



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 0060351001-C

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: J & K Devitt Services Ontario Corporation No., if applicable: _____

Operator Name (if different from above): J & K Devitt Services Inc.

Telephone No. 705-738-2461 Fax No. 705-738-3544 E-mail jkdevitt@bellnet.ca

B Street No. 3301 Street Name / 911 Number / Address, if applicable: County Road 36

Town / City or Township / County: Bobcaygeon Province: On Postal Code: K0M 1A0

C Mailing address if different from above. Street No. 3301 Street Name / 911 Number / Address, if applicable: County Road 36 P.O. Box 580

Town / City or Township / County: Bobcaygeon Province: On Postal Code: K0M 1A0

Information on Container Refill Centre or Filling Plant

D Location of facility. Street No. 3301 Street Name / 911 Number / Address, if applicable: County Road 36 Nearest Major Intersection: County Road 36 & Pigeon Lake Road

Town / City or Township / County: Bobcaygeon Province: On Postal Code: K0M 1A0

Name of Licence Holder: J & K Devitt Services

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Sheree Austin ROT type: PTI 100-1 Cert# 111173 (PPO-3)

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): City Of Kawartha Lakes

Hours of operation. _____



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SECTION A: GENERAL INFORMATION (cont'd)

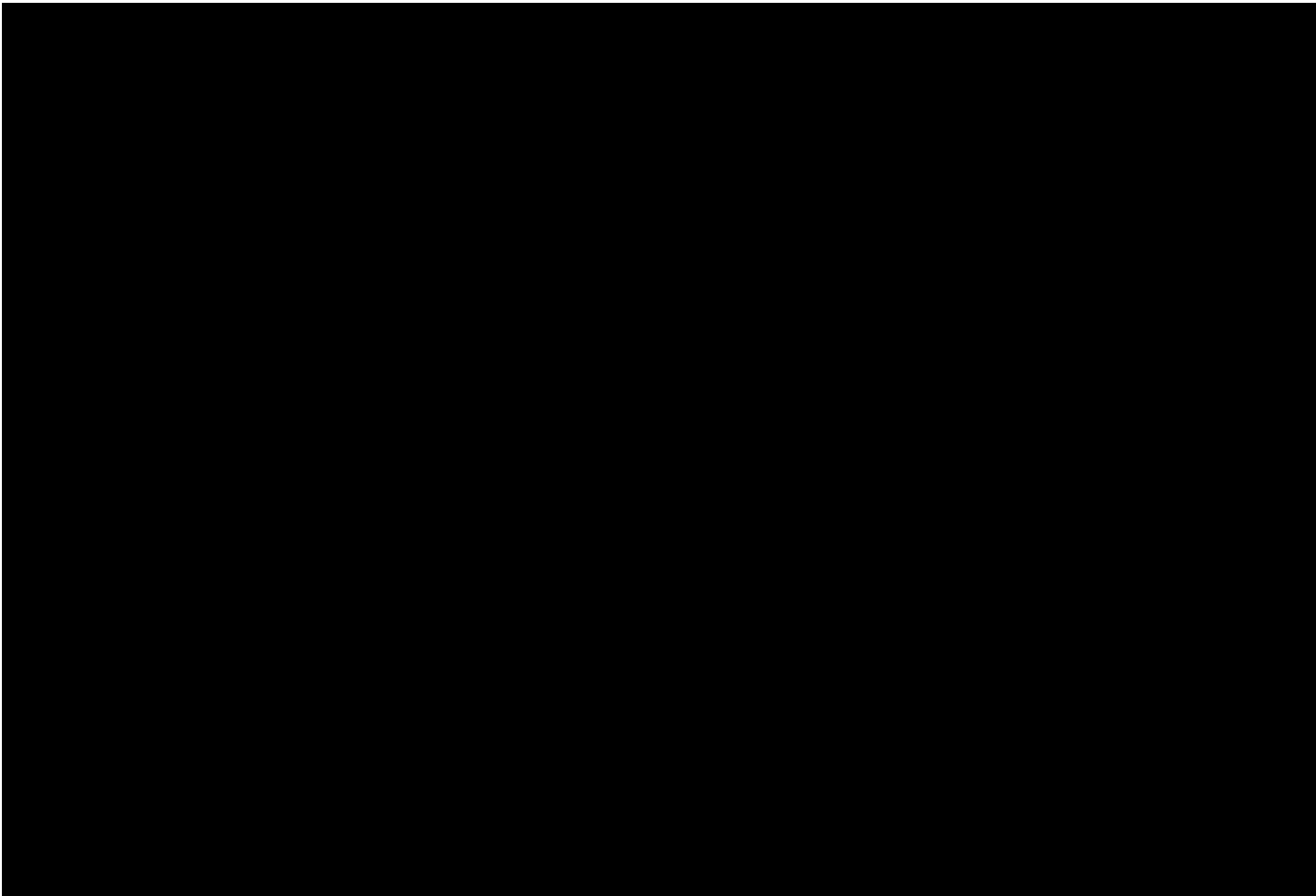
Indicate the year the facility was established. 1990 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. None

