



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.

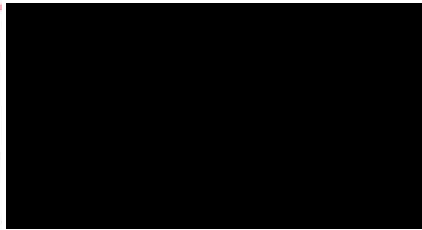
Failure to fully complete this form may result in rejection.
Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 000076648585

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.

Company Name A NESER INVESTMENTS INC. Ontario Corporation No., if applicable 1753425

Operator Name (if different from above) SYD'S SERVICE CENTRE

Telephone No. 705 864-2785 Fax No. 705 864-0703 E-mail Address neser@bellnet.ca

B Street No. 418 Street Name, Lot / Concession No. HIGHWAY #129 PO Box 1120

Town / City or Township / County CHAPLEAU Province ON Postal Code P0M 1K0

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.

D Street No. _____ Street Name, Lot / Concession No. same as above Nearest major intersection Hwy #129 + 101

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

Name of Licence Holder RICK SMITH

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type Rick Smith - certified examiner ID# E2009

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) TWP OF CHAPLEAU.

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.

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Name of Licence Holder	Print name <u>RICK SMITH</u>	Signature <u>Rick Smith</u>	Date (dd-mm-yyyy) <u>27-01-2012</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>RICK SMITH</u>	<u>Rick Smith</u>	<u>27-01-2012</u>



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SECTION A: GENERAL INFORMATION (cont'd)

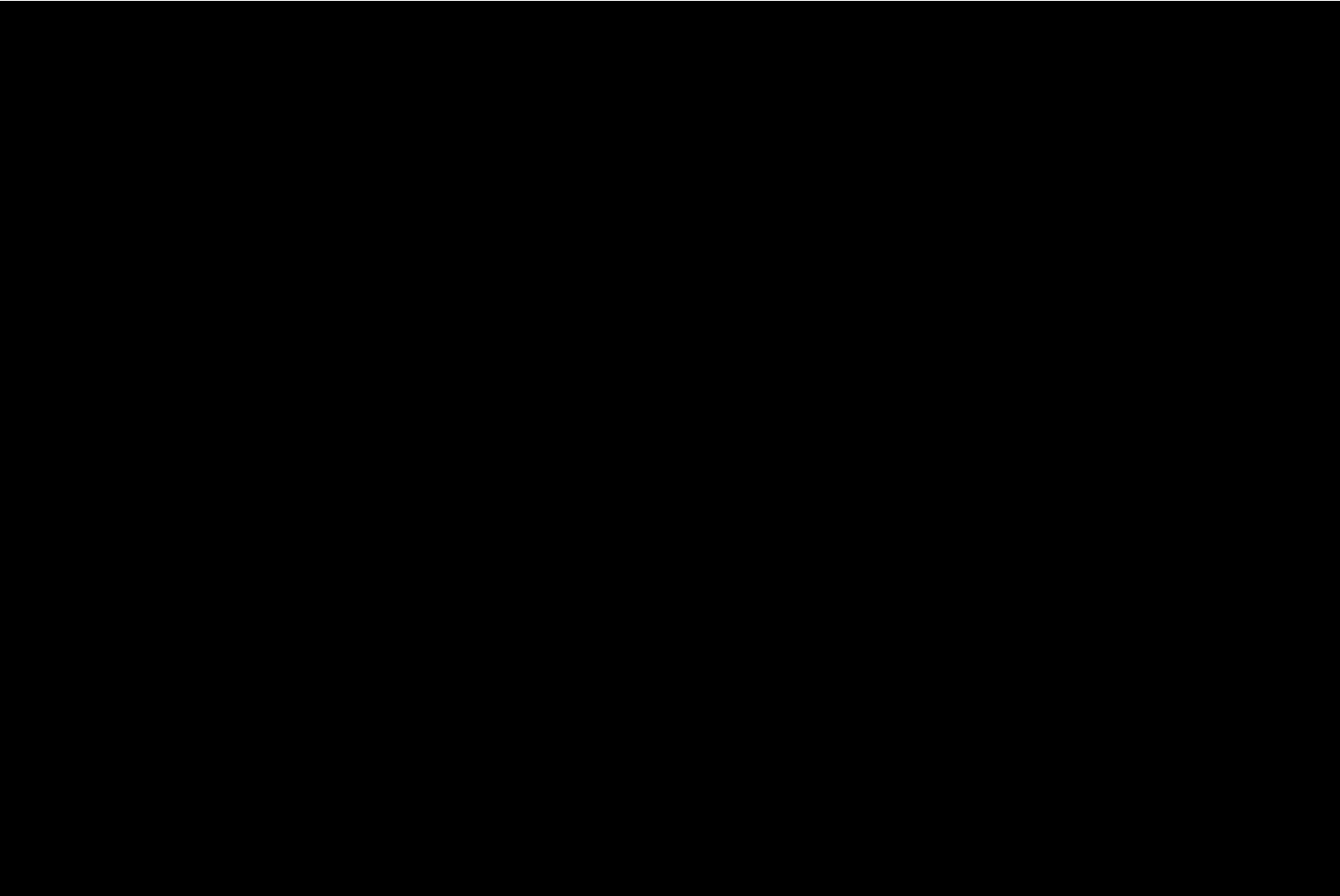
Indicate the year the facility was established. 1983 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. NONE - Current owner (licence holder)

