



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: 000076644332

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: 1000islandsrv centre Ontario Corporation No., if applicable: _____

Operator Name (if different from above): _____

Telephone No.: 613 382 4400 Fax No.: 613 382 2466 E-mail: PPreston@1000@islandsrv.com

B Street No.: 409 Street Name / 911 Number / Address, if applicable: county RD 2 East

Town / City or Township / County: Gananoque Province: ont Postal Code: K7G 2V5

C Mailing address if different from above.

Street No.: _____ Street Name / 911 Number / Address, if applicable: _____

Town / City or Township / County: _____ Province: _____ Postal Code: _____

Information on Container Refill Centre or Filling Plant

D Location of facility:

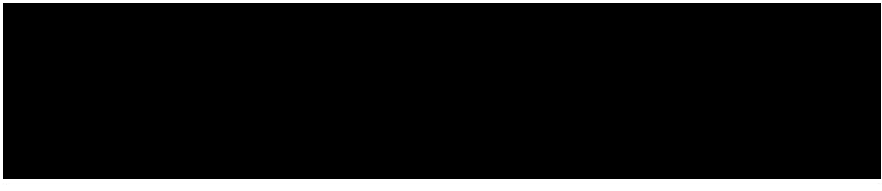
Street No.: 409 County RD 2 Street Name / 911 Number / Address, if applicable: 409 county RD2 east Gananoque Nearest Major Intersection: 401 Exit 648 north Side

Town / City or Township / County: Township of Leeds and the Thousand Islands Province: ont Postal Code: K7G 2V4

Name of Licence Holder: Paul Preston President

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Paul Preston President ROT type: L-ROT#3249 TDG PPO-3

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): LEEDS AND THE THOUSAND ISLANDS



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: 1000 Islands RV Centre Inc Paul Preston		NOV 1 2011
Name of Senior Management person as defined in the Regulation holding the Record of Training: Paul Preston		



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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.

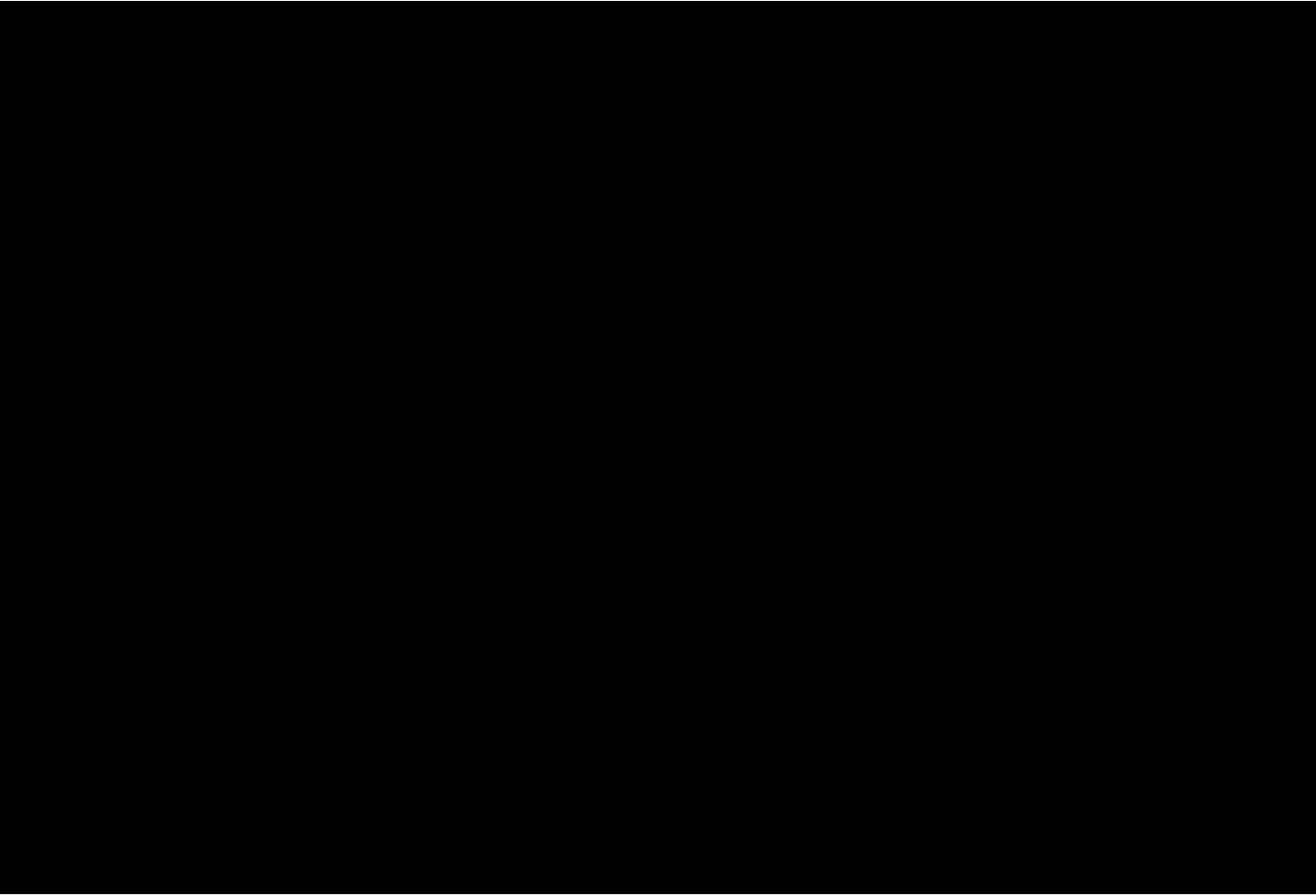
1999	NONE
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Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank 1:	1000 USWG 250	634-98
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: 16/100lb 16/40 30/30lb ~~100/20lb~~ 1504 USWG 0



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Name of person completing this form (please print) CARL AUBREY	Official Title GENERAL SERVICE MANAGER	
Signature <i>Carley</i>	Telephone No. 613-382-4400	Date (dd-mm-yyyy) 01/11/2011



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

Name of Propane Supplier(s) Levac Propane Inc		For Office Use - Party No.	
Street No. 1525	Street Name / 911 Number / Address, if applicable John Counter		
Town / City or Township / Country Kingston		Province ont	Postal Code K7M 3L5
Telephone No. 613 544 3335	Fax No.	Contact Name JOHN MARK LEVAC	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		[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 N/A		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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Signature <i>[Signature]</i>	Telephone No. 613-382-4400	Date (dd-mm-yyyy) 01/11/2011



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Clear Page 2

Application for Renewal of
Level 1 Propane Licence
Technical Standards and Safety Act
Propane Storage and Handling Regulation

GENERAL INFORMATION

Company Name 1000 ISLANDS RV CENTRE		Ontario Corporation No., if applicable 1508122
Operator Name (if different from above)		
Telephone No. 613 382 4400	Fax No. 613 382 8388	E-mail INFO@1000ISLANDSRV.COM
Street No. 409	Street Name / 911 Number / Address, if applicable COUNTY RD 2 EAST	Nearest Major Intersection HWY # 2 x 401.
Town / City or Township / County GANANOQUE	Province ONTARIO	Postal Code K7G 2V4
Mailing address (if different from above)		
Street No.	Street Name / 911 Number / Address, if applicable	
Town / City or Township / County	Province	Postal Code

Information on Container Refill Centre		
Location of facility (if different from above)		
Street No.	Street Name / 911 Number / Address, if applicable	Nearest Major Intersection
Town / City or Township / County	Province	Postal Code

Facility Contact Personnel - Key Contact	
Name HENRY BOER	Official Title VICE-PRESIDENT
Telephone No. 613 382 4400	Fax No. 613 382 2466
E-mail HBOER@1000ISLANDSRV.COM	
Role and responsibilities in emergency. VICE PRESIDENT	

You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.