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>9D79-7456</u>
Tank 2:	_____	_____
Tank 3:	_____	_____

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 1000 USWG Portable: 0 Mobile: 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) Sheree Austin	Official Title President
Signature 	Telephone No. 705-738-2461
	Date (dd-mm-yyyy) <u>16/12/11</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)			
Superior Propane - Regional Operation Centre			
Street No.	Street Name / 911 Number / Address, if applicable		
251	Woodland Road East Unit 217		
Town / City or Township / Country		Province	Postal Code
Guelph		On	N1H 8J1
Telephone No.	Fax No.	Contact Name	
877-873-7467	519-836-7766	Bruce Graham	
E-mail			
grahamb@superiorpropane.com			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>			
Superior Propane			
Street No.	Street Name / 911 Number / Address, if applicable		
7	Superior Road, HWY 121 North		
Town / City or Township / Country		Province	Postal Code
Fenelon Falls		On	KOM 1N0
Telephone No.	Fax No.	Contact Name	
705-927-2234	519-836-7766	Mark Wakeford	
E-mail			
wakeform@superiorpropane.com			

Off-site Cylinder and/or Mobile Storage	Capacity stored off-site, in USWG	For Office Use - Party No.
None		
Street No.	Street Name / 911 Number / Address, if applicable	
Town / City or Township / Country	Province	Postal Code
Telephone No.	Fax No.	Contact Name

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

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Name of person completing this form (please print)	Official Title	
Sheree Austin	President	
Signature	Telephone No.	Date (dd/mm/yyyy)
	705-738-2461	16/12/11



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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.

Gasoline - 4540 litre storage, - above ground tanks

Diesel - 4540 litre storage, - above ground tank

Oxygen 1568 cf in various sizes out door storage shed. 310 cf various sizes out door out door storage shed. Nitrogen 298cf in various sizes cylinders outside storage shed.

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

BC Fire Extinguishers.

1 - located @ propane tank 10A 120BC

1 - located @ shop area 2A10BC & 1 3A40BC

1 - located @ diesel/gasoline area 10BC

List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

1- Fusible link on ISC - isolation valve between the tank and the downstream propane dispensing equipment.

2. Emergency Shut Off - 25 feet from propane tank. This shuts down the pump and closes a solenoid valve upstream of hoses.

3. Power supply breaker inside the gas bar building. This cuts all power to the propane system - shuts down pump; closes solenoid valve.

Maintenance and testing schedule for fire protection controls and devices.

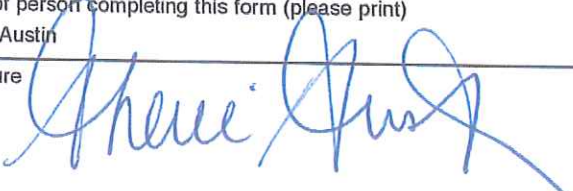
Maintenance and testing is undertaken by Superior Propane according to Superior's Maintenance Standards. Schedule for key equipment is:

1- Pumps - (pumps every 3 months; pump motor: check belts monthly; grease pump every 6 months).

2- ISC valve (test for closure every 6 months).

3- Storage Tank Relief Valves - inspected every 2 years; replacement schedule as per provincial regulations.

