



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X6
Fax: 416.231.4903
Customer Service: 1.877.682.6172

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 6,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

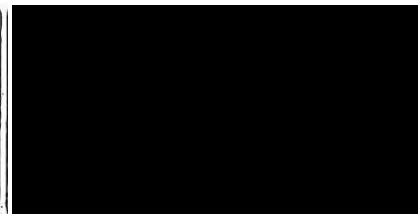
Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the Technical Standards and Safety Act

License Number: 0000 76639930

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: 1291026 ONTARIO LTD. Ontario Corporation No., if applicable: SAME

Operator Name (if different from above): ARISS BROS. PROPANE (JOHN ARISS)

Telephone No.: 519-886-7291 Fax No.: 519-886-2314 E-mail Address: PROPANE@KW.165.NET

B Street No.: 120 Street Name, Lot / Concession No.: NORTHFIELD DR. EAST UNIT 4

Town / City or Township / County: WATERLOO Province: ON Postal Code: N2T 4G8

Mailing address if different from above:

C Street No.: _____ Street Name, Lot / Concession No.: _____

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

Information on Container Refill Centre or Filling Plant

D Location of facility:


Street No.: 120 Street Name, Lot / Concession No.: NORTHFIELD DR. E Nearest major intersection: NORTHFIELD DR + BRIDGE ST.

Town / City or Township / County: WATERLOO Province: ON Postal Code: N2T 4G8


Name of License Holder: 1291026 ONTARIO LTD.

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): JOHN ARISS ROT type: 100-01, 100-04

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): * WATERLOO

Hours of operation: 

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information. Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Name of License Holder: <u>1291026 ONTARIO LTD.</u>	Signature: 	Date (dd-mm-yyyy): <u>13/07/2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training: <u>JOHN ARISS</u>		



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

GENERAL INFORMATION

Name of Propane Supplier(s)					
PRIMEMAX ENERGY INC.					
Street No.	Street Name / 911 Number / Address, if applicable				
2558	CEDAR CREEK ROAD				
Town / City or Township / Country			Province	Postal Code	
AYR			ON	NOB 1EO	
Telephone No.	Fax No.	Contact Name			
519-740-8209	519-740-1015	RON DRIEDGER			
E-mail					
RDRIEDGER@ROGERS.BLACKBERRY.NET					

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>					
Street No.					
Street Name / 911 Number / Address, if applicable					
Town / City or Township / Country			Province	Postal Code	
AYR			ON	NOB 1EO	
Telephone No.	Fax No.	Contact Name			
519-740-8209	519-740-1015	RON DRIEDGER			
E-mail					
RDRIEDGER@ROGERS.BLACKBERRY.NET					

Off-site Cylinder and/or Mobile Storage	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		Postal Code
AYR		NOB 1EO
Telephone No.	Fax No.	Contact Name
519-740-8209	519-740-1015	RON DRIEDGER

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

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.	Official Title	
JOHN ARISS	PRESIDENT	
Signature	Telephone No.	Date (dd-mm-yyyy)
	519-886-2291	15/03/2013



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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.

NONE NO COMPRESSED GASES, FLAMMABLE GASES, CORROSIVE, EXPLOSIVE
FLAMMABLE LIQUIDS?
- NO OTHER HAZARDOUS MATERIALS ON SITE

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

FIRE EXTINGUISHERS LOCATED ON THE STORAGE AREAS AT THE STORAGE TANK AND DISPENSER AREA AND IN THE PAYMENT CENTRE → OTHER SYSTEMS (EMERGENCY LIGHTING, LOCK BOX, ETC.)?

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. ← NEED MORE COMPREHENSIVE DESCRIPTION

EMERGENCY SHUT OFF LOCATED ON EXTERIOR OF PAYMENT CENTRE.
FUSIBLE LINK ATTACHED TO DOOR IF CLOSED SHUTS DOWN ISC VALVE. SOLENOID SHUT OFF LOCATED AT FILLING AREA.
MAIN POWER SHUT OFF LOCATED IN PAYMENT CENTRE.

Maintenance and testing schedule for fire protection controls and devices.

EMERGENCY SHUT OFF TESTED WEEKLY. FUSIBLE LINK INSPECTED WEEKLY. FIRE EXTINGUISHERS INSPECTED ANNUALLY.
AUTOMATIC SHUT OFF VALVES INSPECTED ANNUALLY.
PRESSURE RELIEF VALVE INSPECTED ANNUALLY.

→ COMPREHENSIVE LIST OF CHECK, INSPECT, TEST NOT PROVIDED.
(EG. FIRE EXTINGUISHERS "INSPECT" AND OTHER FIRE PROTECTION EQUIPMENT IF APPLICABLE)

X CHECKLIST ONSITE FOR INSPECTION

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Name of person completing this form (please print) JOHN ARKS	Official Title PRESIDENT.
Signature 	Telephone No. 519-886-2291 Date (dd-mm-yyyy) 18/07/2011



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Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
Propane Storage and Handling Regulation

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>JOHN ARISS</i>	For Office Use - Party No.	Name <i>JOHN ARISS</i>	For Office Use - Party No.
Official Title <i>PRESIDENT</i>		Official Title <i>PRESIDENT</i>	
Telephone No. <i>519-886-2291</i>	Fax No. <i>519-886-6314</i>	Cell No. <i>519-575-3704</i>	Fax No. <i>519-886-6314</i>
E-mail <i>PROPANE@KW.165.NET</i>		E-mail <i>PROPANE@KW.165.NET</i>	
Role and responsibilities in emergency <i>INITIATE EMERGENCY CALLS AND ADVISE APPLICABLE PARTIES</i>		Role and responsibilities in emergency <i>INITIATE EMERGENCY CALLS AND ADVISE APPLICABLE PARTIES</i>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>ROB ARISS</i>	For Office Use - Party No.	Name <i>JOHN ARISS</i>	For Office Use - Party No.
Official Title <i>VICE PRESIDENT</i>		Official Title <i>PRESIDENT</i>	
Telephone No. <i>519-575-3704</i>	Fax No.	Telephone No. <i>519-575-3704</i>	Fax No.
E-mail <i>0595</i>		E-mail	
Role and responsibilities in emergency <i>INITIATE EMERGENCY CALLS AND ADVISE APPLICABLE PARTIES. LOCATE AND ADVISE KEY CONTACT</i>		Role and responsibilities in emergency <i>INITIATE EMERGENCY CALLS AND ADVISE APPLICABLE</i>	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>LYLE QUAN</i>	For Office Use - Party No.	Name <i>RON DRIEDLER</i>	For Office Use - Party No.
Official Title <i>FIRE CHIEF</i>		Official Title <i>SALES</i>	
Telephone No. <i>519-884-6030 x3002</i>	Fax No. <i>519-884-0242</i>	Telephone No. <i>519-246-1019</i>	Fax No.
E-mail <i>LYLE.QUAN@WATERLOO.CA</i>		E-mail	
Role and responsibilities in emergency <i>ADMINISTRATOR OF FIRE AND ADVISOR TO COUNCIL</i>		Role and responsibilities in emergency <i>WORK WITH LOCAL FIRE SERVICES WHEN REQUESTED</i>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>LARRY BRASSARD</i>	For Office Use - Party No.	Name <i>SUSAN GREATRIX</i>	For Office Use - Party No. <i>98355</i>
Official Title <i>DEPUTY FIRE CHIEF</i>		Official Title <i>CITY CLERK</i>	
Telephone No. <i>519-884-2123</i>	Fax No. <i>519-884-0242</i>	Telephone No. <i>519-747-8705</i>	Fax No. <i>519-747-8510</i>
E-mail <i>LARRY.BRASSARD@WATERLOO.CA</i>		E-mail <i>SUSAN.GREATRIX@WATERLOO.CA</i>	
Role and responsibilities in emergency <i>ADMINISTRATOR OF FIRE AND ADVISOR TO COUNCIL</i>		Municipality <i>CITY OF WATERLOO</i>	

