



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 000223049

Check applicable type of propane operations.

Cylinder     Motor Fill     Filling Plant     Card/Key/lock

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 1902012 ONTARIO INC Ontario Corporation No., if applicable 1902012

Operator Name (if different from above) DAMCO FUELS & SUPPLIES

Telephone No. 705-367-2001 Fax No. 705-367-2424 E-mail LOUGRAVEL@LIVE.CA

**B** Street No. 211 Street Name / 911 Number / Address, if applicable

Town / City or Township / County MOONBEAM Province ONTARIO Postal Code P0L 1V0

Mailing address if different from above.

**C** Street No. Street Name / 911 Number / Address, if applicable P.O BOX 340

Town / City or Township / County MOONBEAM Province ONTARIO Postal Code P0L 1V0

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

**D** Location of facility:  
Street No. 211 Street Name / 911 Number / Address, if applicable GOVERNMENT RD Nearest Major Intersection HWY 11 AT REMI LAKE RD

Town / City or Township / County MOONBEAM Province ONTARIO Postal Code P0L 1V0

Name of Licence Holder LOU GRAVEL

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). LOU GRAVEL ROT type CYLINDER FILL

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

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.

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>LOU GRAVEL</u>		<u>29 04 2014</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>LOU GRAVEL</u>		<u>29/04/14.</u>



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**Technical Standards and Safety Act**  
Propane Storage and Handling Regulation

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

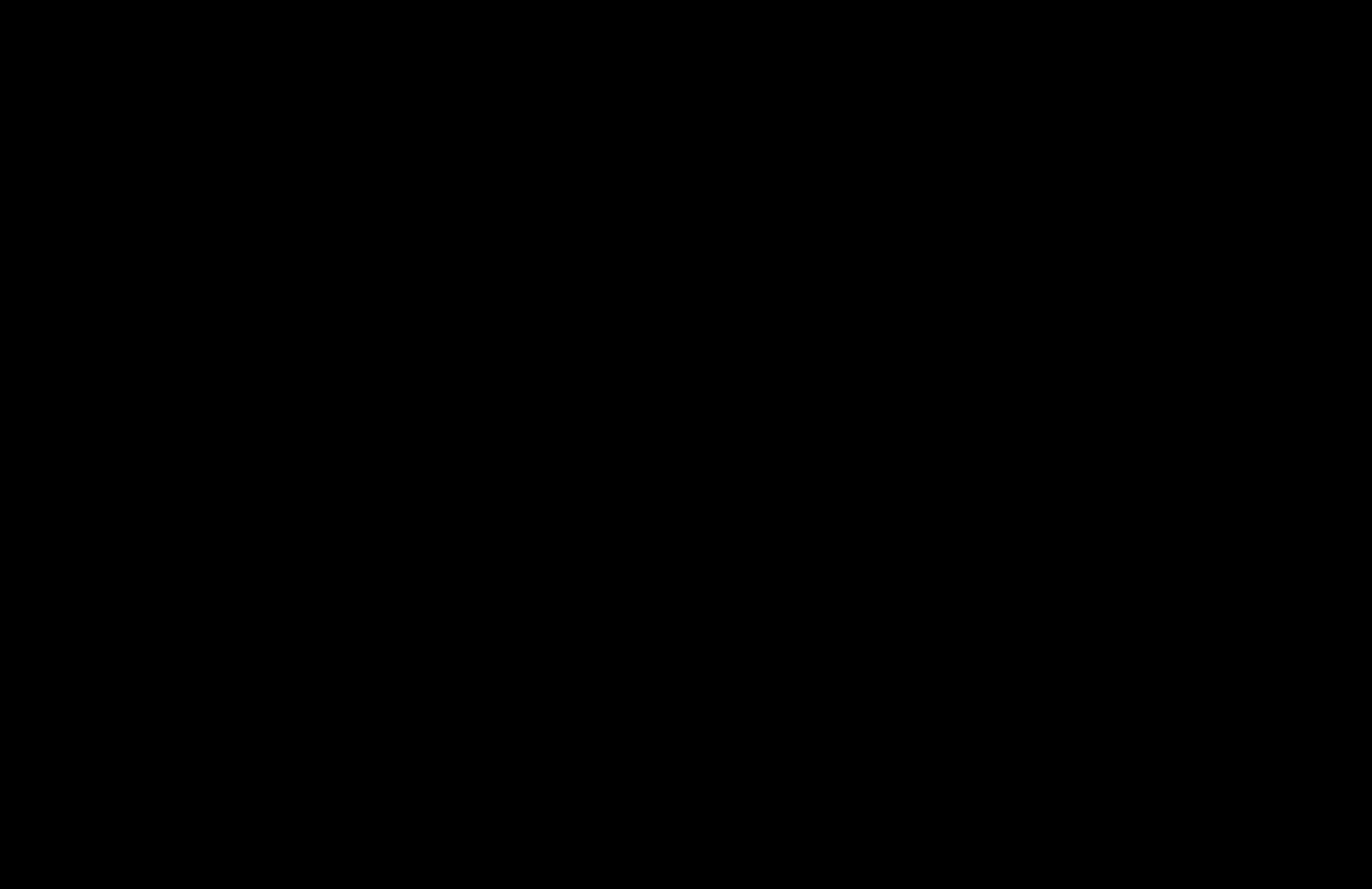
Indicate the year the facility was established. 2001      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. N/A

