



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 0034283001-C

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.

For Office Use Only



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 Barny Servicecentre LTD. Ontario Corporation No., if applicable _____

Operator Name (if different from above) Barny Klages

Telephone No. 519 376-5215 Fax No. 519 376-9225 E-mail NONE

B Street No. RR4 Street Name / 911 Number / Address, if applicable Hwy 6 + Grey Rd. 18 Rockford

Town / City or Township / County Owen Sound Province ONT. Postal Code N4K 5N6

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

Location of facility.

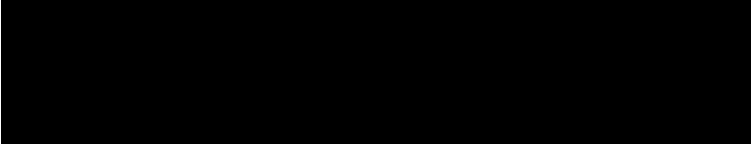
D Street No. RR4 Street Name / 911 Number / Address, if applicable OWEN SOUND Nearest Major Intersection 6+10 Highway County Rd 18

Town / City or Township / County TOWNSHIP OF GEORIGAN BLUFFS Province ON. Postal Code N4K 5N6

Name of Licence Holder Leslie MacLeod BARRY KLAGES

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Leslie MacLeod ROT type KPO3

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Georgian Bluffs

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.

Name of Licence Holder	Signature	Date (dd-mm-yyyy)
<u>Leslie MacLeod</u>	<u>Leslie MacLeod</u>	<u>12 11 2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training		
<u>Leslie MacLeod</u>	<u>Leslie MacLeod</u>	<u>12 11 2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

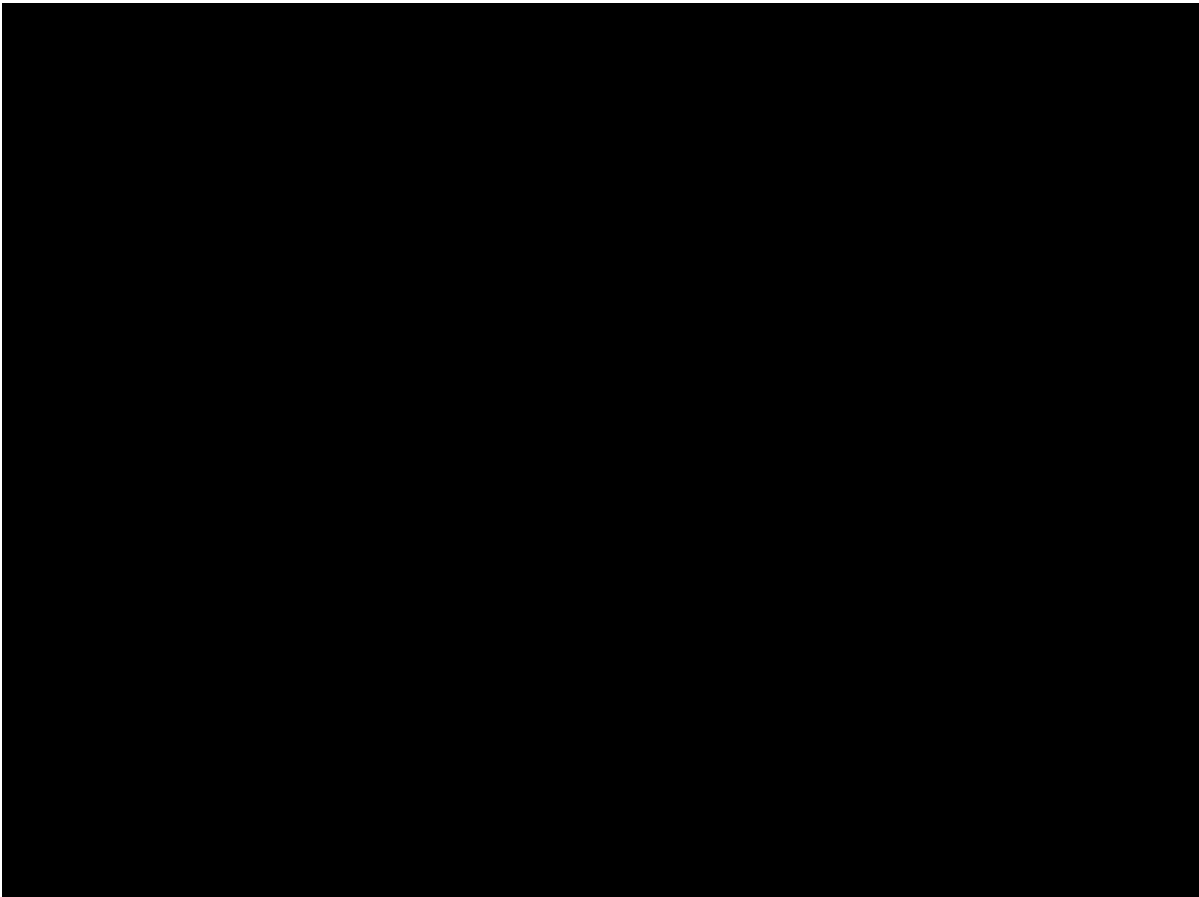
Indicate the year the facility was established. JUNE 1989 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank1:	<u>250</u>	<u>7174</u>
Tank2:	<u>N/A</u>	
Tank3:	<u>N/A</u>	