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 of person completing this form. WILLIAM J BUCKLER	Official Title HEALTH & SAFETY OFFICER	
Signature <i>William J Buckler</i> Please Print & Sign before returning to TSSA	Telephone No. 613 382 4400	Date (dd-mm-yyyy) 15/07/2014

William J Buckler



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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.
M.S.D.S. Available on location

1135 L Fuel oil Tank, above ground, behind Parts & Service building. (A)
Plumbing Anti-Freeze 28 205L drums behind " (A)
USED MOTOR OIL TANK - MISC BUILDING 1135L

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

(125) 5lbs ABC (11) 10lbs ABC (1) 20lbs Fire extinguisher on site

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.

automatic shut off Device on 1000 usg tank

Fusible link melts during fire separating & shutting off supply of propane.

Maintenance and testing schedule for fire protection controls and devices.

Every month

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Name of person completing this form (please print) CARL AUBREY	Official Title GENERAL SERVICE MANAGER
Signature <i>Carl Aubrey</i>	Telephone No. 613-382-4400 Date (dd-mm-yyyy) 01/11/2011



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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 Paul Preston	For Office Use - Party No.	Name Henry Boer	
Official Title President		Official Title Vice President	
Telephone No. 613 389 6137 Home	Fax No. 613 382 2466 Cell 613 341 1059	Cell No. 613 341 1058	Fax No. 613 382 2466
E-mail PPreston@1000islandsrv.com		E-mail HBoer@1000islandsrv.com	
Role and responsibilities in emergency President		Role and responsibilities in emergency vice President	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Barry Charboneau		Name Carl Aubrey	
Official Title Lot Supervisor		Official Title Service Manager	
Telephone No. 613 382 5146	Fax No.	Telephone No. 613 498 1987 home	Fax No.
E-mail		E-mail CAubrey@1000islandsrv.com	
Role and responsibilities in emergency Has Keys for main gate and offices		Role and responsibilities in emergency Service Manager Key holder offices and office	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Gerald Bennett	For Office Use - Party No.	Name Jean Marc Levac St Isidore Ont	For Office Use - Party No.
Official Title Fire Chief		Official Title	
Telephone No. 1 613 561 5165	Fax No.	Telephone No. 1 613 524 2079	Fax No. 1 613 524 2081
E-mail		E-mail	
Role and responsibilities in emergency Fire Chief		Role and responsibilities in emergency Owner of the 1000 usg Tank	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Wayne Shields	For Office Use - Party No.	Name Rodney Burkard	
Official Title Chief prevention officer		Official Title Chief administrative office (CAO)	
Telephone No. 613-561-4982	Fax No.	Telephone No. 1 613 659 2415	Fax No. 1 613 659 3619
E-mail WaShields@townshipleeds.on.ca		E-mail Rodney@townshipleeds.on.ca	
Role and responsibilities in emergency		Municipality Township of Leeds and the Thousand Islands	

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Name of person completing this form (please print) <i>CARL AUBREY</i>	Official Title <i>GENERAL SERVICE MANAGER</i>
Signature <i>[Signature]</i>	Telephone No. <i>613-382-4408</i>
	Date (dd-mm-yyyy) <i>01/11/2011</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.

There is two safe meeting places for the workers.. So we will count the staff Help with First Aid if needed

(1) service department /store will meet at the far end of the lot south east corner

(2) office / sales office's will meet at the west end of the lot across from the entrance

staff will be counted and first aid if needed

(1) Matt Bangma Service writer Matt ==== WILL call 911 OR Carl ==== WILL call 911

Carl Aubrey Service manager

(2) Paul Preston President Will insure 911 is called

Henry Boer VP President Will insure 911 is called

Staff will help with info to the fire department / police /EMS

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Signature <i>[Signature]</i>	Telephone No. <i>613-382-4400</i>
	Date (dd-mm-yyyy) <i>01/11/2011</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) 21/04/2011	Print Name of Training Provider: Health and safety officer 1000 Islands Rv
	Print Name of Instructor: William J Buckler
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) 25/04/2011	Print Name of Training Provider: Health and safety officer 1000 Islands Rv
	Print Name of Instructor: William J Buckler
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) 15/08/2002	Print Name of Training Provider: IAPA 00495
	Print Name of Instructor: WJ Buckler
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) <i>CARL AVSBRY</i>	Official Title <i>GENERAL SERVICES MANAGER</i>
Signature <i>[Signature]</i>	Telephone No. <i>613-382-4400</i>
	Date (dd-mm-yyyy) <i>01/11/2011</i>



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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: in house
17/10/2011 12 A	Print Name of Instructor: William J Buckler
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: in house
28/10/2011 12 N	Print Name of Instructor: William J Buckler
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:
10/04/2012	Print Name of Instructor: William J Buckler
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
CAAL AUBREY	GENERAL SERVICE MANAGER
Signature	Telephone No.
<i>[Signature]</i>	013-382-4400
	Date (dd-mm-yyyy)
	01/11/2011



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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 PA system will be used For for staff, *Call to 911 immediately*

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).

Paul Preston or Henry Boer will be the contact person for public Notification when needed *will meet far end south lot, and as per page 6.*

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).

Senior management will keep emergency response authorities informed at all times .. Shall insure that 911 was called and the time when they were Called ..

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

We Will give a key to the fire department for entry at the front gate

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

There shall be a review of all safety and of all Emergency and preparedness plans once a year... And inform tthe authorities of up Date's of our plan

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

Barry Charboneau has the keys for the site can respond in 15mins 613 382 5146

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Name of person completing this form (please print) <i>Carl Aubrey</i>		Official Title <i>GENERAL SERVICES MANAGER</i>	
Signature <i>[Signature]</i>		Telephone No. <i>613-382-4400</i>	Date (dd-mm-yyyy) <i>01/11/2011</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 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 type="checkbox"/>	<input checked="" 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)	1000 Metres _____	
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)	1000 Meters _____	

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Name of person completing this form (please print)	Official Title	
<i>CAROL AUBREY</i>	<i>GENERAL SERVICE MANAGER</i>	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>[Signature]</i>	<i>416-382-4400</i>	<i>01/14/2011</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).

we are in contact with them on June 7 2011 and have there reply

Fire services comments, if any:

Letter in closed with there review on our emergency Reponse and Preparedness Plan

To be completed by the Licence Holder

In response to the above comments, the following action(s) is required:

Have email Wayne Shields CFPO so they can have a look at our response 21/10/2011

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>Wayne Shields</i> Local Fire Services Name Leeds and the Thousand fire service	Signature <i>Wayne Shields</i>	Date (dd-mm-yyyy) June 6/2011 <i>rs</i>
--	-----------------------------------	--

