



Technical Standards and Safety Authority  
 345 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
 Tel: 416.734.3300  
 Fax: 416.231.4078  
 Customer Service: 1.877.682.8772  
 propane@tssa.org  
 www.tssa.org

**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.

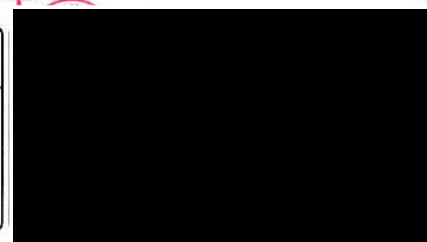
Failure to fully complete this form may result in rejection.  
 Making a false statement may result in a fine or prosecution  
 under the *Technical Standards and Safety Act*

Licence Number: 002985597

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** ES Creative Sales Inc. Corporation No: 1018258-3

Operator Name (if different from above):

Telephone No: 613-925-4217 Fax No: E-mail: brian.dikdan@gmail.com

**B** Street No: 140 Street Name / 911 Number / Address, if applicable: Prescott Centre Drive

Town / City or Township / County: Prescott Province: Ontario Postal Code: K0E 1T0

Mailing address if different from above:

**C** Street No: Town / City or Township / County: Province: Postal Code:

**Information on Container Refill Centre or Filling Plant**

Location of facility

**D** Street No: 140 Street Name / 911 Number / Address, if applicable: Prescott Centre Drive Nearest Major Intersection: HWY 401 & Edward Street North

Town / City or Township / County: Prescott Province: Ontario Postal Code: K0E 1T0

Name of Licence Holder: Brian Dikdan

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Bill Groothuis ROT type: Filling Propane Cylinders

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

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.

Printname	Signature	Date (dd-mm-yyyy)
Name of Licence Holder: Brian Dikdan		14-Feb-2018
Name of Senior Management person as defined in the Regulation holding the Record of Training: Bill Groothuis		14-Feb-2018



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**SECTION A: GENERAL INFORMATION (cont'd)**

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

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

	PSIG	Serial Number
Tank 1	250 PSI	101-02
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 \_\_\_\_\_ Portable: \_\_\_\_\_ Mobile: \_\_\_\_\_

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Name of person completing this form (please print) Brian Dikdan	Official Title Dealer/Owner	
Signature 	Telephone No. 647-404-1052	Date (dd-mmm-yyyy) 14-Feb-2018



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**SECTION A: GENERAL INFORMATION (cont'd)**

Activity Information

<b>Name of Propane Supplier(s)</b> Superior Propane - Ontario Regional Operations Centre		For Office Use - Party No.	
<b>Street No.</b> 6750	<b>Street Name / 911 Number / Address, if applicable</b> Century Avenue, Suite 400		
<b>Town / City or Township / Country</b> Mississauga		<b>Province</b>	<b>Postal Code</b>
<b>Telephone No.</b> 905-285-2480	<b>Fax No.</b>	<b>Contact Name</b> Michael Sun	
<b>E-mail</b>			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
Superior Propane			
<b>Street No.</b> 63	<b>Street Name / 911 Number / Address, if applicable</b> Roydon Place		
<b>Town / City or Township / Country</b> Ottawa		<b>Province</b> Ontario	<b>Postal Code</b> K2E 1A1
<b>Telephone No.</b> 613-314-8803	<b>Fax No.</b>	<b>Contact Name</b>	
<b>E-mail</b>			

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

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

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<b>Name of person completing this form (please print)</b> Brian Dikdan		<b>Official Title</b> Dealer/Owner	
<b>Signature</b> 		<b>Telephone No.</b> 647-404-1062	<b>Date (dd-mmm-yyyy)</b> 14-Feb-2018



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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.**  
 2 x 45 gallon drums of waster coolant 1 above ground drum of waste oil (2500 liters) outside west wall of service  
 inside shop- 2 above ground containers of bulk oil 1000 liters of each. 2 oxygen tanks. 2 oxygen tanks. 2 x CO2 tanks, 2 acetylene tanks outside west shop  
 door