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Signature 		Telephone No. 705-738-2461	Date (dd-mm-yyyy) 16/12/11



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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 Sheree Austin	For Office Use - Party No.	Name Sheree Austin	For Office Use - Party No.
Official Title President		Official Title President	
Telephone No. 705-738-2461	Fax No. 705-738-3544	Cell No. 705-879-0154 H- 705-738-2781	Fax No. 705-738-3544
E-mail 705-738-3544		E-mail saustin@sympatico.ca	
Role and responsibilities in emergency Co-ordinate site response plan (ERP)		Role and responsibilities in emergency Co-ordinate site response plan (ERP)	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Juanita Quibell	For Office Use - Party No.	Name Sheree Austin	For Office Use - Party No.
Official Title Secretary / Treasure		Official Title President	
Telephone No. 705-738-5045	Fax No. 705-738-3544	Telephone No. 705-738-2461	Fax No. 705-738-3544
E-mail juanita.quibell@sympatico.ca		E-mail 705-738-3544	
Role and responsibilities in emergency Co-ordinate site response plan (ERP)		Role and responsibilities in emergency Co-ordinate site response plan (ERP)	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Mark Pankhurst	For Office Use - Party No.	Name Superior Propane Hot Line	For Office Use - Party No.
Official Title Fire Chief		Official Title	
Telephone No. 705-324-5731 x 591	Fax No. 705-878-3463	Telephone No. 877-873-7467	Fax No. N/A
E-mail mpankhurst@city.kawarthalakes.on.ca		E-mail n/a	
Role and responsibilities in emergency Coordinate Emergency Response / advise on Fire Service Response. Liaise with police services.		Role and responsibilities in emergency Identify and dispatch Superior Propane and or LPERGC emergency response personal as required	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Mike Hannon	For Office Use - Party No.	Name Judy Currins	
Official Title Fire Prevention Officer		Official Title Clerk	
Telephone No. 705-324-5731 x 545	Fax No. 705-878-3463	Telephone No. 705-324-9411 x 1295	Fax No. 705-324-8110
E-mail mhannon@city.kawarthalakes.on.ca		E-mail jcurrins@city.kawarthalakes.on.ca	
Role and responsibilities in emergency Coordinate Emergency Response / advise on Fire Response when key contact is not available and liaise with police services.		Municipality City of Kawartha Lakes	

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Signature 	Telephone No. 705 738 2461
	Date (dd-mm-yyyy) 16/12/11



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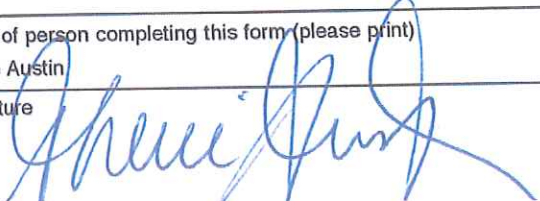
2. Additional Safety Measures

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

E-stop located @ the dispenser area to cut the electrical in the event of an emergency, shutting the power of to the solenoid stopping the flow of propane.

[Large empty lined area for describing additional safety measures]

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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) None	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.

Training Date (dd-mm-yyyy) None	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) 31-09-2011	Print Name of Training Provider: Canadian Propane Association	Please Note - a ROT is valid for 3 years
	Print Name of Instructor: Greg White	
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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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) Q1-2012	Print Name of Training Provider: Superior Propane or Alternate Print Name of Instructor: to be arranged	Please note: Canadian Propane Gas Association is currently developed the course PTI 911-02
Target Date (dd-mm-yyyy)	Print Name of Training Provider: Print Name of Instructor:	content and it and its provider is be available to be taught in the first quarter of this year.
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) Q1-2012	Print Name of Training Provider: Key Contact to train staff Print Name of Instructor: to be arranged
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) Q4-2012	Print Name of Training Provider: Canadian Propane Association Print Name of Instructor: Greg Whyte	Please Note - a ROT is valid for 3 years Note: To call training provider if any training is required
Target Date (dd-mm-yyyy)	Print Name of Training Provider: Print Name of Instructor:	in 2012
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) Sheree Austin	Official Title President
Signature 	Telephone No. 705 798 2464
	Date (dd-mm-yyyy) 16/12/11



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

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

5. Emergency Response Communications Plan

Warnings and Actions

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).
The operator or Alternate will contact emergency services by calling 911 and will provide warnings outlined in the attached: "Propane Emergency Response Procedures" placard (to be posted on site and part of the employee training). If it is safe to do so this could involve advising neighbors to evacuate. The owner/operator may also contact Superior Propane via the emergency number identified in the ERP.

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).

The owner /operator or alternate should first follow the actions in the ERP provided herein. Stage evacuation, if the release of propane cannot be stopped by cutting electrical power may be required. Note a specific muster point is not advisable, since a propane plume can blow in any direction.

Actions will be taken by an on duty ROT person(s)

Communication with Emergency Response Authorities

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).

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

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

The propane tank system is located in a wide open area that is easily accessible.

The fire access routes are identified in the attached site plan.