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Name of person completing this form (please print) <i>JOHN ARISS</i>	Official Title <i>PRESIDENT</i>
Signature 	Telephone No. <i>519-886-2291</i>
	Date (dd-mm-yyyy) <i>18/07/2011</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.

[Large empty lined area for describing additional safety measures]

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Name of person completing this form (please print) <i>JOHN ARBS</i>	Official Title <i>PRESIDENT</i>	
Signature <i>[Handwritten Signature]</i>	Telephone No. <i>519-886-2291</i>	Date (dd-mm-yyyy) <i>18/07/2011</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) 31/07/2008	Print Name of Training Provider: PROPANE TRAINING INSTITUTE
	Print Name of Instructor: JOHN ARISS
Training Date (dd-mm-yyyy) 22/07/2011	Print Name of Training Provider:
	Print Name of Instructor: JOHN ARISS - IN HOUSE PLAN
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) 31/07/2008	Print Name of Training Provider: PROPANE TRAINING INSTITUTE
	Print Name of Instructor: JOHN ARISS
Training Date (dd-mm-yyyy) 22/07/2011	Print Name of Training Provider:
	Print Name of Instructor: JOHN ARISS - IN HOUSE PLAN
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) 31/07/2008	Print Name of Training Provider: PROPANE TRAINING INSTITUTE
	Print Name of Instructor: JOHN ARISS
Training Date (dd-mm-yyyy) 22/07/2011	Print Name of Training Provider:
	Print Name of Instructor: JOHN ARISS - IN HOUSE PLAN
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

X TRAINING IS OUT OF DATE.

→ WFR REQUIRES RECORDS OF UP TO DATE TRAINING

AS PER PG. 8 OF COMMENTARY

- TRAINING IS NOT OUT OF DATE - THE DATE IS THE DAY THEY WERE GIVEN EXAMS WHICH INCLUDED EMERGENCY TRAINING. ADDITIONAL TRAINING GIVEN JULY 22/2011 REGARDING OUR MOST RECENT EMERGENCY EVALUATION PLAN.

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Signature 	Telephone No. 519-886-2291
	Date (dd-mm-yyyy) 13/07/2011



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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mm-yyyy) <u>31/07/2011</u>	Print Name of Training Provider: <u>PROPANE TRAINING INSTITUTE</u>
	Print Name of Instructor: <u>JOHN ARISS</u>
Target Date (dd-mm-yyyy) <u>SEPT 20/2012</u>	Print Name of Training Provider:
	Print Name of Instructor: <u>JOHN ARISS</u>
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) <u>31/07/2011</u>	Print Name of Training Provider: <u>PROPANE TRAINING INSTITUTE</u>
	Print Name of Instructor: <u>JOHN ARISS</u>
Target Date (dd-mm-yyyy) <u>SEPT 20/2012</u>	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) <u>31/07/2011</u>	Print Name of Training Provider: <u>PROPANE TRAINING INSTITUTE</u>
	Print Name of Instructor: <u>JOHN ARISS</u>
Target Date (dd-mm-yyyy) <u>SEPT 20/2012</u>	Print Name of Training Provider:
	Print Name of Instructor: <u>JOHN ARISS</u>
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

X - WRONG DATES FOR UPCOMING YEAR, THESE BELONG ON pg. 7 OF THIS RSMP.
- PROVIDE 2012 TARGET DATES. OK/AA

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Signature 	Telephone No. <u>519-886-2291</u> Date (dd-mm-yyyy) <u>18/07/2011</u>



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Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
Propane Storage and Handling Regulation

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).

EITHER OWNER, MANAGER OR EMPLOYEE DEPENDING WHO IS ON SITE SHALL CONTACT EMERGENCY SERVICES VIA A 911 CALL TO INFORM THEM OF AN EMERGENCY. ALSO THE NEIGHBOURS AT RESTORE, REITZEL INSULATION, WIL LUBRICANTS AND HOUSE NEXT DOOR SHALL BE NOTIFIED OF DANGER

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). MIN. DISTANCE FOR SAFE AREA! LIST OF DEVICES/SYSTEMS FOR WARNING

THE INDIVIDUAL ABOVE AFTER CALLING 911 FROM CELL, OFFICE PHONE OR PAYMENT CENTRE PHONE SHALL NOTIFY VOICALLY TO EVERYONE ON GROUNDS TO EVALUATE TO FAR END OF PARKING LOT FACING PROPANE ROCKET. (SAFE AREA) HE WILL THEN BY PHONE OR IN PERSON NOTIFY ALL NEIGHBOUR

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).

THE INDIVIDUAL ONSITE SHALL CALL 911 IMMEDIATELY UPON DISCOVERY OF ANY HAZARD THAT RESULT IN A DANGEROUS SITUATION. IF THE PHONES IN OFFICE OR PAYMENT CENTRE AND THEIR CELLPHONE IS INACCESSIBLE THEY WILL CALL FROM HABITAT, RESTORE OR GLENBORO.

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

THE PROPANE SITE IS NOT GATED AT ANYTIME AND IS ACCESSIBLE FROM FROBISHER DR AND NORTHFIELD DR. SHOULD EMS REQUIRE POWER TO BE SHUT DOWN AN EMERGENCY SHUT OFF IS LOCATED ON THE EXTERIOR OF PAYMENT CENTRE.

Describe how the licence holder will ensure continual flow of updated information to authorities. (IN AN EMERGENCY)

ANY CHANGES IN KEY PERSONNEL OR EMERGENCY PROCEDURES SHALL BE REPORTED TO BOTH TSSA AND THE LOCAL FIRE DEPARTMENT.

→ THIS INTENDED FOR EMERGENCIES (EVENT) HAS OCCURED

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

15 MINUTES

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JOHN ARISS	PRESIDENT	
Signature	Telephone No.	Date (dd-mm-yyyy)
	519-886-7291	18/07/2011



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

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

6. Building and Site Security and Procedures

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)? <i>CAN SOME BE IMPLEMENTED? NOT AT THIS TIME A</i> | <input type="checkbox"/> | <input checked="" 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>112</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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Signature <i>[Signature]</i>	Telephone No. <i>519-886-2291</i> Date (dd-mm-yyyy) <i>13/07/2011</i>



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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

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

Yes No

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

Fire services comments, if any:

PLEASE REFER AND SATISFY THE FIRE SERVICE COMMENTARY FOR SMALL FACILITY LEVEL 1 RSMP - REVIEW AND COMMENT, SECTION B (SEE ALL "X")

To be completed by the Licence Holder

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

THE FIRE DEPARTMENT HAS MARKED AN X WHERE THERE IS A QUESTION AND I HAVE RESPONDED NEXT TO THEIR X'S.

