



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.

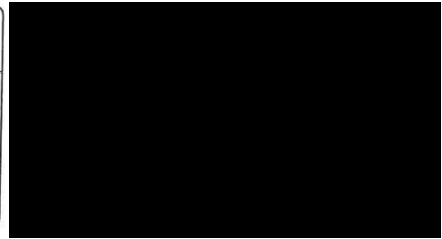
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 0076425891-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 WELD-TECH PRODUCTS INC. Ontario Corporation No., if applicable

Operator Name (if different from above)

Telephone No. 905-664-0888 Fax No. 905-664-5247 E-mail Address

B Street No. 19 Street Name, Lot / Concession No. GARDEN AVE.

Town / City or Township / County Stoney Creek Province ONTARIO Postal Code L8E 2Y8

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. 19 Street Name, Lot / Concession No. GARDEN AVE Nearest major intersection TEAL AVE & SOUTH SERVICE RD.

Town / City or Township / County Stoney Creek Province ONTARIO Postal Code L8E 2Y8

Name of Licence Holder WELD-TECH PRODUCTS INC

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). FRANK MOROLLI ROT type PPO-3

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Stoney Creek / Hamilton

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 Licence Holder	<u>FRANK MOROLLI</u>	Signature		Date (dd-mm-yyyy)	<u>09/01/2012</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>FRANK MOROLLI</u>	Signature		Date (dd-mm-yyyy)	<u>09/01/2012</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established.

1994

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

2011

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

	PSIG	Serial Number
Tank 1:	250	5.528452
Tank 2:	250	5.528547
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: 650 1802.10 Mobile: Nil

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Name of person completing this form (please print) FRANK ABRONLI	Official Title PRESIDENT
Signature 	Telephone No. 905 664 5088
	Date (dd-mm-yyyy) 09/01/2012



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) <i>Superior Propane</i>		For Office Use - Party No.	
Street No. <i>3089</i>	Street Name Lot / Concession No. <i>Retouren Rd. 12</i>		
Town / City or Township / Country <i>SMITHVILLE</i>		Province <i>ONTARIO</i>	Postal Code <i>L0R 2A0</i>
Telephone No. <i>1-877-8737467</i>	Fax No.	Contact Name <i>STUART KEMP (289) 440-2516</i>	
E-mail <i>kemps@superiorpropane.com</i>			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No.	
Street No.	Street Name Lot / Concession No.		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			

Off-site Cylinder and/or Mobile Storage <i>N/A</i>		Capacity stored off-site, in USWG	For Office Use - Party No.
Street No.	Street Name Lot / Concession No.		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

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

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>Frank Moroni</i>	Official Title <i>President</i>	
Signature <i>[Signature]</i>	Telephone No. <i>9056645088</i>	Date (dd-mm-yyyy) <i>09/01/2012</i>



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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.

1-1500 USG BULK LIQUID NITROGEN TANK
1-2200 L BULK DIESEL FUEL TANK
50-L OXYGEN CYLS (334M³ VOL), 20-M OXYGEN CYLS (67M³ VOL)
27 ARGON CYLS (146M³ VOL), 60 ARGON CYLS (550M³ VOL)

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

30-50LBS CO2 CYLS (1500LBS)
10-20LBS CO2 CYLS (200LBS)
FIRE EXTINGUISHERS 1-10 ABC, 10-20 ABC on LEADING
on Propane Pad, 2 FIRE KITS, BACK BENCH, LUNCH ROOM
DOCK

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 VALVE (MAIN SHUT OFF VALVE)
- 2) POWER SUPPLY BREAKER IN MAIN BUILDING (SEPARATE BREAKER) SHUTS OFF ALL POWER TO PROPANE DISPENSER PUMP
- 3) ISC VALVE INTERLOCK WITH SCALD DOOR (VALVE CLOSED WHEN DOOR CLOSED)

Maintenance and testing schedule for fire protection controls and devices.