**Description of fire and emergency equipment indicated on facility site map.**  
 One 20 lbs fire extinguisher at the propane station. Several 20 lbs and 10 lbs fire extinguishers throughout the retail store and auto shop. Fire hydrant  
 located 216' directly west of propane tank on the parking lot property. Fire truck hook up located 10' west of the customer service entrance. 185'  
 from propane tank. Fire hydrant approximately 170' directly west of propane tank and another at the south end of the property by the McDonald's  
 Restaurant.

**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.**  
 Fusible link on the ISC valve between tank and downstream dispenser. Pump shut off switch at Propane Filing Station. ISC interlock cable back of cabinet  
 that cuts power when door is closed. Electrical shut off switch northwest corner in frost house. Electrical shutdown in warehouse at electrical panel.  
 Emergency fire pull switch at the end of tank.

**Maintenance and testing schedule for fire protection controls and devices.**  
 Done yearly with annual inspection completed by Superior Propane.

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

**1. Contacts for Emergency Response**

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name Brian Dikdan	For Office Use - Party No.	Name Brian Dikdan	For Office Use - Party No.
Official Title Dealer/Owner		Official Title Dealer/Owner	
Telephone No. 647-404-1062	Fax No.	Cell No. 647-404-1062	Fax No.
E-mail brian.dikdan@gmail.com		E-mail brian.dikdan@gmail.com	
Role and responsibilities in emergency		Role and responsibilities in emergency	

<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Bill Grootenhuis	For Office Use - Party No.	Name Bill Grootenhuis	For Office Use - Party No.
Official Title Operations Manager		Official Title Operations Manager	
Telephone No. 613-925-4217	Fax No.	Telephone No. 613-925-4217	Fax No.
E-mail billgrootenhuis@gmail.com		E-mail billgrootenhuis@gmail.com	
Role and responsibilities in emergency		Role and responsibilities in emergency	

<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Barry Moorhouse	For Office Use - Party No.	Name Superior Propane	For Office Use - Party No.
Official Title Fire Chief / Chief Fire Official	E-mail bmoorhouse@prescott.ca	Official Title	E-mail
Telephone No. 613-925-4777	Fax No.	Telephone No. 905-285-2480	Fax No.
Role and responsibilities in emergency Fire Chief		Role and responsibilities in emergency	
Fire Services Address PFD 302 Centre St (Prescott ON)		Propane Supplier Address	

<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Brent Norton	For Office Use - Party No.	Name Dwane Crawford	For Office Use - Party No.
Official Title Chief Fire Prevention Officer	E-mail	Official Title Director of Development Building bylaw	
Telephone No. 613-925-4777	Fax No.	Telephone No. 613-925-2812	Fax No. 613-925-4381
Role and responsibilities in emergency CFPO		E-mail	
Fire Services Address PFD 302 Centre St (Prescott ON)		Municipality Name and Address Town of Prescott	

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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.

Nil.

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Name of person completing this form (please print) <b>BRIAN DIKIDAN</b>	Official Title <b>DWNTSR</b>
Signature 	Telephone No. <b>647 404 1062</b> Date (dd-mmm-yyyy) <b>20/02/2018</b>



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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-Aug-2015	Print Name of Training Provider: FSN Safety Training
	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:

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

Training Date (dd-mmm-yyyy) 24-Jul-2017	Print Name of Training Provider:
	Print Name of Instructor: Bill Grootenhuys
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) 24-Jul-2017	Print Name of Training Provider: FSN Safety Training
	Print Name of Instructor:
Training Date (dd-mmm-yyyy) 11-Aug-2015	Print Name of Training Provider: FSN Safety Training
	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) 02-03-2018	Print Name of Training Provider: FSN Safety Training
	Print Name of 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:

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

Target Date (dd-mmm-yyyy) 02-03-2018	Print Name of Training Provider: FSN Safety Training
	Print Name of 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:

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

Target Date (dd-mmm-yyyy) 02-03-2018	Print Name of Training Provider: FSN Safety Training
	Print Name of Instructor: Not assigned yet
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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	Date (dd-mmm-yyyy) 14-Feb-2018





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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)  
 Manager On Duty will contact Emergency Services by calling 911 immediately. They will have the area evacuated and if the store is affected they will contact personnel using phone, paging system and 2 way radios.