Identify the psig rating and serial number for each fixed propane storage tank on site. purchased existing business in 2008.

	PSIG	Serial Number
Tank 1:	<u>250 psi @ 120°F</u>	<u>5592574</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: 2000 uswg Portable: ∅ Mobile: ∅



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Name of person completing this form (please print) <u>RICK SMITH</u>		Official Title <u>President</u>	
Signature <u>Rick Smith</u>		Telephone No. <u>705-864-2785</u>	Date (dd-mm-yyyy) <u>27-01-2012</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)		[REDACTED]	
SUPERIOR PROPANE			
Street No.	Street Name Lot / Concession No.		
	PO BOX 2875 Station M		
Town / City or Township / Country		Province	Postal Code
CALGARY		AB	T2P 1S61
Telephone No.	Fax No.	Contact Name	
1-877-873-7467			
E-mail			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		[REDACTED]	
BROWN'S PROPANE ~ WAWA (SUPERIOR PROPANE)			
Street No.	Street Name Lot / Concession No.		
17	WEST (125 MISSION RD) DEALER		
Town / City or Township / Country		Province	Postal Code
WAWA		ON	POS 1K0
Telephone No.	Fax No.	Contact Name	
705-856-2088		BOB BROWN	
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.

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Name of person completing this form (please print)	Official Title	
RICK SMITH	PRESIDENT	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Rick Smith</i>	705-864-2785	27-01-2012



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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.

This propane facility is located at a gas station. Therefore, there are three UGST's adjacent to the propane tank. There is a 4500 l premium gas tank, a 10000 l diesel fuel tank, and a 25000 l regular gas tank

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

Complete video surveillance system that is monitored daily, with a 30 day recording cycle. Alarm system is monitored 24 hrs/day with call back (Protectron). This system detects motion and temperature changes which will notify police and fire personnel, and owner.

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 (manual) at propane refill center located on hydro pole next to refill cabinet (3m away) Clearly marked - shuts off all power sources to refill center. There is a Range Guard model 4GS wet chemical system manually operated in main building. Also a total of 5 fire extinguishers

Maintenance and testing schedule for fire protection controls and devices.

Range Guard system is inspected yearly
All fire extinguishers are visually inspected monthly

located in and outside of building and at propane center and next to gas pumps.

Spill kit located in garage.

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Signature <i>Rick Smith</i>	Telephone No. 705-864-2785
	Date (dd-mm-yyyy) 27-01-2012



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name <i>RICK SMITH</i>	For Office Use - Party No.	Name <i>RICK SMITH</i>	For Office Use - Party No.
Official Title <i>PRESIDENT</i>		Official Title <i>PRESIDENT</i>	
Telephone No. <i>705-864-2785</i>	Fax No. <i>705-864-0703</i>	Cell No. <i>705-864-4182</i>	Fax No. <i>705-864-0703</i>
E-mail <i>neser@bellnet.ca</i>		E-mail <i>neser@bellnet.ca</i>	
Role and responsibilities in emergency <i>ensure plan is followed liason with emergency personel ←</i>		Role and responsibilities in emergency <i>← same</i>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>ELAINE MARTEL</i>	For Office Use - Party No.	Name <i>AWICE RIOPEL</i>	For Office Use - Party No.
Official Title <i>VICE - PRESIDENT</i>		Official Title <i>MANAGER</i>	
Telephone No. <i>705-864-2124</i>	Fax No.	Telephone No. <i>705-864-0911</i>	Fax No.
E-mail <i>martele@sympatico.ca</i>		E-mail	
Role and responsibilities in emergency <i>- contact appropriate authorities</i>		Role and responsibilities in emergency <i>- secure building, follow evacuation plan & ensure safety of staff and patrons.</i>	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>GRAHAM BERTRAND</i>	For Office Use - Party No.	Name <i>SUPERIOR PROPANE</i>	For Office Use - Party No.
Official Title <i>FIRE CHIEF - CHAPLEAU FIRE DEPT.</i>		Official Title <i>SUPPLIER</i>	
Telephone No. <i>705-864-1330</i>	Fax No. <i>705-864-1824</i>	Telephone No. <i>1-877-873-7467</i>	Fax No.
E-mail <i>graham@vianet.ca</i>		E-mail	
Role and responsibilities in emergency <i>direct fire department</i>		Role and responsibilities in emergency <i>direct service personel</i>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>KEN GROVES</i>	For Office Use - Party No.	Name <i>ALLAN PELLOW</i>	
Official Title <i>DEPUTY FIRE CHIEF ~ CHAPLEAU FIRE DEPT.</i>		Official Title <i>CAO ~ TWP OF CHAPLEAU</i>	
Telephone No. <i>705-864-4634</i>	Fax No.	Telephone No. <i>705-864-1330</i>	Fax No. <i>705-864-1824</i>
E-mail		E-mail <i>apellow@township-chapleau.on.ca</i>	
Role and responsibilities in emergency <i>direct fire department in chief's absence.</i>		Municipality <i>TWP OF CHAPLEAU</i>	