SUPERIOR SCHEDULED MAINTENANCE, PUMP- 3 MONTHS, ISC VALVE- 6 MONTHS
PRV'S 2 YEARS - VISUAL
EMERGENCY SITE TEST 2ND MONDAY OF MONTH.

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Name of person completing this form (please print) FRANK A. PETROLI		Official Title PRESIDENT	
Signature 		Telephone No. 905-664-5088	Date (dd-mm-yyyy) 09/01/2012



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact

Name: FRANK MEROLLI For Office Use - Party No.
Official Title: PRESIDENT
Telephone No.: 905 643-4044 Fax No.: 905 664-5297
E-mail: FRANK@WOOD-TECHPRODUCTS.COM
Role and responsibilities in emergency: CONTACT EMERGENCY PERSONNEL & EVALUATE FACILITY

5. Facility 24-Hour Contact Person

Name: FRANK MEROLLI For Office Use - Party No.
Official Title: PRESIDENT
Cell No.: 905 515 4055 Fax No.: 905 664-5297
E-mail: FRANK@WOOD-TECHPRODUCTS.COM
Role and responsibilities in emergency: CONTACT EMERGENCY PERSONNEL & COORDINATE EVALUATION

2. Facility Contact Personnel - Alternate Contact

Name: LEWIS MEROLLI For Office Use - Party No.
Official Title: SALES
Telephone No.: Fax No.:
E-mail: LEWIS@WOOD-TECHPRODUCTS.COM
Role and responsibilities in emergency: HELP & ASSIST EMERGENCY CONTACT & EVALUATION

6. Name of Facility Manager

Name: RIK BRUNACCONI For Office Use - Party No.
Official Title: FACILITY MGR.
Telephone No.: Fax No.:
E-mail: RIK@WOOD-TECHPRODUCTS.COM
Role and responsibilities in emergency: COORDINATE AFTER ASSISTANCE TO KEY CONTACTS

3. Local Fire Services - Key Contact

Name: HAMILTON FIRE For Office Use - Party No.
Official Title: DEPT
Telephone No.: 905 346-3312 Fax No.:
E-mail: 199 HURON HIGHWAY STONEY CREEK, ON.
Role and responsibilities in emergency: HAMILTON FIRE SERVICE RESPONSIBLE

7. Propane Supplier Key Contact Person

Name: STUART KEMP For Office Use - Party No.
Official Title: SALES
Telephone No.: 289-440 2516 Fax No.:
E-mail: KEMP@SUPERIORPROPANE.COM
Role and responsibilities in emergency:

4. Local Fire Services - Alternate Contact

Name: ROB SIMONDS For Office Use - Party No.
Official Title: FIRE DEPT - OFFICER
Telephone No.: 905 346-2424 Fax No.: EXT 3340
E-mail: Robsimonds@hamilton.ca
Role and responsibilities in emergency: COORDINATE / ADVISE ON HAMILTON FIRE SERVICE RESPONSIBLE

8. Municipal Contact

Name: CITY CLERK For Office Use - Party No. [REDACTED]
Official Title: ROSE CATERINI
Telephone No.: 905 346-2424 Fax No.: 905 546-2535
E-mail: rosecaterini@hamilton.ca
Municipality: CITY OF HAMILTON, ON.

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)

FRANK MEROLLI

Signature

Official Title

PRESIDENT

Telephone No.

905 664 5088

Date (dd-mm-yyyy)

09/01/2012



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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

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>FRANK MORROW</i>	Official Title <i>PRESIDENT</i>	
Signature <i>[Signature]</i>	Telephone No. <i>905 664 5088</i>	Date (dd-mm-yyyy) <i>03/26/2012</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)	Print Name of Training Provider: <i>NONE</i>
	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) <i>04-01-2010</i>	Print Name of Training Provider: <i>WELD-TECH PRODUCTS INC</i>
	Print Name of Instructor: <i>FRANK MEROLLI</i>
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider: <i>NONE</i>
	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:

