



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8R 2X4
Fax: 416.231.4903
Customer Service: 1.877.602.8772

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.

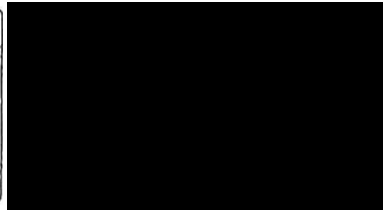
Failure to fully complete this form may result in rejection.
Making a false statement may result in a fine or prosecution under the Technical Standards and Safety Act

License Number: 000191958

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: Luv Ltd Ontario Corporation No. (if applicable): 002263353

Operator Name (if different from above): Roman Dmytriv

Telephone No.: 416.503.9339 Fax No.: 416.503.9339 E-mail: dmytriv.2002@yahoo.com

B Street No.: 325 Street Name / 911 Number / Address, if applicable: Horne Ave.

Town / City or Township / County: Toronto Province: ON Postal Code: M8W 1Z5

Mailing address if different from above:

C Street No.: R Street Name / 911 Number / Address, if applicable: Acceptable

Town / City or Township / County: Toronto Province: ON Postal Code: M9B 1E8

Information on Container Refill Centre or Filling Plant

Location of facility:

D Street No.: 325 Street Name / 911 Number / Address, if applicable: Horne Ave. Nearest Major Intersection: Kipling Av and Horne Av

Town / City or Township / County: Toronto Province: ON Postal Code: M8W 1Z5

Name of License Holder: Roman Dmytriv

Name of Senior Management person as defined in the Regulation holding the Record of Training (ROT): ROMAN DMYTRIV ROT type: OFF

Municipality (or municipalities if the facility or its nearest distance touches multiple counties): TORONTO

Hours of operation:

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

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

Name of License Holder: ROMAN Dmytriv Signature: Date (dd-mm-yyyy): 8.09.2012

Name of Senior Management person as defined in the Regulation holding the Record of Training:



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SECTION A: GENERAL INFORMATION (cont'd)

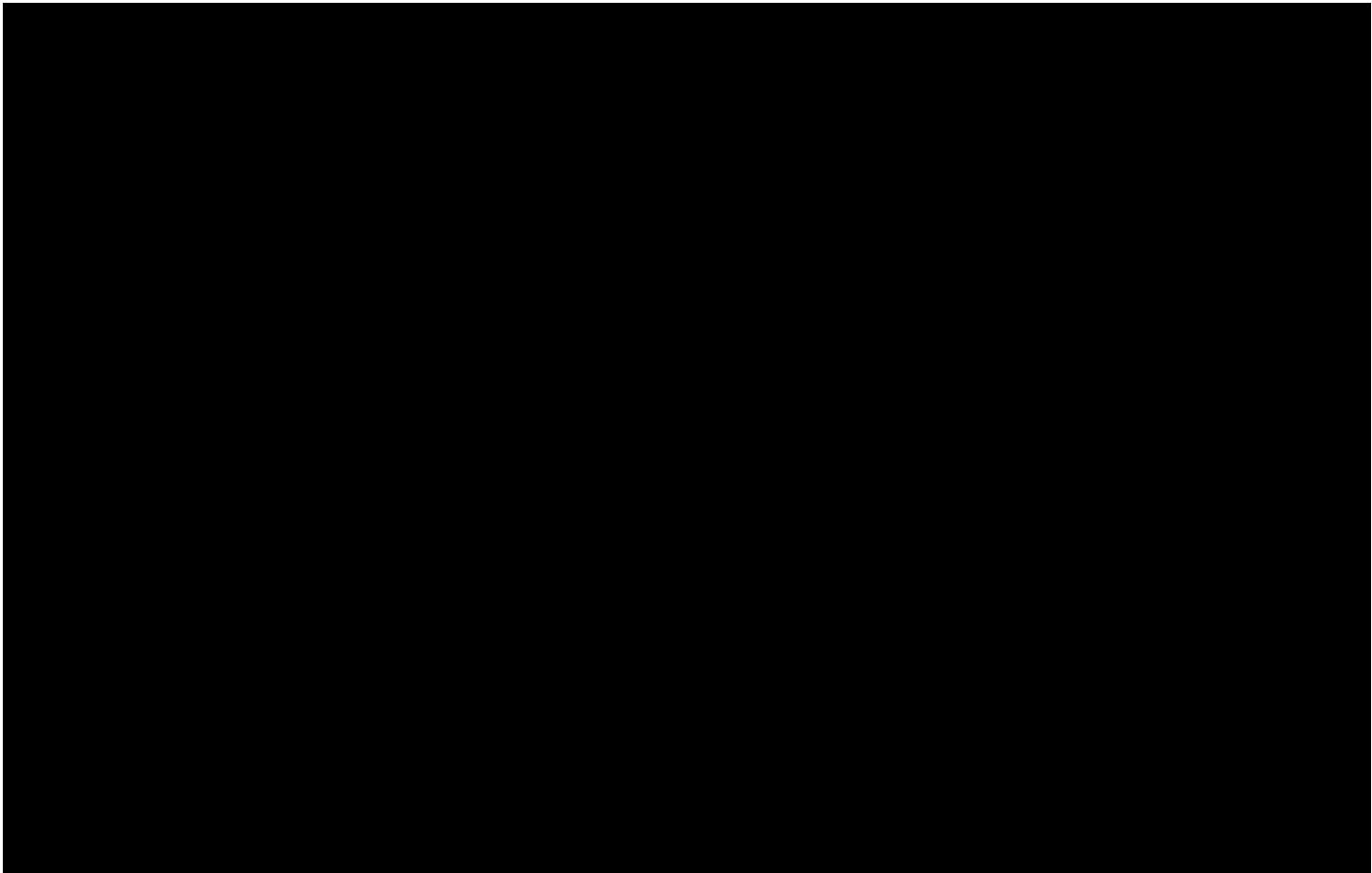
Indicate the year the facility was established. 1996 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank 1:	<u>1 250</u>	<u>771-96</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 Portable: _____ Mobile: _____



