



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

2nd Copy

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>Licence Number: <u>0076546894-C</u></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>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p>For Office Use Only</p> <div style="background-color: black; width: 100px; height: 100px; margin: 10px;"></div>
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Oct 23

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 <u>A PAWDASH LAKE MARINA LTD</u>		Ontario Corporation No., if applicable <u>583908</u>
Operator Name (if different from above)		
Telephone No. <u>613 339 2600</u>	Fax No. <u>613 339 1960</u>	E-mail Address <u>marina@pawdashlakemarina.com</u>
Street Name, Lot / Concession No. <u>B 1320 MCGILLIVRAY ROAD LOT 23 CON 7</u>		
Town / City or Township / County <u>BANCROFT HIGHLANDS EAST</u>	Province <u>ONTARIO</u>	Postal Code <u>K0L 1C0</u>
Mailing address if different from above.		
C Street No. Street Name, Lot / Concession No.		
Town / City or Township / County Province Postal Code		

Information on Container Refill Centre or Filling Plant			
Location of facility.			
Street No. <u>D 1320</u>	Street Name, Lot / Concession No. <u>MCGILLIVRAY ROAD LOT 23 CON 7</u>	Nearest major intersection <u>HWY 28</u>	
Town / City or Township / County <u>BANCROFT HIGHLANDS EAST</u>	Province <u>ONTARIO</u>	Postal Code <u>K0L 1C0</u>	

Name of Licence Holder <u>ROD COPLAND</u>	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). <u>TYREEN COPLAND</u>	ROT type <u>PPO-3</u>
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) <u>HIGHLANDS EAST</u>	
Hours of operation. <div style="background-color: black; width: 100%; height: 40px;"></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 <u>ROD COPLAND</u>	Signature 	Date (US-mm-yyyy) <u>11-07-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>TYREEN COPLAND</u>		<u>11-07-2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 1999 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. N/A


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

	PSIG	Serial Number
Tank 1:	<u>215</u>	<u>881064</u>
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 Portable: 0 N/A Mobile: 0 N/A

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>TYLEEN COPLANA</u>		Official Title <u>OWNER</u>
Signature 		Telephone No. <u>613 339 2600</u>
		Date (dd-mm-yyyy) <u>11-07-2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) CASEY'S PROPANE		For Office Use - Party No.	
Street No. 835	Street Name Lot / Concession No. HIGHWAY 7 EAST		
Town / City or Township / Country PETERBOROUGH		Province ONTARIO	Postal Code K9J 6X9
Telephone No. 800-252-1526	Fax No.	Contact Name CASEY BOLLERING	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No.	
Street No.	Street Name Lot / Concession No.		
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 Lot / Concession No.		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

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

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) TYLEEN COBLAND	Official Title OWNER
Signature 	Telephone No. 613-339-2600
	Date (dd-mm-yyyy) 11-07-2011



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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.

FUEL 15,000 LITRES GASOLINE
AV GAS 4,500 LITRES AIRPLANE AV GAS 100 LL

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

FIRE EXTINGUISHERS
EMERGENCY SHUT OFF SWITCH

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.

FIRE EXTINGUISHERS
EMERGENCY SHUT OFF SWITCH
FUSIBLE LINK - MELTS SHUTS OFF SUPPLY OF PROPANE. IN EVENT OF FIRE

Maintenance and testing schedule for fire protection controls and devices.

MONTHLY INSPECTION OF FIRE EXTINGUISHERS
ANNUAL TESTING

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Name of person completing this form (please print) TYLEEN COPELAND	Official Title OWNER
Signature 	Telephone No. 613-339-2600
	Date (dd-mm-yyyy) 11-07-2011