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Name of person completing this form (please print) <i>Frank Merolli</i>	Official Title <i>President</i>
Signature <i>[Signature]</i>	Telephone No. <i>905 664 5088</i>
	Date (dd-mm-yyyy) <i>09/01/2012</i>



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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mm-yyyy) <i>04-01-2010</i>	Print Name of Training Provider: <i>FRANK MERIZZI - WED TECH</i>
	Print Name of Instructor: <i>FRANK MERIZZI</i>
Target Date (dd-mm-yyyy) <i>04-18-2012</i>	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) <i>04-01-2010</i>	Print Name of Training Provider: <i>WED TECH</i>
	Print Name of Instructor: <i>FRANK MERIZZI</i>
Target Date (dd-mm-yyyy) <i>04-18-2012</i>	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) <i>08/12/2010</i>	Print Name of Training Provider: <i>FSN TRAINING</i>
	Print Name of Instructor: <i>MIKE FARAH</i>
Target Date (dd-mm-yyyy) <i>08/12/2013</i>	Print Name of Training Provider: <i>AS ABOVE</i>
	Print Name of Instructor: <i>AS ABOVE</i>
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) <i>FRANK MERIZZI</i>	Official Title <i>PRESIDENT</i>
Signature 	Telephone No. <i>405 664 5085</i>
	Date (dd-mm-yyyy) <i>09/01/2012</i>



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

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

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).

WHO EVER IS AT THE PROPANE FILLING SITE, SHUTS DOWN PUMP AND THEN TO NOTIFY AN INSIDE PERSONNEL TO SHUT DOWN ELECTRICAL PANEL AND GIVE NOTICE TO EVACUATE SITE
PERSON THAT REPORTS PROBLEM SHOULD THEN CALL 911

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).

INSIDE PERSONNEL TO ADVISE EVERYONE PRESENT TO GATHER AT 22 GARDEN AVE (MEETING PLACE) & TAKE REFUGES; AND MAKE NECESSARY EMERGENCY CALLS (FIRE DEPT, SUPERIOR PROPANE, ETC.), AND ENSURE 911 HAS BEEN CALLED & ANY OTHER MANAGEMENT PERSONNEL

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).

AT TIME OF SITE EVALUATION, CALLS MADE TO 911, SUPERIOR PROPANE, CANUTE, AIR LIQUIDE (LIQUID NITROGEN PROVIDER) @ 1-800-263-8261. THE SENIOR STAFF PERSONNEL SHOULD MAKE THESE CALLS

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

CALL FRANK MEROLLI @ 905 643-4544 OR 905 515-4055 ON 911. NOTE FRONT GATE IS LOCKED BUT CAN BE EASILY CUT. THERE ARE NO HINDERANCE TO PROPER ENTRY.

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

WILL BE ON SITE WITH DETAILED INFORMATION OFF SITE IN A SAFE PLACE, ALONG WITH PERSON WHO REPORTED INCIDENT.

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

20 MINS.

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)

FRANK MEROLLI

Signature

Official Title

PRESIDENT

Telephone No.

905 664-5088

Date (dd-mm-yyyy)

09/01/2012



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

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

6. Building and Site Security and Procedures

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input 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 type="checkbox"/>	<input checked="" 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>40M</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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Name of person completing this form (please print) <i>Frank Moralli</i>	Official Title <i>PRESIDENT</i>
Signature <i>[Signature]</i>	Telephone No. <i>905 664 5088</i>
	Date (dd-mm-yyyy) <i>09/01/2012</i>



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

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

B. 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:

See attached Appendix 'A'

To be completed by the Licence Holder

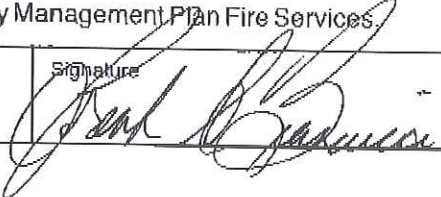
In response to the above comments, the following action(s) is required:

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 <i>FRANK BIANUCCI</i> Local Fire Services Name	Signature 	Date (dd-mm-yyyy) <i>April 23/12</i>
-----------------------------------------------------------------	---------------------------------------------------------------------------------------------------	-----------------------------------------