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

	PSIG	Serial Number
Tank 1:	<u>2000 USWG</u>	<u>179895</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: 2000 USWG      Portable: 46.4      Mobile: \_\_\_\_\_



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Name of person completing this form (please print) <u>LOU GRAVEL</u>	Official Title <u>MANAGER</u>	
Signature 	Telephone No. <u>705-367-2001</u>	Date (dd-mm-yyyy) <u>29 04 2014</u>



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

<b>Name of Propane Supplier(s)</b> NASCO PROPANE LTD		For Office Use - Party No. [REDACTED]	
Street No. 290	Street Name / 911 Number / Address, if applicable RAILWAY STREET		
Town / City or Township / Country TIMMINS		Province ONTARIO	Postal Code P4N 7E3
Telephone No. 1 705 264 5213	Fax No. 1 705 264 6979	Contact Name MARK BASARABA	
E-mail MARK@NASCOPROPANE.COM			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No. [REDACTED]	
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			

<b>Off-site Cylinder and/or Mobile Storage</b> N/A	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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**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.

35,000L REGULAR GASOLINE UNDERGROUND TANK AND PUMPS

10,000L PREMIUM GASOLINE UNDERGROUND TANK AND PUMPS

30,000L CLEAR DIESEL UNDERGROUND TANK AND PUMPS

15,000L COLORED DIESEL UNDERGROUND TANK AND PUMPS

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

ABC FIRE EXTINGUISHER

FUESABLE LINK

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.

COMPLETE SYSTEM SHUT OFF LOCATED IN THE OFFICE

Maintenance and testing schedule for fire protection controls and devices.