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Signature <i>Rick Smith</i>	Telephone No. <i>705-864-2785</i>
	Date (dd-mm-yyyy) <i>27-01-2012</i>



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2. Additional Safety Measures

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

Fact that the Alarm System monitors temperature fluctuations (heat increases & sensors for fire). Because system is monitored by an alarm company 24/7, they will notify emergency personnel and owner when alarm has been triggered.

Very close proximity to Police Station (OPP). All Police vehicles must pass facility site on way in and out of station. Therefore a steady flow of visual inspections. Station is less than 500 m from facility.

Owner of facility is on site majority of the time, is also a member of the local fire department. He has received basic training for these types of emergencies.

Owner is also a certified examiner under the Propane Training Institute. ID # E2009.

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Name of person completing this form (please print) RICK SMITH		Official Title PRESIDENT	
Signature <i>Rich Smith</i>		Telephone No. 705-864-2785	Date (dd-mm-yyyy) 27-01-2012



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

3. Record of Emergency Training Provided - For most recent 12-month period.

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider: <i>In-house training</i>
<i>07-11-2011</i>	Print Name of Instructor: <i>Rick Smith</i>
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider: <i>In-house training</i>
<i>09-11-2011</i>	Print Name of Instructor: <i>Rick Smith</i>
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider: <i>SUPERIOR PROPANE</i>
<i>15-04-2011</i>	Print Name of Instructor: <i>Fuzzy Foisy</i>
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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<i>RICK SMITH</i>	<i>PRESIDENT</i>
Signature	Telephone No.
<i>Rick Smith</i>	<i>705-864-2785</i>
	Date (dd-mm-yyyy)
	<i>27-01-2012</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:
31-03-2012	In-house
	Print Name of Instructor:
	Rick Smith
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:
31-03-2012	In-house
	Print Name of Instructor:
	Rick Smith
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:
30-04-2012	McDougall Energy Inc.
	Print Name of Instructor:
	? - Have a series of self-taught training modules.
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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Rick Smith	PRESIDENT	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Rick Smith</i>	705-864-2785	27-01-2012



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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 emergency situation is reported to Supervisor/Manager and owner immediately. Supervisor/Manager will direct staff + patrons to staging areas + contact 911. Owner will contact other authorities as required via cell phone including public if needed with assistance of emergency personnel.

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).

After warning is issued, Supervisor/Manager will evacuate all staff and patrons to the Staging Area → see attached map. This plan is kept as a copy on an information board for all staff to access and to be used as an aide during emergency situations.

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).

Supervisor/Manager will place the call to 9-1-1. Licence holder is also notified and can then liaison with emergency personnel.

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

Site is accessible at all times. If an incident has taken place after hours - Owner is notified in two methods: (1) through Alarm Company who monitors site, and (2) Through a Pager - as owner is a member of the local fire services & would be on site.

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

Licence holder is on site during emergencies, both as a member of the fire department and as the owner of the facility. As such, this person is privy to all flows of information and can contact other authorities as required &/or requested.

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

less than 5 minutes - owner lives less than 2 km from site.

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Name of person completing this form (please print) RICK SMITH	Official Title PRESIDENT
Signature <i>Rick Smith</i>	Telephone No. 705-864-2785 Date (dd-mm-yyyy) 27-01-2012



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

The licence holder will complete Section B in consultation with the local Fire Services.