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>FRANK MEROLLI</i>	Official Title <i>President</i>	
Signature 	Telephone No. <i>905-664-5285</i>	Date (dd-mm-yyyy) <i>04/23/12</i>

Appendix 'A'
Level 1 Propane Risk Safety Management Plan
For : Weld Tech Products Inc
Address: 19 Garden Avenue
Contact : Frank Merolli
Phone: 905 664 5088
Cell:
Fax: 905 664 5297

Re Page 4 ✓
Section B

Maintenance and testing Schedue...
All Fire Extinguishers and any other life safety equipment shall be maintained in accordance with the Ontario Fire Code as applicable.

Re Page 5

Re Local Services – Key contact/Alternate Contact/Municipal contact
Local Fire Services Key Contact please find the following information to your updating

Rob Simonds ✓
Fire Chief
905 546 2424 x 3346
robsimonds@hamilton.ca

Coordinate/advise on Hamilon's Fire Service Response – Liaise with Police

Local Fire Services Alternate Contact

Dave Cunliffe
Deputy Fire Chief
905 546 2424 x 3340
dcunliffe@hamilton.ca

Alternate -Coordinate/advise on Hamilon's Fire Service Response – Liaise with Police

Municipal Contact ✓
Rose Caterini
City Clerk
905 546 2424 x 5409
rosecaterini@hamilton.ca
City of Hamilton

Page 9 ✓

Warning and actions – The guidance provided in the RSMP is accurate but in addition it is strongly recommended that the person finding the problem also contact 911 if possible to provide the earliest warning.
Describe what actions is to be taken...

The instructions provided to inside staff is accurate but it is also recommended that the inside ensure that 911 has been called. Even in the event of a leak, while it may be thought the leak is minor a situation can arise that accelerates the problem. In focusing to ensure that staff contact 911 at the earliest possible point in an emergency it will ensure assistance is on the way to assess and mitigate the problem

In addition, the instructions for Weld Tech provided by Air Liquide don't have specific instructions to staff to contact 911 when a problem is found. It is strongly recommended that the instructions

Communications with Emergency Response Authorities

Describe when and how....

The category is designed to outline how staff will contact 911 as the primary contact. This category should outline exactly how you are designating staff to contact 911.

In addition, if the emergency procedures from Air Liquide are used you can also note that staff will follow those emergency procedures – again they must be amended to include calling 911 upon noticing a a problem with the propane tank.

Describe provisions for fire department....

Indicate if there are any obstructions to the fire department responding and dealing with a problem especially after hoursare there security gates in place there would be a hinderance to access in off hours

Describe how the licence holder will

This section should also indicate that in the initial incident and until the RP arrives on site, staff on site that identified the problem should be the first point of contact for the fire department when they arrive on scene

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Water Supply

Regarding pressurized water, the area is provided with municipal hydrants so item #1 of this the category should be noted as 'yes'



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SECTION C: SUBMISSIONS (cont'd)

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) <u>01/12/2011</u>	Capacity of single largest propane storage vessel (USWG) <u>1000.</u>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>53.8 M</u>	Right side property line: <u>27.4 M</u>
Rear: <u>5.5 M</u>	Left side property line: <u>3.8 M</u>
GPS coordinates of single largest vessel: <u>LATITUDE 43.07367, LONGITUDE 79.739</u>	

COPY IS IN THE HANDS OF THE HAMILTON FIRE DEPT.