MONTHLY

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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 LOU GRAVEL		For Office Use - Party No.		Name LOU GRAVEL		For Office Use - Party No.	
Official Title MANAGER				Official Title MANAGER			
Telephone No. 705-367-2001		Fax No. 705-367-2424		Cell No. 705 332 1404		Fax No. 705-367-2424	
E-mail LOUGRAVEL@LIVE.CA				E-mail LOUGRAVEL@LIVE.CA			
Role and responsibilities in emergency MUTUAL AID				Role and responsibilities in emergency MUTUAL AID			
<b>2. Facility Contact Personnel - Alternate Contact</b>				<b>6. Name of Facility Manager</b>			
Name ERIC GRAVEL		For Office Use - Party No.		Name LOU GRAVEL		For Office Use - Party No.	
Official Title OWNER				Official Title MANAGER			
Telephone No. 705-367-2001		Fax No. 705-367-2424		Telephone No. 705-367-2001		Fax No. 705-367-2424	
E-mail GRAVEL101@HOTMAIL.COM				E-mail LOUGRAVEL@LIVE.CA			
Role and responsibilities in emergency MUTUAL AID				Role and responsibilities in emergency MUTUAL AID			
<b>3. Local Fire Services - Key Contact</b>				<b>7. Propane Supplier Key Contact Person</b>			
Name DENIS PLOURDE		For Office Use - Party No.		Name MARK BASARABA		For Office Use - Party No.	
Official Title FIRE CHEIF		E-mail N/A		Official Title MANAGER		E-mail MARK@NASCOPROPANE.COM	
Telephone No. 705 332 1090		Fax No.		Telephone No. 705 264 5213		Fax No. 705 264 6979	
Role and responsibilities in emergency FIRE SERVICE				Role and responsibilities in emergency MUTUAL AID			
Fire Services Address 53 ST AUBIN AVENUE MOONBEAM ONTARIO P0L 1V0				Propane Supplier Address 290 RAILWAY STREET TIMMINS ONTARIO P4N 3E1			
<b>4. Local Fire Services - Alternate Contact</b>				<b>8. Municipal Contact</b>			
Name N/A		For Office Use - Party No.		Name CAROL GENDRON		For Office Use - Party No.	
Official Title N/A		E-mail N/A		Official Title CLERK TREASURER			
Telephone No. N/A		Fax No. N/A		Telephone No. 705-367-2610		Fax No.	
Role and responsibilities in emergency N/A				E-mail CGENDRON@MOONBEAM.CA			
Fire Services Address N/A				Municipality Name and Address MOONBEAM, FAUQUEIR 53 ST AUBIN AVENUE MOONBEAM ONTARIO P0L 1V0			

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Signature 		Telephone No. 705-367-2001	Date (dd-mm-yyyy) 29 04 2014



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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.

SECURITY AND CAMERA SYSTEM

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LOU GRAVEL		MANAGER
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	705-367-2001	29 04 2014



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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) NOV 23-2013	Print Name of Training Provider: NASCO PROPANE
	Print Name of Instructor: MARK BASARABA
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) NOV 23-2013	Print Name of Training Provider: NASCO PROPANE
	Print Name of Instructor: MARK BASARABA
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) NOV 23-2013	Print Name of Training Provider: NASCO PROPANE
	Print Name of Instructor: MARK BASARABA
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mm-yyyy) MAY 9-2014	Print Name of Training Provider: NASCO PROPANE
	Print Name of Instructor: MARK BASARABA
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) MAY 9-2014	Print Name of Training Provider: NASCO PROPANE
	Print Name of Instructor: MARK BASARABA
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) MAY 9-2014	Print Name of Training Provider: NASCO PROPANE
	Print Name of Instructor: MARK BASARABA
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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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).  
WHEN ANY WORKER NOTICES ANYTHING SUSPICIOUS ABOUT THE PROPANE THEY MUST FIRST ADVISE THE SENIOR EMPLOYEE. THE EMPLOYEE WILL THEN DETERMINE IF THE SUSPICIONS ARE WARRANTED. IF THE SUPERVISOR FINDS THAT SUSPICIONS ARE WARRANTED, THEN SHE WILL PROCEED TO THE ISSUING THE WARNINGS

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).  
BEFORE ANYTHING, THE SENIOR EMPLOYEE WILL ISSUE A ROLL-CALL TO ALL EMPLOYEES TO RALLY IN THE SAFE PLACE, IN FRONT OF C. D'AMOURS CONTRACTING MAIN OFFICE. IF ABLE, HE WILL ACTIVATE ALL EMERGENCY SHUT OFFS FOR FUEL VALVES & ELECTRICITY. THEN HE WILL USE THE TELEPHONE IN THE STORE TO CAL THE OWNER & ISSUE THE WARNING TO HIM. HE WILL THEN JOIN THE GROUP IN THE SAFE PLACE & DO A HEAD COUNT. FROM THE C. D'AMOURS CONTRACTING, HE WILL KEEP THE GM APPRISED OF ANY NEW DEVELOPMENTS

**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 OWNER WILL CALL 911 AND ALL OTHER NECESSARY CONTACTS FROM HIS SAFE LOCATION.