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Name of person completing this form (please print) <u>Roman Dmytro</u>		Official Title <u>owner</u>
Signature <u>[Signature]</u>	Telephone No. <u>416 454 9250</u>	Date (dd-mm-yyyy) <u>10.04.2012</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)

Rimemak Energy Inc.

Street No. Street Name / 911 Number / Address, if applicable

2558 Cedar Creek Road

Town / City or Township / Country

Ayr ON

Province

ON

Postal Code

N0B 1E0

Telephone No.

416-580-1079

Fax No.

Contact Name

Michael Martin

E-mail

Name of Propane Transporter. If same as above, please check box.

* G M Petroleum

For Office Use - Party No.

Street No. Street Name / 911 Number / Address, if applicable

8707 Dufferin St

Town / City or Township / Country

Vaughan

Province

ON

Postal Code

L4J 0A6

Telephone No.

416 271 9807

Fax No.

905 669 4957

Contact Name

Farry

E-mail

Off-site Cylinder and/or Mobile Storage

Capacity stored off-site, in USWG

2000

For Office Use - Party No.

Street No. Street Name / 911 Number / Address, if applicable

325 Horner Av

Town / City or Township / Country

Toronto

Province

ON

Postal Code

M8W 1Z5

Telephone No.

416-503-9339

Fax No.

416-503-9339

Contact Name

Roman Dmytriv

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)

ROMAN Dmytriv

Official Title

owner

Signature

[Handwritten Signature]

Telephone No. 416 503 9339

416 454 9250 cell

Date (dd-mm-yyyy)

10.04.2012



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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.

5000 - maximum volume

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

fire extinguisher inside the store

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.

*Alarm system - informs of a break in
Cameras - 24/7 watch system*

Maintenance and testing schedule for fire protection controls and devices.

Once a year

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Name of person completing this form (please print) <i>Roman Dmytriv</i>	Official Title <i>OWNER</i>
Signature <i>[Signature]</i>	Telephone No. <i>416 503 9334</i> Date (dd-mm-yyyy) <i>10.04.2012</i> <i>416 454-92-50 [Signature]</i>