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

The critical information required from the license holder is (a) how to shut the system down and (b) the fill level in the tank (if known)

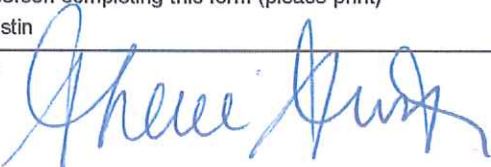
Fill level is relevant from a time-to-BLEVE perspective (a near empty tank will BLEVE sooner than a full tank if there is a fire impingement on the tank).

This information will be provided to the authorities by Sheree Austin or alternate.

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

Key Contact: -10 minutes to arrive at the facility in the event of an emergency

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Signature 	Telephone No. 705-738-2461
	Date (dd-mm-yyyy) 16 Dec 2011



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

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

6. Building and Site Security and Procedures

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input 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>2000 m fire hydrant</u>	
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only)	<u>N/A</u>	

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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes

No

If not, please explain (e.g., no fire services).

Fire services comments, if any:

To be completed by the Licence Holder

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

The licence holder will respond to the Local Fire Services comments by:

(dd-mm-yyyy)

LOCAL FIRE SERVICES

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

Print name

Signature

Date (dd-mm-yyyy)

Local Fire Services Name

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Name of person completing this form (please print)

Sheree Austin

Official Title

President

Signature

Telephone No.

705-738-2461

Date (dd-mm-yyyy)

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SECTION C: SUBMISSIONS

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

Facility Site Plan.

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

Map of Surrounding Area.

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below .

Required Mapping Information from Updated Site Plan

Date Map Prepared (dd-mm-yyyy) 08-12-2011	Capacity of single largest propane storage vessel (USWG) 1000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 43.3 m	Right side property line: 91.1 m
Rear: 35.9 m	Left side property line: 33.3 m
GPS coordinates of single largest vessel: 44.518273 -78.53007	

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

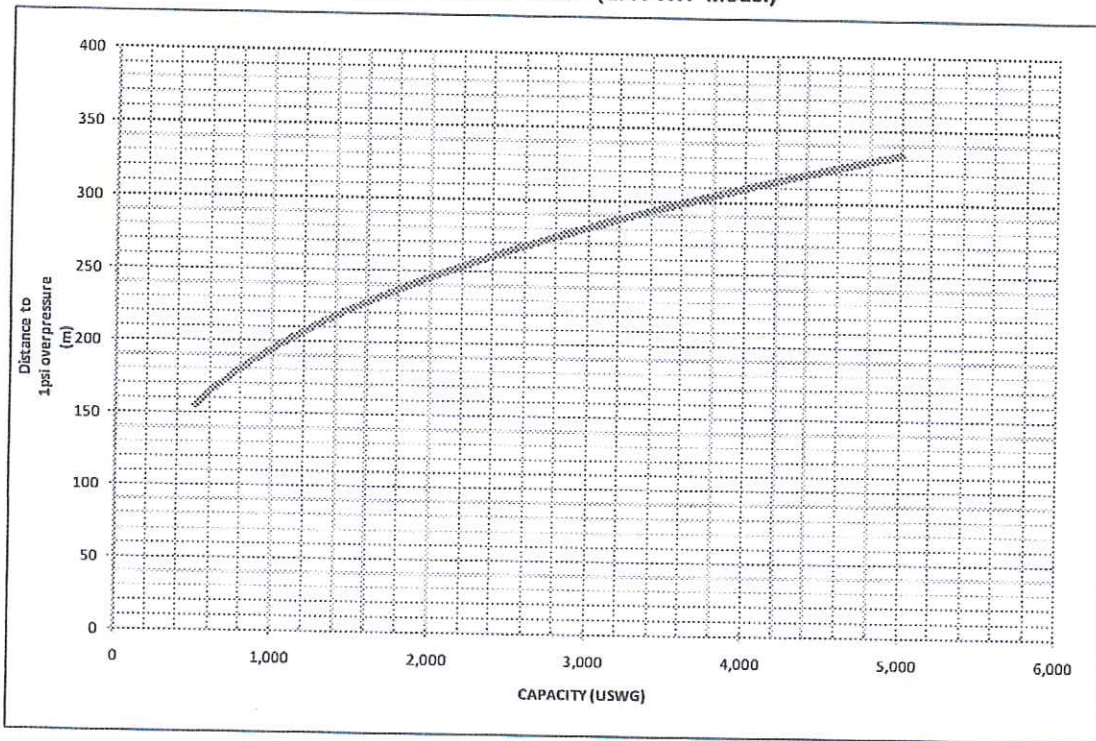
Table 1: Distance Table

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) Sheree Austin	Official Title President
Signature 	Telephone No. 705 738 2464
	Date (dd-mm/yyyy) 16/12/11