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact Name <u>ROD COPLAND</u> For Office Use - Party No. Official Title <u>OWNER</u> Telephone No. <u>613 339-2600</u> Fax No. <u>613 339 1960</u> E-mail <u>marina@pavdashlakemarina.com</u> Role and responsibilities in emergency <u>- CONTACT 911 - DIRECT PEOPLE TO EMERG. EVACUATION AREA</u> <u>- CONTACT PROPANE SUPPLIER</u>		5. Facility 24-Hour Contact Person Name <u>ROD OR TYLEEN COPLAND</u> For Office Use - Party No. Official Title <u>OWNERS</u> Cell No. <u>613-339-2600</u> Fax No. <u>613 339 2600</u> E-mail <u>marina@pavdashlakemarina.com</u> Role and responsibilities in emergency <u>- CONTACT 911</u> <u>- CONTACT PROPANE SUPPLIER</u>	
2. Facility Contact Personnel - Alternate Contact Name <u>TYLEEN COPLAND</u> For Office Use - Party No. Official Title <u>OWNER</u> Telephone No. <u>613 339 2600</u> Fax No. <u>613-339 1960</u> E-mail <u>marina@pavdashlakemarina.com</u> Role and responsibilities in emergency <u>- CONTACT 911</u> <u>- DIRECT PEOPLE TO EMERG. EVACUATION AREA</u>		6. Name of Facility Manager Name <u>ROD OR TYLEEN COPLAND</u> For Office Use - Party No. Official Title <u>OWNERS</u> Telephone No. <u>613-339-2600</u> Fax No. <u>613-339-1960</u> E-mail <u>marina@pavdashlakemarina.com</u> Role and responsibilities in emergency <u>- CONTACT 911</u> <u>- DIRECT PEOPLE TO EMERG. EVACUATION AREA</u>	
3. Local Fire Services - Key Contact Name <u>BILL WINGROVE</u> For Office Use - Party No. Official Title <u>STATION COMMANDER (CHIEF)</u> Telephone No. <u>705 448 2440</u> Fax No. <u>613-339-3234</u> E-mail <u>bwingrove@highlandscast.ca</u> Role and responsibilities in emergency <u>protect persons & property</u>		7. Propane Supplier Key Contact Person Name <u>CASEY BOLLERING</u> For Office Use - Party No. Official Title <u>OWNER</u> Telephone No. <u>800-252-1526</u> Fax No. E-mail Role and responsibilities in emergency <u>AVAILABLE TO TALK TO FIRE DEPARTMENT AND ANSWER QUESTIONS.</u>	
4. Local Fire Services - Alternate Contact Name <u>BILL WINGROVE</u> For Office Use - Party No. Official Title <u>STATION COMMANDER</u> Telephone No. <u>705-448-2440</u> Fax No. <u>705-448-1027</u> E-mail Role and responsibilities in emergency <u>FIRE DISPATCH 705-385-9797</u>		8. Municipal Contact Name <u>JOAN McCAULAND</u> For Office Use - Party No. Official Title <u>RECEPTION</u> Telephone No. <u>705-448-2981</u> Fax No. <u>705-448-1027</u> E-mail Municipality <u>HIGHLANDS EAST</u>	

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Name of person completing this form (please print) <u>TYLEEN COPLAND</u>	Official Title <u>OWNER</u>
Signature 	Telephone No. <u>613-339-2600</u> Date (dd-mm-yyyy) <u>11-07-2011</u>



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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.

UPPER PARKING LOT WILL BE USED AS THE EMERGENCY
EVACUATION AREA - LOCATED ABOVE THE MAIN BUILDING

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>Tyler Leonard</i>		Official Title <i>owner</i>
Signature <i>[Signature]</i>		Date (dd-mm-yyyy) <i>11-07-2011</i>
		Telephone No. <i>613-339-2600</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) 11-07-2011	Print Name of Training Provider: CASEYS PROPANE... CASEY BOLLERING
	Print Name of Instructor: ROD
Training Date (dd-mm-yyyy) 11-07-2011	Print Name of Training Provider: CASEYS PROPANE... CASEY BOLLERING
	Print Name of Instructor: TYLEEN
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) 11-07-2011	Print Name of Training Provider: CASEYS PROPANE - CASEY BOLLERING
	Print Name of Instructor: ROD
Training Date (dd-mm-yyyy) 11-07-2011	Print Name of Training Provider: CASEYS PROPANE - CASEY BOLLERING
	Print Name of Instructor: TYLEEN
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) 11-07-2011	Print Name of Training Provider: CASEY PROPANE - CASEY BOLLERING
	Print Name of Instructor: ROD
Training Date (dd-mm-yyyy) 11-07-2011	Print Name of Training Provider: CASEY PROPANE - CASEY BOLLERING
	Print Name of Instructor: TYLEEN
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