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 USWG Portable: N/A Mobile: N/A



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Name of person completing this form (please print) <u>Leslie MacLeod</u>	Official Title <u>Secretary-Treasurer</u>	
Signature <u>Leslie MacLeod</u>	Telephone No. <u>519 376-5242</u>	Date (dd-mm-yyyy) <u>12 11 2011</u>



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

Name of Propane Supplier(s) <i>SUPERIOR PROPANE</i>		For Office Use - Party No. [REDACTED]	
Street No.	Street Name / 911 Number / Address, if applicable <i>718020 HWY 6 N.</i>		
Town / City or Township / Country <i>OWEN SOUND</i>		Province <i>ONT</i>	Postal Code <i>N4K 5P5</i>
Telephone No. <i>187 SUPERIOR</i>	Fax No.	Contact Name <i>WAYNE SPAHR</i>	
E-mail <i>spahrw@superiorpropane.com</i>			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No. [REDACTED]	
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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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.

MOTOR FUEL - GASOLINE MAX 101,735 ltrs
MOTOR FUEL - DIESEL MAX 14,972 ltrs.
MOTOR OIL + RELATED PRODUCTS.

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

FIRE EXTINGUISHER @ DISPENSER
FIRE EXTINGUISHER IN STORE
SECURITY ALARM SYSTEM

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

FUSIBLE LINK ON 15C SHUT OFF @ DISPENSER
SECURITY ALARM SYSTEM
OWNERS LIVE NEXT DOOR

Maintenance and testing schedule for fire protection controls and devices.

MONTHLY
QUARTERLY INSPECTION ON FIRE EX.
PROPANE EQUIPMENT AS PER SUPERIORS MAINTENANCE SCHEDULE

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Name of person completing this form (please print) Leslie MacLeod	Official Title Secretary - Treasure	
Signature Leslie MacLeod	Telephone No. 519 376-5242	Date (dd-mm-yyyy) 12 11 2011



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name <i>Leslie MacLeod</i>	For Office Use - Party No.	Name <i>Scott Spence</i>	For Office Use - Party No.
Official Title <i>Secretary-Treasurer</i>		Official Title <i>site operator</i>	
Telephone No. <i>519 376-5242</i>	Fax No.	Cell No. <i>226-668-3831</i>	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency <i>owner call contacts</i>		Role and responsibilities in emergency <i>manger call contacts</i>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>Scott Spence</i>	For Office Use - Party No.	Name <i>Leslie MacLeod</i>	For Office Use - Party No.
Official Title <i>Secretary-Treasurer</i>		Official Title <i>Secretary-Treasurer</i>	
Telephone No. <i>519 376-5237</i>	Fax No.	Telephone No. <i>519 376-5237</i>	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency <i>manger call contacts</i>		Role and responsibilities in emergency <i>owner call contacts</i>	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>WAYNE TRIMBLE</i>	For Office Use - Party No.	Name <i>WAYNE SPAMR</i>	For Office Use - Party No.
Official Title <i>Chief Fire Prevention</i>	E-mail <i>wayne.trimble.itel@bellnet.ca</i>	Official Title <i>MANAGER</i>	E-mail <i>spahrw@superiorpropane.com</i>
Telephone No. <i>519-376-9933</i>	Fax No. <i>519-376-9933</i>	Telephone No. <i>519 373 6050</i>	Fax No.
Role and responsibilities in emergency <i>Awareness of site.</i>		Role and responsibilities in emergency <i>NOTIFY EMERGENCY RESPONSE TEAM (LPG)</i>	
Fire Services Address <i>180 12th St W Owen Sound, ON, N4K 3V2</i>		Propane Supplier Address <i>718020 Hwy 6 N, OWEN SOUND ONT.</i>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>Carl Linthorne</i>	For Office Use - Party No.	Name <i>Bruce Hoffman</i>	
Official Title <i>Fire chief</i>	E-mail	Official Title <i>Clerk of township</i>	
Telephone No. <i>519 376-9933</i>	Fax No. <i>519 376-9933</i>	Telephone No. <i>519 376-2729</i>	Fax No. <i>519 372-1620</i>
Role and responsibilities in emergency		E-mail <i>b.hoffman@georgianbluffs.on.ca</i>	
Fire Services Address <i>180 12th St W Owen Sound N4K 3V2</i>		Municipality Name and Address <i>177964 Grey Road 18 RR#4 Owen Sound N4K 5N6</i>	