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

30/09/2011
(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 MARC DESJARDINS		22-08-2011

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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)	Capacity of single largest propane storage vessel (USWG)
21/10/2011	5000
Tank setback coordinates. Indicate placement on the map.	
Front: 94.4 FEET	Right side property line: 29.5 FEET
Rear: 385.4 FEET	Left side property line: 393.7 FEET
GPS coordinates of single largest vessel: 43.506798, 80.524715	

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JOHN ARISS	PRESIDENT	
Signature	Telephone No.	Date (dd-mm-yyyy)
	519-886-2291	21/10/2011



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SECTION C: SUBMISSIONS (cont'd)

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

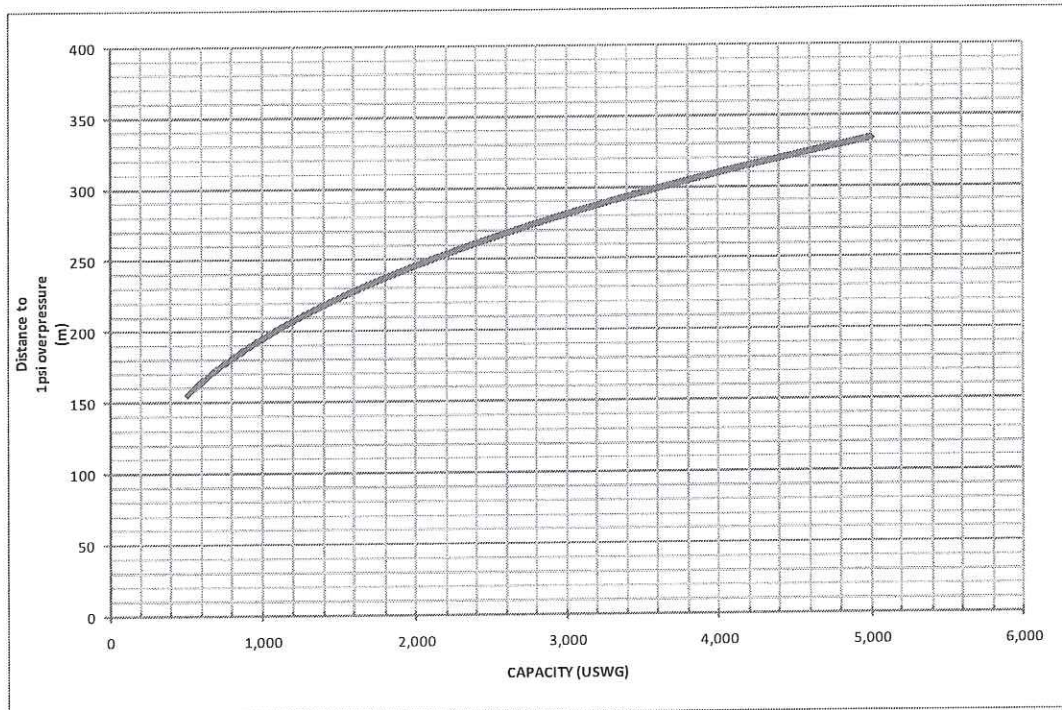
Table 1: Distance Table

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>JOHN GRISS</i>	Official Title <i>PRESIDENT</i>
Signature <i>[Handwritten Signature]</i>	Telephone No. <i>519-886-2291</i> Date (dd-mm-yyyy) <i>21/10/2011</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>WH LUBRICANTS</u> Address: <u>185 FROBLISHER DR.</u> City: <u>WATERLOO</u> Province <u>ON</u> Postal Code <u>N2V2E6</u>				X	<u>50.7</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]				X	<u>22.2</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>RESTORE</u> Address: <u>120 NORTHFIELD DR E</u> City: <u>WATERLOO</u> Province <u>ON</u> Postal Code <u>N2T4G8</u>				X	<u>37.4</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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Signature 	Telephone No. <u>519-886-2291</u> Date (dd-mm-yyyy) <u>21/10/2011</u>



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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		
# 100	29.5	5	147.5
# 40	11.75		
# 33.3	9.62	35	336.7
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		484.7
Total Cylinder Capacity			

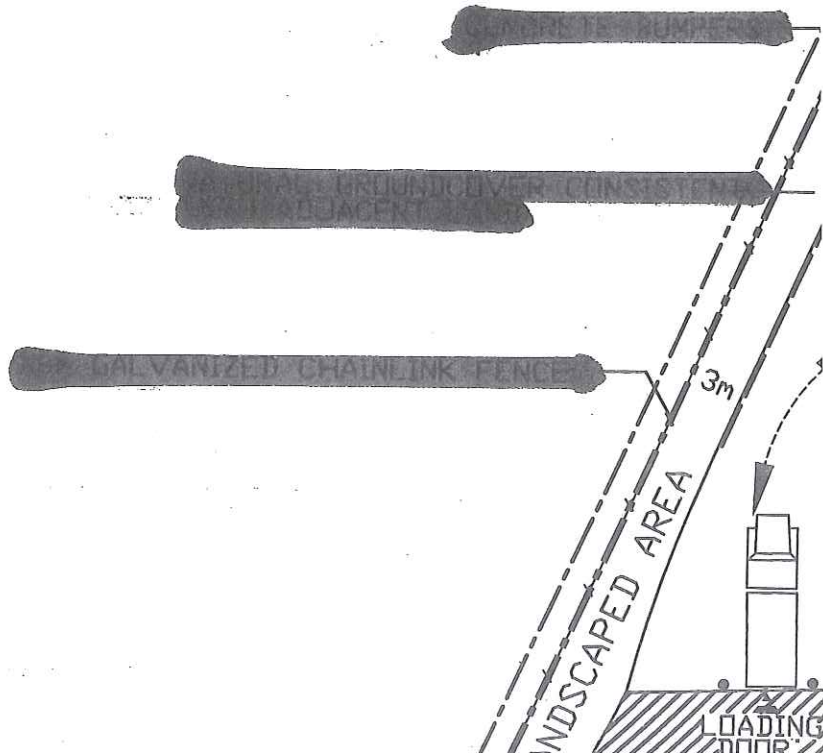
Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	484.7
Total Tank Capacity	5000
Total Portable Capacity	

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>JOHN ARISS</i>		Official Title <i>PRESIDENT</i>	
Signature <i>[Signature]</i>		Telephone No. <i>519-886-2291</i>	Date (dd-mm-yyyy) <i>18/07/2011</i>



