



Technical Standards and Safety Authority
 www.tssa.org

14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 2X4
 Fax: 416.231.4078
 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.

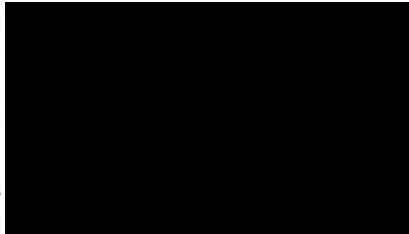
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 000076643518

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 GERBER ELECTRIC LTD. Corporation No. _____

Operator Name (if different from above) _____

Telephone No. 519-287-3111 Fax No. 519-287-3982 E-mail info@gerberelectric.ca

Street No. 139 Street Name / 911 Number / Address, if applicable SYMES STREET

Town / City or Township / County GLENCOE Province ONTARIO Postal Code N0L 1M0

Mailing address if different from above.

Street No. _____ Street Name / 911 Number / Address, if applicable P.O. BOX 339

Town / City or Township / County GLENCOE Province ONTARIO Postal Code N0L 1M0

Information on Container Refill Centre or Filling Plant

Location of facility.

Street No. 139 Street Name / 911 Number / Address, if applicable SYMES STREET Nearest Major Intersection WALKER STREET

Town / City or Township / County GLENCOE Province ONTARIO Postal Code N0L 1M0

Name of Licence Holder GERBER ELECTRIC LTD.

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). BRUCE GERBER ROT type 100-01

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) SOUTHWEST MIDDLESEX

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.

<u>B</u>	Print name	Signature	Date (dd-mmm-yyyy)
Name of Licence Holder	<u>GERBER ELECTRIC</u>		<u>10-04-15</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>BRUCE GERBER</u>		



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Technical Standards and Safety Act
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SECTION A: GENERAL INFORMATION (cont'd)

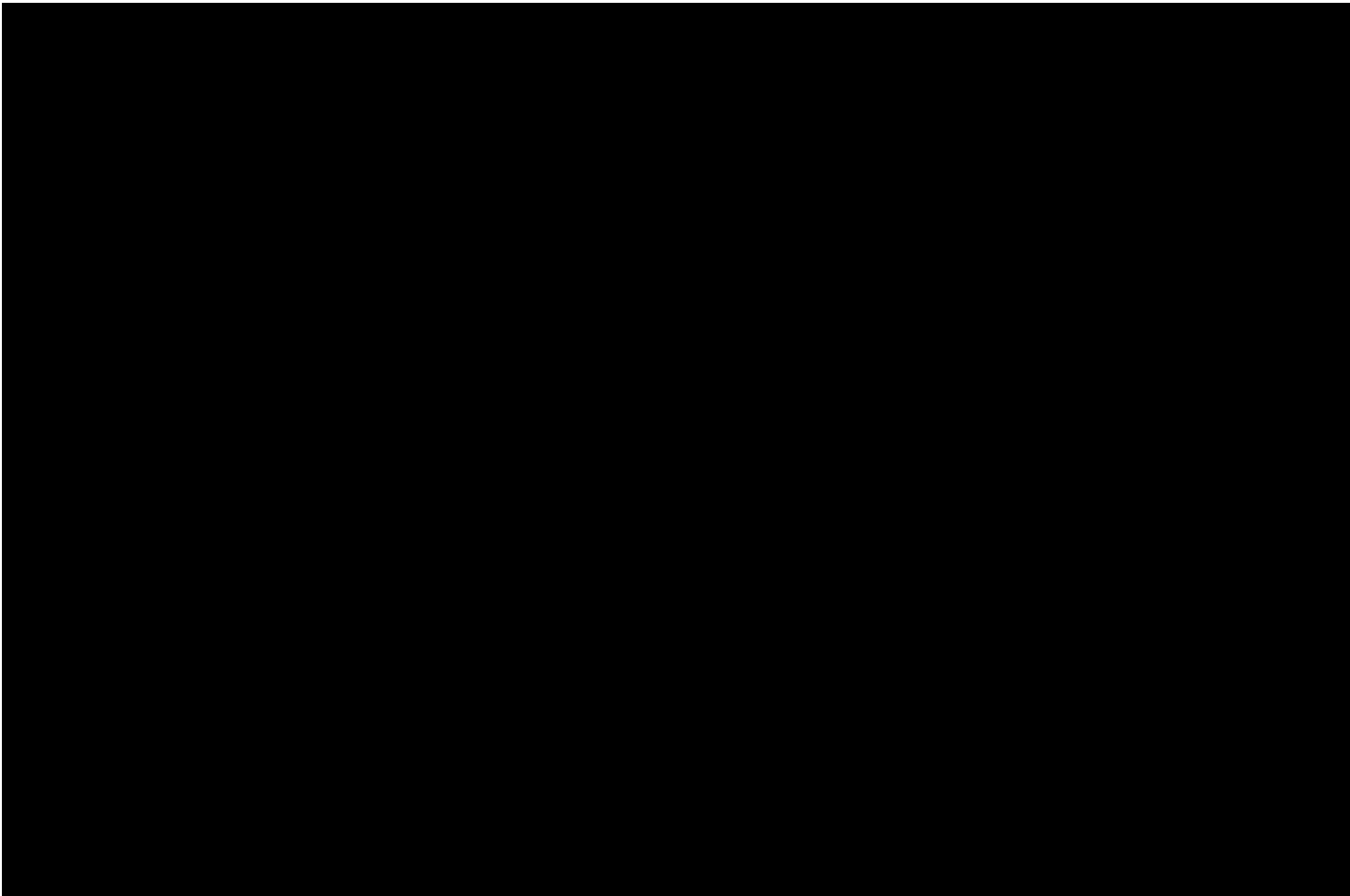
Indicate the year the facility was established. 2006 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 2015

