



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.

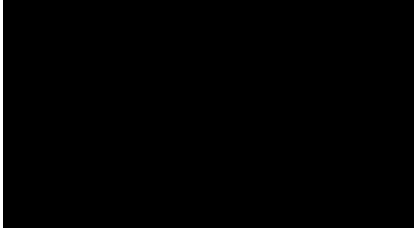
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 76644857

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 Accurcast Inc. Ontario Corporation No., if applicable _____

Operator Name (if different from above) _____

Telephone No. (519)627-2227 x 241 Fax No. (519)627-2235 E-mail ijeffer@accurcast.com

B Street No. 333 Street Name / 911 Number / Address, if applicable Arnold Road

Town / City or Township / County Wallaceburg Province ON Postal Code N8A 3P3

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. 333 Street Name / 911 Number / Address, if applicable Arnold Road Nearest Major Intersection Hwy. 40 / Dufferin Ave.

Town / City or Township / County Wallaceburg Province ON Postal Code N8A 3P3

Name of Licence Holder Ian Jeffs on behalf of Accurcast Inc.

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Stan Marchalewicz ROT type 400.04

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Chatham-Kent

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	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>Ian Jeffs</u>		<u>02-06-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Stan Marchalewicz</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

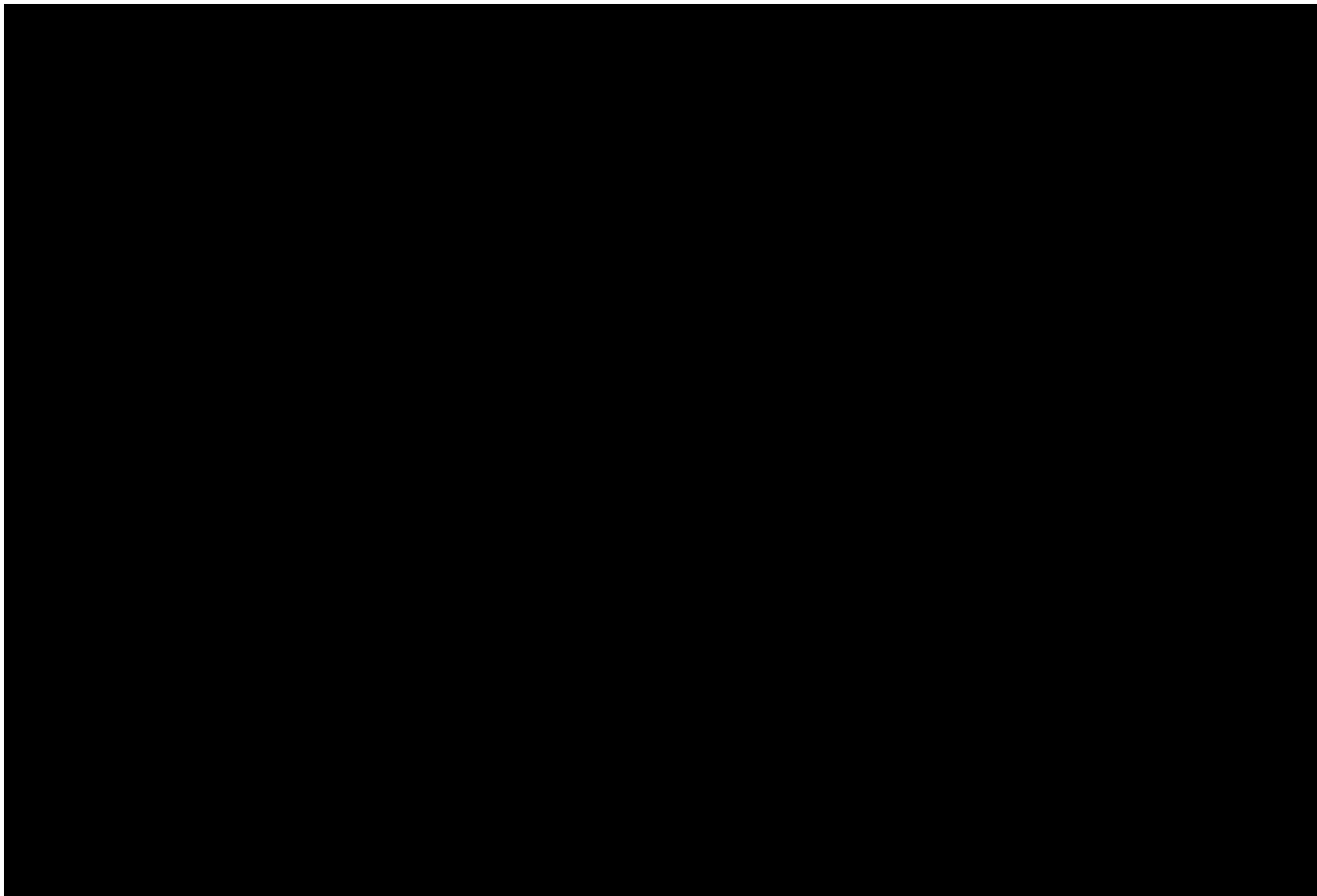
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
unknown 1999 None