PROPOSED ADDITION

LOADING DOOR

PEDESTAL DOOR

3.49m

39.3m

37

PARKING SPACE ADDED

59

60 CONCRETE CURB 150mm TYP

LANDSCAPED AREA

LINE OF HYDRO EASEMENT

15.4m

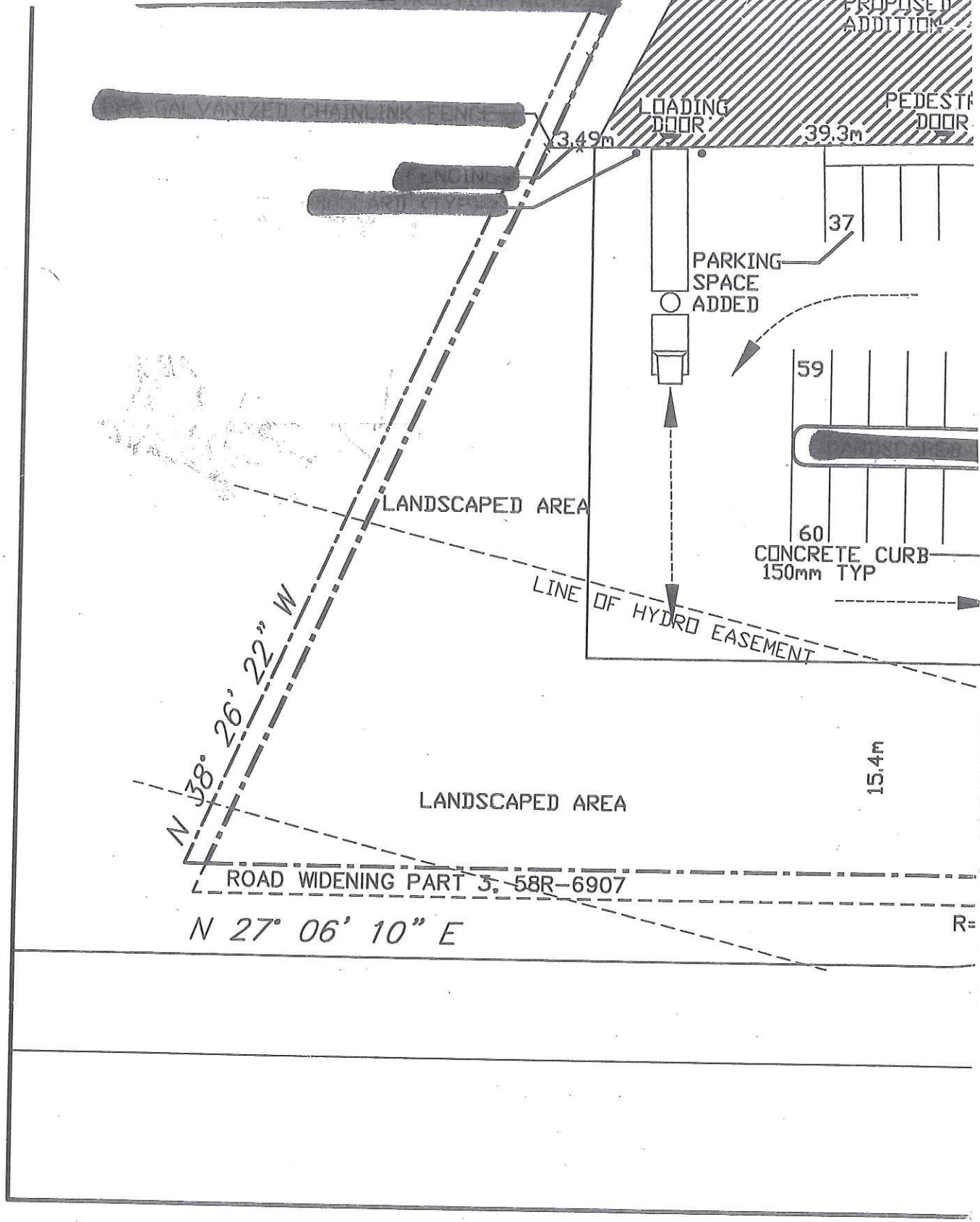
LANDSCAPED AREA

