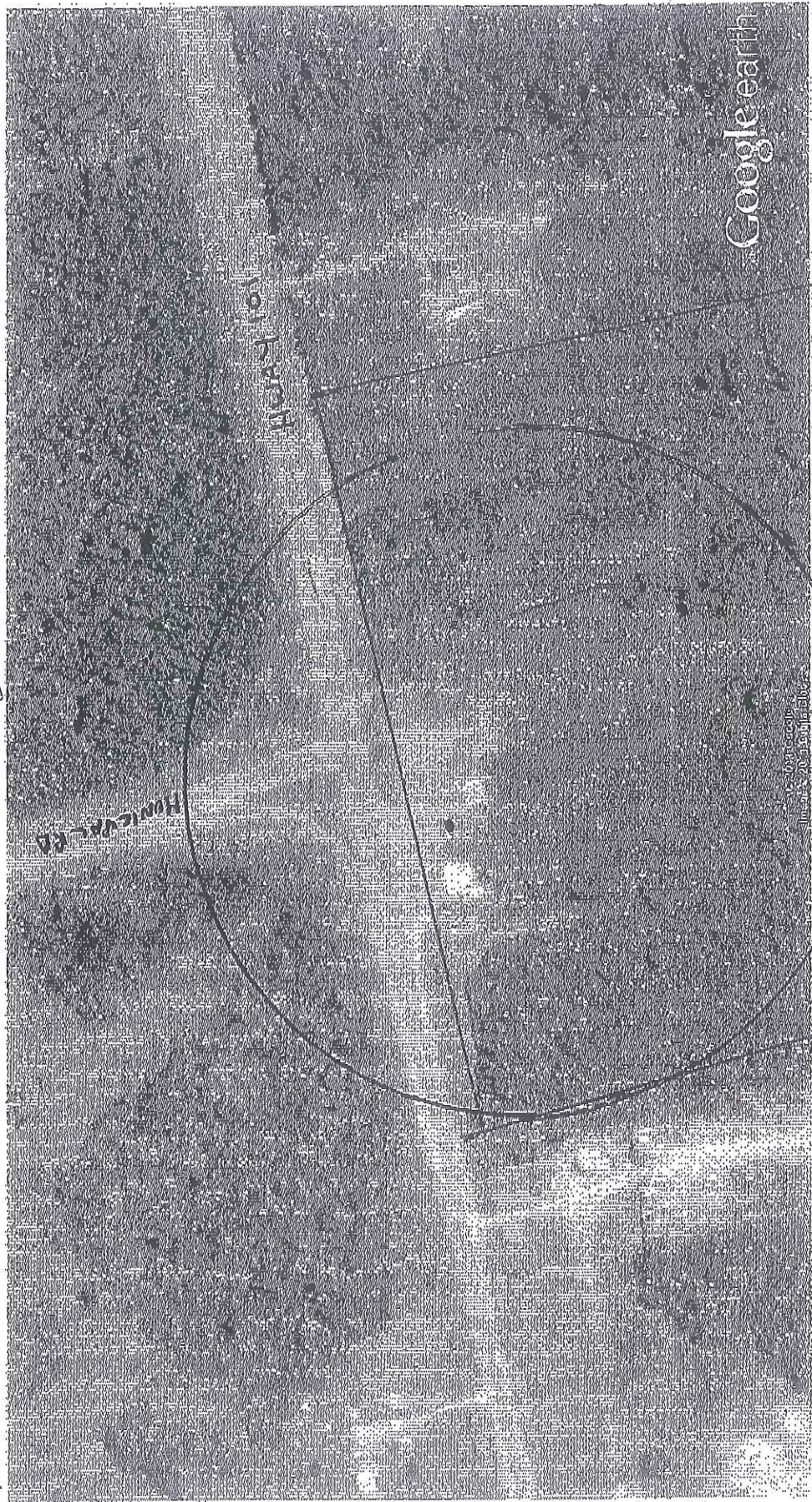
CITY OF TIMMINIS

220 ALGONQUIN BLVD E

TIMMINIS, ONT P4N 1B3

705-360-2600 EXT 3340

TANK SETBACK COORDINATES: 500 USWG  
 FRONT - 110' RIGHT SIDE - 354.20  
 REAR - 691.77 LEFT SIDE - 334.82 GPS



Property Line

1000 feet  
 500 meters

Google earth

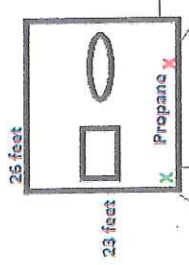
Google earth

MUNICIPALITY  
 CITY OF TIMMINS

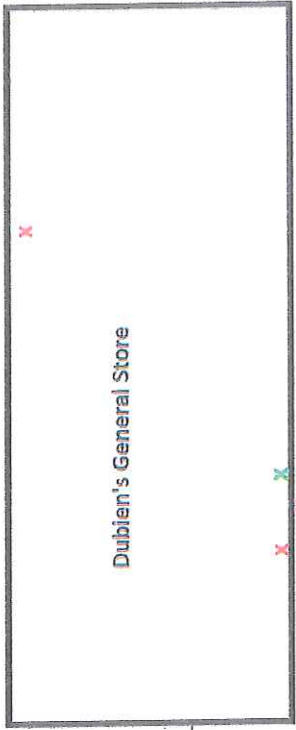
CIRCLE = 195 METERS

GPS CO-ORDINATES - 48° 32' 41.65" N  
 80° 53' 31.22" W

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 TIMMINS, ONT P4N 1B3  
 705-360-2600 EXT 3340



Dubien's General Store



57 ft

88 ft

48 ft

40 ft



Dubien's General Store  
16495 Highway 101 East  
Timmins, ON  
Site Plan

Located on 60 Acres

X = Fire Extinguishers  
X = Emergency Stop