6. Building and Site Security and Procedures

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>no storage areas on site.</i>
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? <i>No hydrants</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>Facility is on a well</i>
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>60 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>2 km</u>	

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Signature <i>Rick Smith</i>	Telephone No. <i>705-864-2785</i>	Date (dd-mm-yyyy) <i>27-01-2012</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:

Emergency plan is in order and well put together

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 <i>CHAPLEAU FIRE DEPT.</i>	<i>Jim Apsey</i>	<i>Jan 30/12</i>

*JIM APSEY
FIRE PREVENTION OFFICER*

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Name of person completing this form (please print) <i>RICK SMITH</i>	Official Title <i>PRESIDENT</i>
Signature <i>Rick Smith</i>	Telephone No. <i>705-844-2785</i>
	Date (dd-mm-yyyy) <i>27-01-2012</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. - *Figure 3.*

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>15-06-2011</i>	Capacity of single largest propane storage vessel (USWG) <i>2000 USWG</i>
Tank setback coordinates. Indicate placement on the map.	
Front: <i>20 m</i>	Right side property line: <i>35 m</i>
Rear: <i>9 m</i>	Left side property line: <i>53 m</i>
GPS coordinates of single largest vessel: <i>N 47° 49' 178"</i> <i>W 83° 23' 844"</i>	

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Signature <i>Rick Smith</i>	Telephone No. <i>705-864-2785</i>	Date (dd-mm-yyyy) <i>27-01-2012</i>



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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

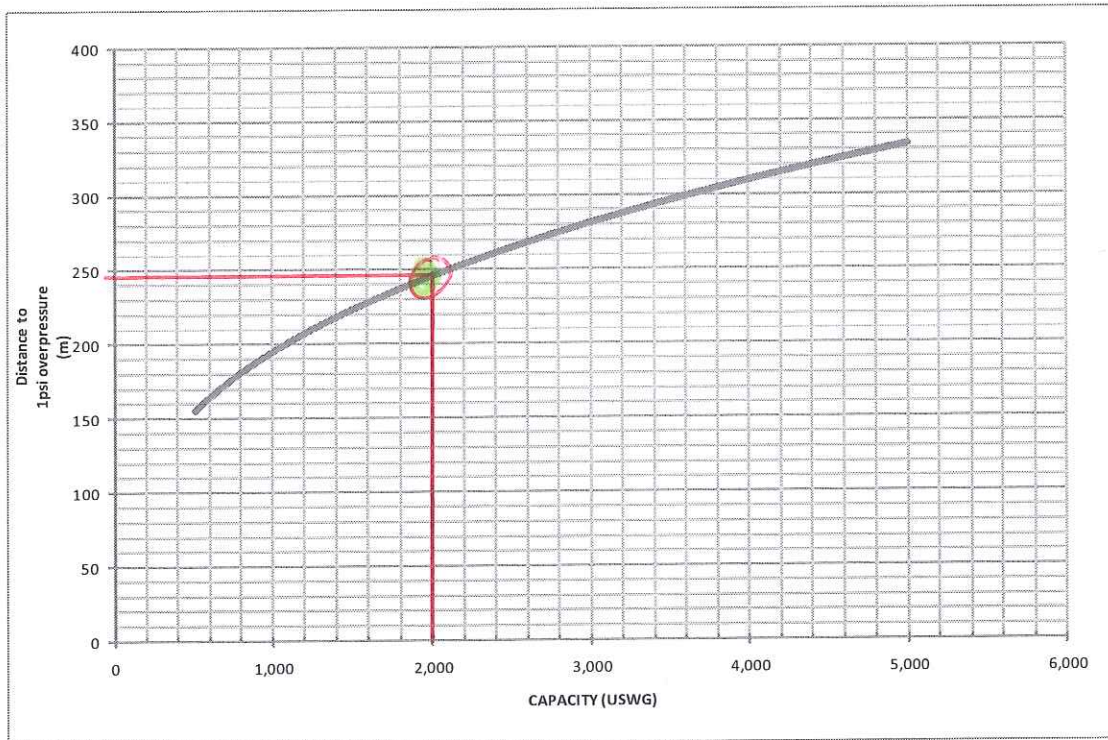
Table 1: Distance Table

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)



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) RICK SMITH		Official Title PRESIDENT	
Signature <i>Rick Smith</i>		Telephone No. 705-864-2785	Date (dd-mm-yyyy) 27-01-2012



Technical Standards and Safety Authority
www.tssa.org

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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 *and Figure 1 - map of Hazard Distant.*

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>see attached list</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: <u>see attached list</u> City: _____ Province _____ Postal Code _____					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: <u>see attached list</u> City: _____ Province _____ Postal Code _____					_____ m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: <u>see attached list</u> City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>None within the circle of the map</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>None within the circle of the map</u> Address: <u>Ontario Provincial Police located just</u> City: <u>230 m outside</u> Province <u>of circle</u> Postal Code <u>area</u>					_____ m

→ see additional attached map showing location of facility in relation to entire town and all emergency facilities. → Figure 2

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

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Name of person completing this form (please print) RICK SMITH	Official Title PRESIDENT
Signature <i>Rick Smith</i>	Telephone No. 705-804-2785 Date (dd-mm-yyyy) 27-01-2012

Level 1 Risk and Safety Management Plan For: Nesor Investments Inc.