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

	PSIG	Serial Number
Tank 1:	<u>250 PSIG</u>	<u>679-01</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 Portable: 484.89 Mobile: 0



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Name of person completing this form (please print) <u>STEPHEN GERBER</u>	Official Title <u>OWNER/OPERATOR</u>
Signature 	Telephone No. <u>519-287-3111</u>
	Date (dd-mmm-yyyy) <u>10/04/2015</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

Company Name GERBER ELECTRIC LTD		Corporation No.
Operator Name (if different from above)		
Telephone No. 519-287-3111	Fax No. 519-287-3982	E-mail info@gerberelectric.ca
Street No. 139	Street Name / 911 Number / Address, if applicable SYMES STREET	Nearest Major Intersection WALKER STREET
Town / City or Township / County GLENCOE		Province ONTARIO
Postal Code NOL 1M0		
Mailing address (if different from above)		
Street No.	Street Name / 911 Number / Address, if applicable P.O. BOX 339	
Town / City or Township / County GLENCOE		Province ONTARIO
Postal Code NOL 1M0		

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

Facility Contact Personnel - Key Contact	
Name STEPHEN GERBER	Official Title OWNER / OPERATOR
Telephone No. 519-287-3111	Fax No. 519-287-3982
E-mail info@gerberelectric.ca	
Role and responsibilities in emergency. ALERT AUTHORITIES / CONFIRM EVACUATION OF EMPLOYEES AND ENSURE EMERGENCY PLAN IS EXECUTED.	

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

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Print name of person completing this form. STEPHEN GERBER	Official Title OWNER / OPERATOR	
Signature 	Telephone No. 519-287-3111	Date (dd-mmm-yyyy) 2/2/16



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) DOWLER KARN LIMITED			
Street No. 1494	Street Name / 911 Number / Address, if applicable PLANK ROAD		
Town / City or Township / Country SARNIA		Province ONTARIO	Postal Code N7T 7H3
Telephone No. 519-336-8600	Fax No. 519-337-8848	Contact Name KEN HOOKER	
E-mail khooker@dowlerkarn.com			

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
Telephone No.	Fax No.	Contact Name	
E-mail			

Off-site Cylinder and/or Mobile Storage	Capacity stored off-site, in USWG	For Office Use - Party No.
Street No.	Street Name / 911 Number / Address, if applicable	
Town / City or Township / Country		Province
Telephone No.	Fax No.	Contact Name

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

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	Date (dd-mmm-yyyy) 10/04/2015



