



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: 1.877.662.8772

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.

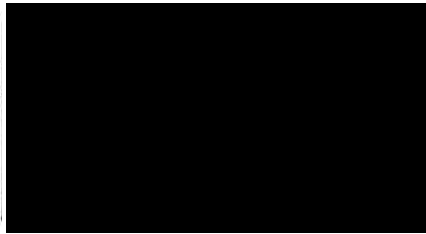
Failure to fully complete this form may result in rejection.
Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 000157866

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 GAGNE'S RED & WHITE STORE LTD Ontario Corporation No., if applicable 887185

Operator Name (if different from above) Gerald A. Gagne

Telephone No. 705 776 2452 Fax No. 705-776-2002 E-mail Address gagnes.pro@gmail

B Street No. 1402 Street Name, Lot / Concession No. HWY 17 EAST

Town / City or Township / County RUTHERGLEN Province ON Postal Code R0H 2E0

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

D Location of facility.

Street No. _____ Street Name, Lot / Concession No. GAGNE AS "B" ABOVE Nearest major intersection HWY 17 E / GAGNE RD.

Town / City or Township / County Rutherford Glen Province ON Postal Code R0H 2E0

Name of Licence Holder GAGNE'S RED & WHITE STORE

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type Gerald A. Gagne 100-08

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Bonfield Twp bordered by Calvin Twp & East Ferris Twp.

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	Print name <u>GAGNE'S RED & WHITE STORE</u>	Signature <u>Gerald A. Gagne</u>	Date (dd-mm-yyyy) <u>12/01/11</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>Gerald A. GAGNE</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

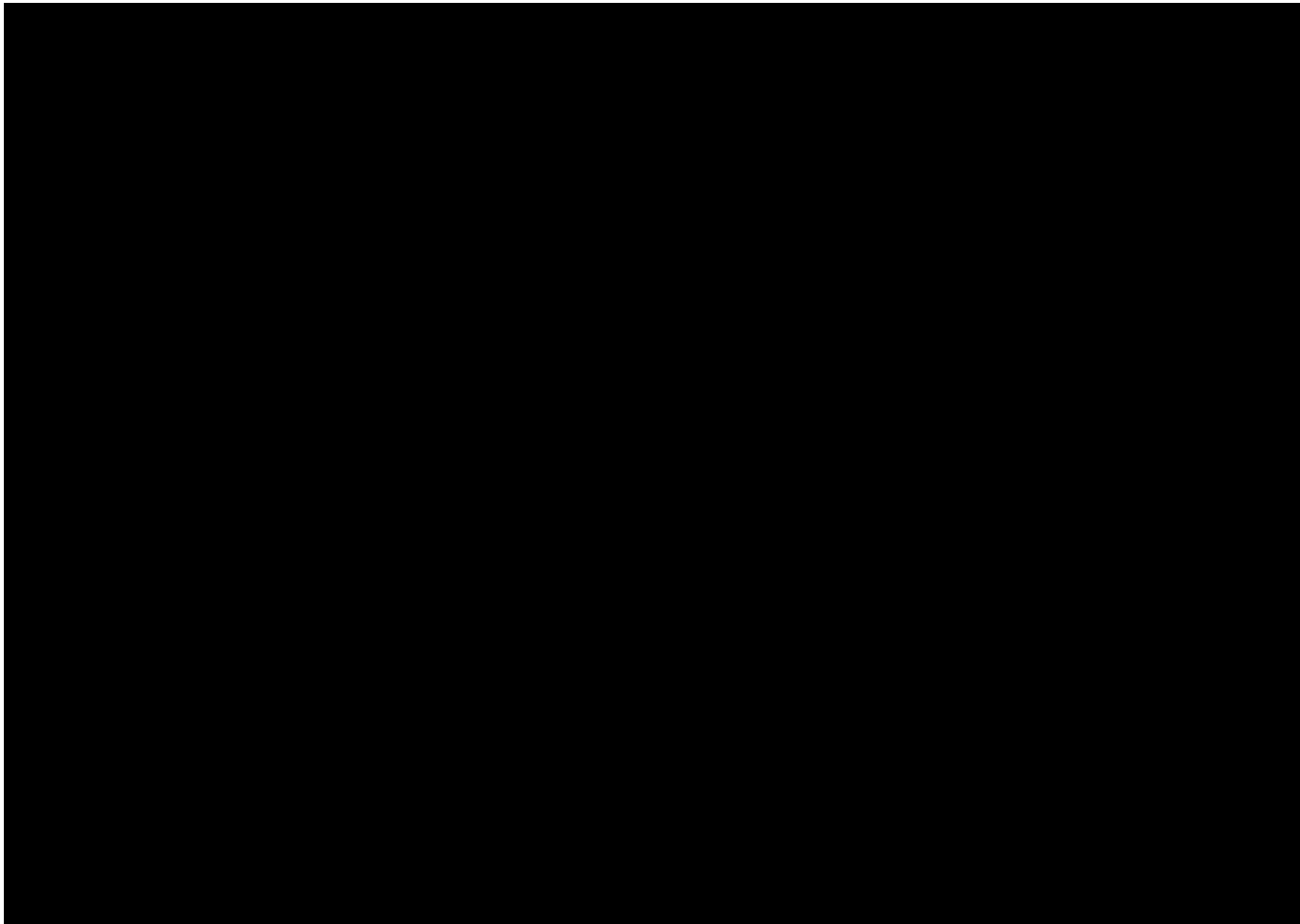
Indicate the year the facility was established. 1978 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 2007