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) <u>Frank Merolli</u>	Official Title <u>President</u>
Signature 	Telephone No. <u>905 664 5088</u>
	Date (dd-mm-yyyy) <u>09/02/2012</u>



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

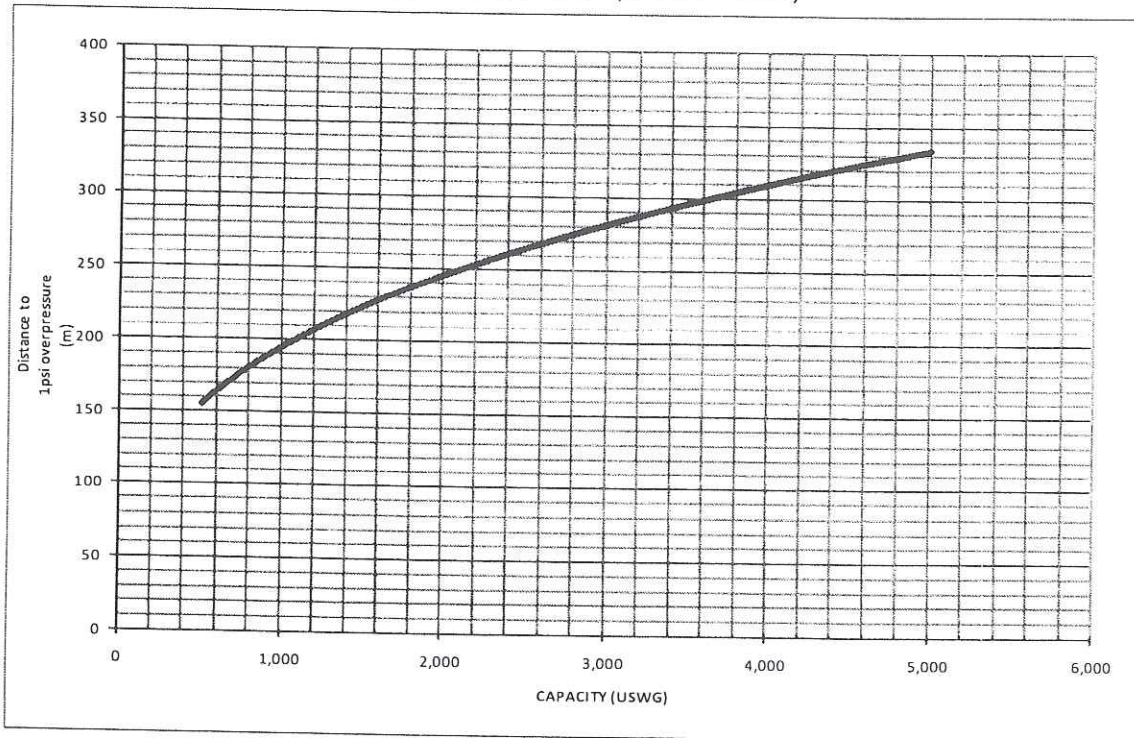
Table 1: Distance Table

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>FRANK MERONZI</i>	Official Title <i>PRESIDENT</i>
Signature <i>[Handwritten Signature]</i>	Telephone No. <i>905 664 5068</i>
	Date (dd-mm-yyyy) <i>09/01/2012</i>



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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>VIKING MARINE</u> Address: <u>23 GARDON AVE</u> City: <u>Stoney Creek</u> Province <u>ONTARIO</u> Postal Code <u>L2R 2Y8</u>		X			<u>28</u> m
Residential building units specifically permanent single family dwellings, condominiums and apartments Name: [REDACTED] Address: [REDACTED] City: [REDACTED]		X			<u>27</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____		X			_____ 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".

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) <u>FRANK MARULLI</u>	Official Title <u>PRESIDENT</u>
Signature 	Telephone No. <u>905 664-5088</u> Date (dd-mm-yyyy) <u>09/01/2012</u>



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www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
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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	
# 100	29.5	45	1327.5
# 40	11.75	8	94.0
# 33.3	9.62	30	288.6
# 30	8.8	6	52.8
# 20	5.8	6	34.8
# 10	2.9	1	2.9
# 5	1.5	1	1.5
Total Cylinder Capacity		97	1802.10