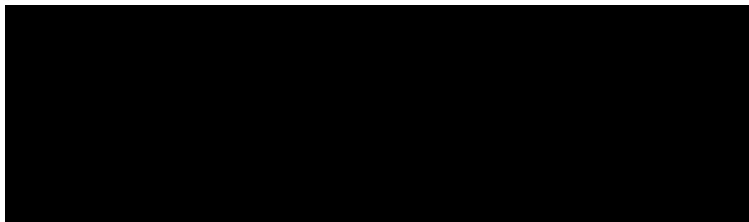
Table 2: Buildings and Features – Buildings and features present within the circle on the map of the surrounding area and name and address of the closest building or feature.

a) Industrial buildings or parks or golf courses

McDougall Energy Inc.
10 Parliament Blvd
Chapleau, ON P0M 1K0
Site Manager: Marc Charron 705-864-1013
One building and four storage tanks @ 230 m away

b) Residential building units specifically permanent single family dwellings, condominiums, and apartments

i) Single Family Dwelling
19 Pineland Road
Chapleau ON P0M 1K0
Owner: P. Purdy 705-864-2282
One house @ 125 m away



iii) Single Family Dwelling
14 Pineland Road
Chapleau ON P0M 1K0
Owner: R. Frazer 705-864-2809
One house @ 80 m away

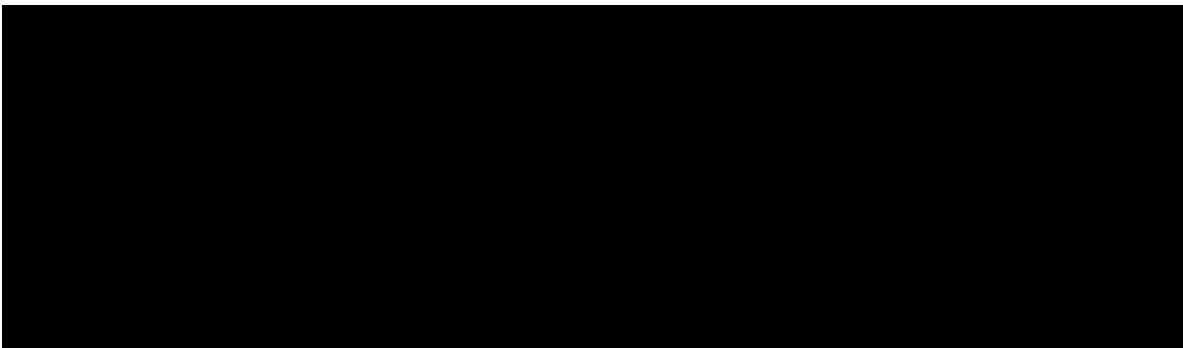
iv) Single Family Dwelling
37 Parliament Blvd
Chapleau ON P0M 1K0
Owner: J. Castonguay 705-864-0575
One house and two buildings @ 210 m away

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14 b

RICK SMITH
Rick Smith

- PRESIDENT
705-864-2785

27-01-2012



- c) Commercial building units specifically retail, rerstaurants, entertainment, theaters and sporting complexes

Neser Investments Inc. (o/a Pizza Hut / KFC Express)

418 Hwy # 129

Chapleau ON P0M 1K0

Owner: R. Smith 705-864-0911

One building on site of propane facility (approximately 25 m away from tank)

- d) Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts

- i) Gervais Trailer Park

located off Nemigosenda Road

Chapleau ON P0M 1K0

Owner: M. Gervais 819-783-2231

owner lives in Lasarre, PQ

Nine trailers on site @ 220 – 250 m away

Note: these units are large park model trailers set up for a permanent use (they would be considered single family dwellings)

- ii) Nemigosenda Cabins

Nemigosenda Road

Chapleau ON P0M 1K0

Owner: M. Martineau 705-864-1401

Approximately 15 rental cabins – all of a transient nature

- iii) Pineland Country Cottages

15 & 17 Pineland Road

Chapleau ON P0M 1K0

Owner: R. Smith 705-864-2785

One rental house and six rental cabins – all of a transient nature

Page
14 C

RICK SMITH

- PRESIDENT

Rick Smith

- 705-864-2785

27-01-2012



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SECTION C: SUBMISSIONS (cont'd)

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

Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	Not applicable ↓	There are no stored tanks on site
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