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

	PSIG	Serial Number
Tank 1:	250 PSIG	5563626
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: 1000 USWG Portable: 370 USWG Mobile: 0



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Name of person completing this form (please print) Ian Jeffs	Official Title Maintenance Manager	
Signature 	Telephone No. (519)627-2227 x 241	Date (dd-mm-yyyy) 02-06-2011



Technical Standards and Safety Authority
 345 Carlingview Drive
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 propaneLICensing@tssa.org
 www.tssa.org

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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) Superior General Partner Inc. o/a Superior Propane		For Office Use - Party No.	
Street No. 251	Street Name / 911 Number / Address, if applicable Woodlawn Road West, Unit 271		
Town / City or Township / Country Guelph		Province Ontario	Postal Code N1H 8J1
Telephone No. 416-527-3551	Fax No.	Contact Name Tom Duncan, General Manager	
E-mail Tom_Duncan@SuperiorPropane.com			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
Superior General Partner Inc. o/a Superior Propane			
Street No. 7652	Street Name / 911 Number / Address, if applicable Queens Line Highway		
Town / City or Township / Country Chatham		Province Ontario	Postal Code N7M 5J5
Telephone No.	Fax No.	Contact Name Mac Sutherland, Market Manager	
E-mail sutherlm@SuperiorPropane.com			

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) Fred Bowers	Official Title Maintenance Supervisor	
Signature 	Telephone No. (519) 627-2227 ext 241	Date (dd-mmm-yyyy) 15-03-2018



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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.

Acetylene - 3 bottles stored in Bottle Storage area.

Magnesium - 1 ton stored in Melter Room (2) south east corner.

Various small amounts of paints and thinners stored in Stockroom fire proof cabinet.

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

Fire Extinguisher Type - ABC Dry Chemical and D (75+ units located throughout the facility).

Fire Hoses located in the Shipping and Production area.

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.

1. Fusible link on ISC valve - isolation valve between the tank and the downstream propane dispensing equipment.
2. Emergency stop push button - mounted on a post near the propane tank. This shuts down the pump and closes a solenoid valve upstream of hoses.
3. Power supply breaker inside the gas bar building. This cuts all power to the propane system - shuts down pump; closes solenoid valve.
4. Sprinkler system located in the Office area (north east corner).

Maintenance and testing schedule for fire protection controls and devices.

Maintenance and testing is undertaken by Superior Propane according to Superior Propane's Maintenance Standard. Schedule for key equipment is:

1. Pumps (Pump every 3 months; Pump Motor: check belts monthly; grease motor every 6 months)
2. ISC Valves (test for closure every 6 months)
3. Storage tank Relief Valves - inspect every 2 years; replacement schedule as per provincial regulations.