ALL EMPLOYEES OF PANDASH LAKE MARINA LTD
HAVE BEEN TRAINED IN EMERGENCY PROCEDURES

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) TYLEEN COLEMAN	Official Title OWNER
Signature 	Telephone No. 613-339-2600
	Date (dd-mm-yyyy) 11-07-2011



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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) <i>01-05-2012</i>	Print Name of Training Provider: <i>CASEY PROPANE - CASEY BOILERING</i>
	Print Name of Instructor: <i>ROD</i>
Target Date (dd-mm-yyyy) <i>01-05-2012</i>	Print Name of Training Provider: <i>CASEY PROPANE - CASEY BOILERING</i>
	Print Name of Instructor: <i>TYLEEN</i>
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) <i>01-05-2012</i>	Print Name of Training Provider: <i>CASEY PROPANE - CASEY BOILERING</i>
	Print Name of Instructor: <i>ROD</i>
Target Date (dd-mm-yyyy) <i>01-05-2012</i>	Print Name of Training Provider: <i>CASEY PROPANE - CASEY BOILERING</i>
	Print Name of Instructor: <i>TYLEEN</i>
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) <i>01-05-2012</i>	Print Name of Training Provider: <i>CASEY PROPANE - CASEY BOILERING</i>
	Print Name of Instructor: <i>ROD</i>
Target Date (dd-mm-yyyy) <i>01-05-2012</i>	Print Name of Training Provider: <i>CASEY PROPANE - CASEY BOILERING</i>
	Print Name of Instructor: <i>TYLEEN</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

*ALL EMPLOYEES OF PANDASH LAKE MARINA LTD
WILL BE TRAINED IN EMERGENCY PROCEDURES
BY 01-05-2012.*

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Name of person completing this form (please print) <i>TYLEEN COLLARD</i>		Official Title <i>owner</i>
Signature 	Telephone No. <i>613-339-2600</i>	Date (dd-mm-yyyy) <i>11-07-2011</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.

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).

EMPLOYEES OF PARDASH LAKE MARINA LTD WILL CALL OUT IMMEDIATELY TO BOATERS / CUSTOMERS TO STAY CLEAR OF DOCKS
EMPLOYEES OF PARDASH LAKE MARINA LTD WILL BLOCK PARKING LOT ENTRANCE

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).

EMPLOYEES OF PARDASH LAKE MARINA LTD WILL DIRECT CUSTOMERS TO THE EMERGENCY EVACUATION AREA LOCATED IN THE UPPER PARKING LOT.

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).

EMPLOYEES OF PARDASH LAKE MARINA WILL MAKE THE CALL TO 911 AND THEN PROCEED TO THE EMERGENCY EVACUATION AREA. AN EMPLOYEE WILL MEET THE EMERGENCY RESPONSE PERSONNEL AT THE ENTRANCE OF DRIVENWAY

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

24 HR ACCESS.

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

GIVE ANY CHANGES ON A YEARLY BASIS TO AUTHORITIES.

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

OWNERS OF PARDASH LAKE MARINA LTD WORK AND LIVE ON SITE

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) TYLEEN CORNARD		Official Title OWNER
Signature 	Telephone No. 613-339-2600	Date (dd-mm-yyyy) 11-07-2011



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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.

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 checked="" 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 checked="" 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>34.5 m</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>34.5 m</u> |

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Name of person completing this form (please print) <i>Tyler Coplan</i>	Official Title <i>owner</i>	
Signature <i>[Signature]</i>	Telephone No. <i>613 339-2600</i>	Date (dd-mm-yyyy) <i>11-07-2011</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.

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.

Local Fire Services Name	Print name <i>BILL WINGROVE</i>	Signature <i>[Signature]</i>	Date (dd-mm-yyyy) <i>25/07/11</i>
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Name of person completing this form, (please print) <i>TYLEEN COLLARD</i>	Official Title <i>owner</i>
Signature <i>[Signature]</i>	Telephone No. <i>613-339-2600</i>
	Date (dd-mm-yyyy) <i>11-07-2011</i>



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SECTION C: SUBMISSIONS (cont'd)

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>01-06-2011</i>	Capacity of single largest propane storage vessel (USWG) <i>1000</i>
Tank setback coordinates. Indicate placement on the map.	
Front: <i>173'</i>	Right side property line: <i>481'</i>
Rear: <i>160'</i>	Left side property line: <i>127'</i>
GPS coordinates of single largest vessel: <i>44°51'30.64N 78°02'14.05W</i>	