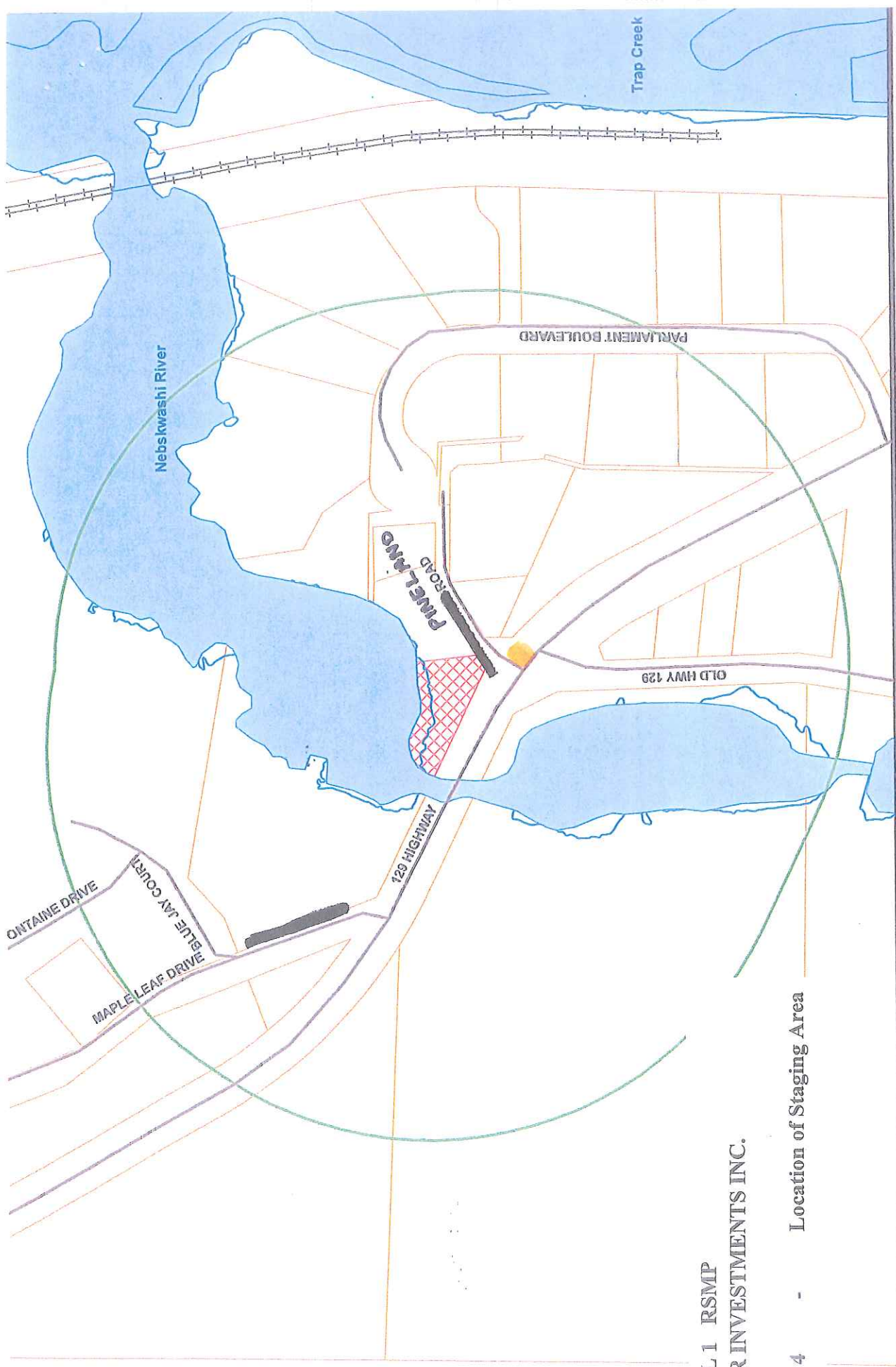
Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
No stored tanks of any size on site - in use or otherwise.		
Total Tank Capacity		

Total Cylinder Capacity	/
Total Tank Capacity	
Total Portable Capacity	

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Name of person completing this form (please print) RICK SMITH		Official Title PRESIDENT	
Signature <i>Rich Smith</i>		Telephone No. 705-864-2785	Date (dd-mm-yyyy) 27-01-2012



LEVEL 1 RSMP
NESER INVESTMENTS INC.