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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: Roman Dmytriv Official Title: owner Telephone No: 416 233 2587 E-mail: 416 454 9250 Role and responsibilities in emergency:		5. Facility 24-Hour Contact Person Name: Roman Dmytriv Official Title: owner Cell No: 454 9250 E-mail: Role and responsibilities in emergency:	
2. Facility Contact Personnel - Alternate Contact Name: Mark Zukin Official Title: manager Telephone No: 416 896 4109 E-mail: Role and responsibilities in emergency:		6. Name of Facility Manager Name: Mark Official Title: manager Telephone No: 647 896 4109 E-mail: Role and responsibilities in emergency:	
3. Local Fire Services - Key Contact Name: Frank Lamie Official Title: Deputy Fire Chief Telephone No: 416 338 4054 Role and responsibilities in emergency: Main contact with Toronto Fire Services for reviewing and assigning personnel related to the RSMP process. Fire Services Address:		7. Propane Supplier Key Contact Person Name: Nelke Martin Official Title: Sales person/trainer Telephone No: 416 580 E-mail: promarpet@rogers.com Fax No: 416 731 0844 Role and responsibilities in emergency: Propane contact for initiating the Emergency Response Plan and can coordinate resources from propane provider to site. Propane Supplier Address:	
4. Local Fire Services - Alternate Contact Name: Jim Stoops Official Title: Division Chief Fire Prevention Telephone No: 416 338 9102 Role and responsibilities in emergency: Alternate Contact for Toronto Fire Services Fire Services Address:		8. Municipal Contact Name: Galina Veltman Official Title: Manager Planning Telephone No: 416 394 8072 E-mail: Municipality Name and Address: City of Toronto (Etobicoke)	

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Name of person completing this form (please print): Roman Dmytriv	Official Title: owner
Signature: [Signature]	Telephone No: 416 503 9389 416 454 9250 ext 10.04.2012
	Date (dd-mm-yyyy): 10.04.2012



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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.

When we see the gas is leaking we determine reason why is happened. If the small problem like the cable latch is not connected we'll we fix it. But when we found minor problem like the gas still leaking we inform emergency to arrange the repairs. But the gas is leaking a lot is mean the major problem we push emergency stop button to stop power to all the pump and electrical equipment on the site. we isolate the area and call to Toronto Fire and Emergency Service. Also we check all property if one is there we ask to leave the area and wait the emergency.

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Name of person completing this form (please print) ROMAN Dmytriv	Official Title owner
Signature 	Telephone No. 416 503 9339 416 4549250
	Date (dd-mm-yyyy) 10.04.12



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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) 21/11/2011	Print Name of Training Provider: Mike Martin
	Print Name of Instructor: Mike Martin
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) 21/11/2011	Print Name of Training Provider: Mike Martin
	Print Name of Instructor: Mike Martin
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) 21/11/2011	Print Name of Training Provider: Mike Martin
	Print Name of Instructor: Mike Martin
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) Roman Samy-Riv	Official Title Receiver
Signature D. Riv	Telephone No. 416 454 9250
	Date (dd-mm-yyyy) 10.09.2012



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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) 21/11/2012	Print Name of Training Provider: Mike Martin
	Print Name of Instructor: Mike Martin
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) 21/11/2012	Print Name of Training Provider: Mike Martin
	Print Name of Instructor: Mike Martin
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) 21/11/2012	Print Name of Training Provider: Mike Martin
	Print Name of Instructor: Mike Martin
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:

I declare that the information provided in this document and that I have given here is true and complete.

Name of person completing this form (please print) Roshan Ravi Arora	Official Title OWNER
Signature <i>Roshan Ravi Arora</i>	Telephone No. 416 503 4337 / Data (dd-mm-yyyy) 416 484 9250 / 10.04.2012



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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.

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 site will always have a person on duty and since there are only two people working at the facility, the main contact or Alternate will place the call to 911 in the event of a leak or fire at the propane installation. Any sign of a fire will trigger a call even if the fire is extinguished before emergency responders arrive.

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). The person on site will shut off the power to the propane installation from the new emergency stop to be installed on the "kill" switch located just inside the office door to the left on the wall. A call will be made to 9-1-1 asking for police and fire service response. A call will then be made to the owner (if not on site) so he can come to site and meet ERS. New ESD button to be installed before end of May 2012.

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).

A call will be made from facility when someone is present. propane installation is locked and all valves and power shut-off whenever the business is closed.