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Signature <i>Leslie MacLeod</i>	Telephone No. <i>519 376-5242</i>
	Date (dd-mm-yyyy) <i>12 11 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 Evacuation Plan
Barry Servicentre LTD Propane Facility
AT
RR# 4 Owen Sound N4K 5N6

Purpose: to identify the steps for responding to fire or emergency:

Responsibility: All employees are responsible for following the Emergency Evacuation Plan;

Procedure: In the event a small fire is determined to be extinguishable, make sure the events unfold in the following sequence:

1. activate the fire alarm system before attempting to fight the fire.
2. press one of the emergency stop buttons below main tank.
3. CALL 9-1-1.
4. attempts to extinguish the fire. If it is safe to do so. Keep yourself between the fire and the nearest exit.

Evacuation Procedures:

In the event a small fire cannot be extinguished with the use of a portable fire extinguisher or the smoke presents a hazard to the fire fighting operations or the emergency cannot be safely handled, evacuate the building and dispenser area in the following way.

1. activate the fire alarm system.
2. press one of the emergency stop located below main tank.
3. Building fire close the door to the area to confine any fire.
- 4 call 9-1-1.
5. evacuate all personal to Petro-Canada signs and away from all emergency vehicles.

(Back)

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Signature Leslie MacLeod	Telephone No. 519 376-5242
	Date (dd-mm-yyyy) 12 11 2011



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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)	Print Name of Training Provider: FSN Training
	Print Name of Instructor: Bill Brown
Training Date (dd-mm-yyyy)	Print Name of Training Provider: Bill Brown
62-10-2011	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)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider: None
	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)	Print Name of Training Provider:
None	Print Name of Instructor: Please Note
Training Date (dd-mm-yyyy)	Print Name of Training Provider: ROT is valid
	Print Name of Instructor: for 3 years
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) Leslie MacLeod	Official Title Secretary - Treasure
Signature Leslie MacLeod	Telephone No. 519 376-5242
	Date (dd-mm-yyyy) 20 11 2011



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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: Superior or alternate to be arranged	Please note: Canadian propane gas association is currently developing the course content and it and its provider should be available
	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:	to teach in the fourth quarter of this year.
	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)	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:	

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Signature Leslie MacLeod	Telephone No. 519 376-5242 Date (dd-mm-yyyy) 12 11 2011



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Fill out.

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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).

*- employee will give warning to the fire DEPARTMENT (911 - POLICE + FIRE)
- NOTIFY ALL PROPERTIES WITHIN DANGER ZONE BY PHONE OR W PERSON IF NECESSARY*

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).

SUPERVISOR ON DUTY TO IMPLEMENT EVACUATION PLAN

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).

CALL 911

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

N/A

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

ON SITE ASSISTANCE

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

30 SECONDS.

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

Name of person completing this form (please print)		Official Title	
Signature <i>Leslie Maxwell</i>		Telephone No. <i>519 376 5242</i>	Date (dd-mm-yyyy) <i>21 11 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/> N/A
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)	N/A.	
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)	750 mtrs APPROX	

2-1 to Grey Roots Hydrant system.

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Signature <i>Leslie MacLeod</i>	Telephone No. <i>519 376-5242</i>	Date (dd-mm-yyyy) <i>12 11 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
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 <i>INTER-TOWNSHIP FIRE DEPARTMENT</i>	Signature <i>[Signature]</i>	Date (dd-mm-yyyy) <i>Nov 21/11</i>
Local Fire Services Name		

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Name of person completing this form (please print) <i>LESLIE MAC LEOD</i>	Official Title <i>Secretary - Treasure</i>
Signature <i>Leslie MacLeod</i>	Telephone No. <i>519-376-5212</i>
	Date (dd-mm-yyyy) <i>20 12 2011</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)	Capacity of single largest propane storage vessel (USWG)
20-11-2011	2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 95' - 28.9	Right side property line: 100' - 30.4
Rear: 55' - 16.7	Left side property line: 300' - 91.4
GPS coordinates of single largest vessel: N 44° 31.463' W 80° 55.101'	
44 x 523919 x 80.918121	