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 of an emergency, all staff and customers will be evacuated from the building and meet at the southwest corner of our parking lot

**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 manager will be present in the propane area. The person will be able to ascertain any abnormal actions or events call 9-1-1 immediately and implement any response actions.

When system is not in use, the ISC valve is closed and the propane station locked.

Any accident involving the propane tank during such times will require the intervention of first responders and facility staff

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

The propane site is in a large parking lot and the fire department will have no difficulty accessing it from Edward Street

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

The information will be provided to the authorities by the facility key contact.

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

The Key Contact, Alternate Contact and 24 Hour Contact will be able to be on-site within 15mins.

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Name of person completing this form (please print) <b>BRIAN DIKIDAN</b>	Official Title <b>OWNER</b>
Signature 	Telephone No. <b>417-404-1062</b>
	Date (dd-mm-yyyy) <b>26/02/2018</b>



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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 checked="" type="checkbox"/> | <input 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>71 Meters</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>61 Meters</u>         |

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Signature 		Telephone No. 647-404-1062	Date (dd-mmm-yyyy) 14-Feb-2018



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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).

N/A

**Fire services comments, if any:**

A site visit was conducted 15 Feb 18 to review related plans and check the site. No irregularities or hazards were noted

**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: <i>KEN RUNDLE</i>	<i>[Signature]</i>	20-02-2018

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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-mmm-yyyy) 20-Dec-2012	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: 85'	Right side property line: 280'
Rear: 195'	Left side property line: 130'
GPS coordinates of single largest vessel:	44 77238-75 5212

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

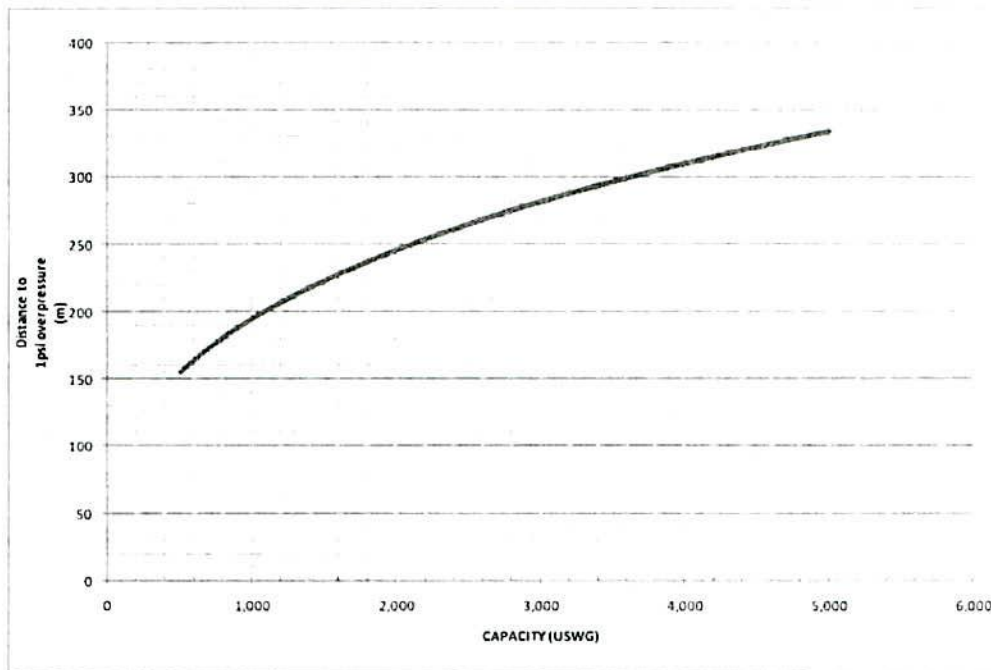
Table 1: Distance Table

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)