Figure 4 - Location of Staging Area

529200000409900 NESER INVESTMENTS

250m Buffer

General

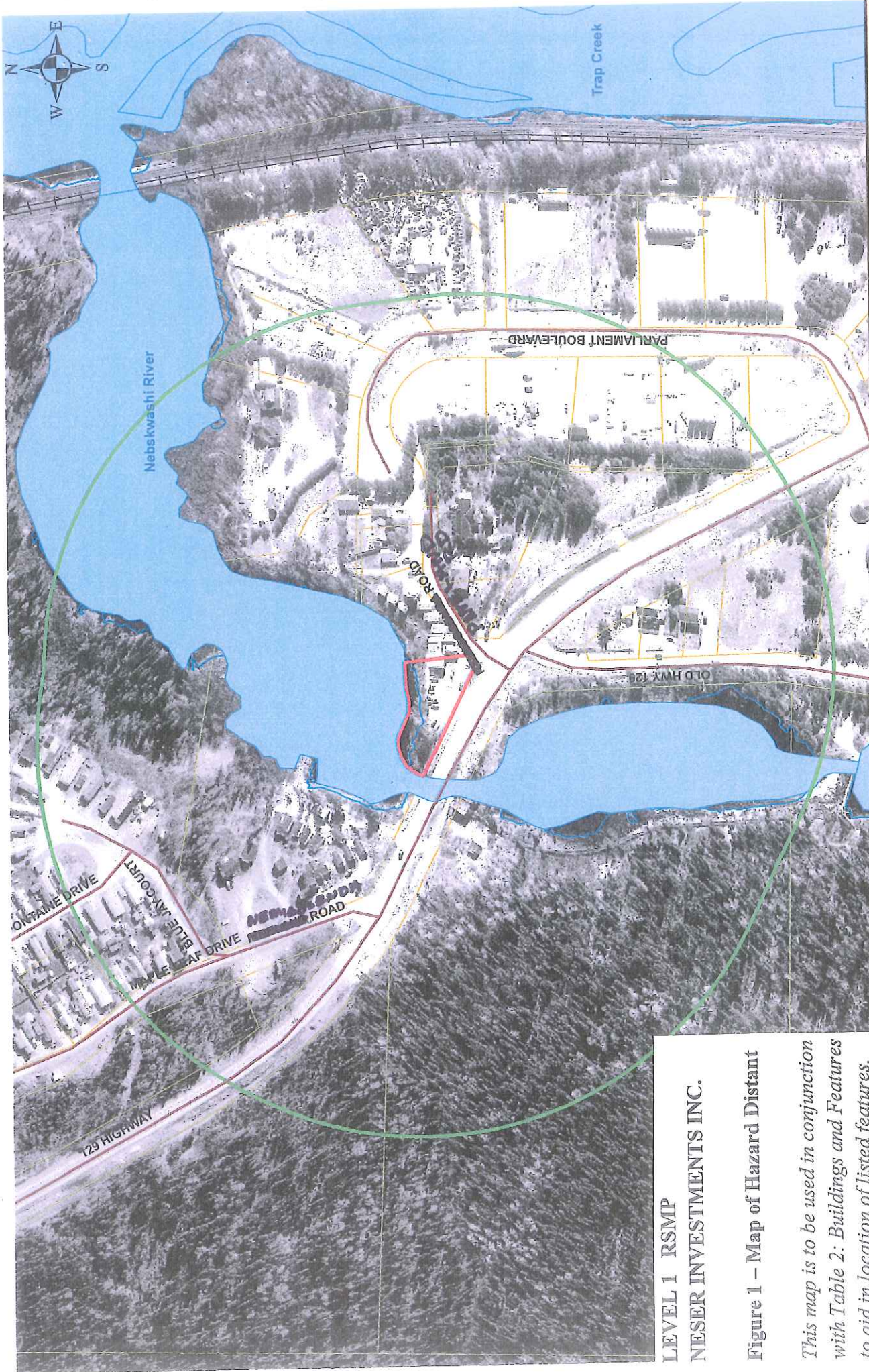
STAGING AREA

529200000409900

RICK SMITH - PRESIDENT

Rich Smith


705-864-2795



**LEVEL 1 RSMP
NESER INVESTMENTS INC.**


Figure 1 – Map of Hazard Distant

This map is to be used in conjunction with Table 2: Buildings and Features to aid in location of listed features.


	529200000409900 - NESER INVESTMENTS
	250m Buffer
	Streets
	Lakes and Rivers
	Parcel

page 14a

529200000409900
Township of Chapleau



Meters



Projection: WGS 1984
UTM Zone 16N
January 26, 2012
ID: CH0014



**LEVEL 1 RSMP
NESER INVESTMENTS INC.**

**Figure 2 – Map of Facility Location
In relation to entire Town
and all Emergency Facilities**

*Propane Facility is located in the Municipality
Of The Township of Chapleau.
Conc 5 Lot 3 Parcel 19926
Sr 1393 Part 1 & 2*

- Ambulance
- Fire Hall
- Hospital
- 529200000409900 - NESER INVESTMENTS
- Streets
- Lakes and Rivers
- 250m Buffer
- Railway
- Parcel