Tanks Stored On-site Not Connected for Use

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

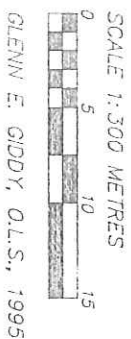
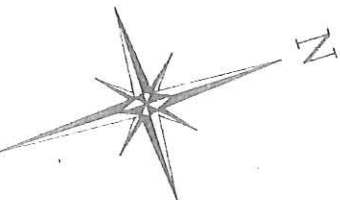
Total Cylinder Capacity	1802.10
Total Tank Capacity	0
Total Portable Capacity	1802.10

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) FRANK MEROLLI		Official Title President	
Signature 		Telephone No. 905 664-5088	Date (dd-mm-yyyy) 09/01/2012

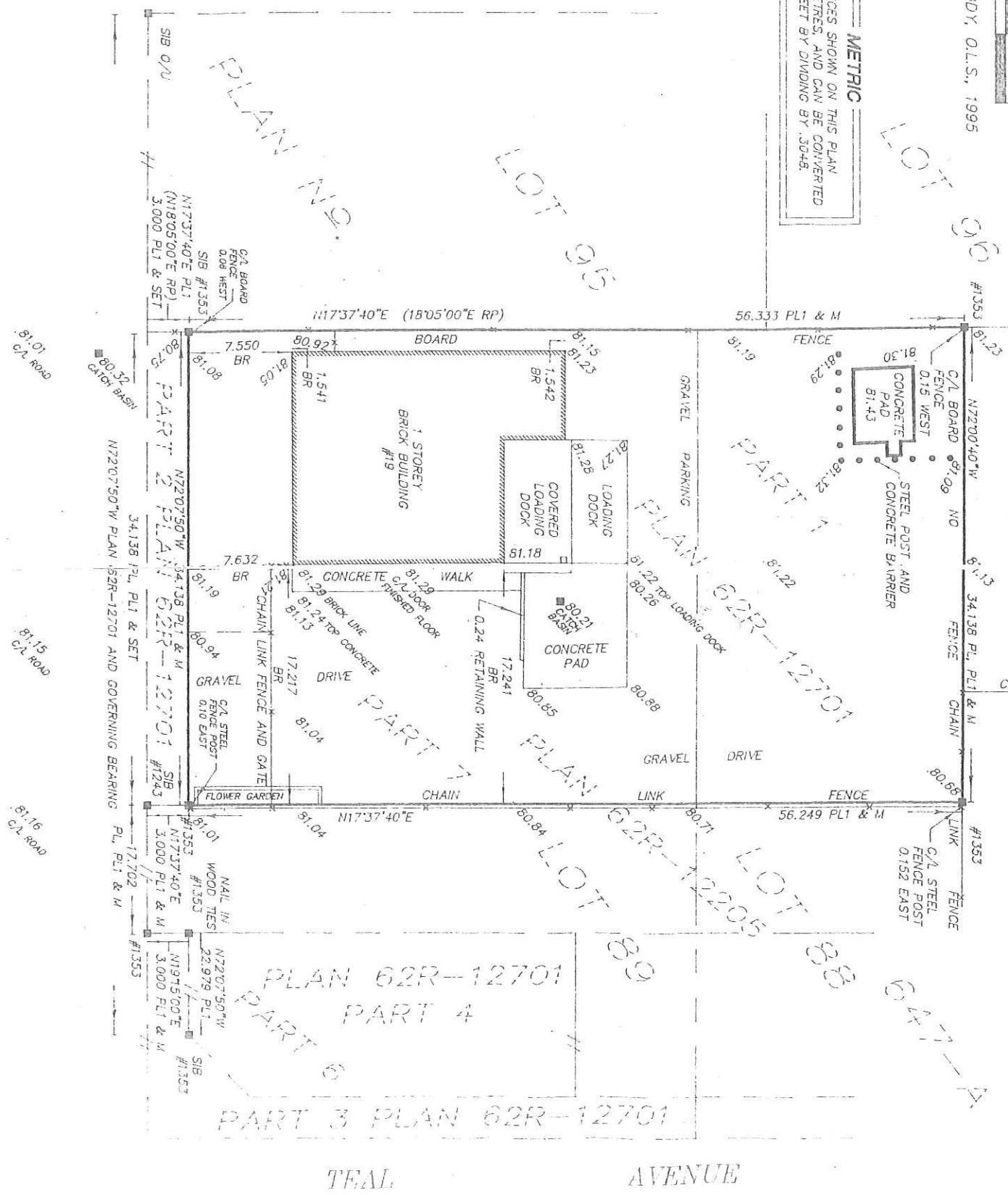
SITE PLAN
OF PART OF
LOTS 88 AND 89
REGISTERED PLAN No. 647-A
COMMUNITY BEACH GARDENS SURVEY
IN THE
CITY OF STONEY CREEK
REGIONAL MUNICIPALITY OF
HAMILTON - WENTWORTH