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

The facility is a gas station and there are two accesses off Horner Ave. and off Belair Street. Access to the propane installation is available at any time and there are no restrictions like fences or other barriers to the tank and dispenser. The path is always kept clean to allow customer and large fuel delivery trucks to access the dispensers and tanks respectively. Describe how the licence holder will ensure continual flow of updated information to authorities.

Owner lives less than 30 min away and can provide any information requested by the incident Commander or other Emergency Response.

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

30 min

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Name of person completing this form (please print) Roman Dmytriv	Official Title owner
Signature 	Telephone No. 416 454 9250
	Date (dd-mm-yyyy) 10.04.2012



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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 (lookout procedures)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there adequate night lighting at the site? | <input 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>48 m</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> </u> |

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>Domenic D'Amico</i>	Official Title <i>owner</i>	
Signature <i>D'Amico</i>	Telephone No. <i>416 459 9750</i>	Date (dd-mm-yyyy) <i>10.04.2012</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.

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 SAM COLAVITA		07/08/2012

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) Roman Dmytriv	Official Title owner
Signature 	Telephone No. 416 434 9250
	Date (dd-mm-yyyy) 10.04.2012



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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) <i>Apr 7, 2011</i>	Capacity of single largest propane storage vessel (USWG) <i>2000</i>
Tank setback coordinates. Indicate placement on the map.	
Front: <i>8,534.00</i>	Right side property line: <i>11,937.0m</i>
Rear: <i>37,4</i>	Left side property line: <i>3411.9</i>
GPS coordinates of single largest vessel: <i>45° 56' 9.07" N 79° 31' 41.40" W</i>	

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Name of person completing this form (please print) <i>Romeo Dmytarc</i>	Official Title <i>owner</i>
Signature <i>[Signature]</i>	Telephone No. <i>416 454 9250</i>
	Date (dd-mm-yyyy) <i>20.04.2012</i>



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SECTION C: SUBMISSIONS (cont'd)

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

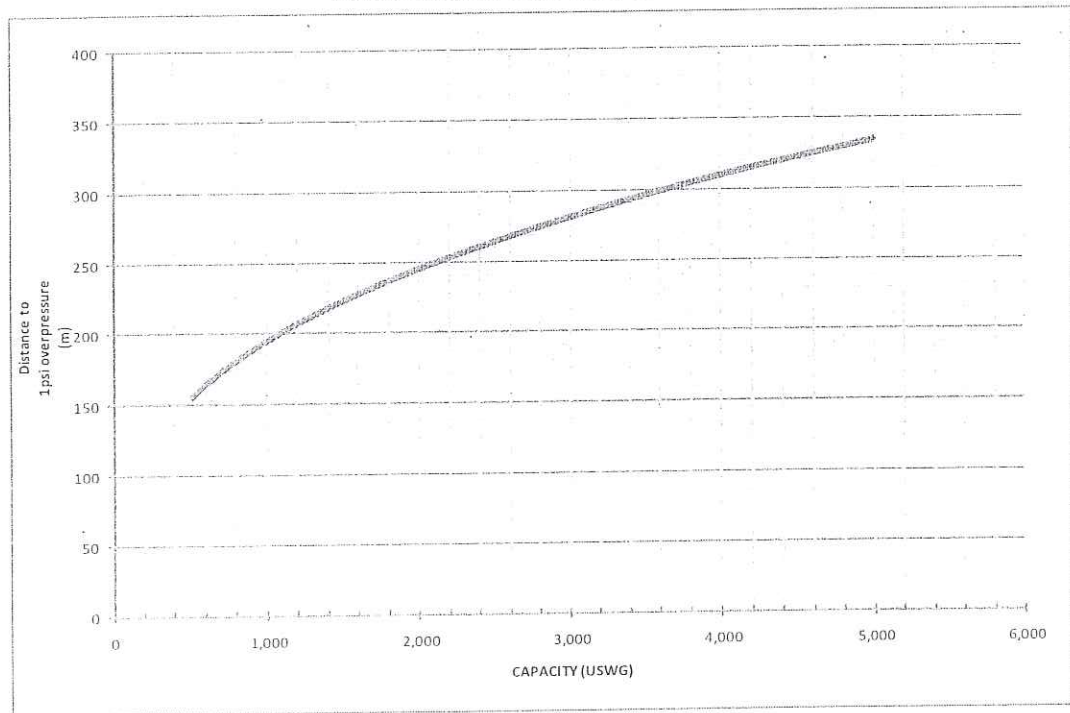
Table 1: Distance Table

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>Joe Ross service center</u> Address: <u>8 Belvia Rd</u> City: <u>Toronto</u> Province <u>ON</u> Postal Code _____				X	<u>36</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]				X	<u>51</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Juch's Restaurant</u> Address: <u>331 Horner Av</u> City: <u>Toronto</u> Province <u>ON</u> Postal Code _____				X	<u>35</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".