Describe provisions for fire department entry when there are no operations or staffing at the propane site.  
THE SITE IS OUTDOOR WITH NO BARRIERS TO ACCESS EXCEPT THE ONE SURROUNDING THE SITE AS PER CODE. THIS BARRIER IS DESIGNED TO PREVENT ACCIDENTS WITHOUT LIMITING ACCESS FROM PERSONNEL. IF NECESSARY, THE OWNER WILL SUPPLY THE KEYS TO THE FIRE DEPARTMENT.

Describe how the licence holder will ensure continual flow of updated information to authorities.  
THE SENIOR EMPLOYEE WILL REMAIN WITHIN SAFE DISTANCE TO KEEP THE OWNER APPRISED OF ANY NEW INFORMATION.

How long will it take the facility liaison person to respond to the site.  
5 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 type="checkbox"/>            | <input checked="" 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>585</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>585</u>                          |                                     |

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Signature 		Telephone No. 705-367-2001	Date (dd-mm-yyyy) 29 04 2014



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

The licence holder will complete Section B in consultation with the local Fire Services.  
8. Licence holder and local Fire Services Review

**To be completed by the Local Fire Services**

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

Yes  No

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

Fire services comments, if any:

**To be completed by the Licence Holder**

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

The licence holder will respond to the Local Fire Services comments by: \_\_\_\_\_ (dd-mm-yyyy)

**LOCAL FIRE SERVICES**

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

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name <i>Denis Plourde Fire Chief</i>	<i>[Signature]</i>	<i>25-04-2014</i>

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Name of person completing this form (please print)	Official Title
<i>Lou Gravel</i>	<i>manager</i>
Signature	Telephone No. Date (dd-mm-yyyy)
<i>[Signature]</i>	<i>705-367-2001 29/04/2014</i>



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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) 20 08 2012	Capacity of single largest propane storagevessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: 15 M	Right side property line: 118
Rear: 15 M	Left side property line: 5
GPS coordinates of single largest vessel: N49 20.7569 W082 10.0414	

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**SECTION C: SUBMISSIONS (cont'd)**