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

	PSIG	Serial Number
Tank1:	<u>250</u>	<u># 6967</u>
Tank2:	<u>375</u>	<u># 5432100</u>
Tank3:	<u>375</u>	<u># G 11932</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: 1300 USWG Portable: 267.04 Mobile: _____
Ces addendum "B"



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Name of person completing this form (please print) <u>GERARD GAGNE</u>	Official Title <u>Owner</u>
Signature <u>Gerard Gagne</u>	Telephone No. <u>705 776 2452</u>
	Date (dd-mm-yyyy) <u>30-09-2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) SUPERIOR PROPANE			
Street No. 1366	Street Name Lot / Concession No. MAIN ST WEST		
Town / City or Township / Country NORTH BAY		Province ON	Postal Code P1B 2W6
Telephone No. 1877 873 7467	Fax No. 705-495-4415	Contact Name MIKE CURRAN	
E-mail - CURRANMC@SUPERIORPROPANE.COM			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			
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. N/A.	
Town / City or Township / Country		Postal Code
Telephone No.	Fax No.	Contact Name

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

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Name of person completing this form (please print) GERARD GAGNE	Official Title OWNER
Signature <i>Gerard Gagne</i>	Telephone No. 705 776 2452
	Date (dd-mm-yyyy) 30-09-2011



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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.

OIL TANK - 2270 litres - STORED ALONG WEST SIDE OF MAIN BUILDING. (FURNACE OIL)
PROPANE TANK - 420 lb - SOUTH SIDE BACK YARD - (FOR RESIDENCE FIREPLACE)
PROPANE TANK - 420 lb - SOUTH EAST (FOR HARDWARE FIREPLACE)

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

3 x Extinguishers for fuel dispensers and propane dispenser. (See site plan)
2 x (FCP) Fire Control Panels - Calls 911 at press of Fire button
1 x Emergency shut off for fuel.
5 x Power Tags - 4 for fuel 1 for all power to propane

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.

EMERGENCY SHUT-OFF AT STAFF WORK STATION
BUILT IN ALARM SYSTEM
FIRE EXTINGUISHER AT PROPANE REFILL STATION

Maintenance and testing schedule for fire protection controls and devices.

SEMI-ANNUAL

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Name of person completing this form (please print) <i>GERARD A. GAGNE</i>	Official Title <i>Owner</i>
Signature <i>Gerard A. Gagne</i>	Telephone No. <i>2542-922-502</i>
	Date (dd-mm-yyyy) <i>30/09/2011</i>



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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: GERALD GAGNE Official Title: PRESIDENT Telephone No. 705-776-2452 Fax No. 705-776-2202 E-mail: gagnespro@gmail.com Role and responsibilities in emergency: CALL 911		5. Facility 24-Hour Contact Person Name: CRAIG GAGNE Official Title: DIRECTOR Cell No. 705-498-8331 Fax No. 705-776-2202 E-mail: craig@gagne@yahoo.com Role and responsibilities in emergency: CONTACT POLICE	
2. Facility Contact Personnel - Alternate Contact Name: CAREN GAGNE Official Title: SECRETARY/TREASURER Telephone No. 705-776-2452 Fax No. 705-776-2202 E-mail: gagnespro@gmail.com Role and responsibilities in emergency: CONTACT PROPER AUTHORITIES		6. Name of Facility Manager Name: N/A For Office Use - Party No.: Official Title: Telephone No. N/A Fax No.: E-mail: Role and responsibilities in emergency:	
3. Local Fire Services - Key Contact Name: TOM RAYMOND For Office Use - Party No.: Official Title: FIRE CHIEF Telephone No. 705-776-2211 Fax No. 705-776-1154 E-mail: FIRECHIEFBONFIELD@HOTMAIL.COM Role and responsibilities in emergency: FIRE CHIEF		7. Propane Supplier Key Contact Person Name: MIKE CURRAN For Office Use - Party No.: Official Title: MANAGER Telephone No. 877-873-7467 Fax No. 705-495-4415 E-mail: CURANM@SUPERIORPROPANE.COM Role and responsibilities in emergency: propane supplier contact	
4. Local Fire Services - Alternate Contact Name: FRANK DESGROSSEILLERS For Office Use - Party No.: Official Title: FIREMAN Telephone No. 705-776-2641 Fax No. 705-776-1154 E-mail: WK Role and responsibilities in emergency: FIREFIGHTER		8. Municipal Contact Name: LISE McMILLAN Official Title: CLERK/TREASURER Telephone No. 705-776-2641 Fax No. 705-776-1154 E-mail: WK Municipality: BONFIELD	