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>Roman Dmytriv</u>	Official Title: <u>owner</u>
Signature: <u>[Signature]</u>	Telephone No.: <u>416 489 9280</u>
	Date (dd-mm-yyyy): <u>10.09.2012</u>



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario MBX 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

WORKSHEET

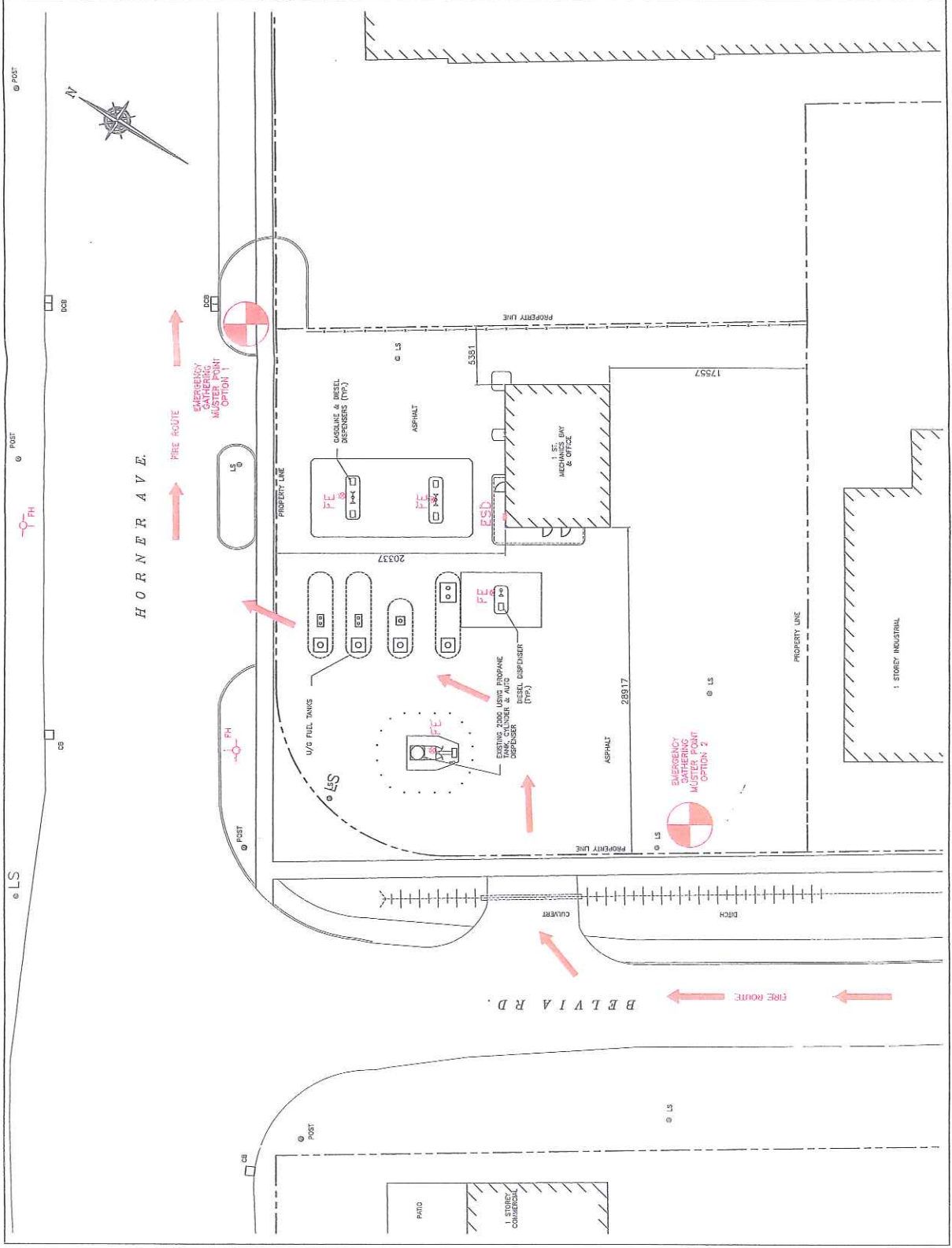
Portable Storage Additional Information Worksheet