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

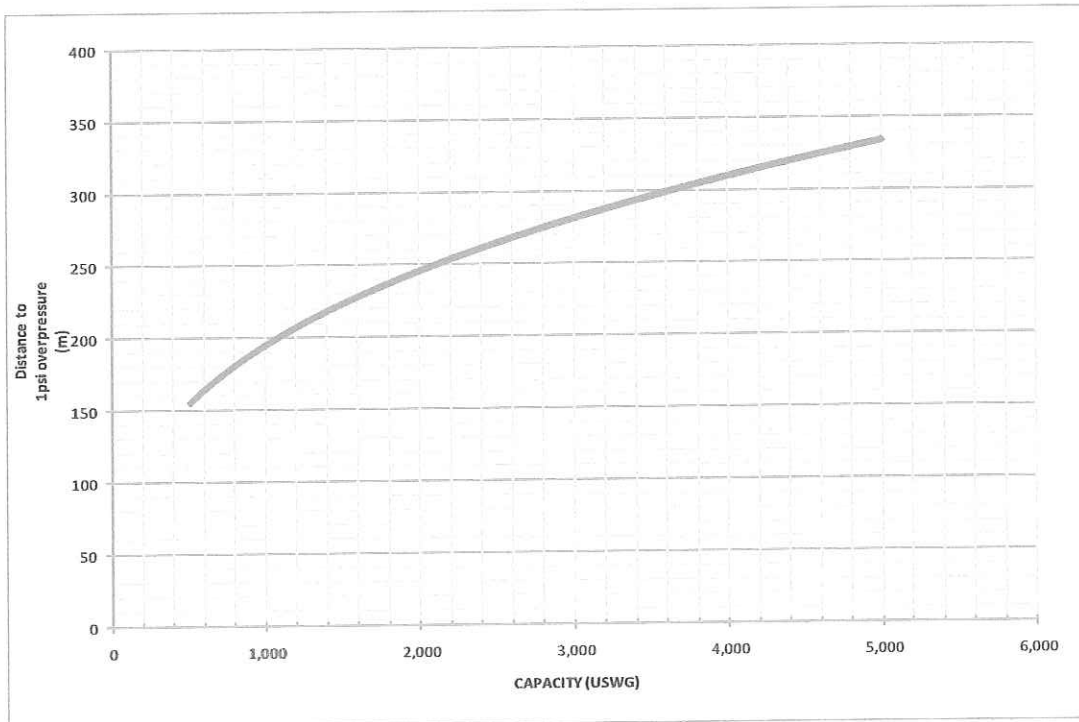
Table 1: Distance Table

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**  
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>C. D'AMOURS CONTRACTING</u> Address: <u>209 GOVERNMENT RD</u> City: <u>MOONBEAM</u> Province <u>ONTARIO</u> Postal Code <u>P0L 1V0</u>		X			<u>154</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: <span style="background-color: black; color: black;">[REDACTED]</span> Address: <span style="background-color: black; color: black;">[REDACTED]</span> City: <span style="background-color: black; color: black;">[REDACTED]</span>		X			<u>205</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ 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".

**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>LOU GRAVEL</u>	Official Title <u>MANAGER</u>
Signature 	Telephone No. <u>705-367-2001</u>
	Date (dd-mm-yyyy) <u>20-08-2012</u>



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**WORKSHEET**

**Portable Storage Additional Information Worksheet**

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	N/A	N/A
# 100	29.5	N/A	N/A
# 40	11.75	N/A	N/A
# 33.3	9.62	N/A	N/A
# 30	8.8	N/A	N/A
# 20	5.8	8	46.4
# 10	2.9	N/A	N/A
# 5	1.5	N/A	N/A
<b>Total Cylinder Capacity</b>			