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Name of person completing this form (please print) GERALD GAGNE		Official Title OWNER	
Signature <i>Gerald Gagne</i>		Telephone No. 705-776-2452	Date (dd-mm-yyyy) 30/09/2011



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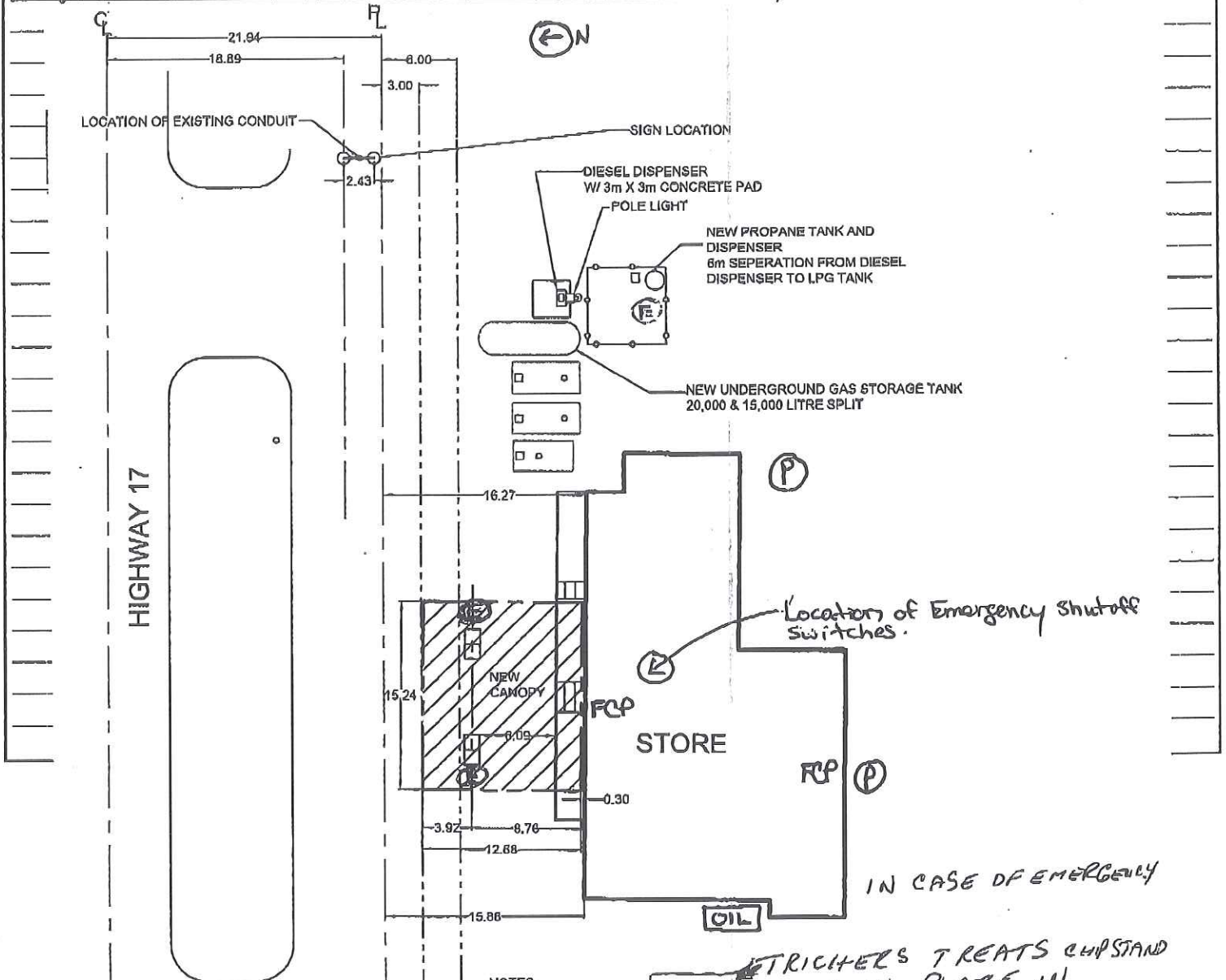
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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

2. Additional Safety Measures

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

AS PER DIAGRAM STAFF HAS BEEN INFORMED TO MEET AT TRICKERS CHIPSTAND IN CASE OF ANY EMERGENCY



NOTES:

1. DO NOT SCALE
2. DIMENSIONS IN METRES UNLESS NOTED OTHERWISE
3. ALL DIMENSIONS APPROXIMATE
4. CANOPY DIMENSIONS ARE FROM OUTSIDE OF SIGN FACES

GAGNE'S RED & WHITE
RUTHERGLEN, ONTARIO
NOV. 21, 2007

(E) = FIRE EXTINGUISHERS

FCP = FIRE CONTROL PANEL (DIRECTLY CALLS DISPATCH)

(P) = PROPANE TANKS (42016) FOR EMERGENCY SERVICES

Declaration

Name: _____
Sign: _____

P:\magnum\Site\Gagne Red & White\Gagne Red & White site plan nov 21 07.dwg



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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:

SEE Appendix "C"

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

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

SEE Appendix "C"

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 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) 31-10-2011	Print Name of Training Provider: Robert EDMUNDS NORTH PRO SAFETY
	Print Name of Instructor: Robert EDMUNDS (# T1520)
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) GERARD GAGNE	Official Title Owner
Signature <i>Gerard Gagne</i>	Telephone No. 705 776 2452 Date (dd-mm-yyyy) 30-09-2011



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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:

ALL EMPLOYEES WILL RECEIVE SITE SPECIFIC EMERGENCY TRAINING IN JAN 2012. (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:

JAN 2012. -- All employees to receive site specific emergency 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:

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

Target Date (dd-mm-yyyy)	Print Name of Training Provider:
31-10-2011	NORTH PRO SAFETY - 659 Tackaberg Dr North Bay
	Print Name of Instructor:
	Robert EDWARDS (#T 1520)
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)	Official Title	
GERARD A. GAGNE	Owner	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Gerard A. Gagne</i>	705-776-2452	30-09-2011



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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).

Any employee or key contact will call 911 who realize there is an emergency by utilizing the alarm system installed on site by Security Today. One press of the button notifies dispatch of an emergency on site. The Director will make public notification if required.

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).

All employees and key contacts are aware of the emergency procedure to attend Trickers Treats Chipstand driveway as a meeting place to discuss evacuation.

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).

911 contacted via on site alarm system at the single press of the fire emergency button.

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

No key provided to Fire Dept for establishment. Fire officials can enter establishment by any means necessary if required not excluding forced entry.

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

licence holder will forward any new information, updates for any site modifications, training etc.

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

Director - Craig Gagne resides on site. (immediate response)

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Name of person completing this form (please print) GERALD A. GAGNE	Official Title Owner
Signature Gerald A Gagne	Telephone No. 705 776-2452
	Date (dd-mm-yyyy) 30-09-2011



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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 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 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>10</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>15</u> |

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Name of person completing this form (please print) <i>Georges A GAGNE</i>	Official Title <i>OWNER</i>	
Signature <i>Georges A Gagne</i>	Telephone No. <i>705 776 2452</i>	Date (dd-mm-yyyy) <i>12-01-2011</i>



Gerald Gagne <gagnespro@gmail.com>

Level 1 Risk and Safety Management Plan (RSMP)- Request to Review RSMP

Gerald Gagne <gagnespro@gmail.com>

Tue, Nov 8, 2011 at 3:24 PM

To: firechiefbonfield@hotmail.com

Cc: gagnespro@gmail.com, customerservices@tssa.org

Good afternoon Thom

This is a follow-up to the meeting we held at our site 2 weeks ago regarding the Emergency and Preparedness Response Plan for Gagne's Red & White Store Ltd. Reference our discussion by telephone on the 7Nov11, it is our understanding that you will be available to attend and review our plan this week.

In saying this, as proof of invitation to review our RSMP, we formally invite you, Thomas RAYMOND, Fire Chief for the Bonfield Township Fire Department @ 107 Railway Street in Bonfield Ontario, a request that you attend and review our establishments Level 1 Risk and Safety Management Plan (RSMP) as per Technical Standards and Safety Act for Propane Storage and Handling Regulation.

Please contact the undersigned as soon as practicable with a date and time that best suits you for completing this.

Sincerely,

Gerald A. GAGNE
President
Gagne's Red & White Store Ltd.
Bus(705)776-2452
Fax(705)776-2202



TSSA Customer Service
<pectscs@atoracle.com>

11/09/2011 10:10 AM

Please respond to
customerservices@tssa.org

To propanelicensing@tssa.org

cc

bcc

Subject Re: Level 1 Risk and Safety Management Plan (RSMP)-
Request to Review RSMP [REF:10706964062]

Hi, we were CC'd on this email from Gerald A. GAGNE, just forwarding it on. Thank you.

REPLY TO: gagnespro@gmail.com;
CC'd firechiefbonfield@hotmail.com

----- Original Message -----

Good afternoon Thom

This is a follow-up to the meeting we held at our site 2 weeks ago regarding the Emergency and Preparedness Response Plan for Gagne's Red & White Store Ltd. Reference our discussion by telephone on the 7Nov11, it is our understanding that you will be available to attend and review our plan this week.