Technical Standards and Safety Authority  
 345 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
 Tel: 416.734.3300  
 Fax: 416.231.4078  
 Customer Service: 1.877.682.8772  
 propane@tssa.org  
 www.tssa.org

**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: Ultramar Gas Station Address: 110 Prescott Centre Drive City: Prescott Province: ON Postal Code: K0E 1T0			x		149 m
[REDACTED]		x			143 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: O'Reilly's Independent Grocer Address: 150 Prescott Centre Drive City: Prescott Province: ON Postal Code: K0E 1T0		x			59 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: Neighbourhood Housing Address: _____ City: _____ Province: _____ Postal Code: _____		x			65 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".

**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) Brian Dikdan	Official Title Dealer/Owner
Signature 	Telephone No. 647-404-1062
	Date (dd-mmm-yyyy) 14-Feb-2018



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 Propane Storage and Handling Regulation

**WORKSHEET**

**Portable Storage Additional Information Worksheet**

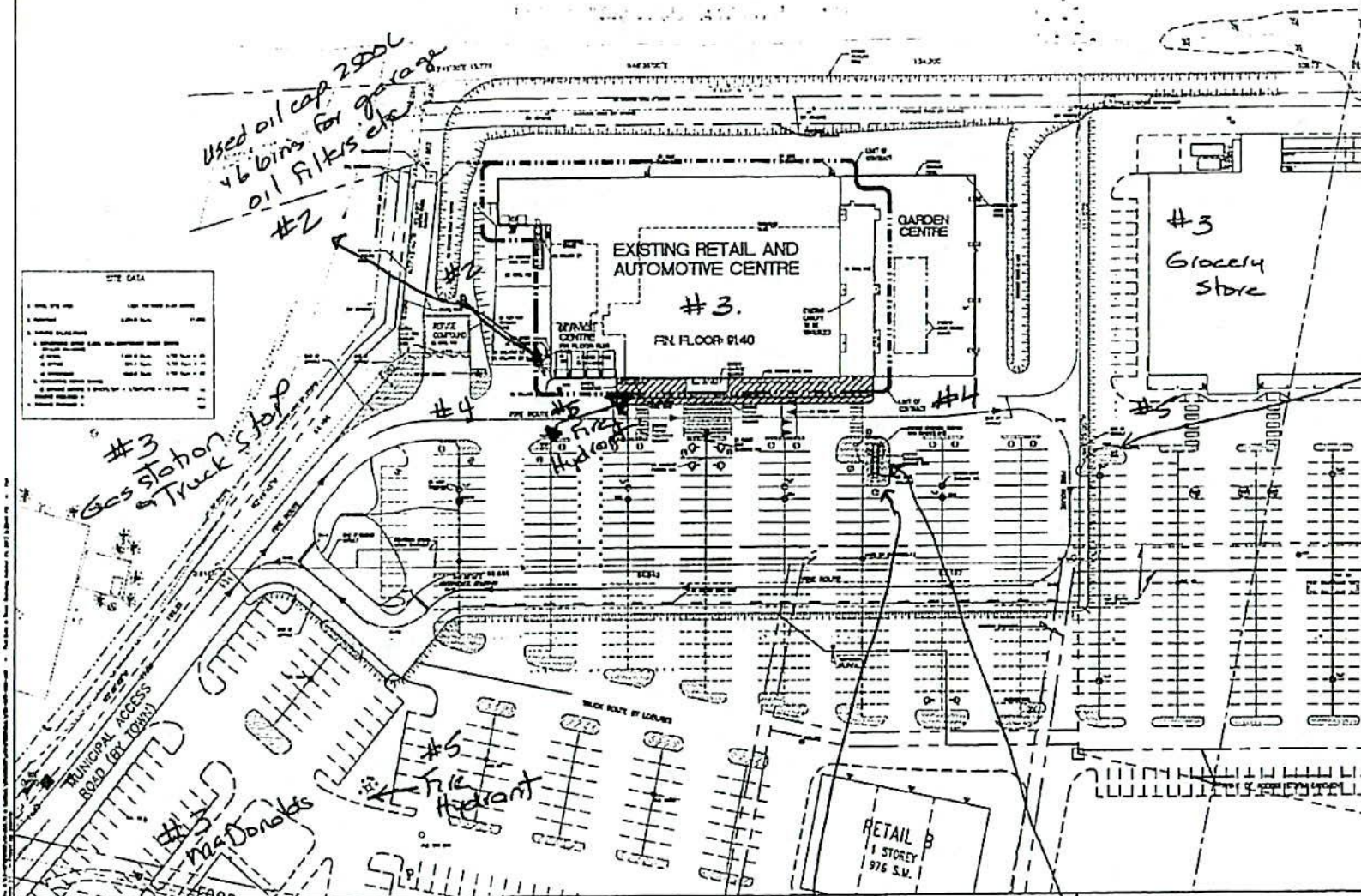
Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	48	278.40
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			