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Signature 	Telephone No. (519)627-2227 x 241	Date (dd-mm-yyyy) 02-06-2011



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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>GREG MURPHY</i>	For Office Use - Party No.	Name <i>GREG MURPHY</i>	For Office Use - Party No.
Official Title Maintenance Manager		Official Title Maintenance Manager	
Telephone No. (519)627-2227 x 241	Fax No. (519)627-2235	Cell No. (519)627-2227 x 241	Fax No. (519)627-2235
E-mail <i>gmurphy@accurcast.com</i>		E-mail <i>gmurphy@accurcast.com</i>	
Role and responsibilities in emergency Coordinate site response		Role and responsibilities in emergency Coordinate site response	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Jeff McLaughlin	For Office Use - Party No.	Name Stan Marchalewicz	For Office Use - Party No.
Official Title Accurcast Inc Employee		Official Title Plant Manager	
Telephone No. (519)627-2227 x 212	Fax No. (519)627-2235	Telephone No. (519)627-2227 x 216	Fax No. (519)627-2235
E-mail <i>jmclaughlin@accurcast.com</i>		E-mail <i>smarchalewicz@accurcast.com</i>	
Role and responsibilities in emergency Coordinate site response if agent unavailable.		Role and responsibilities in emergency Coordinate site response	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Bob Crawford	For Office Use - Party No.	Name Superior Propane Hotline	For Office Use - Party No.
Official Title Fire Chief		Official Title	
Telephone No. 519-436-3270 x 3400	Fax No. 519-352-8620	Telephone No. 1-877-873-7467	Fax No.
E-mail <i>bobc@chatham.kent.ca</i>		E-mail	
Role and responsibilities in emergency Coordinate/advise on Chatham-Kent Fire Service response. Liaise with police.		Role and responsibilities in emergency Identify and dispatch Superior Propane and or LPERGC emergency response personnel as required.	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Ray Stone	For Office Use - Party No.	Name Don Burgess	For Office Use - Party No.
Official Title Fire Prevention Officer		Official Title Building Inspector	
Telephone No. 519-436-3270	Fax No. 519-352-8620	Telephone No. (519)627-1603	Fax No. (519)627-1212
E-mail <i>rays@chatham-kent.ca</i>		E-mail <i>dburgess@chatham-kent.ca</i>	
Role and responsibilities in emergency Alternate - Coordinate/advise on Chatham-Kent Fire Service Response. Liaise with police.		Municipality Chatham-Kent	

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Name of person completing this form (please print) <i>GREG MURPHY</i>	Official Title Maintenance Manager
Signature <i>Greg Murphy</i>	Telephone No. (519)627-2227 x 241
	Date (dd-mm-yyyy) <i>26-07-2011</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 Shut Off push button to shut down pump and close solenoid valve upstream of dispensing hoses.

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Signature 	Telephone No. (519)627-2227 x 241	Date (dd-mm-yyyy) 02-06-2011



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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: None
	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:

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

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:
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: Propane Training Institute	Please Note: a ROT is valid for 3 years
30/04/2010	Print Name of Instructor: unknown	
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)	Official Title	
Ian Jeffs	Maintenance Manager	
Signature	Telephone No.	Date (dd-mm-yyyy)
	(519)627-2227 x 241	02-06-2011



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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) Q4 - 2011	Print Name of Training Provider: Superior Propane or Other	Please Note - The course content is currently being developed by the TSSA with the intention that it and its provider will be able to deliver this training in the fourth quarter of this year
	Print Name of Instructor: to be arranged	
Target Date (dd-mm-yyyy) TBA	Print Name of Training Provider:	its provider will be able to deliver this training 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:	

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

Target Date (dd-mm-yyyy) Q4 - 2011	Print Name of Training Provider: Key Site Contact to train Staff
	Print Name of Instructor: to be arranged
Target Date (dd-mm-yyyy) TBA	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) as required	Print Name of Training Provider: Superior Propane, FSN, or Other	Please Note - a ROT is valid for 3 years
	Print Name of Instructor: to be arranged as required	
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) Ian Jeffs	Official Title Maintenance Manager
Signature 	Telephone No. (519)627-2227 x 241
	Date (dd-mm-yyyy) 02-06-2011



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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.