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Town / City or Township / County GLENCOE	Province ONTARIO	Postal Code NOL 1M0
Mailing address (if different from above)		
Street No.	Street Name / 911 Number / Address, if applicable P.O. BOX 339	
Town / City or Township / County GLENCOE	Province ONTARIO	Postal Code NOL 1M0

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

Facility Contact Personnel - Key Contact	
Name STEPHEN GERBER	Official Title OWNER / OPERATOR
Telephone No. 519-287-3111	Fax No. 519-287-3982
E-mail info@gerberelectric.ca	
Role and responsibilities in emergency. ALERT AUTHORITIES / CONFIRM EVACUATION OF EMPLOYEES AND ENSURE EMERGENCY PLAN IS EXECUTED.	

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

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Signature 	Telephone No. 519-287-3111	Date (dd-mmm-yyyy) 2/2/16



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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. Small household quantities of cleaning supplies and solvents, glues pertaining to business.

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

Fire extinguishers at the dispenser and inside the building.

Emergency shutoff on building wall nearest propane dispenser.

Master hydro shutoff inside the building.

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 propane shutoff switch on building wall nearest propane dispenser as per B-149 allows for the hydro shutoff of the dispenser.

Propane dispenser is equipped with air actuated ISC valve and ESV which opens when the pump is turned on and closes when the pump is turned off. The air lines supplying the valves are plastic tubing and will melt in the event of fire, automatically closing the valves.

Maintenance and testing schedule for fire protection controls and devices.

Annual inspection of tank and emergency shutoff system by propane supplier as required per B-149 gas code. Copy to be left on sight.

Annual inspection of the fire extinguishers.

Daily visual inspection by the operator.

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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 Stephen Gerber	For Office Use - Party No.	Name Stephen Gerber	For Office Use - Party No.
Official Title owner / operator		Official Title Owner // operator	
Telephone No. 51-287-3111	Fax No. 519-287-3982	Cell No.	Fax No. 519-287-3982
E-mail steve.g@gerberelectric.ca		E-mail steve.g@gerberelectric.ca	
Role and responsibilities in emergency Alert authorities / Confirm evacuation of employees / ensure emergency plan is executed.		Role and responsibilities in emergency Alert authorities / Confirm evacuation of employees / ensure emergency plan is executed.	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Bruce Gerber	For Office Use - Party No.	Name Bruce Gerber	For Office Use - Party No.
Official Title Owner / operator		Official Title Owner / operator	
Telephone No. 519-287-3111	Fax No. 519-287-3982	Telephone No. 519-287-3111	Fax No. 519-287-3982
E-mail info@gerberelectric.ca		E-mail info@gerberelectric.ca	
Role and responsibilities in emergency Alert authorities / Confirm evacuation of employees / ensure emergency plan is executed.		Role and responsibilities in emergency Alert authorities / Confirm evacuation of employees / ensure emergency plan is executed.	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name ROBERT HANSEN	For Office Use - Party No.	Name Ken Hooker	For Office Use - Party No.
Official Title FIRE CHIEF	E-mail rhansen@southwestmiddlesex.ca	Official Title Regional Manager	E-mail khooker@dowlerkarn.com
Telephone No. 519-494-1166	Fax No.	Telephone No. 519-336-8600	Fax No. 519-337-8848
Role and responsibilities in emergency Coordination of municipal fire services and resources during an emergency.		Role and responsibilities in emergency Address any concerns. Alert support services as necessary (fire/police emergency response personnel as required) Implement supplier ERP if necessary.	
Fire Services Address 71 MAIN STREET, GLENCOE, ON. N0L 1M0		Propane Supplier Address 1494 Plank Road, Sarnia, On. N7T 7H3	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name ROB COLE	For Office Use - Party No.	Name JANNEKE NEWITT	
Official Title DEPUTY FIRE CHIEF	E-mail rcole@southwestmiddlesex.ca	Official Title ADMINISTRATOR / CLERK	
Telephone No. 519-494-2868	Fax No.	Telephone No. 519-287-2015 X 109	Fax No. 519-287-2359
Role and responsibilities in emergency Coordination of municipal fire services and resources during an emergency.		E-mail jnewitt@southwestmiddlesex.ca	
Fire Services Address 71 MAIN STREET, GLENCOE, ON. N0L 1M0		Municipality Name and Address SOUTHWEST MIDDLESEX, BOX 218, GLENCOE, ON. N0L 1M0	

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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.