**Tanks Stored On-site Not Connected for Use**

Tank Size In USWG	Quantity	Total Volume in USWG
<b>Total Tank Capacity</b>		

<b>Total Cylinder Capacity</b>	278.40
<b>Total Tank Capacity</b>	
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	278.40

KING'S HIGHWAY NO. 401



*Used oil cap 200L  
46 bins for garage  
oil filters etc*

**SITE DATA**

Lot Area	10,000 sq. ft.
Frontage	100 ft.
Depth	100 ft.
Setback	10 ft.
Height	15 ft.
Volume	150,000 cu. ft.
Area	10,000 sq. ft.
Perimeter	400 ft.
Diagonal	141 ft.
Radius	70 ft.
Chord	100 ft.
Angle	90 degrees
Area	7,071 sq. ft.
Perimeter	282.8 ft.
Diagonal	100 ft.
Radius	50 ft.
Chord	100 ft.
Angle	90 degrees
Area	1,571 sq. ft.
Perimeter	157.1 ft.
Diagonal	100 ft.
Radius	50 ft.
Chord	100 ft.
Angle	90 degrees
Area	7,071 sq. ft.
Perimeter	282.8 ft.
Diagonal	100 ft.
Radius	50 ft.
Chord	100 ft.
Angle	90 degrees