November 3, 2011

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>Chris Aubrey</i>	Official Title <i>GENERAL SERVICE MANAGER</i>	
Signature <i>Chris Aubrey</i>	Telephone No. <i>416-382-4400</i>	Date (dd-mm-yyyy) <i>01/11/2011</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 _____	0				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	0				_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>1000 Island RV Centre</u> Address: <u>409 County Rd 2 East</u> City: <u>Simcoe</u> Province <u>ONT.</u> Postal Code <u>L7G 2V4</u>	0				<u>5</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	0				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	0				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	0				_____ m

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

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Name of person completing this form (please print) <u>CARL AVBROY</u>	Official Title <u>GENERAL SERVICE MANAGER</u>
Signature <u>[Signature]</u>	Telephone No. <u>613-382-4400</u> Date (dd-mm-yyyy) <u>01/11/2011</u>



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SECTION C: SUBMISSIONS (cont'd)

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

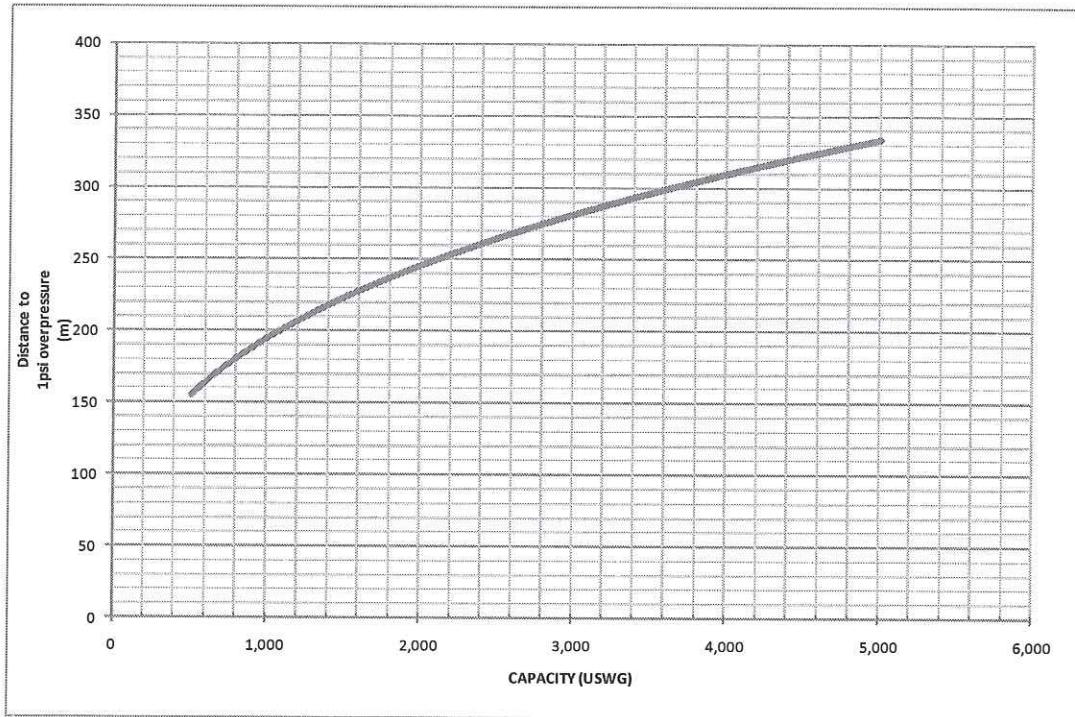
Table 1: Distance Table

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) <i>CHRIS AVBURY</i>	Official Title <i>GENERAL SERVICES MANAGER</i>	
Signature <i>[Signature]</i>	Telephone No. <i>416-382-4400</i>	Date (dd-mm-yyyy) <i>01/11/2011</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 (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>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	0				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	0				_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	0				_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	0				_____ 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 _____	0				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	0				_____ 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>CARL AUBREY</u>	Official Title <u>GENERAL SERVICE MANAGER</u>	
Signature <u>[Signature]</u>	Telephone No. <u>613-382-4400</u>	Date (dd-mm-yyyy) <u>04/14/2011</u>



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

Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	
# 100	29.5	16	472
# 40	11.75	16	188
# 33.3	9.62	0	
# 30	8.8	30	264
# 20	5.8	100	580
# 10	2.9	0	
# 5	1.5	0	
Total Cylinder Capacity			1504

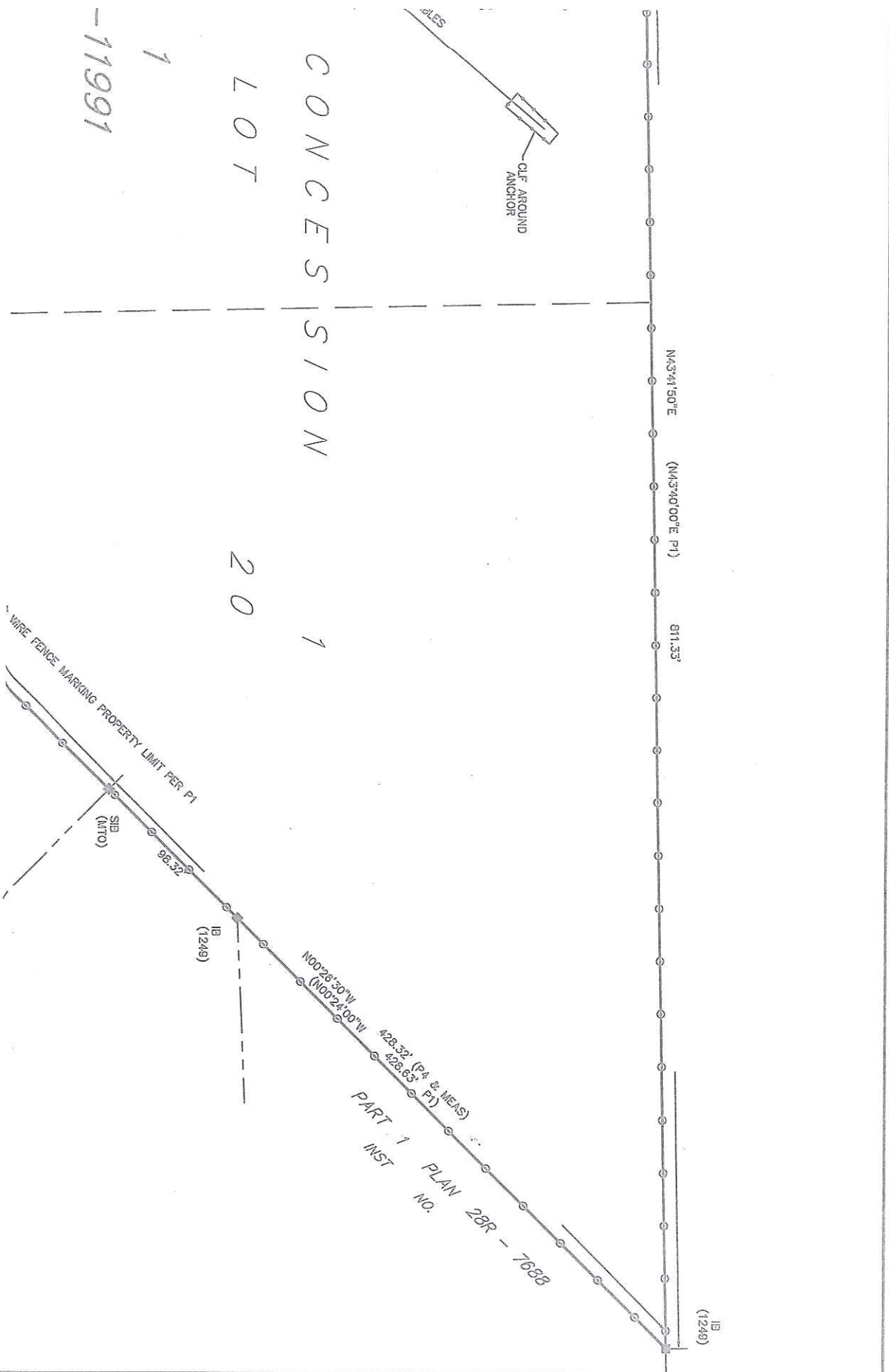
Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
1000	1	1000
Total Tank Capacity		