The propane dispenser is equipped with an additional ESV (emergency shutoff valve) that is air activated and deactivated with the on / off switch. The electrical switch to energize the solenoid to allow air flow to open the ISC valve and the additional ESV is equipped with a timeout feature that will automatically shut down the propane pump, de-energize the solenoid and shut down the ISC and ESV in the event that the operator forgets to shut off the electrical dispenser. Air / nitrogen lines are plastic and will melt in the case of fire or extreme heat and shutoff the ISC and ESV'S.

Facility has passed all TSSA inspections to date.

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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-mmm-yyyy) 11/02/2014	Print Name of Training Provider: IN HOUSE
	Print Name of Instructor: STEPHEN GERBER
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy) 11/02/2014	Print Name of Training Provider: IN HOUSE
	Print Name of Instructor: STEPHEN GERBER
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-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-mmm-yyyy) 17/10/2012	Print Name of Training Provider: CANADIAN PROPANE TRAINING INSTITUTE
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-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-mmm-yyyy) 23/04/2015	Print Name of Training Provider: IN HOUSE
	Print Name of Instructor: STEPHEN GERBER
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) 23/04/2015	Print Name of Training Provider: IN HOUSE
	Print Name of Instructor: STEPHEN GERBER
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-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-mmm-yyyy)	Print Name of Training Provider: CANADIAN PROPANE TRAINING INSTITUTE - PRIOR TO 17/10/2015
	Print Name of Instructor: KEN HOOKER (certified instructor)
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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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 coordinator will give the warning to staff and customers in the event that they deem the situation to be an emergency. Warning will be given verbally to all staff and customers in the event of an emergency per reference in ERP. All other communications will be through emergency response personnel once on site.

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).

In the event that a warning has been issued, the authorities will be contacted via 911 and all employees and customers will be evacuated to the north west corner of Symes Street and Currie Street (muster station A) or Walker Street (muster station B)

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).

In the event of a suspected leak, spill, fire or explosion, the emergency coordinator is to immediately call 911 once employees and customers have been ushered to safety.

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

All equipment is readily accessible outside the building including the emergency propane shutoff.

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

In an emergency, this will be done via phone or cell phone until such time as fire services arrives. At that point, fire services will take over. In a proactive manner, Gerber Electric will provide site and contact information along with a copy of their ERP to fire services when the RSMP is reviewed.

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

Less than five minutes.

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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>50 metres</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	Yes	No
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input type="checkbox"/>	<input type="checkbox"/>
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-mmm-yyyy)		

LOCAL FIRE SERVICES		
The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.		
Print name	Signature	Date (dd-mmm-yyyy)
Local Fire Services Name ROBERT HANSEN		

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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

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-mmm-yyyy) 23/02/2011	Capacity of single largest propane storage vessel (USWG) 1000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 12'	Right side property line: 25'
Rear: 150'	Left side property line: 40'
GPS coordinates of single largest vessel: 42.747394 N 81.714222 W	

Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Name of person completing this form (please print) STEPHEN GERBER	Official Title OWNER / OPERATOR
Signature 	Telephone No. 519-287-3111
	Date (dd-mmm-yyyy) 10/04/2015



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SECTION C: SUBMISSIONS (cont'd)