ROAD WIDENING PART 3, 58R-6907

N 38° 26' 22" W

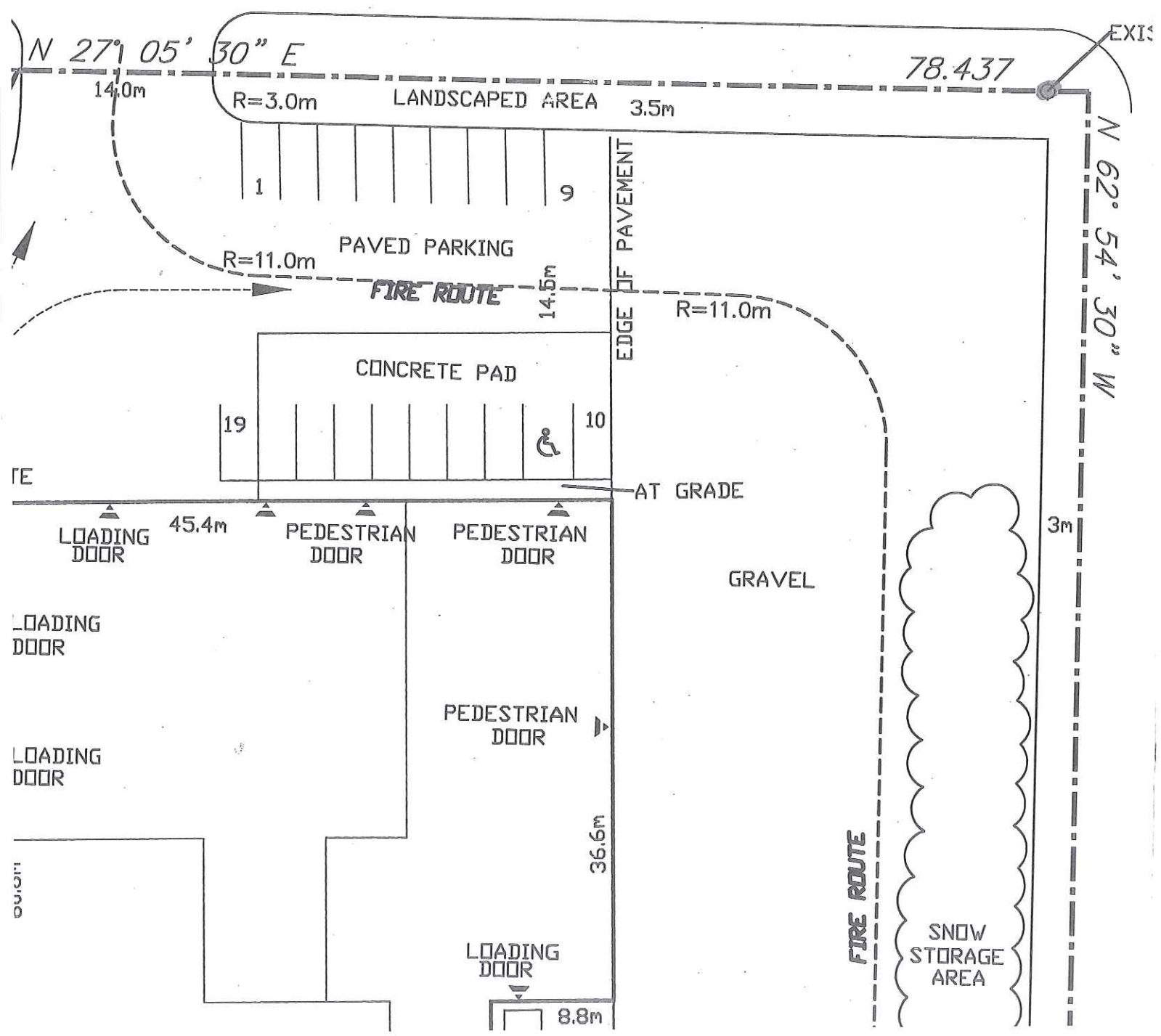
N 27° 06' 10" E

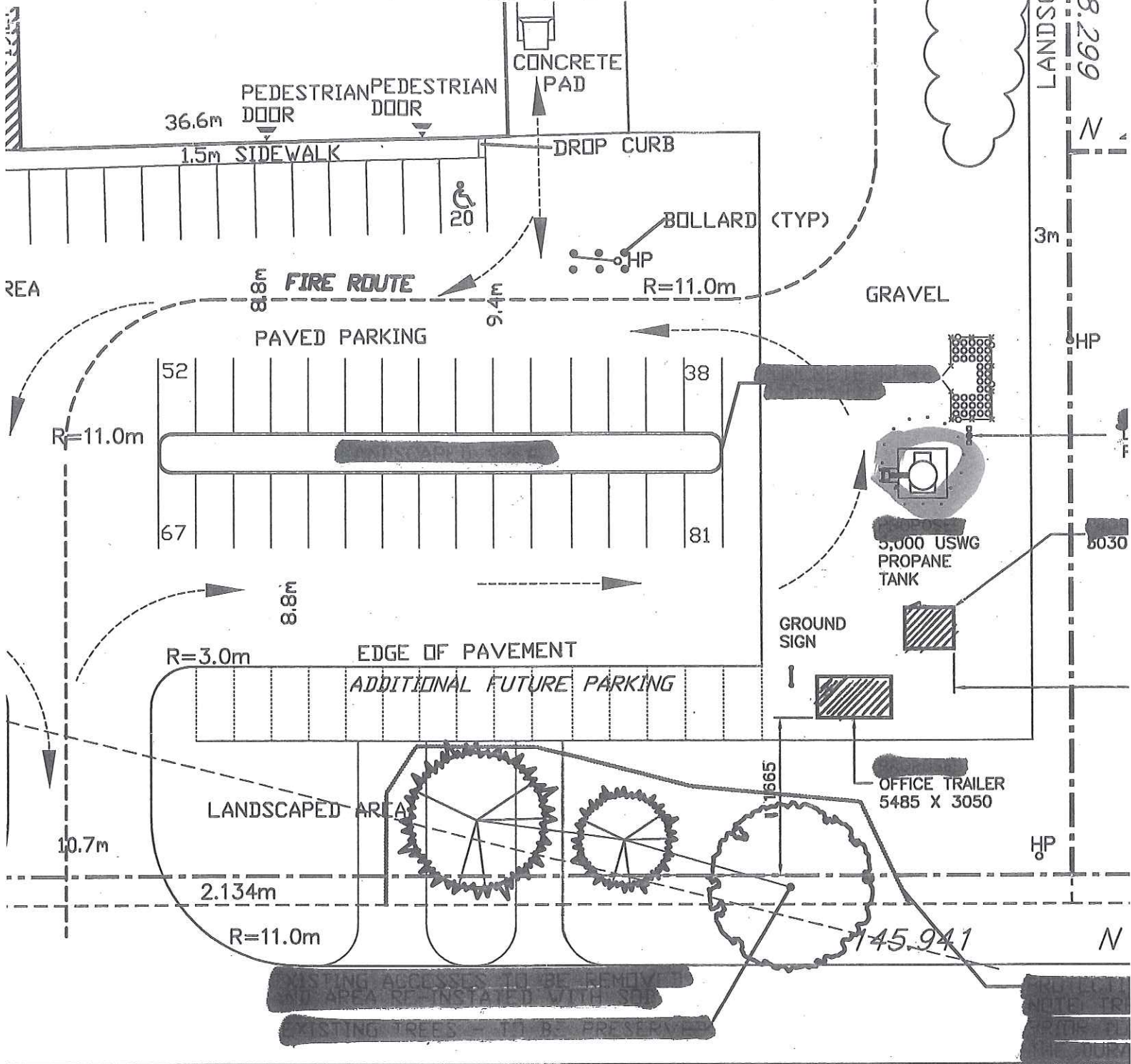
R=



1291026 ONTARIO LTD
 ARISS BROS. PROPANE
 SURROUNDING AREA MAP