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Leslie MacLeod	Secretary - Treasure	
Signature	Telephone No.	Date (dd-mm-yyyy)
Leslie MacLeod	519 376-5242	12 11 2011



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SECTION C: SUBMISSIONS (cont'd)

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

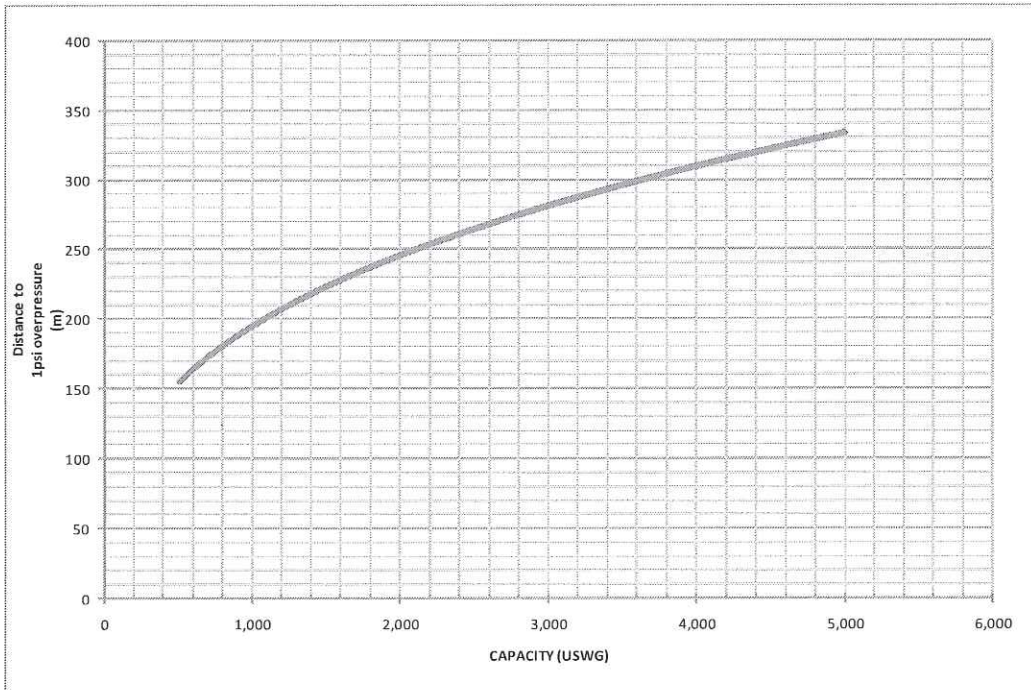
Table 1: Distance Table

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

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

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

Hazard Distance Chart (EPA-TNT model)





Technical Standards and Safety Authority
www.tssa.org

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

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 _____ <i>N/A</i>	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted] Name: _____ Address: _____ City: _____ Province _____ Postal Code _____			X		<u>53.5</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>BARRY'S SERVICE CENTRE</u> Address: <u>317758 RR#4</u> City: <u>OWEN SOUND</u> Province <u>ONT</u> Postal Code <u>N4K 5N6</u>			X		<u>14.5</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 _____ <i>N/A</i>	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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

Name of person completing this form (please print) <u>Leslie MacLeod</u>	Official Title <u>Secretary-Treasurer</u>	
Signature <u>Leslie MacLeod</u>	Telephone No. <u>519 376-5242</u>	Date (dd-mm-yyyy) <u>12 11 2011</u>



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WORKSHEET

Portable Storage Additional Information Worksheet

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

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	
Total Tank Capacity	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	

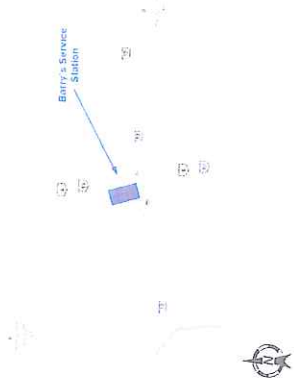


2000 USVMS
Propane Tank

Underground Tanks
Regular Gasoline - 1 x 45,836 L
Super Gasoline - 1x 10,953 L
Diesel - 1 x 14,972 L



Key Plan:



Notes:

1. Tank distances to property lines:
2. Fire Extinguisher
3. Egress/Fire Access Route:
Site has egress/access points along County Road 5 and Highway 6 & 10
4. E-Stop

Property Line	Setbacks	Distance
North		96.1 m
South		28.2 m
East		18.8 m
West (Front)		27.6 m