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

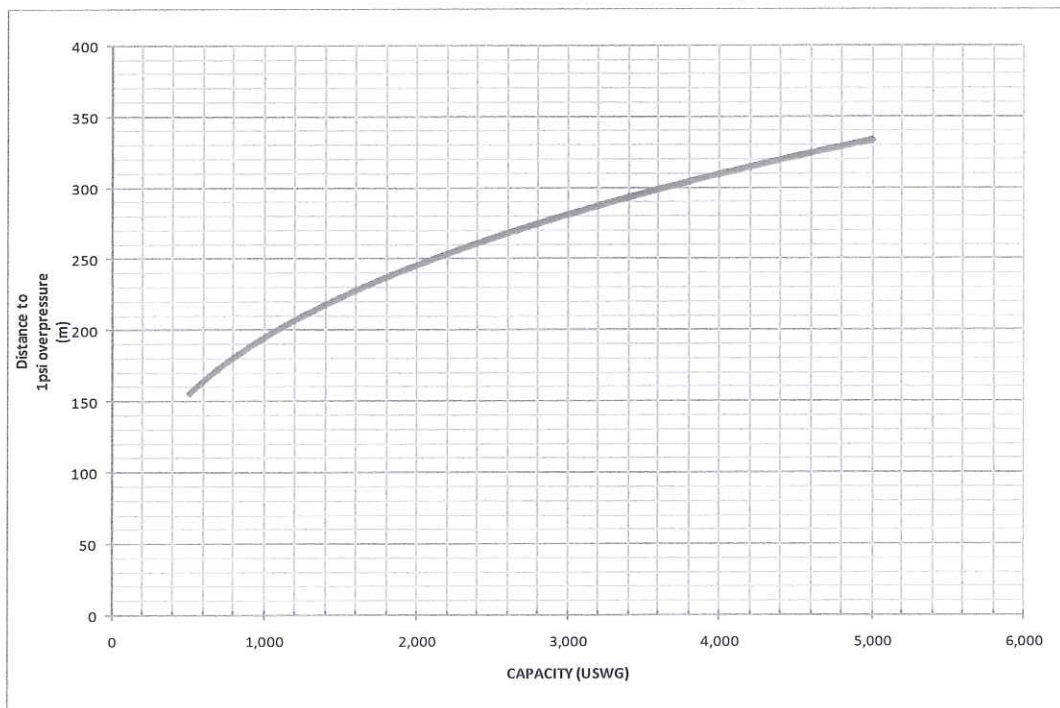
Table 1: Distance Table

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)





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SECTION C: SUBMISSIONS (cont'd)

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

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

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]		X			<u>26</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>DENTIST OFFICE</u> Address: <u>252 CURRIE STREET</u> City: <u>GLENCOE</u> Province <u>ON</u> Postal Code <u>N0L 1M0</u>		X			<u>50</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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Name of person completing this form (please print) STEPHEN GERBER	Official Title OWNER / OPERATOR
Signature 	Telephone No. 519-287-3111
	Date (dd-mmm-yyyy) <u>10/04/2015</u>



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WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	
# 100	29.5	3	88.5
# 40	11.75	1	11.75
# 33.3	9.62	12	115.44
# 30	8.8	8	70.4
# 20	5.8	32	185.6
# 10	2.9	3	8.7
# 5	1.5	3	4.5
Total Cylinder Capacity			484.89

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	
Total Tank Capacity	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	



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

CAPACITY INFORMATION

A. Fixed Tanks

	PSIG	Serial Number	Capacity
Tank 1:	250	679-01	1000 USWG
Tank 2:			
Tank 3:			
Total Fixed Capacity:			1000 USWG

B. Portable Storage

Cylinder Size	Capacity in USWG	Quantity	Total Capacity in USWG
# 420	123.9	0	
# 100	29.5	3	8.5
# 40	11.75	1	11.75
# 33.3	9.62	12	115.44
# 30	8.8	8	70.4
# 20	5.8	32	185.6
# 10	2.9	3	8.7
# 5	1.5	3	4.5
Total Cylinder Capacity		Line A	484.89

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Capacity in USWG
Total Tank Capacity		Line B 0