Total Cylinder Capacity	1504
Total Tank Capacity	1000
Total Portable Capacity	0

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>Chad Aubrey</i>	Official Title <i>GENERAL SERVICE MANAGER</i>	
Signature <i>[Signature]</i>	Telephone No. <i>613-382-4400</i>	Date (dd-mm-yyyy) <i>01/11/2011</i>



OLEF AROUND ANCHOR

CONCESSION 1

LOT 1

LOT 2

-11991

N43°41'50"E

(N43°40'00"E P1)

811.33'

IB (1248)

N00°28'30"W
(N00°28'00"W)

428.32' (P4 & MEAS)
428.63' (P1)

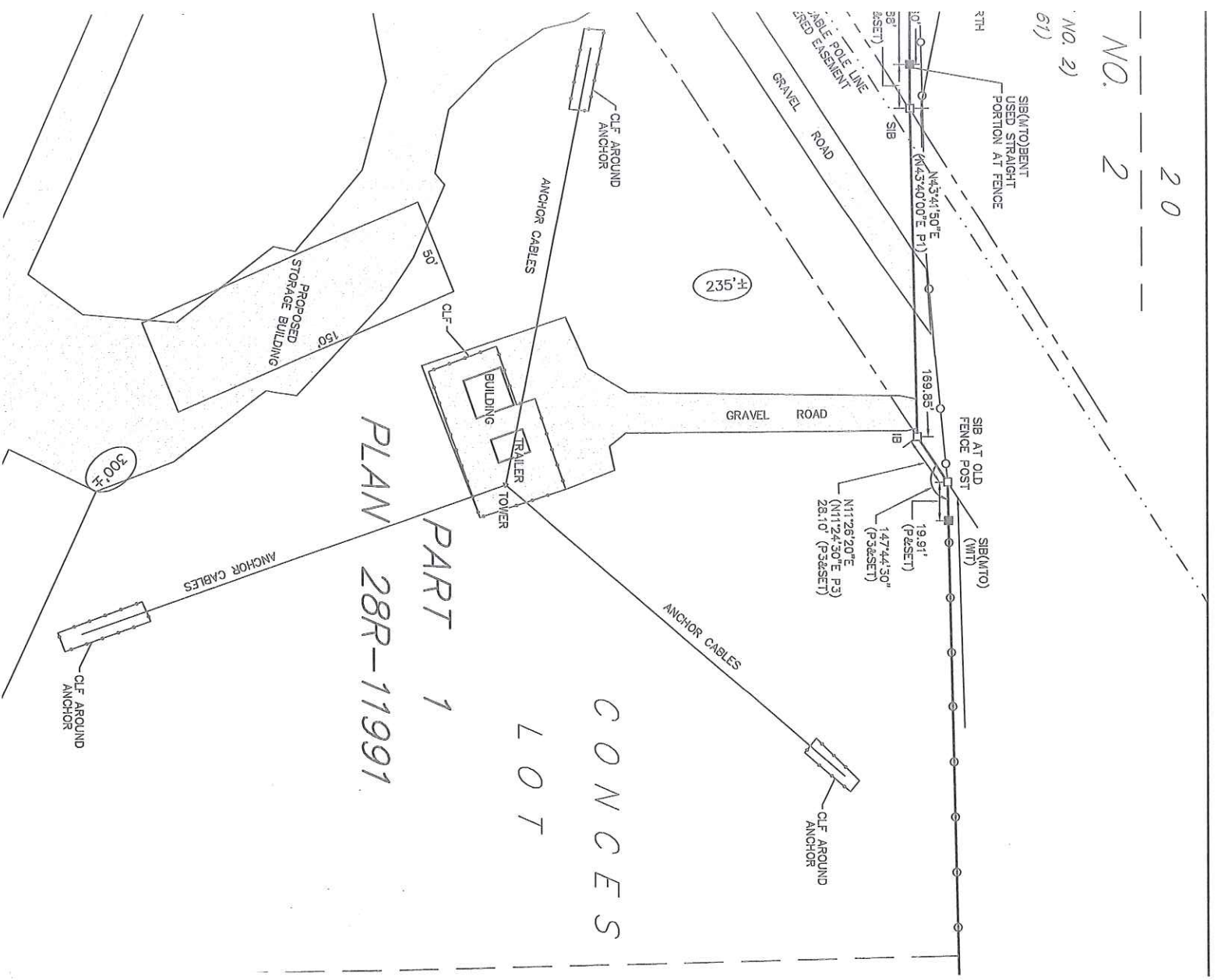
PART 1
INST NO. PLAN 2BR - 7688

SIB (MTO)

95.32'

IB (1248)