 170 NORTHFIELD DR E @ SEPT 1/2011

FROBISHER DRIVE





NORTHFIELD DRIVE

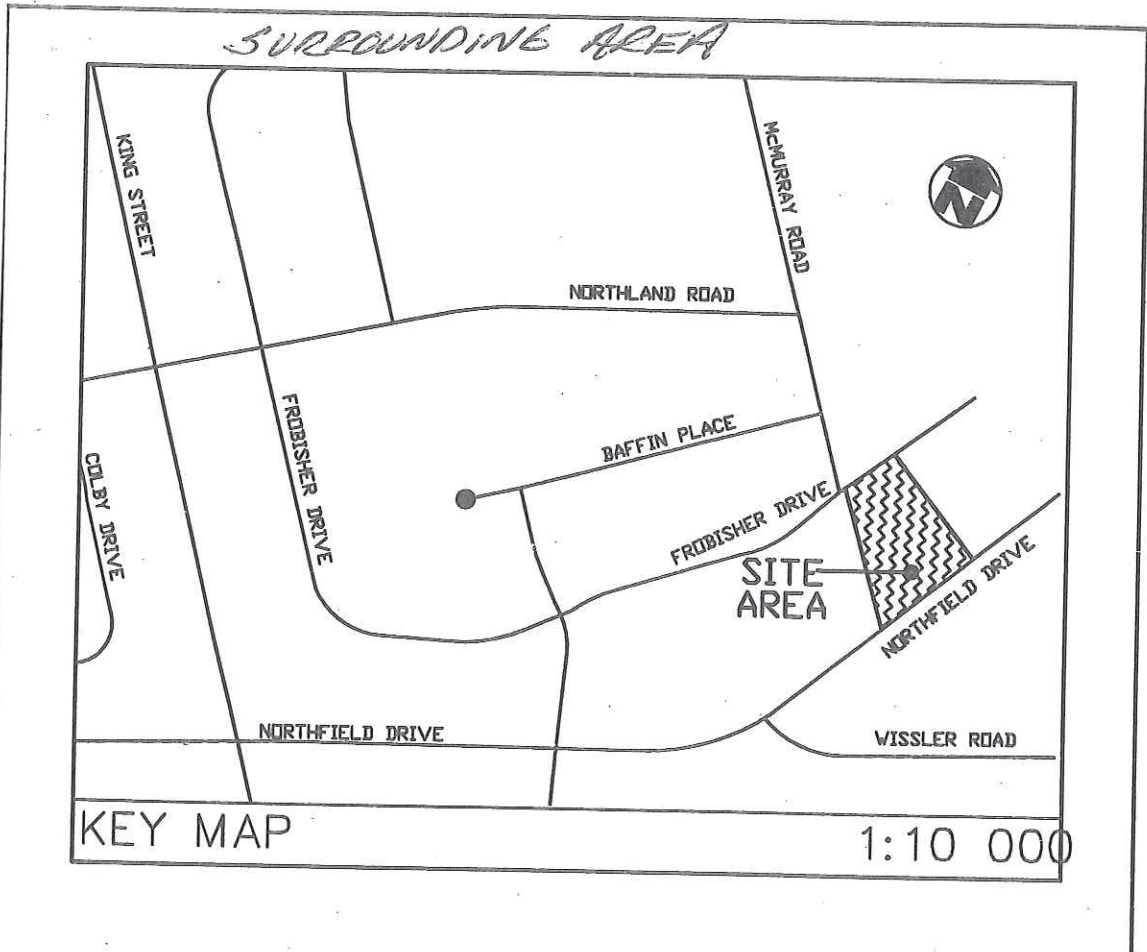
SITE PLAN

SCALE: 1:400

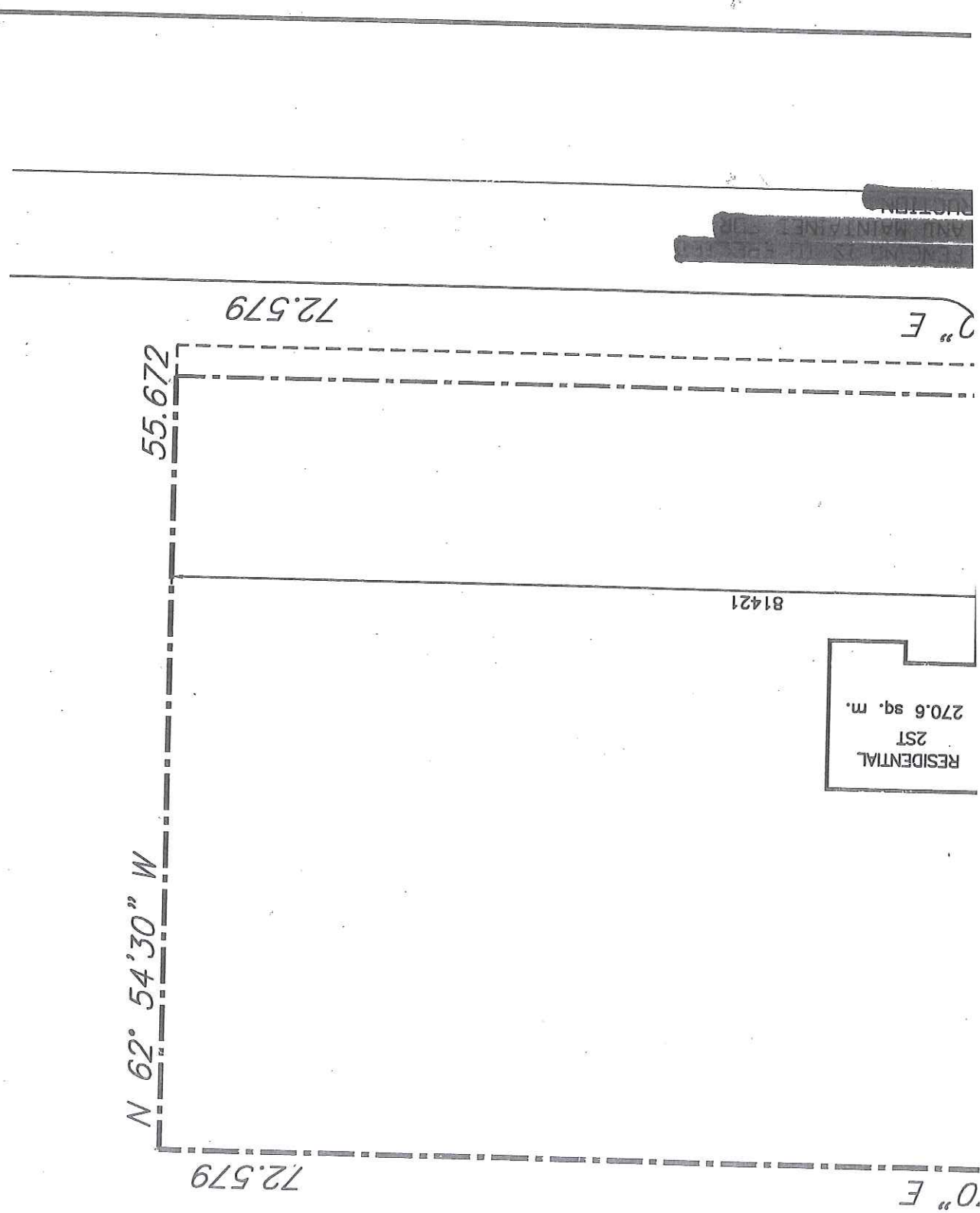
SETBACK CORN
 TRUNK TO NORI
 ✓ ✓ FRU
 ✓ ✓ R16
 ✓ ✓ LEI