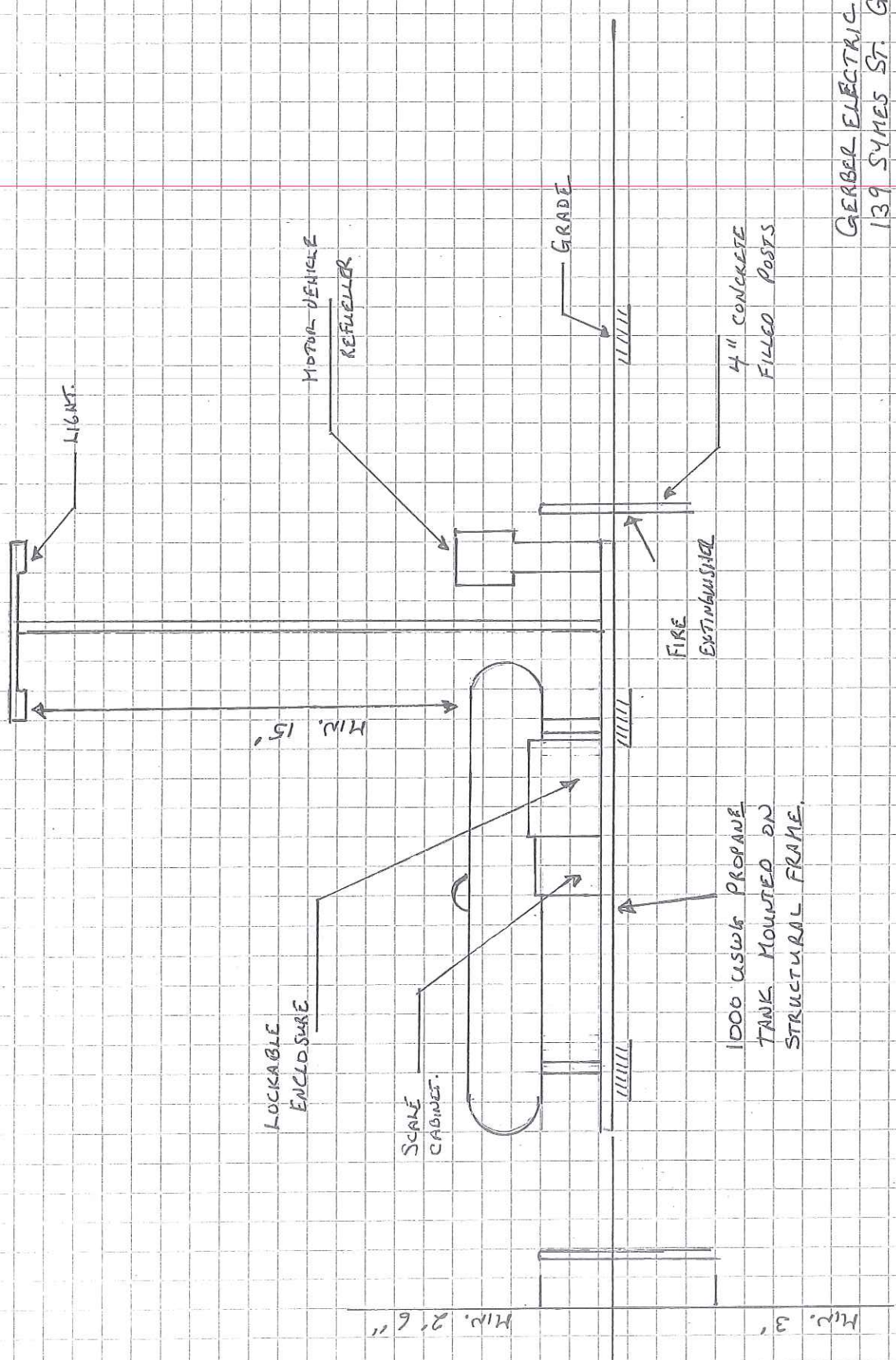
Total Portable Capacity. Line A plus Line B: 484.89

C. Mobile Tanks

Type	Tank Size In USWG	Quantity	Total Capacity in USWG
Tankers			
Cargo Liners			
Total Mobile Tank Capacity			0

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. STEPHEN GERBER	Official Title OWNER / OPERATOR	
Signature 	Telephone No. 519-287-3111	Date (dd-mmm-yyyy) 2/2/16