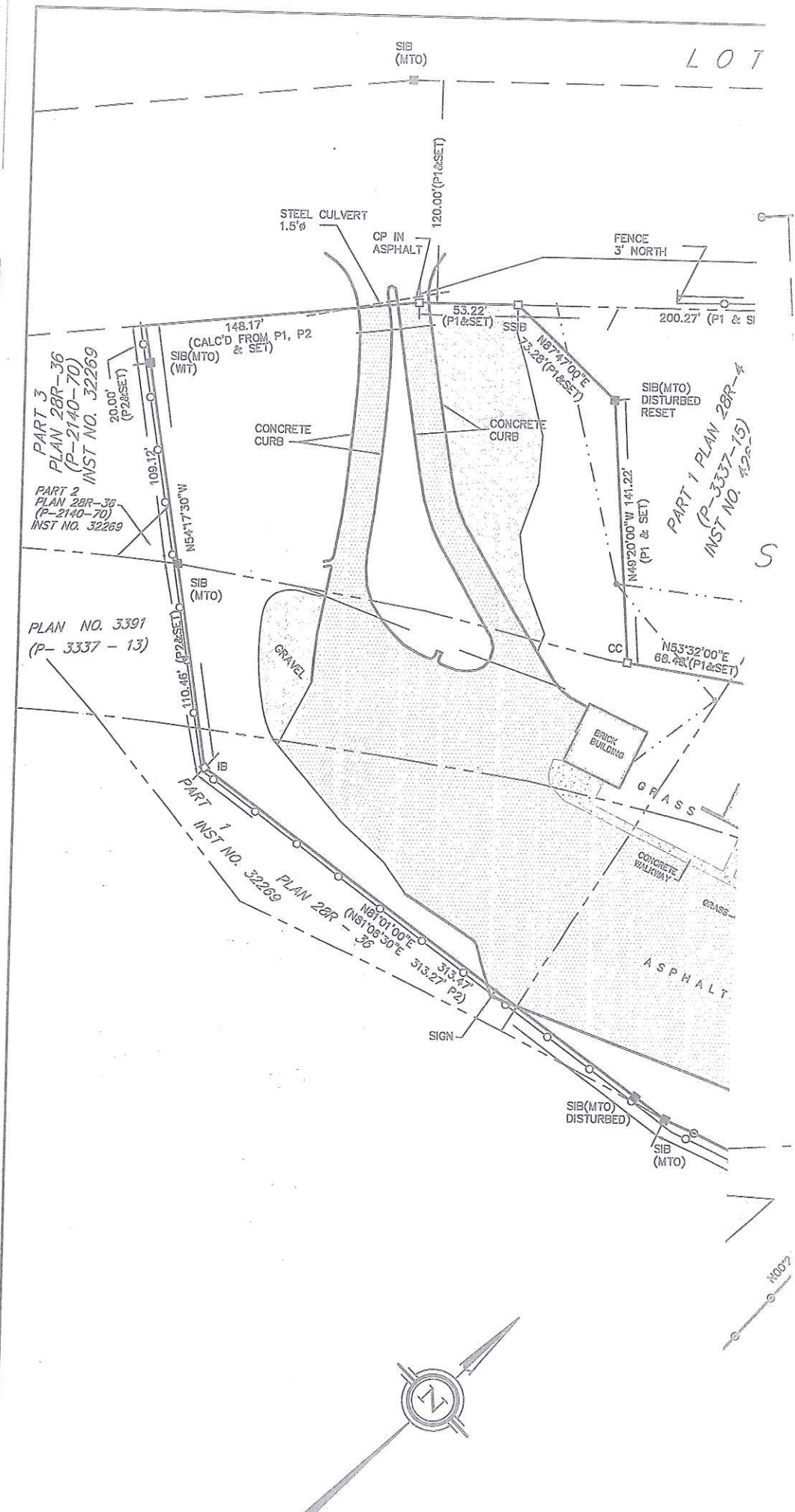
WIRE FENCE MARKING PROPERTY LIMIT PER P1

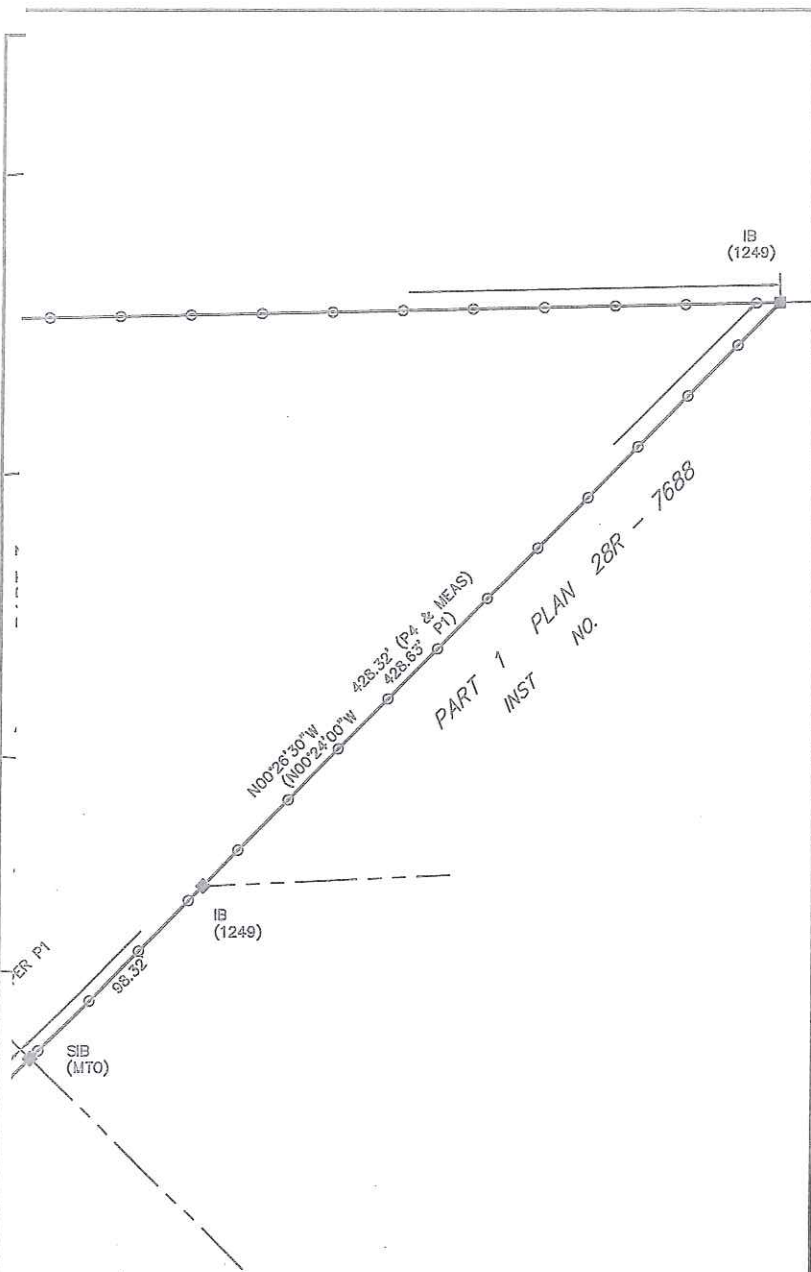


PART 1
PLAN 28R-11991

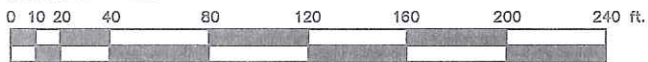
CONCES
LOT

LOT





SCALE 1" = 50'



IMPERIAL

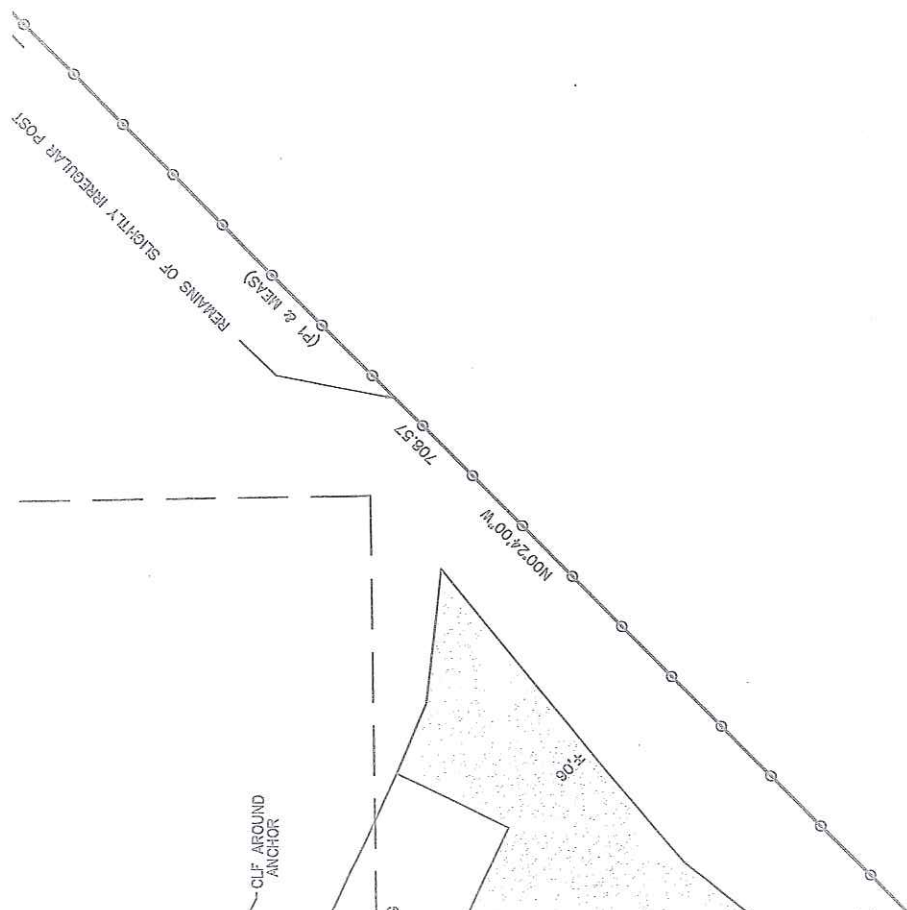
DISTANCES SHOWN ON THIS PLAN ARE IN FEET AND CAN BE CONVERTED TO METRES BY MULTIPLYING BY 0.3048.