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Name of person completing this form (please print) <i>TYLLEN COPLAN</i>	Official Title <i>OWNER</i>
Signature 	Telephone No. <i>613-339-2600</i> Date (dd-mm-yyyy) <i>11-07-2011</i>



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Propane Storage and Handling Regulation

SECTION C: SUBMISSIONS (cont'd)

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

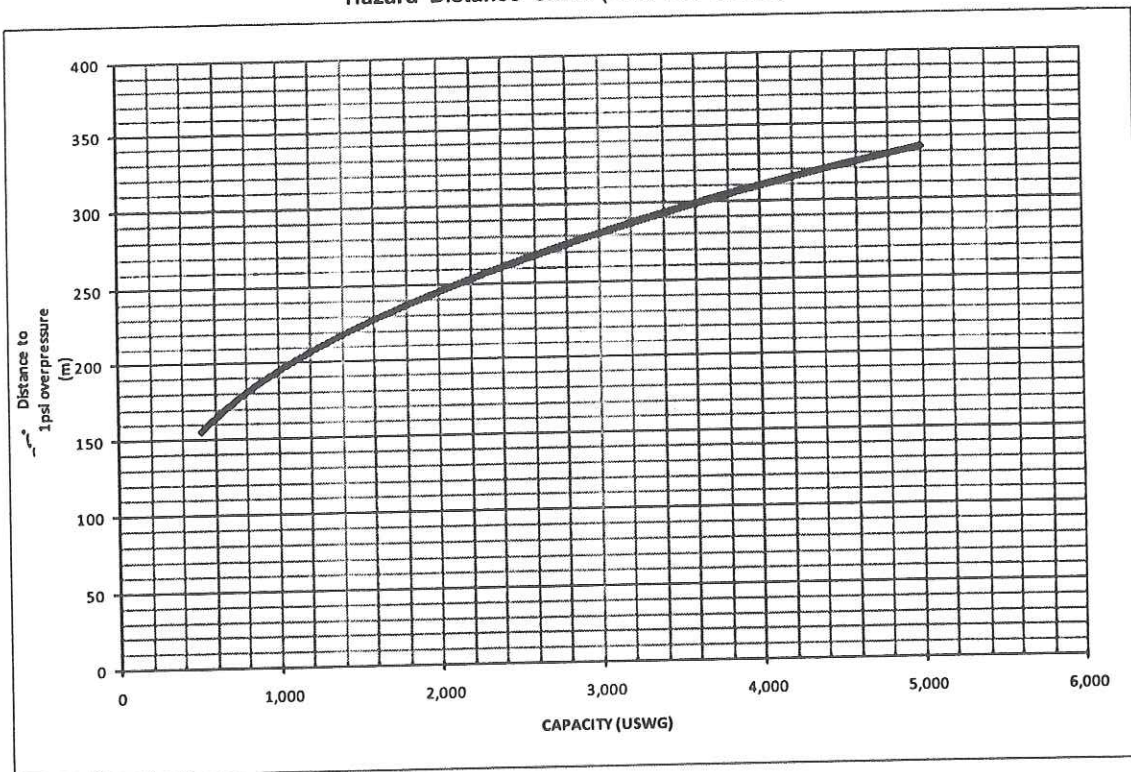
Table 1: Distance Table

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>TYLLEN COLLARD</i>	Official Title <i>OWNER</i>
Signature <i>[Handwritten Signature]</i>	Telephone No. <i>613-339-2600</i>
	Date (dd-mm-yyyy) <i>11-07-2011</i>



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 (RSM)
Technical Standards and Safety Authority
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.