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		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
2000	1	
Total Tank Capacity		

Total Cylinder Capacity	y
Total Tank Capacity	2000
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	y



KEY PLAN
SCALE: 1:500



ZONING INFORMATION:

- LOT AREA: 2176.54sqm
- BUILDING AREA: 1183sqm
- LOT COVERAGE OF BUILDING: 5.4%
- LOT COVERAGE OF FUELS: 13.3%
- LOT COVERAGE OF PROPANE: 13.3%
- LOT COVERAGE OF DIESEL: 8.5%

NOTES:

1. FACILITY USED FOR CATERING SUPPLIES & AUTO PROPANE REFILLING ONLY.

PROPERTY LINE SETBACKS	
NORTH	11.5m
SOUTH	34.0m
EAST	37.0m
WEST	8.5m

TANK #	FUEL CAPACITY	PRODUCT	CAPACITY
1	22,300L	DIESEL	
2	13,400L	DIESEL	
3	22,300L	REGULAR	
4	22,300L	REGULAR	

GPS COORDINATES	
LATITUDE	49.0411927N
LONGITUDE	79.9317440W

- LEGEND:**
- FIRE EXTINGUISHER
 - FIRE HOSE
 - EMERGENCY SAUT-DOWN

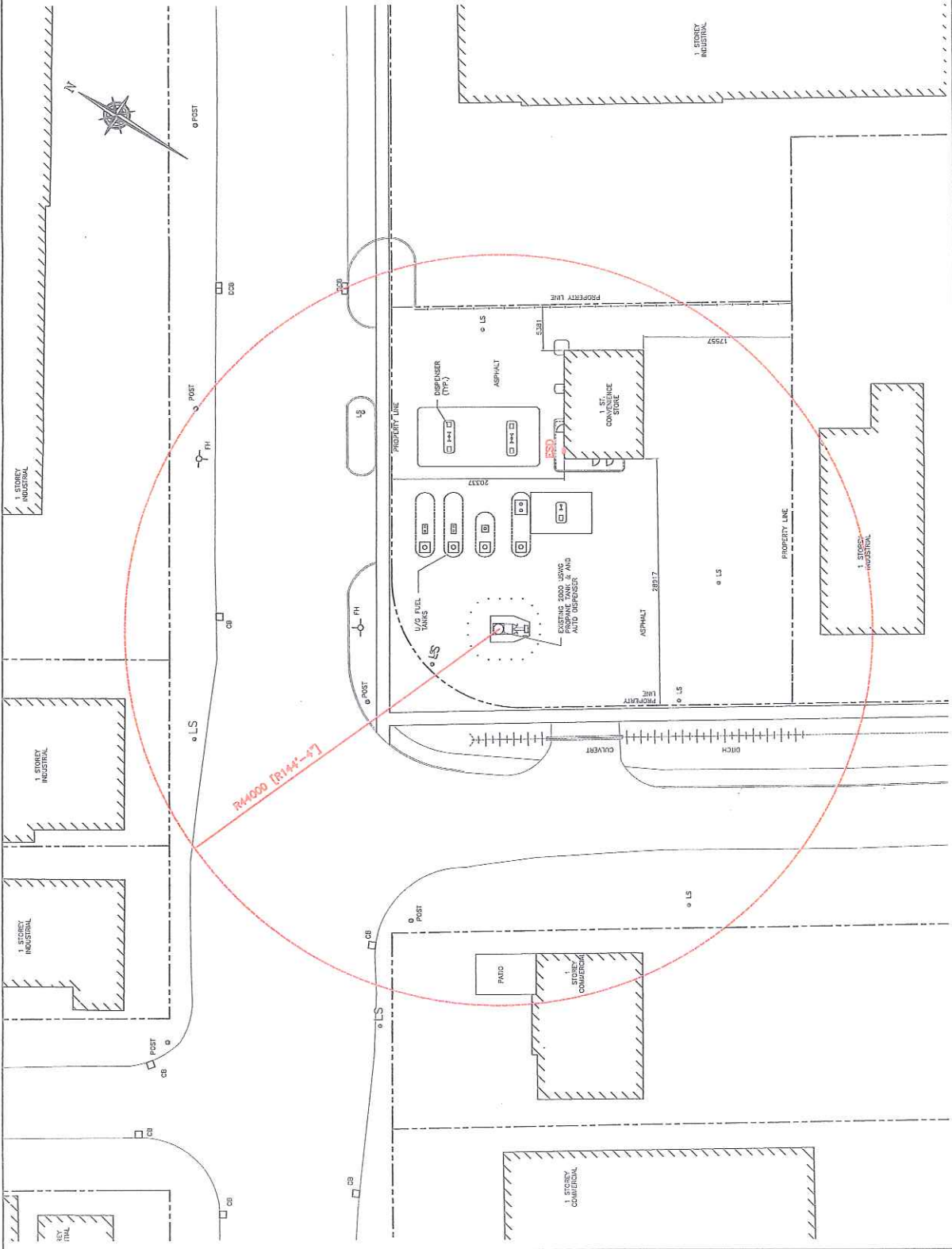
MASTER PLAN OPTION 1
(OPTION 2 ON VARIOUS DIRECTIONS)