Fire Hydrant

PROFESSIONAL ENGINEER

REGISTERED PROFESSIONAL ENGINEER

PROFESSIONAL ENGINEER



UNDER THE REG. ACTS 1970

FOR KENT/ANDERSON

RENOVATION TO RETAIL STORE & SERVICE CENTRE

SITE PLAN

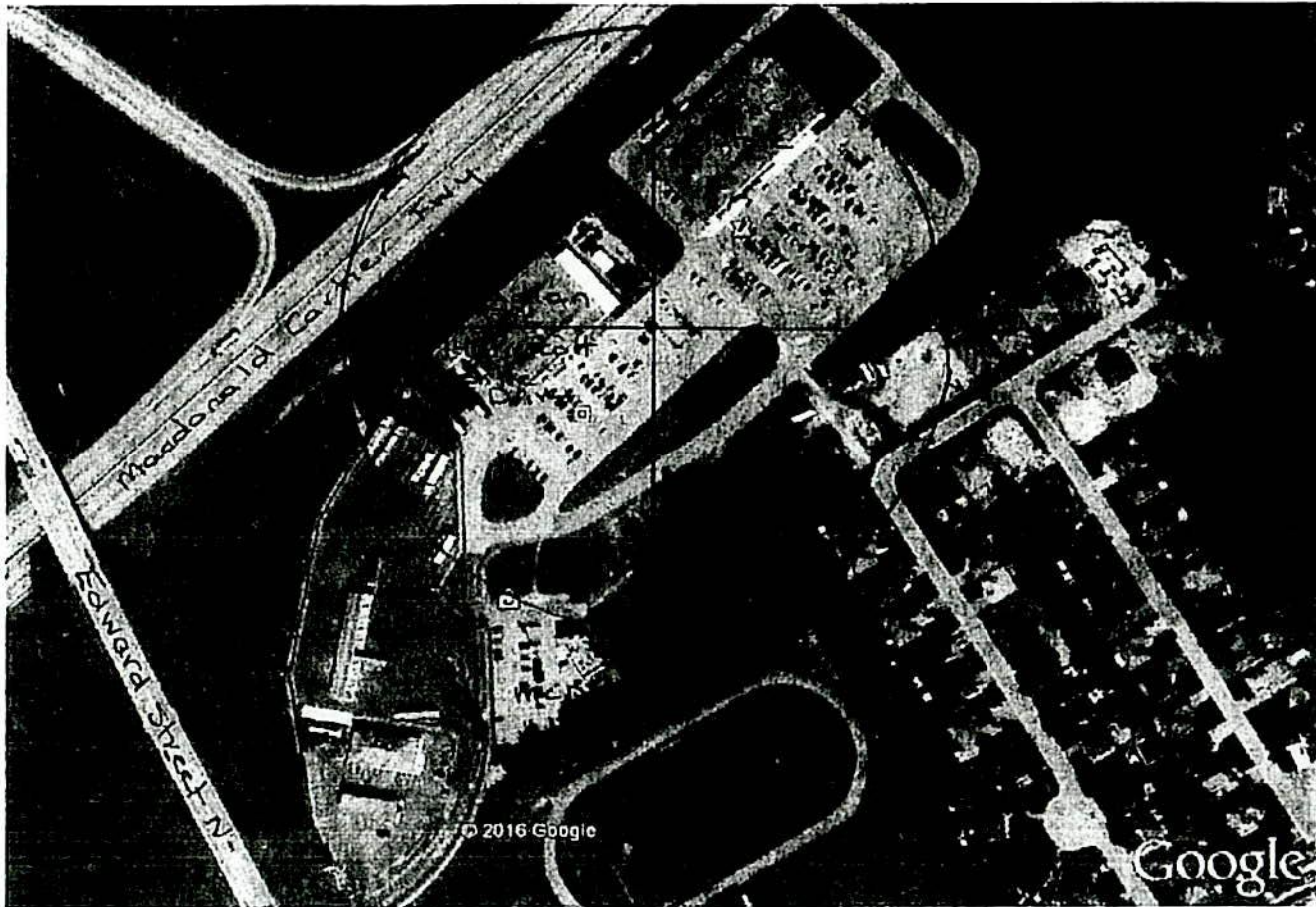
431

#6 shutoff

2,000 USWG tank #1







Canadian Tire 085  
140 Prescott Centre Drive  
Prescott, Ontario  
K0E 1T0

Prepared: July 18, 2016  
Location of Propane Tank: in centre of circle  
Capacity of Propane Tank: 2000 USWG  
GPS Co-ordinates of Propane Storage Tank: 44.7238, -75.5212  
Circular Distance to 1 psi overpressure circle: denoted by circle on tank radial distance = 246 m  
Municipality within the 1 psi overpressure circle: The Corporation of the Town of Prescott  
Municipality Contact: Dan Beattie, 360 Dibble Street W, Box 160, Prescott, Ontario K0E 1T0  
Email: dbeattie@prescott.ca