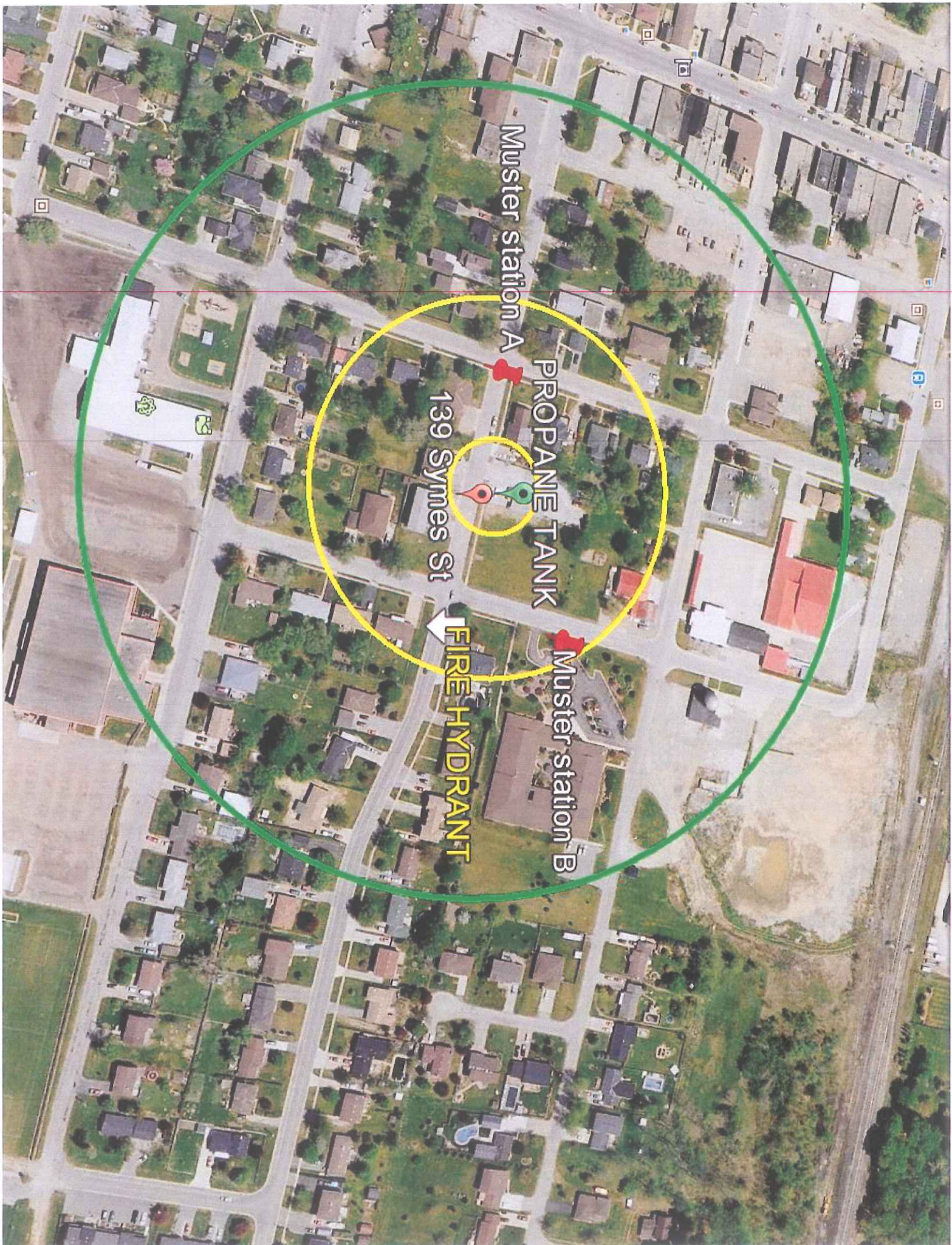


MIN. 15'

MIN. 2' 6"

MIN. 3'

GERBER ELECTRIC
 139 SYMES ST. GLENCOE
 1/4" = 1'



Muster station A

PROPRANE TANK

139 Symes St







FIRE HYDRANT

Muster station B

Branch Standard # 9 Statistics

Area A = 0.0 sq. ft.
Area B = 1,283 sq. ft.
Area C = 0.0 sq. ft.
Area D = 32,188 sq. ft.
Area E = 64,376 sq. ft.
A/G TANK AREA = 9003.6

Legend

-  1000 USWG propane tank
-  139 Symes St
-  Circle Measure
-  Circle Measure
-  Glencoe
-  Southwest Middlesex Arena
Glencoe Memorial Arena

139 Symes St   1000 USWG propane tank

Google earth

Image © 2015 First Base Solutions

100 m