Technical Standards and Safety Authority
www.issa.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: J&K Devitt Services Inc Address: 3301 County Rd 36 City: Bobcaygeon Province On Postal Code KOM 1A0		x			9.8 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments [Redacted]			x		49 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Chip Truck Address: County Road 36 located outside of the south east side of property known as 3301 Cty Road 36 City: Bob Caygeon Province On Postal Code KOM 1A0		x			43 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: None Address: City: Province Postal Code	x				0 m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: None Address: City: Province Postal Code	x				0 m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: None Address: City: Province Postal Code	x				0 m

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

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Name of person completing this form (please print) Sheree Austin	Official Title President
Signature 	Telephone No. 705-738-2464
	Date (dd/mm/yyyy) 16/12/11



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)
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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	0	0
# 100	29.5	0	0
# 40	11.75	0	0
# 33.3	9.62	0	0
# 30	8.8	0	0
# 20	5.8	0	0
# 10	2.9	0	0
# 5	1.5	0	0
Total Cylinder Capacity			0

Tanks Stored On-site Not Connected for Use

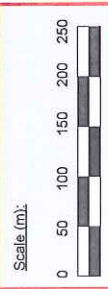
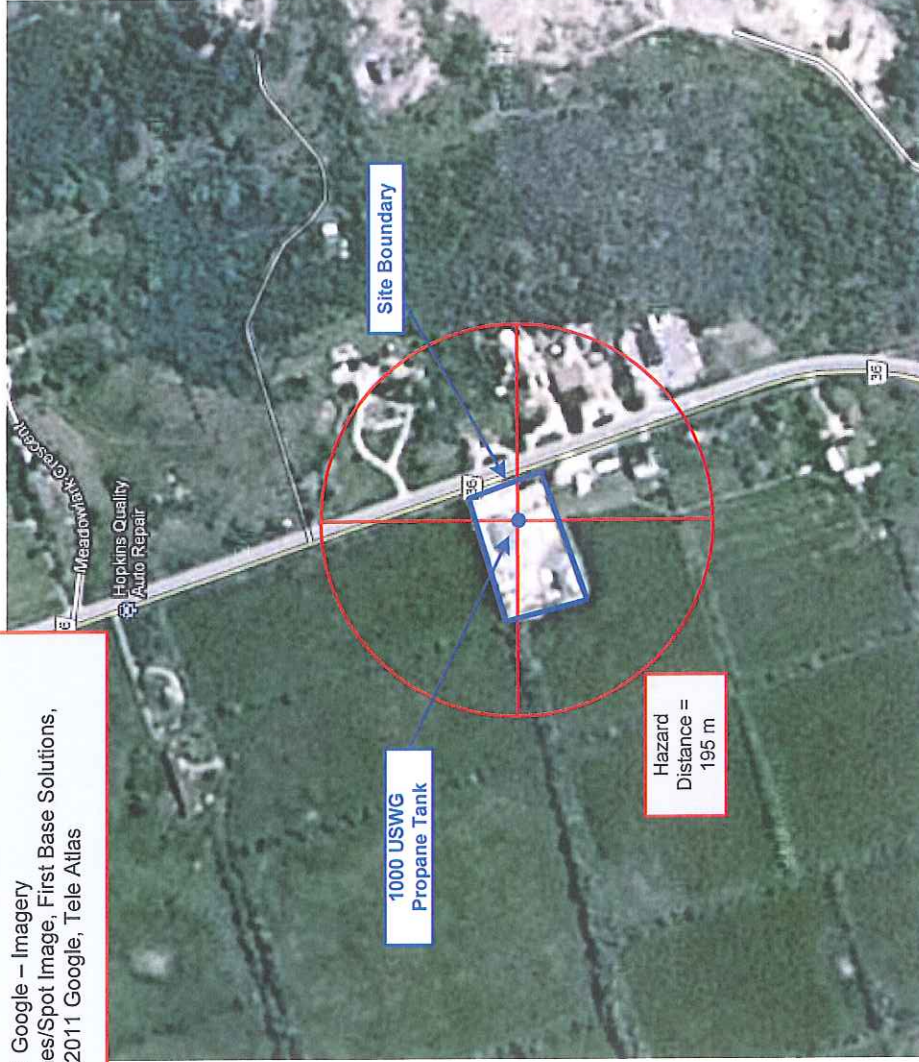
Tank Size In USWG	Quantity	Total Volume in USWG
0	0	0
Total Tank Capacity		0