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 operator or alternate (both ROT staff) will contact emergency services by calling 911 and will provide warning outlined in the attached "Propane Emergency Response Procedures" (to be posted at the site and be part of the employee training). If it is safe to do so this could involve advising neighbors to evacuate. The owner/operator may also contact Superior Propane via the emergency number identified in the ERP.

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).
The owner/operator or alternate should first follow the actions in the ERP's provided herein. Staged evacuation, if the release of propane cannot be stopped by cutting electrical power may be required. Initial muster location will be away from the site, along Arnold Road, at least 80 m from the site, and away from any dispersing propane cloud. Subsequent evacuation instructions potentially up to the Hazard Distance to be provided by municipal emergency responders.

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 the system is operational, a ROT person will be on duty and be in the propane tank area. This person will be able to visually ascertain any abnormal/accident events and implement ER actions including notifying emergency responders. When the system is not in operation, the ISC valve (main isolation valve) is closed, and the propane system is unattended but shutdown. Any accidents involving the propane tank during such times will require the intervention of random, nearby individuals or staff.

Describe provisions for fire department entry when there are no operations or staffing at the propane site.
The propane tank system is located in a wide open area that is easily accessible from Arnold Street.
These fire access routes are identified in the attached site plan.

THE PROPANE TANK IS WITHIN A GATED AND LOCKED YARD AFTER HOURS; THE FIRE DEPARTMENT HAS A KEY TO GAIN ENTRY.

Describe how the licence holder will ensure continual flow of updated information to authorities.
The critical information required from the license holder is information on how to shut the system down and the fill level in the tank (if known).
This information will be provided either verbally, if staff are on site, or by cell phone during off hours.
Fill level is relevant from a time-to-BLEVE perspective (a near empty tank will BLEVE sooner than a full tank if there is fire impingement on the tank).

How long will it take the facility liaison person to respond to the site.
Approximately 5 minutes, after having received the emergency call.

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Name of person completing this form (please print) <i>GREG MURPHY</i>	Official Title Maintenance Manager
Signature <i>Greg Murphy</i>	Telephone No. (519)627-2227 x 241
	Date (dd-mm-yyyy) <i>26-07-2011</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>Reclm'd H2O - 20m</u>	
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only)	<u>N/A</u>	

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Signature 	Telephone No. (519)627-2227 x 241	Date (dd-mm-yyyy) 02-06-2011



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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:

1. Want a photo of the tank and shutoff included as part of the plan.
2. Want MSDS sheets for Magnesium and Acetylene attached to the plan.
3. Change contact to Clerk's information on map of surrounding area and under "Municipal Contact on page 5.
4. Page 4 "Maintenance & Testing"- Include test, check & inspect schedules for "fire extinguishers" as identified in the fire code "attached to the package"

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 Local Fire Services Name RAY STONE	Signature <i>R. Stone</i>	Date (dd-mm-yyyy) 16-6-2011
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Name of person completing this form (please print) GREG MURPHY	Official Title MAINTENANCE MANAGER	
Signature <i>Greg Murphy</i>	Telephone No. 519-627-2227/24	Date (dd-mm-yyyy) 26-07-2011



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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) 10-01-2011	Capacity of single largest propane storage vessel (USWG) 1000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 260 ft.	Right side property line: 473 ft.
Rear: 225 ft.	Left side property line: 144 ft.
GPS coordinates of single largest vessel: Lat. 42.586, Long. -82.4026	

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SECTION C: SUBMISSIONS (cont'd)