REVISIONS		
NO.	DATE	DESCRIPTION
1	10/11/11	ISSUED FOR PERMITS
2	10/11/11	REVISED

PETROGOLD

ALTEG Inc
Alternative Energy Consulting
124 Main Street, Newburyport, MA 01890
Tel: (978) 794-1644 Fax: (978) 794-5889

Project: 17187H Ontario Co., 330 Homer Avenue, Newburyport, MA 01890
Client: ALTEG, Inc.
Drawing Title: 102500-1-11
Drawing No.: 102500-1-11
Drawing Date: 11/11/11
Drawing Scale: 1:500
Drawing Author: [Name]
Drawing Checker: [Name]
Drawing Date: 11/11/11
Drawing Scale: 1:500



- NOTES:**
1. FIREBALL RADIUS R1 IS BASED ON ENTIRE CONTENTS OF 2000 LBS OF PROPANE BEING RELEASED AND IGNITED BASED ON YELLOW RISK ANALYSIS.
 2. RELEASES DETERMINED BASED ON NFPA DOCUMENT "FIRE SAFETY ANALYSIS" MANUAL FOR LPG STORAGE FACILITIES TABLE 7.1



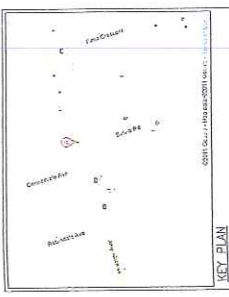
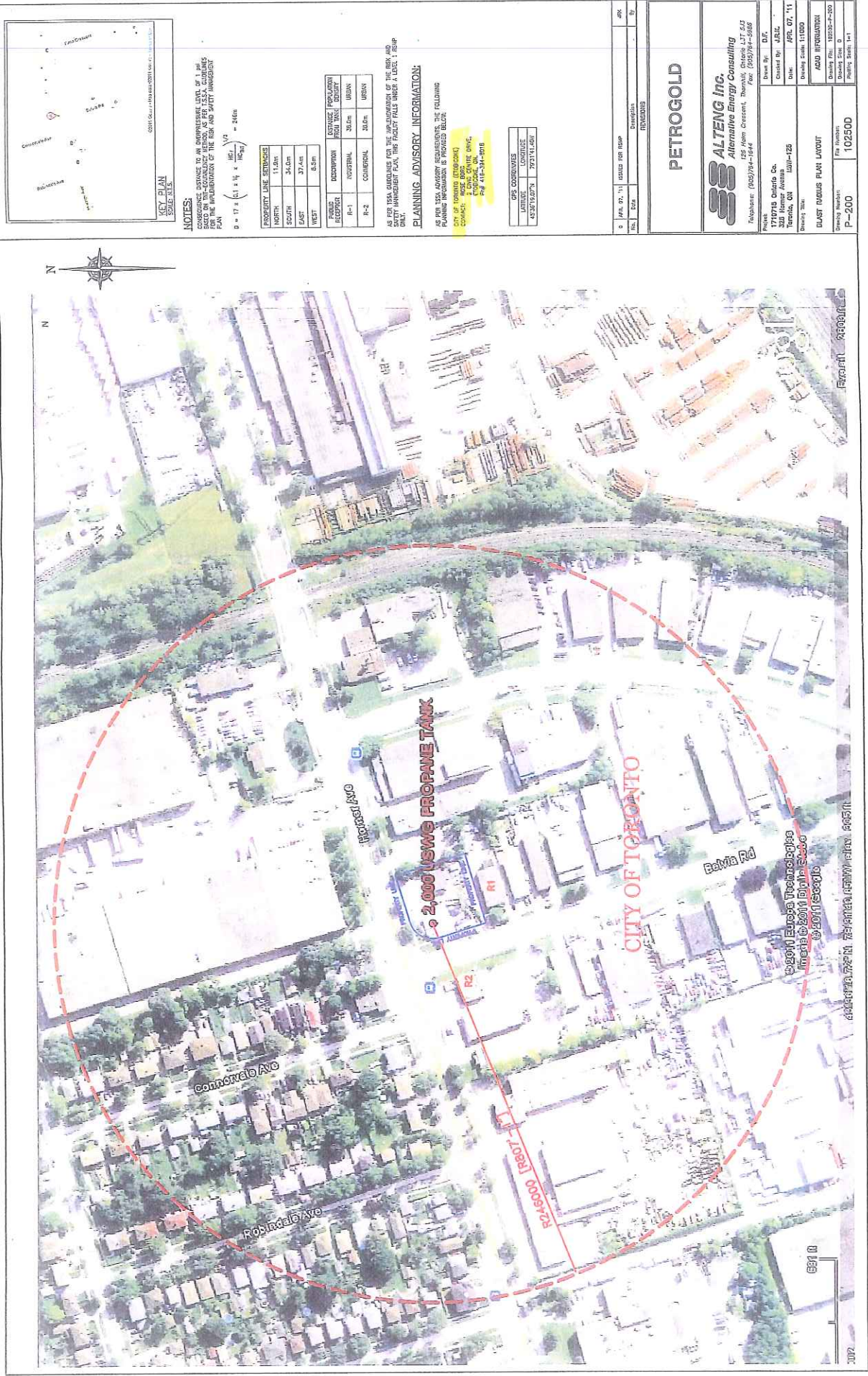
DATE	ISSUED FOR	REVISION
APR. 07, '11	ISSUED FOR RISK ANALYSIS	102600
REV.	DATE	DESCRIPTION
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PETROGOLD