PLAN 62R-12701
PART 5
PLAN 62R-12205
PART 5



SCALE 1:300 METRES
GLENN E. GIDDY, O.L.S., 1995

METRIC
DISTANCES SHOWN ON THIS PLAN
ARE IN METRES, AND CAN BE CONVERTED
TO FEET BY DIVIDING BY .3048.



PINELANDS AVENUE

GARDEN AVENUE
(PLAN 647-A)

TEAL AVENUE

(PLAN 647-A)

- LEGEND**
- SIB - STANDARD IRON BAR FOUND
 - SIB - STANDARD IRON BAR SET
 - ▣ IRON BAR FOUND
 - ▢ IRON BAR SET
 - ▧ SHORT STANDARD IRON BAR
 - ▨ CUT CROSS
 - ▩ CONCRETE MONUMENT
 - WITNESS
 - PP'D - PROPORTIONED
 - IT - IRON TUBE
 - G/L - CENTRLINE
 - BR - BRICK
 - #1243 - E. BARRICH, O.L.S.
 - #1353 - G.E. GIDDY, O.L.S.

- O/U - ORIGIN UNKNOWN
- IP - IRON PIPE
- SA - STONE MONUMENT
- RIB - ROUND IRON BAR
- M - MEASURED
- D - DEED-INST. 193058 CD
- RP - REGISTERED PLAN No. 647-A
- PL - PLAN 62R-12205
- PL1 - PLAN 62R-12701

BENCHMARK
CITY BENCHMARK #56
NORTHEAST CORNER OF HYDRO TOWER, TOP
BOLT OF SUPPORT COLUMN LOCATED
30 METRES NORTH 1/2 C.M.R. TRACK AND
16 METRES WEST OF GREEN ROAD.

NOTE
BEARINGS ARE ASTRONOMIC AND ARE
REFERRED TO NORTH HERBY LIMIT OF
GARDEN AVENUE AS BEING N72°07'50"W AS
SHOWN ON PLAN 62R-12701.

SURVEYOR'S CERTIFICATE

I CERTIFY THAT:
THE FIELD SURVEY REPRESENTED
ON THIS PLAN WAS COMPLETED ON
THE 26th DAY OF MAY, 1995.

NOTE
THIS PLAN IS NOT PREPARED
FOR REGISTRATION.

GLENN E. GIDDY
ONTARIO LAND SURVEYOR
337 LOCKE ST. S. SUITE 205
DUNTHAM
HAMILTON - L9P 4T4
528-4676
COPYRIGHT 1995
F-1825

June 15/95
GLENN E. GIDDY, O.L.S.