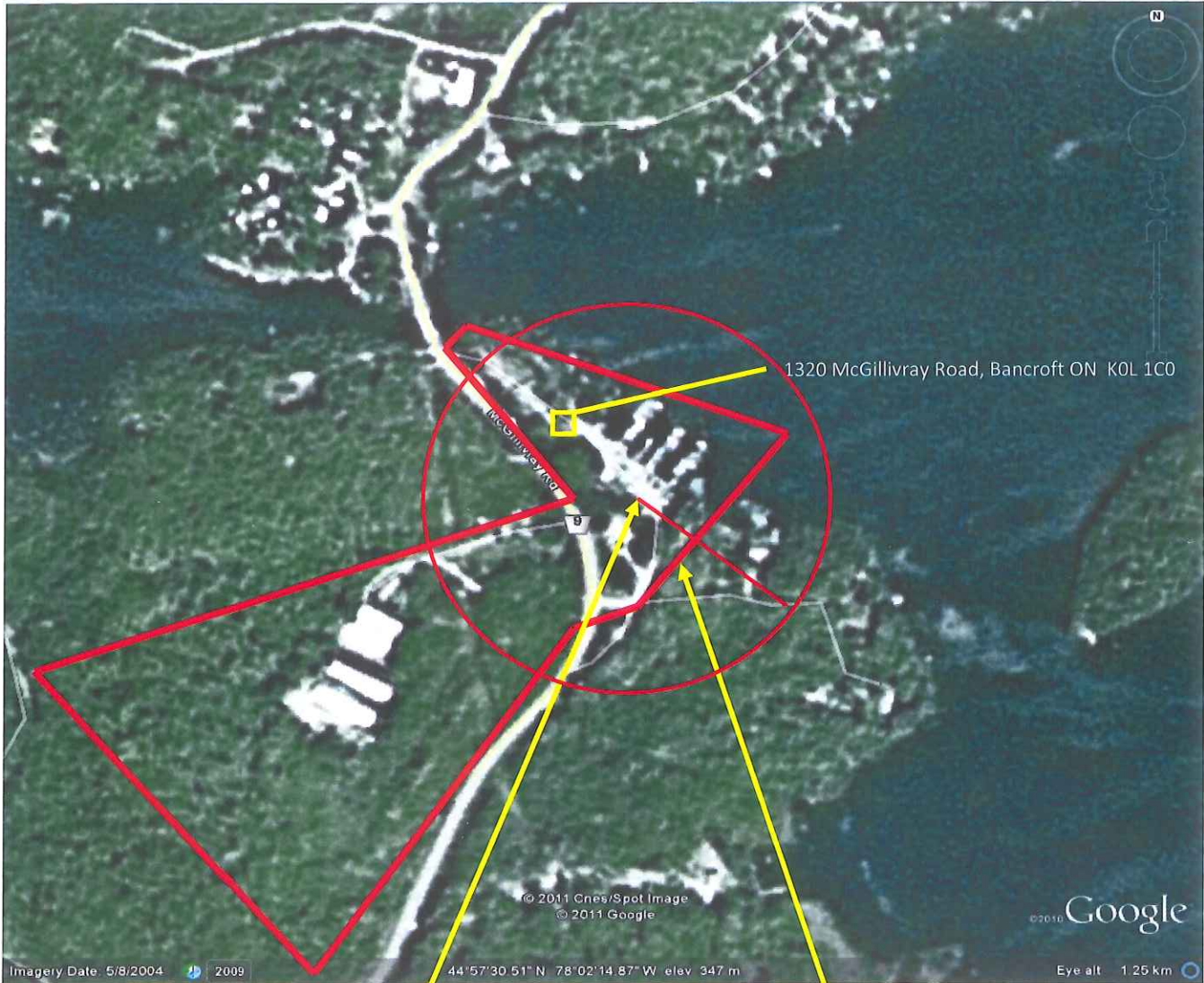
Table 2: Buildings and Features

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>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____		X			<u>73.2</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>PANDASH LAKE MARINA LTD</u> Address: <u>1320 MCGILLIVRAI ROAD</u> City: <u>BANKSVIEW</u> Province <u>ONTARIO</u> Postal Code <u>R0L1K0</u>		X			<u>8.6</u> m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> 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: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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Signature 	Telephone No. <u>613-339-2600</u>
	Date (dd-mm-yyyy) <u>11-07-2011</u>



Location: 1320 McGillivray Road Bancroft ON K0L 1C0
Prepared: September 7, 2011

Property line

1000 USWG horizontal tank
Tank setbacks: 173' front, 160' rear, 322' right, 127' left
Radius = 195m
GPS Coordinates: 44°57'30.64"N 78°02'14.05"W
Municipality: Highlands East
City Clerk: Joan McCauland
Address: P.O. Box 295, County Road 648, Wilberforce, ON K0L 3C0