BEARING NOTE

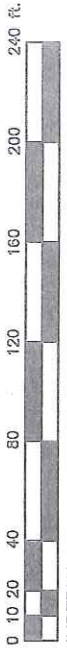
BEARINGS ARE ASTRONOMIC AND ARE REFERRED TO NORTHERN LIMIT OF THE KING'S HIGHWAY NO. 401, HAVING A BEARING OF N68°50'30"E.

REVISIONS

DATE	DESCRIPTIONS



SCALE 1" = 50'



IMPERIAL
 DISTANCES SHOWN ON THIS PLAN ARE IN FEET AND CAN BE CONVERTED TO METRES BY MULTIPLYING BY 0.3048.
BEARING NOTE
 BEARINGS ARE ASTROMOMIC AND ARE REFERRED TO NORTHERN LIMIT OF THE KING'S HIGHWAY NO. 401, HAVING A BEARING OF N68°50'30"E.

REVISIONS

DATE	DESCRIPTIONS
Aug. 17/10	Proposed Storage Building: Additional Gravel Areas
Aug. 15/06	Re-locating Proposed 'Cover-All' Storage Building

FROM THE OFFICE OF

R. G. BENNETT SURVEYING LTD.
ONTARIO LAND SURVEYOR

BROCKVILLE, ONTARIO (613)496-0298 FAX (613)498-3218

SKETCH UPDATE PREPARED FOR

1000 ISLANDS R.V. CENTRE

AUGUST 2010

LEGEND & NOTES : (IF APPLICABLE)

- DENOTES FOUND MONUMENTS
 - DENOTES SET MONUMENTS
 - ID DENOTES IRON BAR
 - SIB DENOTES STANDARD IRON BAR
 - SSB DENOTES SHORT STANDARD IRON BAR
 - CC DENOTES CUT CROSS
 - WIT DENOTES WITNESS
- OU DENOTES ORIGIN UNKNOWN
 - MEAS. DENOTES MEASURED
 - PROP. DENOTES PROPORTIONED
 - CP DENOTES CONCRETE PIN
 - CLF DENOTES CHAIN LINK FENCE

SCALE:	FIELD WORK:	DRAWN:	CHECKED:	ACAD FILE:	UCD NO.:	REF. NO.:
1" : 50'	R.G.B.	G.E.	R.G.B.	RGB1868	1868	1868

19

LOT

20

COUNTY ROAD NO. 2

(SEE ORDER IN-COUNCIL
FORMERLY THE KING'S HIGHWAY NO. 2)

PLAN NO. 3495 (P-2140-61)

FENCE 10' NORTH

SIB(MTO) BENT USED STRAIGHT PORTION AT FENCE

FENCE 5' NORTH

SIB(MTO) BENT USED STRAIGHT PORTION AT FENCE

60'

22.88' (P1 & SET)

170.04'

GATE

169.85'

19.91' (P & SET)

SIB AT OLD FENCE POST (WIT)

N44°53'20"E (M44°54'30"E P1) 693.04' (P1 & MEAS)

246.63'

OLD POST AND WIRE FENCE

42'

ROCK CHAIN SET IB

N43°44'50"E (M43°40'00"E P1)

147°44'50" (P3 & SET)

M11°26'20"E (M11°24'30"E P3) 28.10' (P3 & SET)

IB

GRAVEL ROAD

ANCHOR CABLES

1.5'

APPROXIMATE LOCATION OF LOT LINE PER P1

84.51' (P1 & SET)

N49°20'00"W 86.46' (P1 & SET)

N49°20'00"W 84.51' (P1 & SET)

SIB (MTO)

31M3358'E 53.29'

TELPHONE CABLE ROPE LINE (NO REGISTERED EASEMENT)

GRAVEL ROAD

GRAVEL ROAD

ANCHOR CABLES

ANCHOR CABLES

GRAVEL

ASPHALT

1 STOREY BRICK OFFICES

SERVICE BAYS

APPROX. LOCATION OF SEPTIC BED

50'

150'