529200000409900
Township of Chapleau

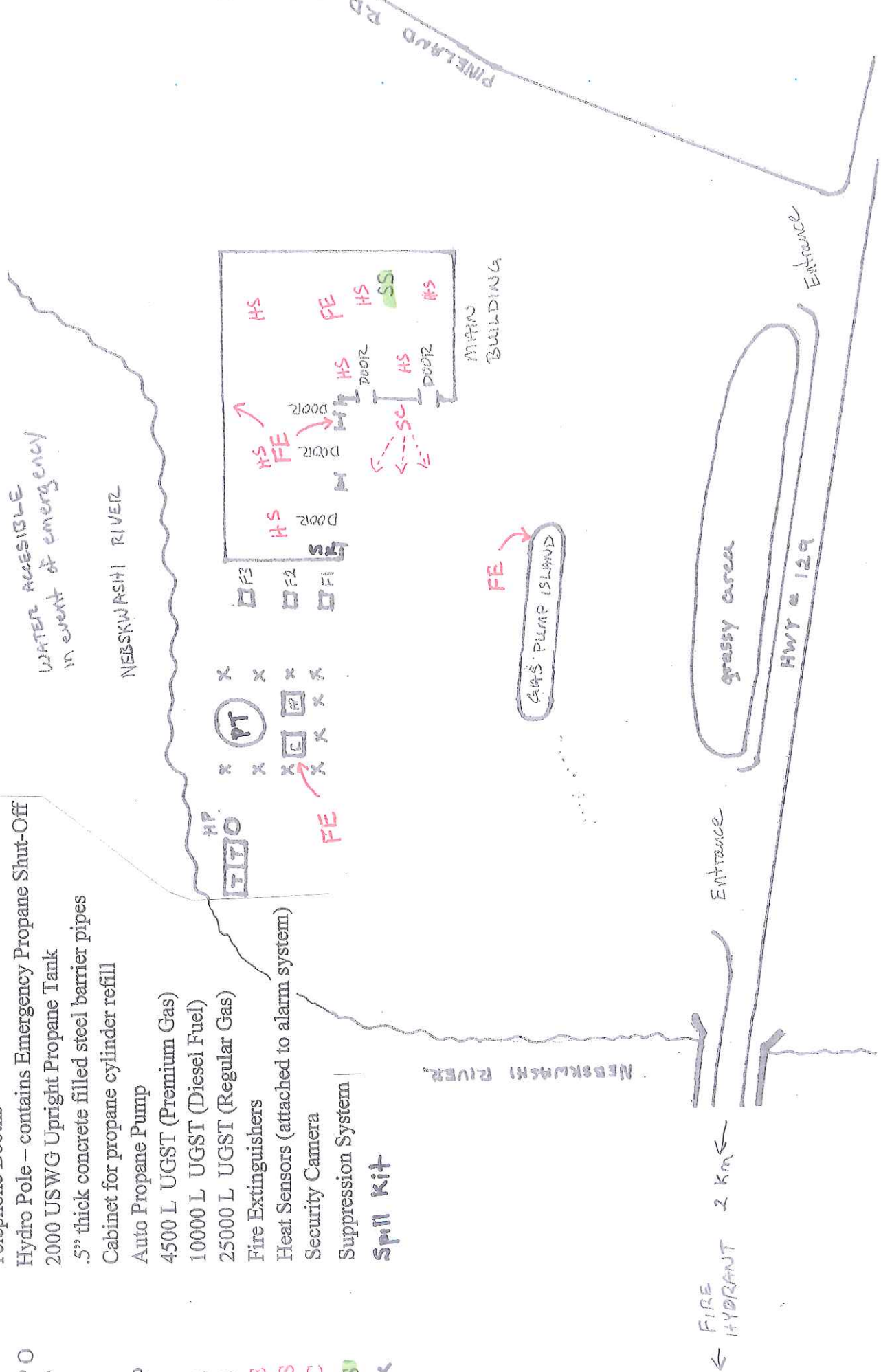
0 195 390 780
Meters



Projection
WGS 1984
UTM Zone 16N
January 26, 2012
ID: CH0014



- T Telephone Booths
- HP O Hydro Pole - contains Emergency Propane Shut-Off
- PT 2000 USWG Upright Propane Tank
- X .5" thick concrete filled steel barrier pipes
- C Cabinet for propane cylinder refill
- AP Auto Propane Pump
- F1 4500 L UGST (Premium Gas)
- F2 10000 L UGST (Diesel Fuel)
- F3 25000 L UGST (Regular Gas)
- FE Fire Extinguishers
- HS Heat Sensors (attached to alarm system)
- SC Security Camera
- SS Suppression System
- SK Spill Kit



LEVEL 1 RSMP
NESER INVESTMENTS INC.

Figure 3 - Facility Site Plan

Rick Smith - PRESIDENT
 Rick Smith
 705-864-2785
 PG 22
 27-01-2012