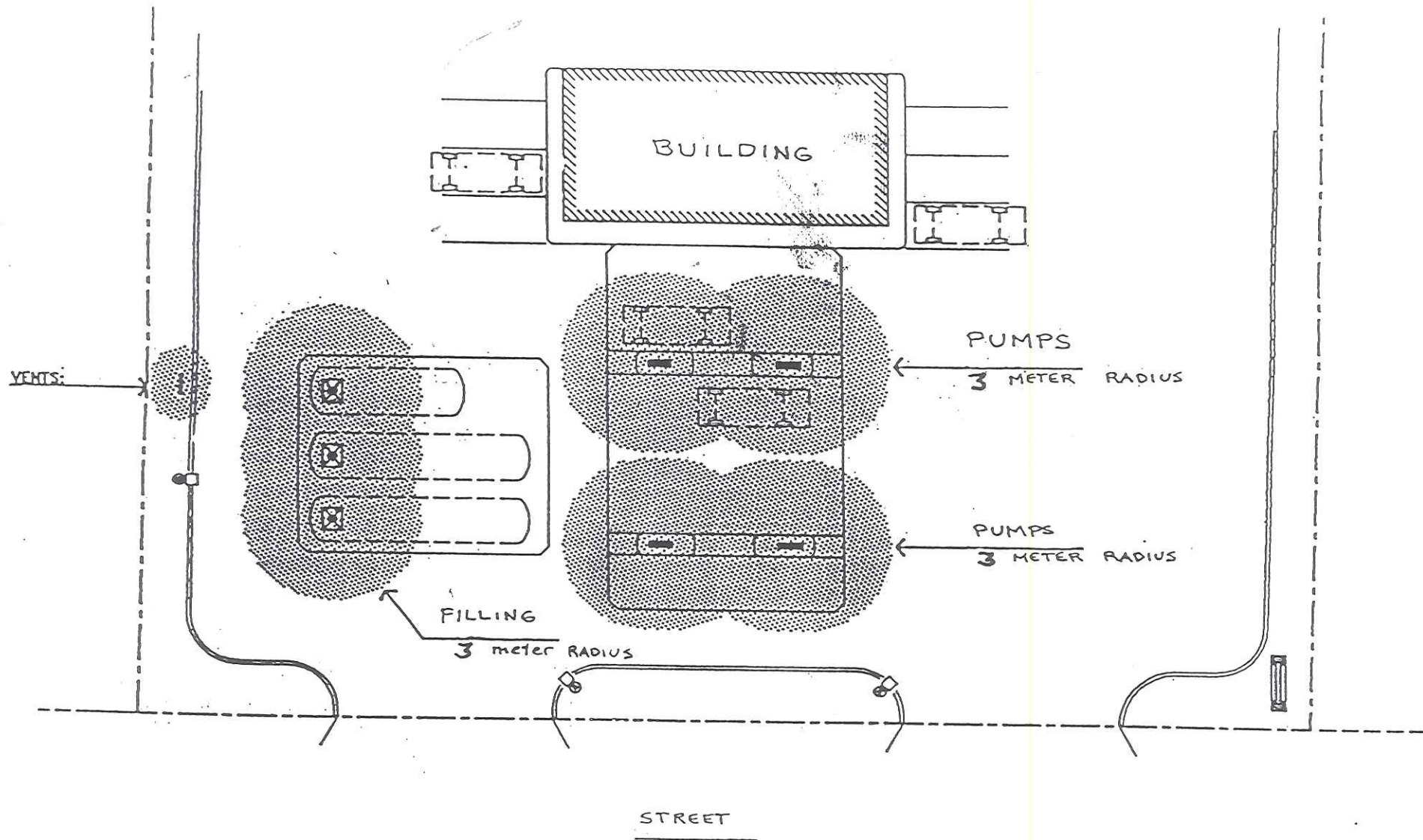
**Tanks Stored On-site Not Connected for Use**

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

<b>Total Cylinder Capacity</b>	46.4
<b>Total Tank Capacity</b>	N/A
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	46.4







Scale: none

drawn: M. ST-G.

Verified: M. W.-P.