CLF AROUND ANCHOR

CLF

BUILDING

TRAILER

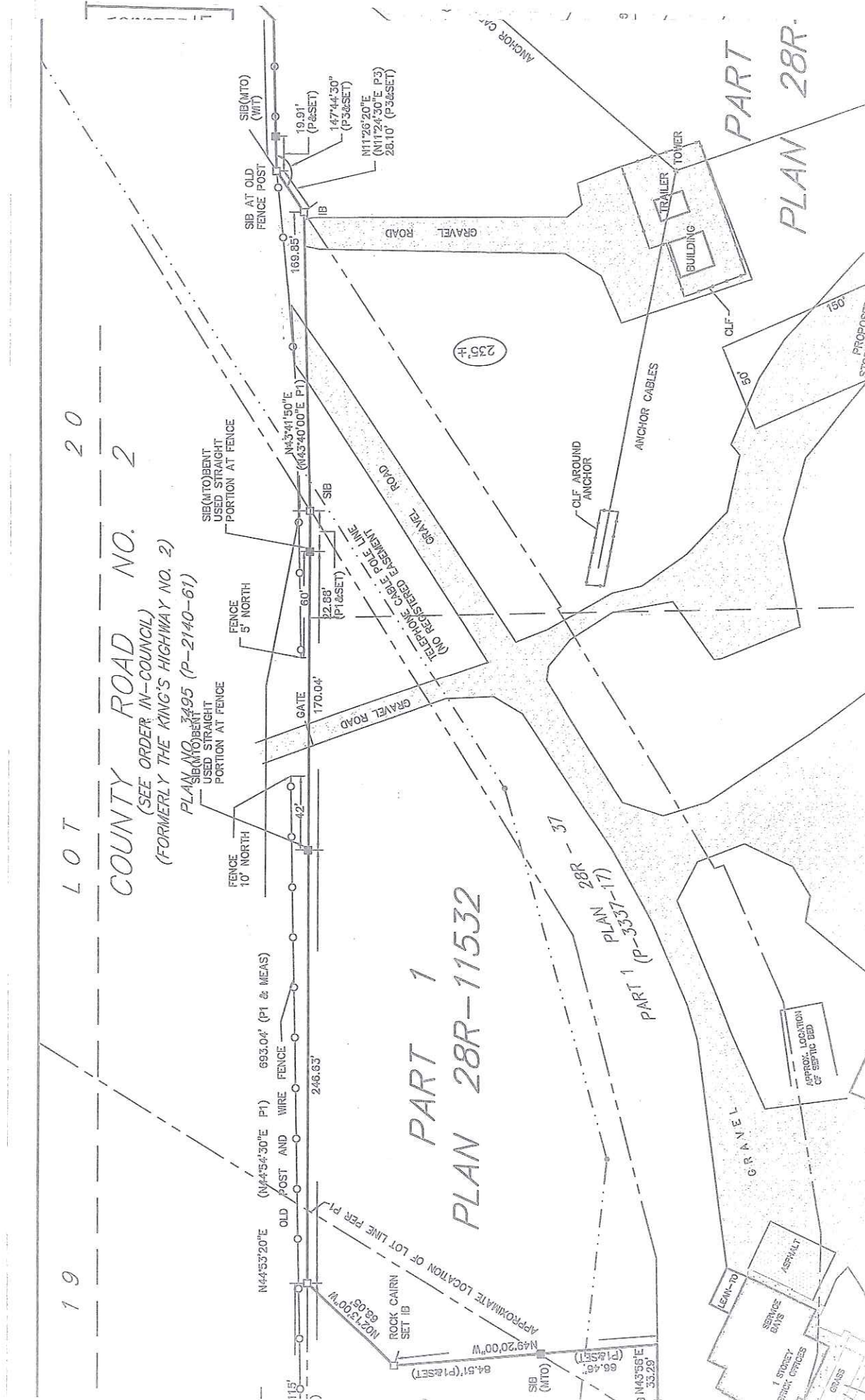
TOWER

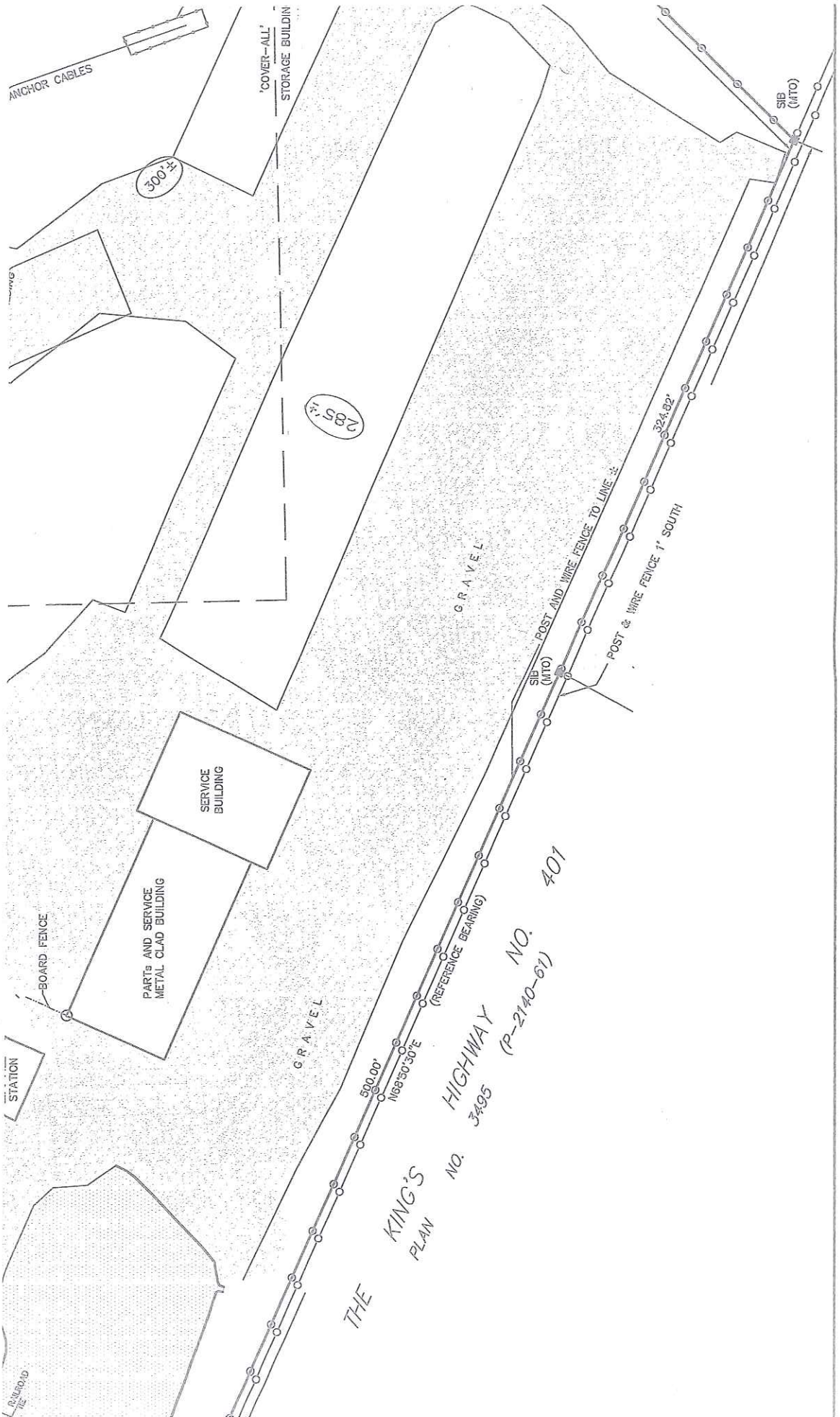
PART 1 PLAN 28R-11532

PART 1 (P-3337-17) PLAN 28R

PART 28R

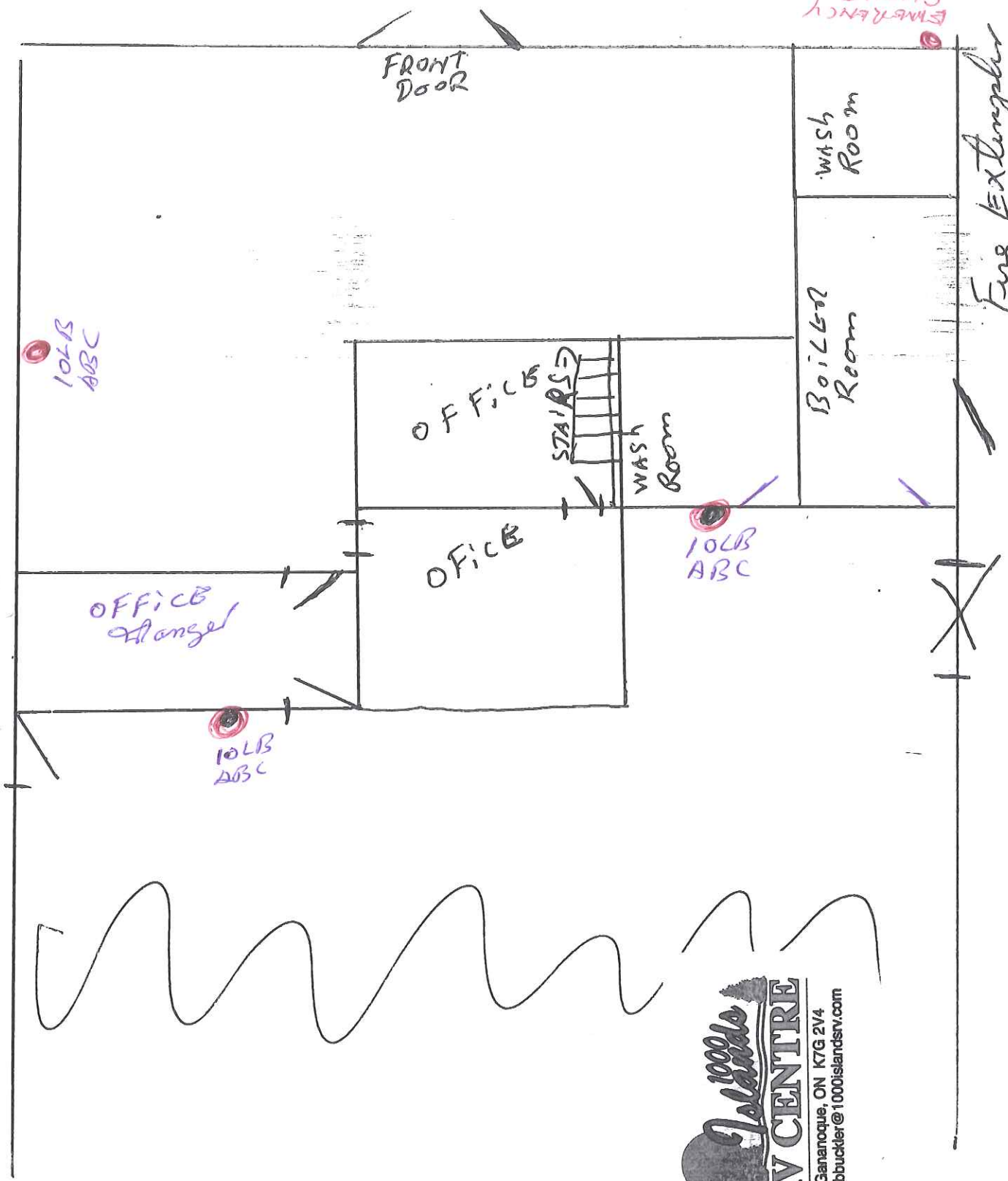
PLAN 28R





THE KING'S
 PLAN NO. 3495
 HIGHWAY NO. 3495
 (P-2140-61) 401

STORE OFFICE



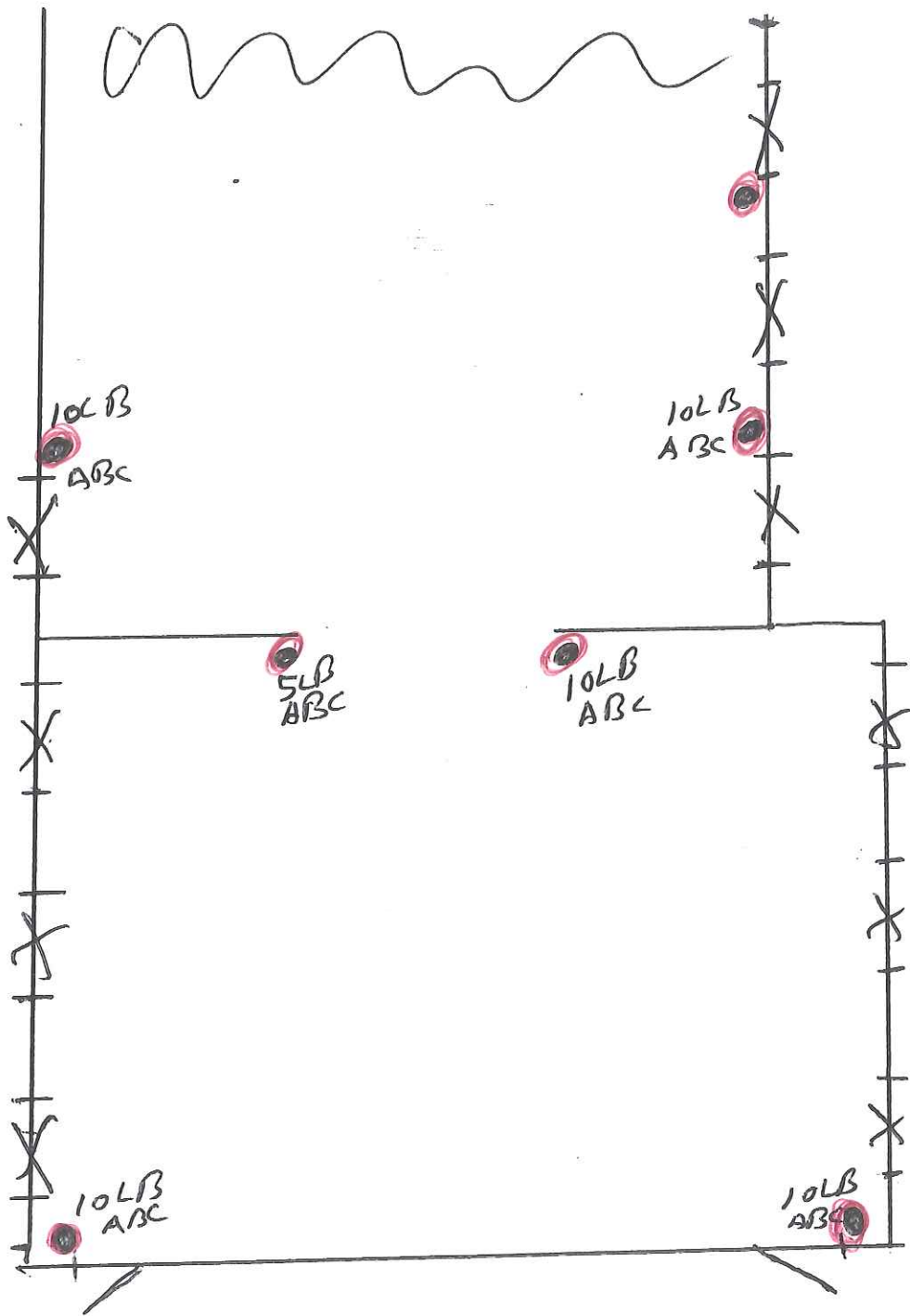
EMERGENCY
SHOW
OFF VALVE
DROPPABLE

Fire Extinguisher
Oct 22/11



409 County Rd. 2 East, Gananoque, ON K7G 2V4
 www.1000islandsrv.com • bbuckler@1000islandsrv.com

Tel.: (613) 382-4400 ext. 122
 Fax: (613) 382-2466
 1-800-837-6556



SHOPS
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 Oct 22/11



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Google maps
Canada

To see all the details that are visible on the screen, use the Print link next to the map.



Map

Traffic

401

Newport-Center Transfer Station

PROPERTY LINE

146

401

2

401

Morgan
Upholstery

2

200 ft

500 ft

LOCATION: 1000 ISLANDS CV CENTRE
409 COUNTY RD 2EAST GRANBORNE .ONT
1000 USING HORIZONTAL TANK.
TANK SET BACKS: 137m north 152 m east
60m south 156m west
RADIUS = 195 m
GPS COORDINATES = N4420.691 N076 07.858
MUNICIPALITY: LEEDS AND THE THOUSAND ISLANDS
CAD: RODNEY BURKARD.