WELD-TECH PRODUCTS INC

bing Maps

19 Garden Ave, Hamilton, ON, L8E

My Notes

2- 1000 USWG HORIZONTAL PROpane TANKS
SETBACK: 246M

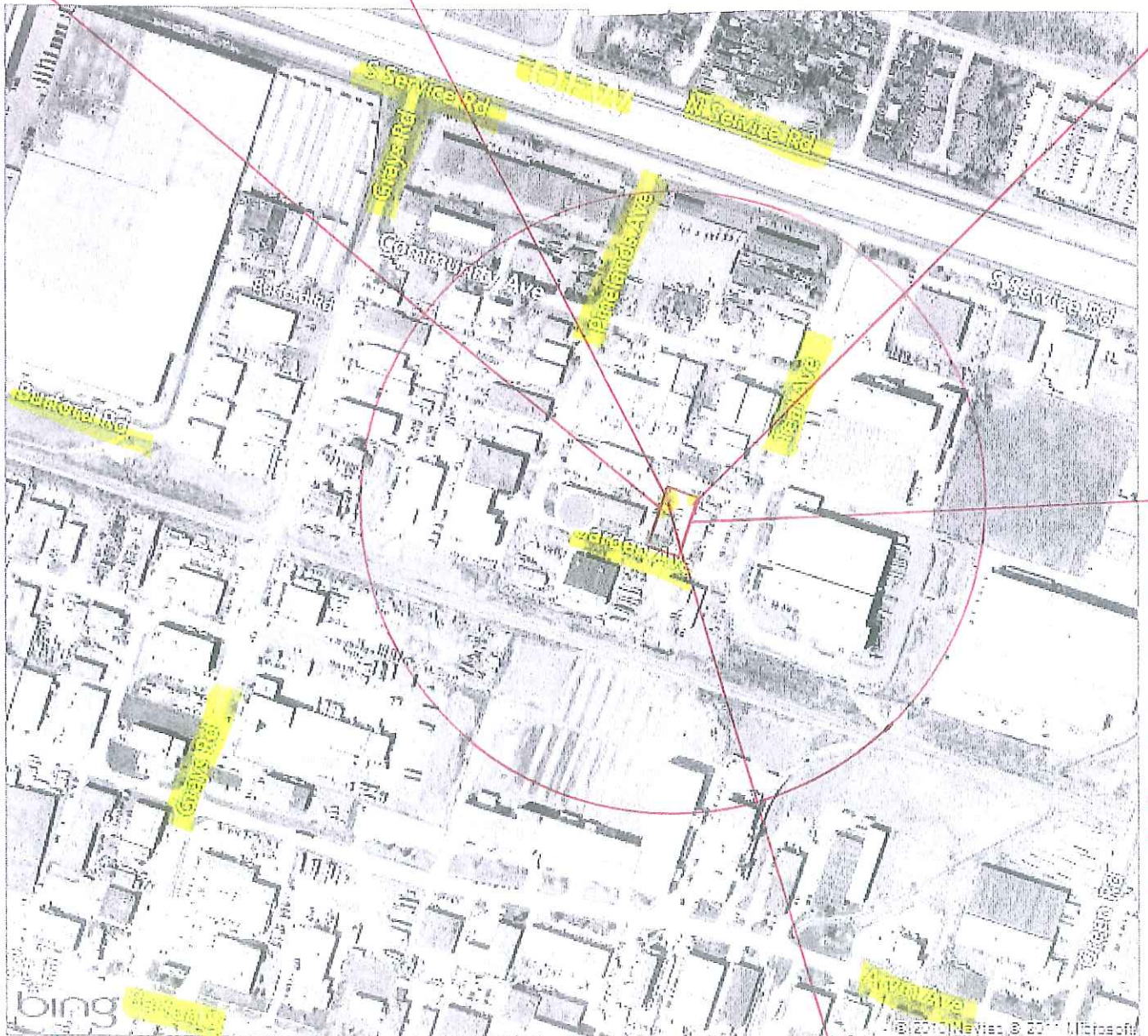
8. Municipal Contact	
Name	CITY CLERK
Official Title	ROSE CATERINI
Telephone No	905 546-2424
Fax No	905 546-2535
E-mail	rose.caterini@hamilton.ca
Municipality	CITY OF HAMILTON, ON.

1- 2200L DIESEL FUEL TANK

Tank setback coordinates. Indicate placement on the map.

Front:	23.8M
Rear:	5.5M
Right side property line:	27.4M
Left side property line:	3.9M

1- 1500 USG LIQUID NITROGEN TANK



EAS PROPERTY LINE

2- 1000 USWG HORIZONTAL PROpane TANKS
SET BACK 246M