Total Cylinder Capacity	0
Total Tank Capacity	1000 USWG
Total Portable Capacity	0

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Name of person completing this form (please print) Sheree Austin	Official Title President
Signature 	Telephone No. 705-738-2461
Date (dd-mm-yyyy) 16/12/11	

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 setbacks to Site Boundary	North: 43.3 m South: 35.9 m	East: 33.3 m West: 91.1 m
Capacity of Propane Storage Tank:	Capacity of Propane Storage Tank = 1000 USWG	
GPS Co-ordinates of Propane Storage Tank:	GPS Co-ordinates = 44.518273, -78.53007	
Circular Distance to 1 psi overpressure:	Denoted by circle centred on tank; radial distance = 195 m	

Municipality (ies) within the 1 psi overpressure circle:	City of Kawartha Lakes
Municipal Contact:	Judy Currins Clerk, City of Kawartha Lakes 26 Francis St, Box 9000 Lindsay ON K9V 5R8 Tel: 705-324-9411 ext. 1295 Fax: 705-324-8110 email: jcurrins@city.kawarthalakes.on.ca

Map of Surrounding Area	J&K Devitt Services Inc. 3301 County Rd 36, Bobcaygeon, ON KOM 1A0 Legal Description CON 10 PT Lot 11 RP57R6214 Part 1 Ward 13
Drawn by:	L. Willis
Date:	December 8, 2011

Key Plan:



Notes:
1. Tank distances to property lines:

Property Line Setbacks	Distance
North	43.3 m
South	35.9 m
East (Front)	33.3 m
West	91.1 m

2. Fire Extinguisher
3. Egress/Fire Access Route:
Egress/access point along County Road 36
4. E-Stop
5. Propane Cylinder Storage Area

FSN Training & Development

Site Plan
J&K Devitt Services Inc.
 3301 County Road 36, Bobcaygeon, ON K0M 1A0

Legal Description

CON 10 PT LOT 11 RP57R6214 Part 1 Ward 13

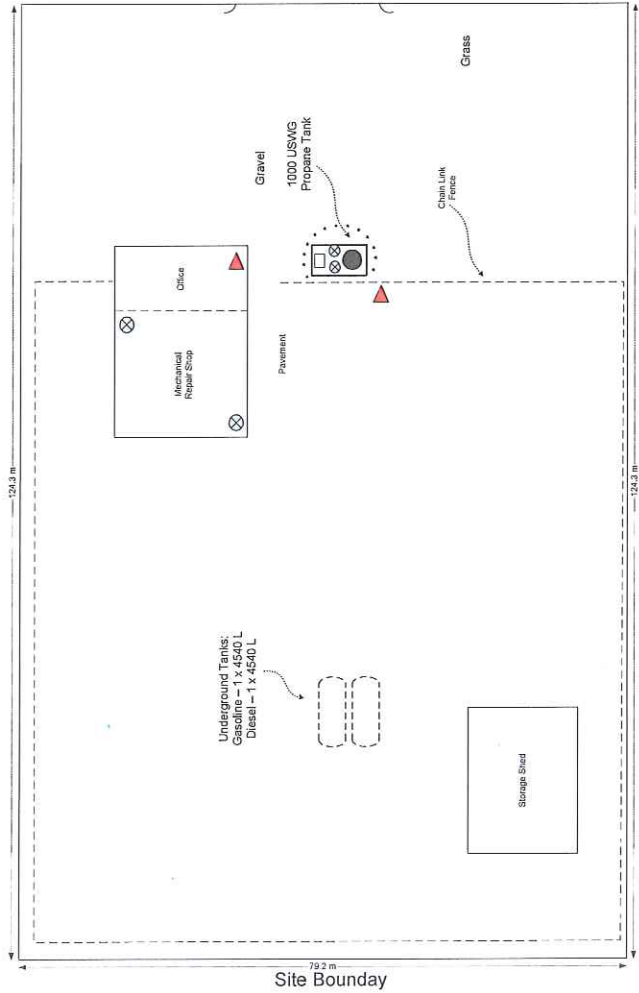
Drawn by: L. Willis Checked by:

Date: December 8, 2011 Rev 0



Access / Egress

County Road 36



3301 1A0