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

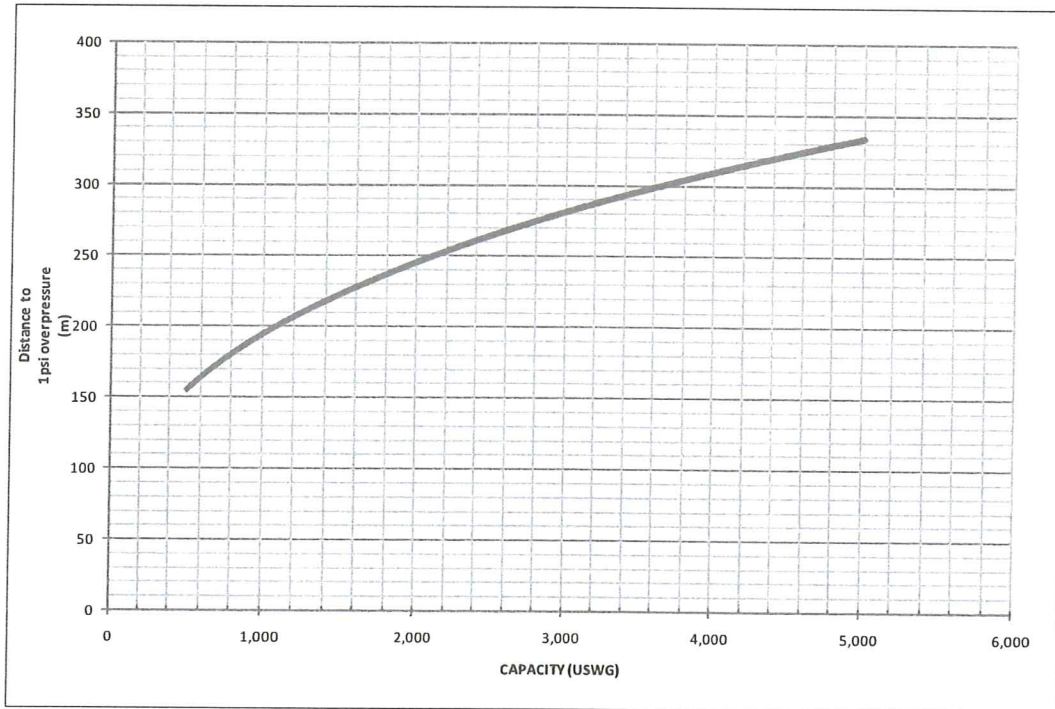
Table 1: Distance Table

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)



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) Nothing completed on this page.	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X2X4
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: <u>FIVE STAR TOOL & DIE</u> Address: <u>375 ARNOLD ST.</u> City: <u>WALLACEBURG.</u> Province <u>ONT.</u> Postal Code <u>N8A 3P3</u>		X			<u>95</u> 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				_____ 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) <u>Greg Murphy</u>	Official Title Maintenance Manager	
Signature <u>Greg Murphy</u>	Telephone No. (519)627-2227 x 241	Date (dd-mm-yyyy) <u>26-07-2011</u>



Technical Standards and Safety Authority
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3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
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Level 1 Risk and Safety Management Plan (RSMP)
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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	12	177 USWG
# 40	11.75		
# 33.3	9.62	40	193 USWG
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity 370 USWG			

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
None		
Total Tank Capacity		

Total Cylinder Capacity	370 USWG
Total Tank Capacity	0
Total Portable Capacity	370 USWG