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Please contact the undersigned as soon as practicable with a date and time that best suits you for completing this.

Sincerely,

Gerald A. GAGNE
President
Gagne's Red & White Store Ltd.
Bus(705)776-2452
Fax(705)776-2202



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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).

Meeting held with Bonfield Township Fire Chief Thomas Raymond. Fire Chief has indicated review will be done the week of 7-11 Nov 2011. Proof of invitation on file.

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

Signature

Date (dd-mm-yyyy)

Local Fire Services Name

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)

CERARD A. GAGNE

Official Title

Owner

Signature

Cerard A. Gagne

Telephone No.

705 776 2452

Date (dd-mm-yyyy)

30-09-2011



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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.

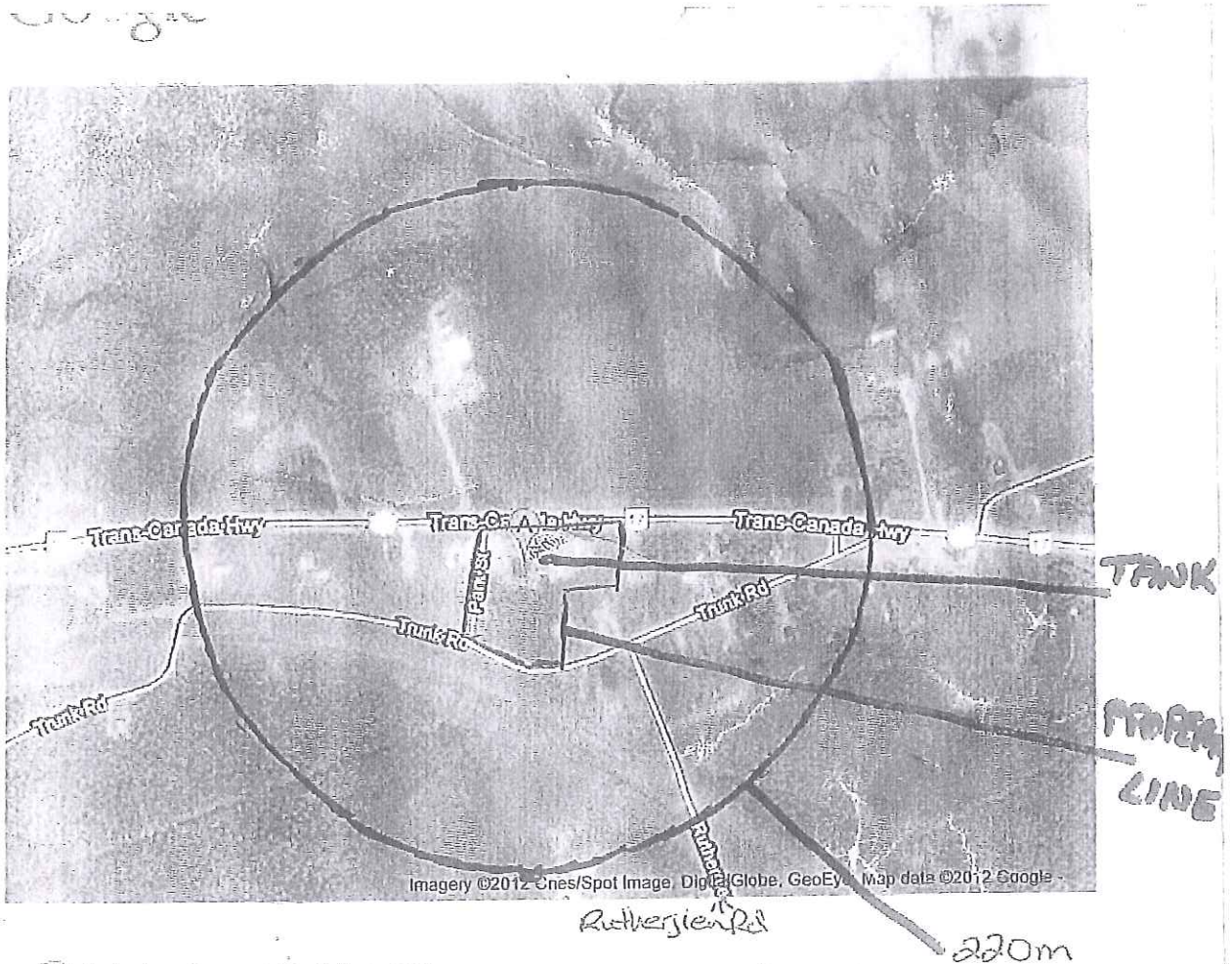
Required Mapping Information from Updated Site Plan