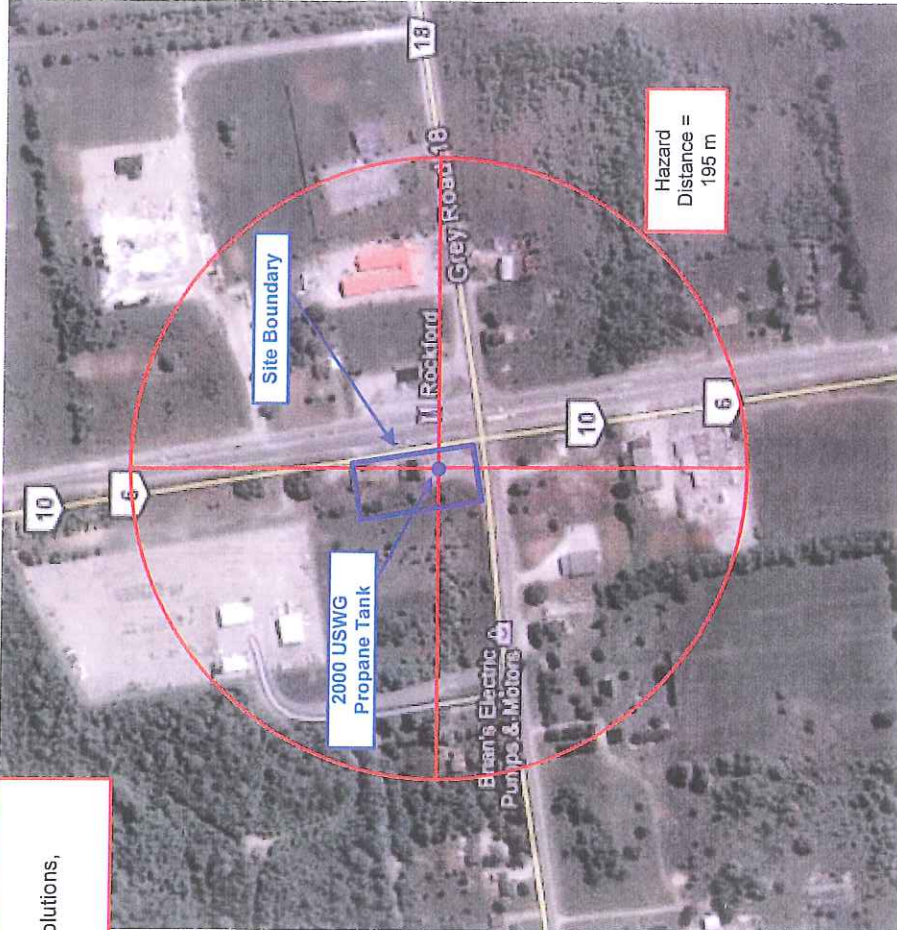
FSN Training & Development

Site Plan
Barry's Service Center
317758 Highway 6, RR#4, Owen Sound, ON N4K 5N6

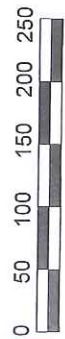
Legal Description
LOT 10 CON 1 former Ditty Township, Georgian Bluffs

Drawn by: Laura Willis	Checked by:
Date: November 11, 2011	Rev 0

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 Map data ©2011 Google, Tele Atlas



Scale (m):



<p>Setback Distances to Site Boundary North: 96.1 m East: 27.6 m South: 28.2 m West: 18.9 m</p>	<p>Municipality (ies) within the 1 psi overpressure circle: Township of Georgian Bluffs</p>	<p>Map of Surrounding Area</p>
<p>Capacity of Propane Storage Tank Capacity of Propane Storage Tank = 2000 USWG</p>	<p>Municipal Contact: Bruce Hoffman Clerk, Township of Georgian Bluffs 177964 Grey Road 18, RR#3, Owen Sound, ON, N4K 5N5 Tel: 519-376-2729 ext. 224 Fax: 519-372-1620 email: bhoffman@georgianbluffs.on.ca</p>	<p>Barry's Service Center 317758 Highway 6, RR#4, Owen Sound, ON, N4K 5N6 Legal Description LOT 10 CON 1 former Dirby Township, Georgian Bluffs</p>
<p>GPS Co-ordinates of Propane Storage Tank: GPS Co-ordinates = 44.523919,-80.918121</p>		<p>Drawn by: Laura Willis Date: November 11, 2011</p>
<p>Circular Distance to 1 psi overpressure: Denoted by circle centred on tank; radial distance = 246 m</p>		