ANT

4.1 METERS
TO TANK.



PROPERTY LINE 94.4 FEET
PROPERTY LINE 385.4 FEET
PROPERTY LINE 29.5 FEET
PROPERTY LINE 343.7 FEET

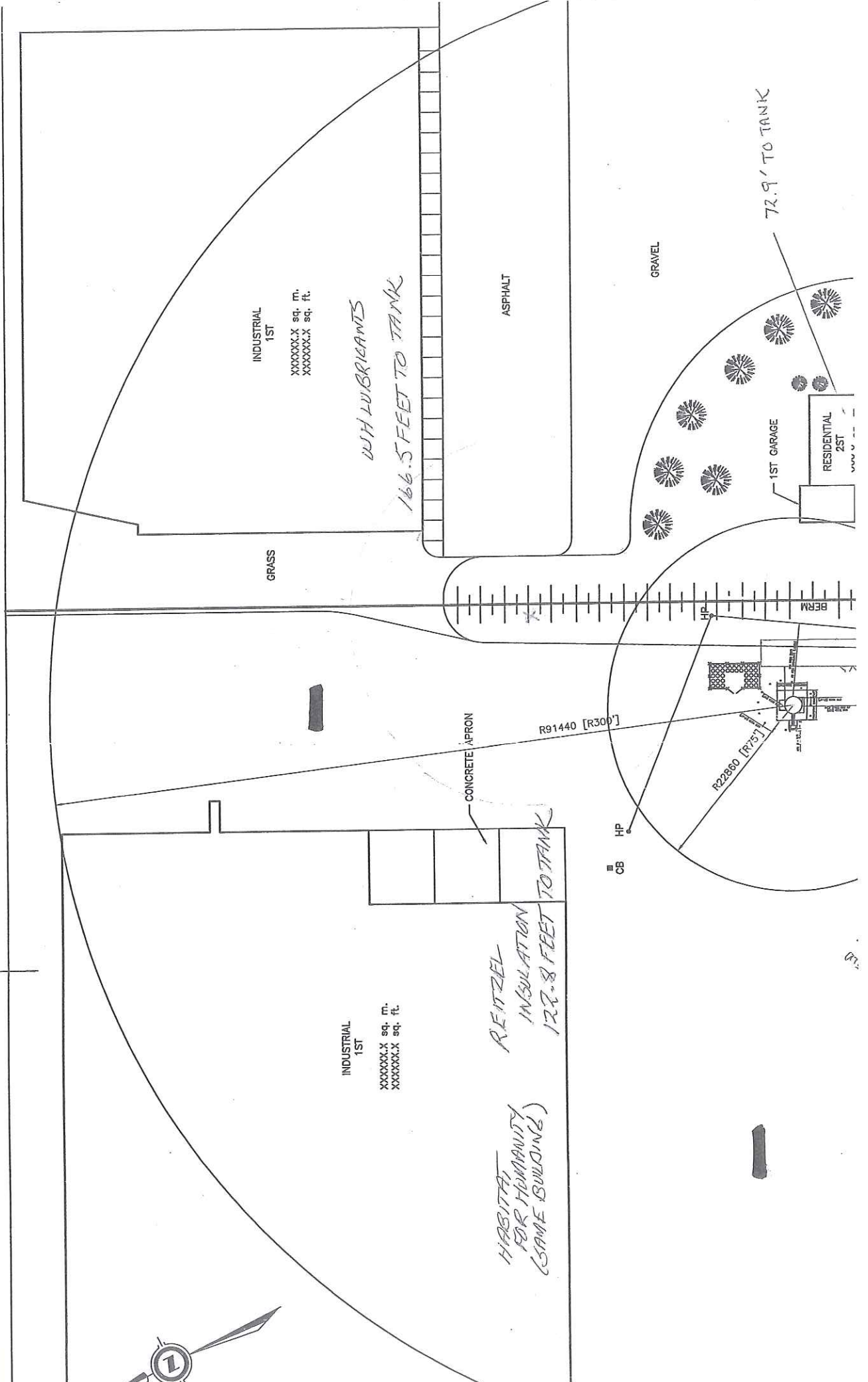


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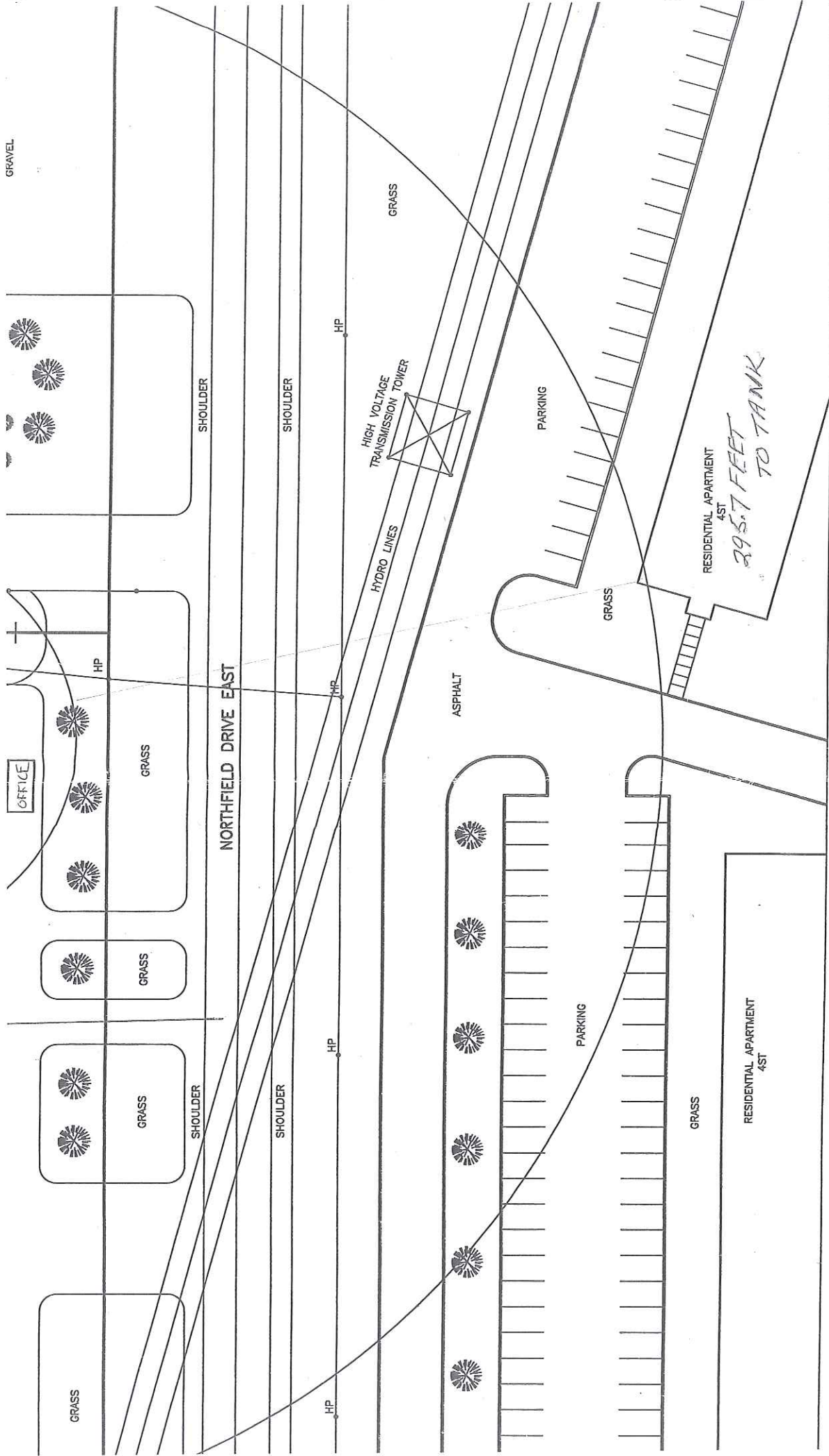
ARIS BROS PROPANE
1291026 ONTARIO LTD.
UPDATED SITE PLAN @ SEPT 1, 2011