DANGEROUS ZONES  
SERVICE STATION AREA

Date 93-06-09

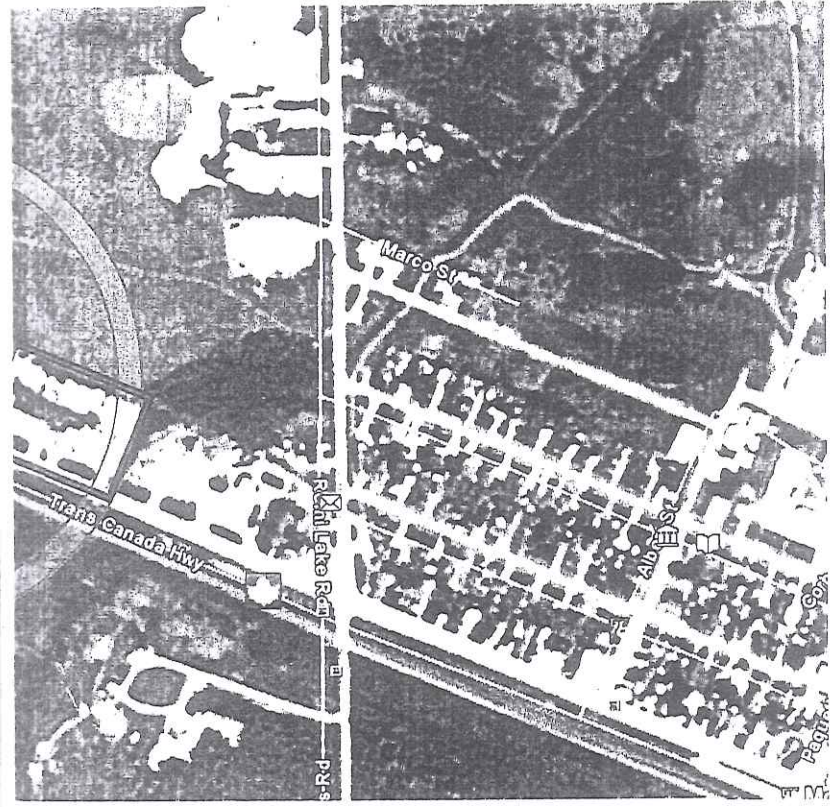
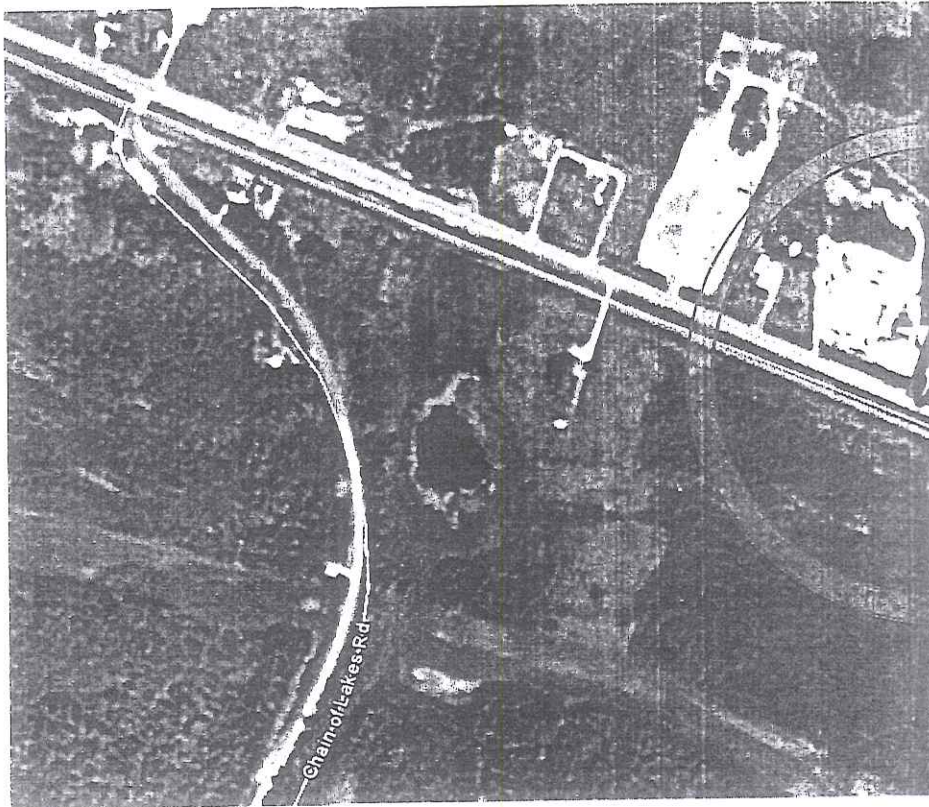
File TF9305-1

Revision 0

 Technofast

TF-9305-1

## Map of Surrounding Area



Danger Zone at 246 meter radius.



2000 USWG Propane tank



Damco Fuels and Supplies



D'Amours Construction Office

Corporation of the Townsh  
Fauquier twp.

49°20.7569'N 82°10.0414'

moonbeam

Carole Gendron: Clerk/treasurer

C.P. 330, Moonbeam, ON, P0L 2G0

705-367-224/705-367-2610

cgendron@moonbeam.ca