Date Map Prepared (dd-mm-yyyy)	Capacity of single largest propane storage vessel (USWG)
30/10/11	1300 USWG
Tank setback coordinates. Indicate placement on the map. - SEE SITE PLAN & SURVEY (Appendix D).	
Front: 200' 60.96m	Right side property line: 400' 121.92m
Rear: 400' 121.92m	Left side property line: 400' 121.92m
GPS coordinates of single largest vessel: See Survey attached	

LAT 46° - 16' 13.4s S
LO N 79° - 2' 26.6s W

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
GERALD GAGNE	Owner
Signature	Telephone No. Date (dd-mm-yyyy)
<i>Gerald Gagne</i>	705-776-2282 30/10/11



B Enter location or right-click on map

TANK GPS COORDINATES

LAT 46°-16'13.4" S
 LON 79°-2'26.6" W

TANK SIZE 1300 USUOG

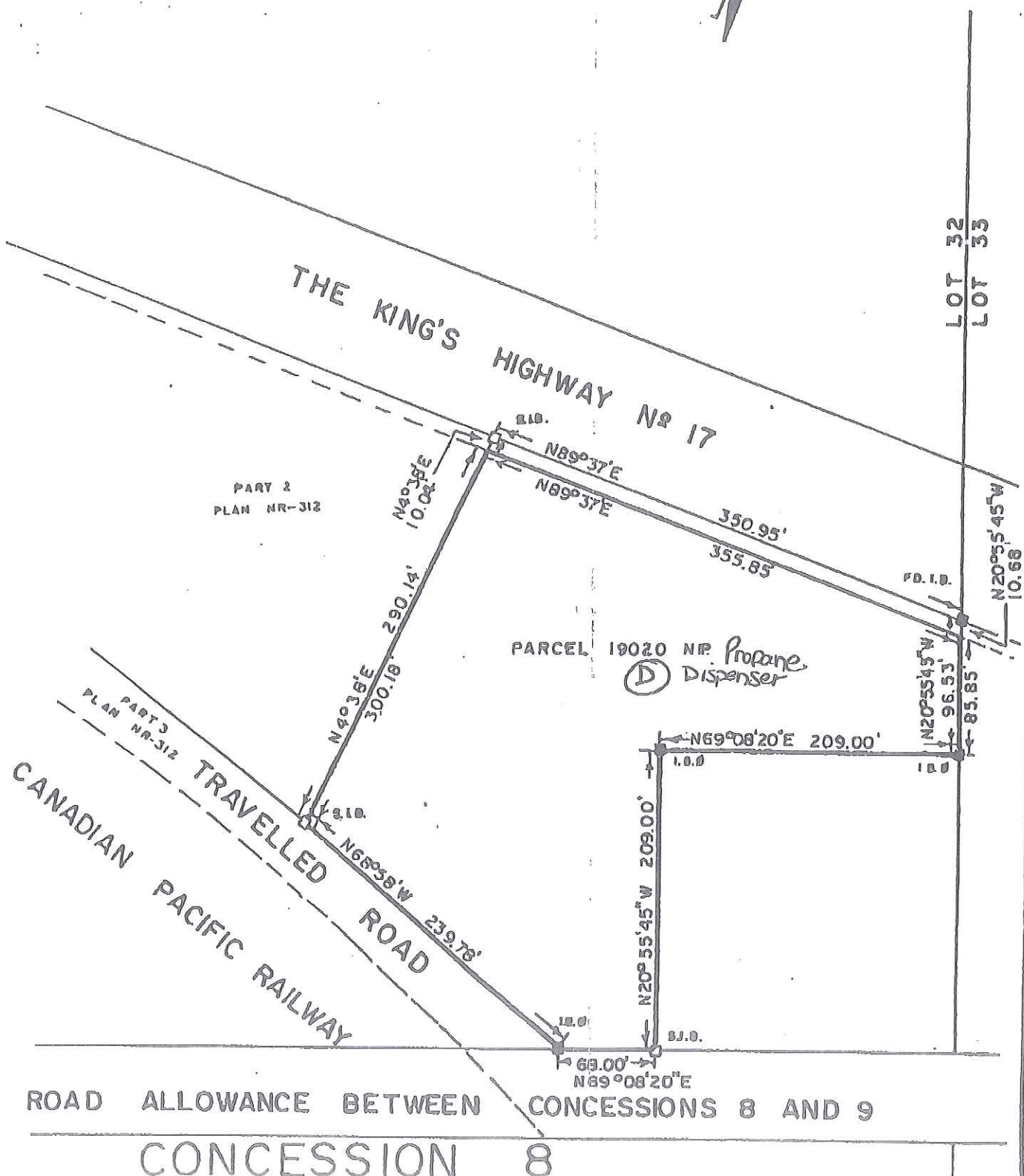
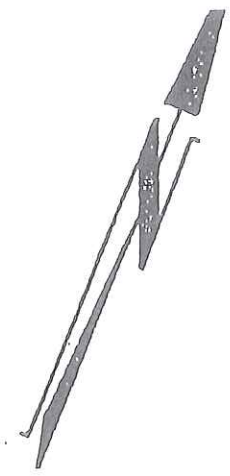
TANK SET BACK