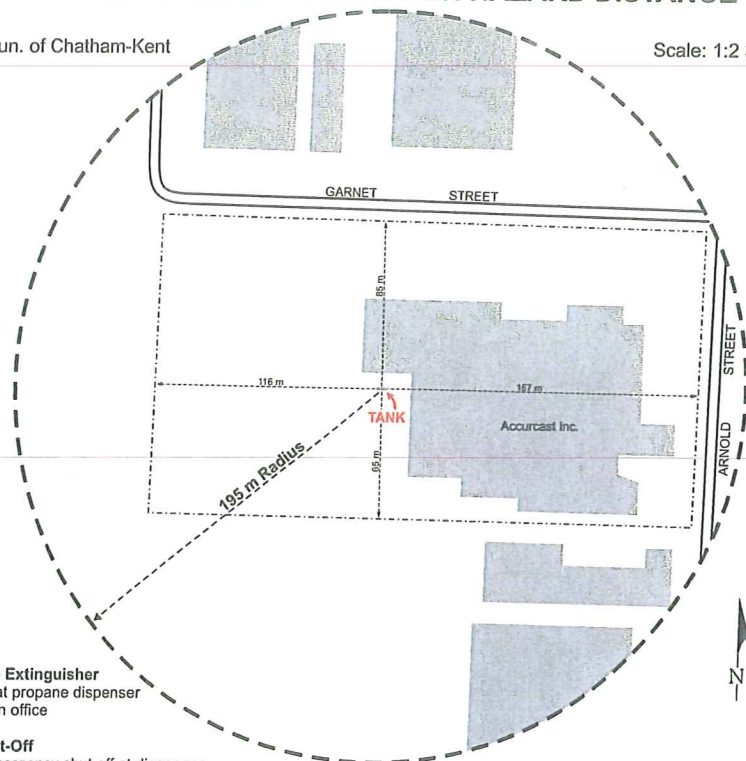
Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Name of person completing this form (please print) GREG MURPHY	Official Title Maintenance Manager
Signature <i>Greg Murphy</i>	Telephone No. (519)627-2227 x 241
	Date (dd-mm-yyyy) 26-07-2011

Risk and Safety Management Plan
**Area Map Showing
 PUBLIC RECEPTORS WITHIN HAZARD DISTANCE**

Mun. of Chatham-Kent

Scale: 1:2 380



- Fire Extinguisher**
- 1 at propane dispenser
 - 1 in office

- Shut-Off**
- Emergency shut-off at dispenser
 - Power shut-off in office

LEGEND	
	Industrial Building
	Road
	Property Boundary

Municipal Contact
 Don Burgess, Building Inspector
 Municipality of Chatham-Kent
 Telephone: 519-627-1603
 Email: dburgess@chatham-kent.ca

GPS Coordinates
 42.5860 N, -82.4026 W

Nominal Water Capacity (USWG)	Distance to Endpoint (m)
500	155
1000	195
1,300	213
1,750	235
1,885	241
2,000	246
5,000	333

KennKart Digital Mapping ©2011

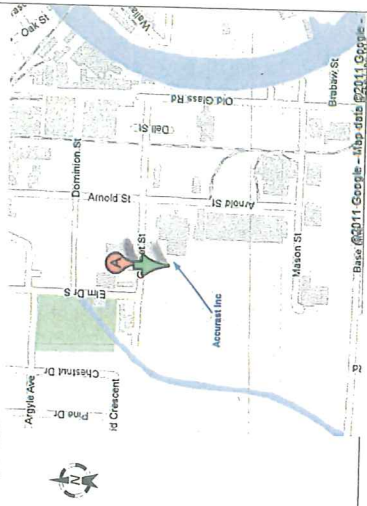
Superior Propane Inc. ©2011

Accurcast Inc.

333 Arnold Street, Wallaceburg, Ontario, Canada, N8A 3P3

Plan of Survey of all of Lots 6, 7, 8, 9, 10, & 11 And Part of Lot 5, Registered Plan No. 366
 And Part of Lot 5, Registered Plan No. 366 And Part of Block 'B', Registered Plan No. 414
 In the Town of Wallaceburg, County of Kent

Key Plan:



Notes:

1. Tank distances to property lines:

Property Line Setbacks	Distance
East (Right Side)	473 ft
South (Front Side)	260 ft
West (Left Side)	144 ft
North (Back Side)	225 ft

2. Fire Extinguisher

3. Egress/Fire Access Route:

Site Has 3 different gates to access the tank

4. E-Stop

Superior Propane Ltd.

Site Plan
 Accurast Inc
 333 Arnold Road, Wallaceburg, On, N8A 3P3

Title:

Lots 6,7,8,9,10 & 11

And Part of

Lot S, Registered Plan 366

And Part of BLOCK "B", Registered Plan no. 414

In the TOWN OF WALLACEBURG

County of KENT

Drawn by: L. Forget

Checked by: C. Britskley

Date: May 17, 2011

Rev 0