120 WORTHFIELD DR E
WATERLOO ON.

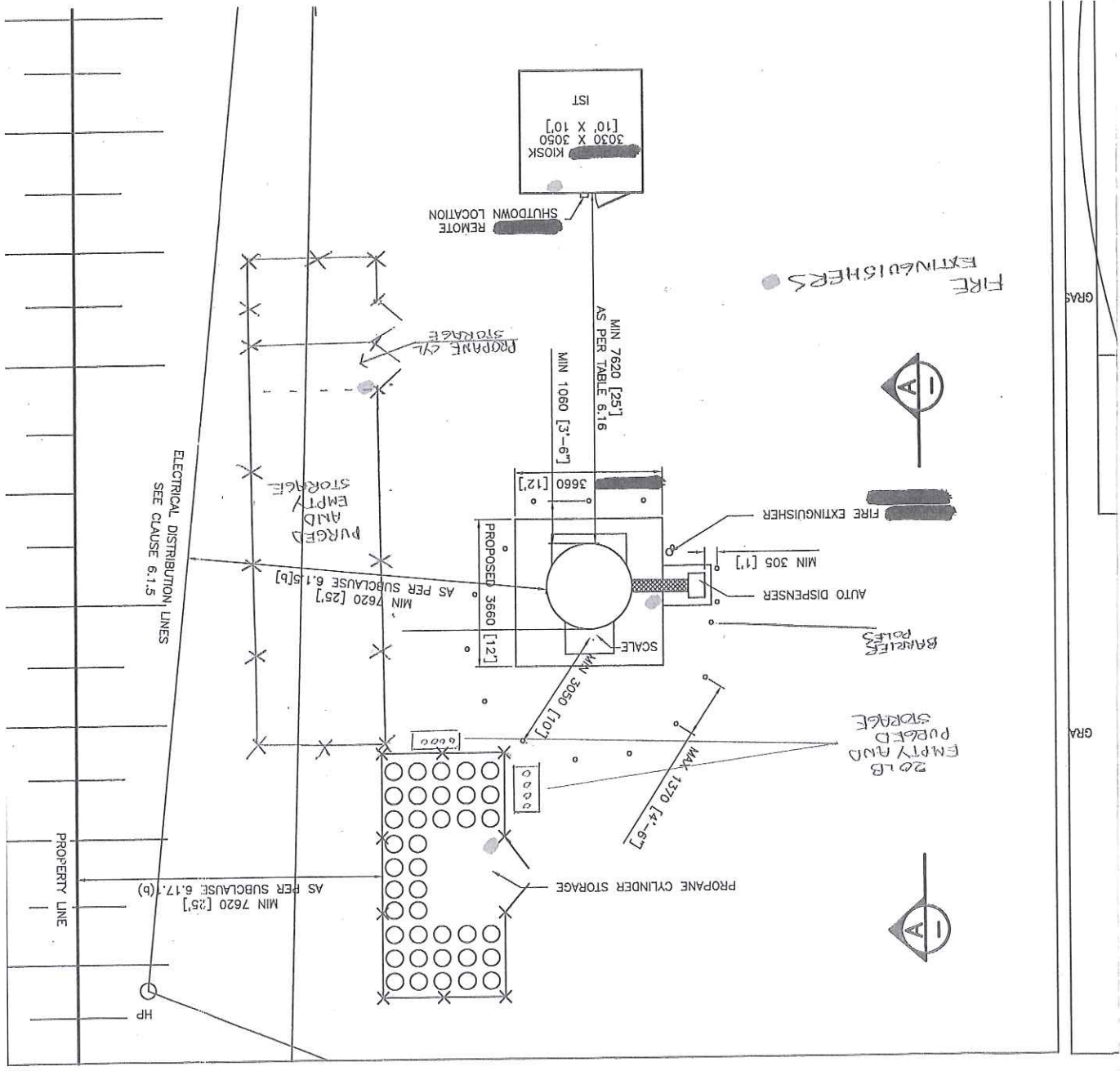
FROBISHER
OR ACCESS



GRAVEL

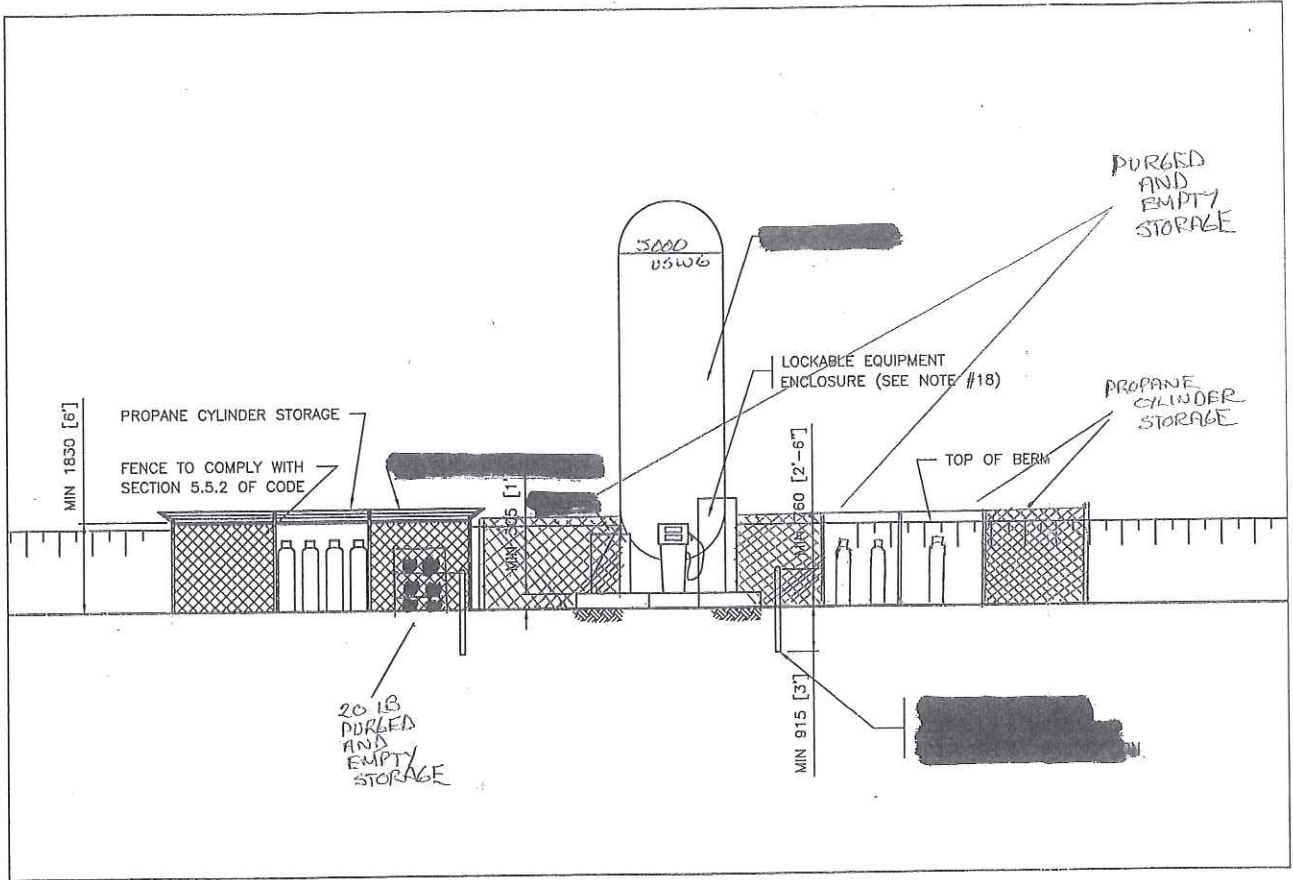


SITE PLAN
SCALE: 1:400



OFFICE TRAILER
6095 X 3030 [20' X 10']
IST

SCALE: 1:100



DETAIL ELEVATION OF TANK AND STORAGE

SCALE: 1:100



Google Earth Pro