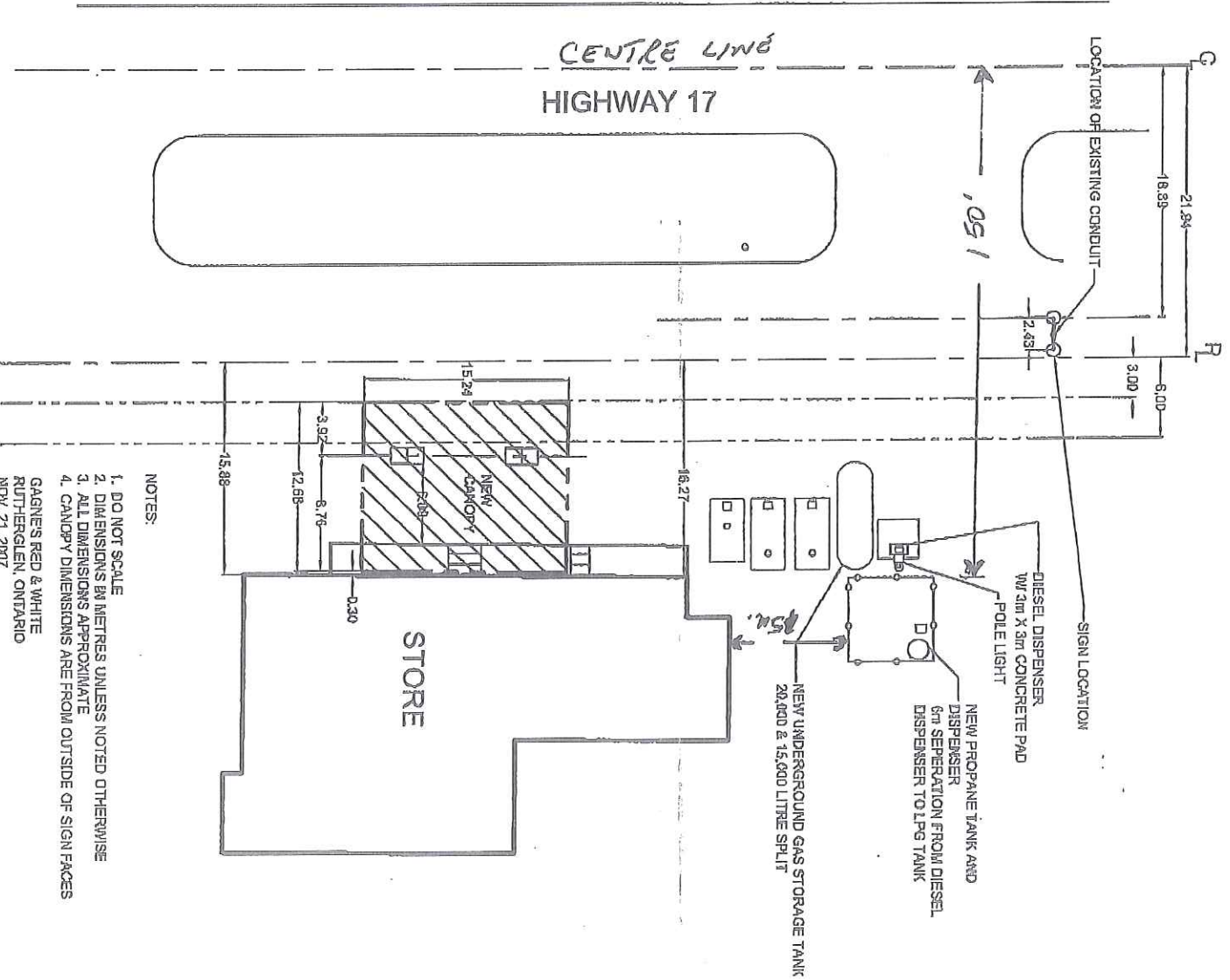
North (FRONT) - 200' = 60.96m
 South (REAR) - 400' = 121.92m
 East (LEFT) - 400' = 121.92m
 West (RIGHT) - 400' = 121.92m

Map data ©2012 Google
 MUNICIPAL OFFICE (NOT A MAP)
 705-776-2611
 365 Hwy 531
 BONFIELD ON
 P04 1E0

PART OF LOT 32 Appendix "D"
 CONCESSION 9
 TOWNSHIP OF BONFIELD
 DISTRICT OF NIPISSING

SCALE: 1 INCH = 20 FEET
 J. J. NEWLANDS, O.L.S. — 1979





NOTES:

1. DO NOT SCALE
 2. DIMENSIONS IN METRES UNLESS NOTED OTHERWISE
 3. ALL DIMENSIONS APPROXIMATE
 4. CANOPY DIMENSIONS ARE FROM OUTSIDE OF SIGN FACES
- GAGNE'S RED & WHITE
RUTHERGLEEN, ONTARIO
NOV. 21, 2007

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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

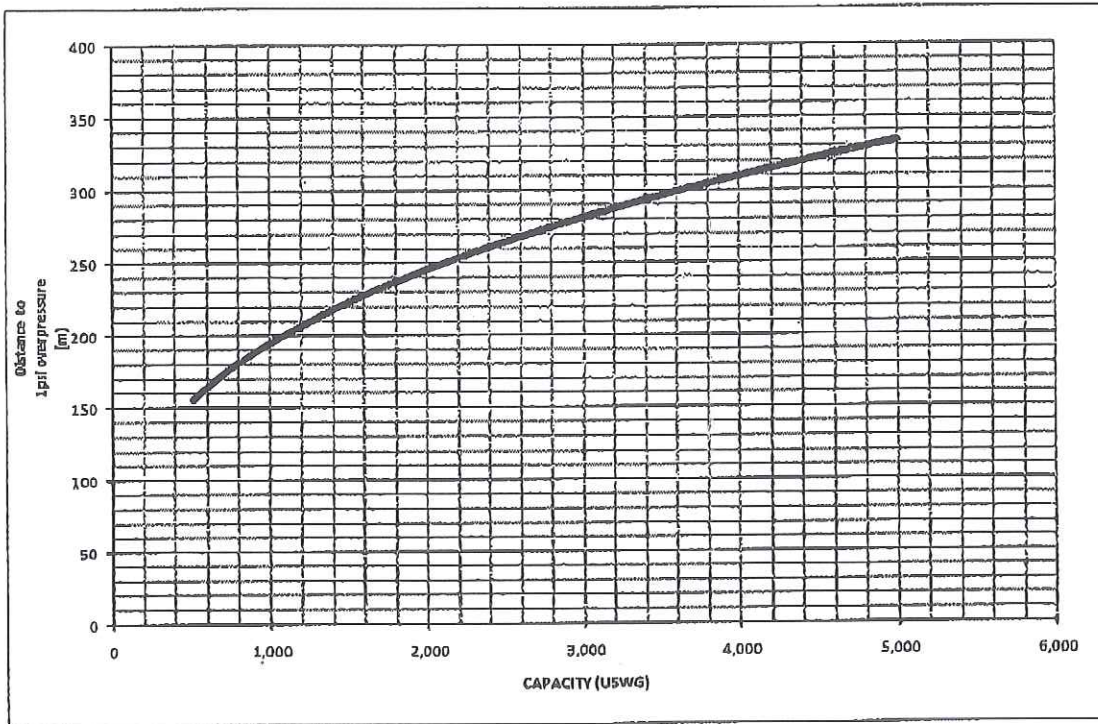
Table 1: Distance Table

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)



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Name of person completing this form (please print) <i>GERALD A. GAGNE</i>	Official Title <i>Owner</i>
Signature <i>Gerald A. Gagne</i>	Telephone No. <i>705-776-2452</i>
	Date (dd-mm-yyyy) <i>30-09-2011</i>



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

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				0 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]		X			15 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>TRICKERS</u> Address: <u>5 GAGNE ROAD</u> City: <u>RUTHERFORD</u> Province <u>ON</u> Postal Code <u>R0H 2E0</u>		X			50 m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>APARTMENT BUILDING</u> Address: _____ City: <u>RUTHERFORD</u> Province <u>ONT.</u> Postal Code <u>R0H 2E0</u>		X			300 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				0 m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>Bonfield Fire Dept. STATION 2 - Rutherford Line</u> Address: <u>107 Railway St. STATION 1</u> City: <u>Bonfield</u> Province <u>ON</u> Postal Code <u>R0H 1E0</u>		X			2200 m 9000 m approx

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

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Name of person completing this form (please print) <u>Gerald A. Gagne</u>	Official Title <u>Owner</u>
Signature <u>Gerald A. Gagne</u>	Telephone No. <u>705-776-2452</u> Date (dd-mm-yyyy) <u>30/09/2011</u>



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SECTION C: SUBMISSIONS (cont'd)

Applicant must include a Facility Site Plan and Map of Surrounding Area - See attached Summary

Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	2	247.8
# 100	29.5	0	0
# 40	11.75	0	0
# 33.3	9.62	2	19.24
# 30	8.8	0	0
# 20	5.8	0	0
# 10	2.9	0	0
# 5	1.5	0	0
Total Cylinder Capacity		4	267.04

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
9.62	1	9.62
5.8	6	34.8
Total Tank Capacity		44.42

Total Cylinder Capacity	11
Total Tank Capacity	11
Total Portable Capacity	311.46 USWG

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Name of person completing this form (please print)	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>CERARD GAGNE</i>	705-776-2452	30/10/11