ALTENG Inc.
 Alternative Energy Consulting
 10000 Highway 101, Suite 100
 Richmond, BC V6V 1K4
 Telephone: (604) 273-1644 Fax: (604) 273-5300

Drawn By: JSC
 Checked By: JSC
 Date: APR. 06, '11
 Drawing Scale: 1/8" = 1'-0"

PROJECT: 1710719 Ontario Co., 200 Homer Avenue, Verdun, ON J0L 1S5
 DRAWING TITLE: FIRE BLAST HAZARD
 ACAD INFORMATION: 102600-P-102
 Drawing Scale: 1" = 102600'



NOTES:
 CONFORMANCE DISTANCE TO AN EQUIVALENT LEVEL OF PROTECTION FOR THE IMPLEMENTATION OF THE RISK AND SAFETY MANAGEMENT PLAN
 $D = 17 \times (C1 \times V1 + \frac{C2}{R_{SP}}) \sqrt{V2} = 246m$

PROPERTY LINE SETTINGS	EXTENT OF PROTECTION FROM TANK SUBJECT
NORTH: 11.0m	URBAN
SOUTH: 34.0m	URBAN
EAST: 37.4m	URBAN
WEST: 8.5m	URBAN

PLANNING ADVISORY INFORMATION:
 AS PER THE REQUIREMENTS FOR THE IMPLEMENTATION OF THE RISK AND SAFETY MANAGEMENT PLAN, THE FACILITY FALLS UNDER A LOCAL FIRE RISK ZONE.

PLANNING INFORMATION:
 THE PROPOSED PROPR. LINE IS PROPOSED UNDER THE FOLLOWING PLANNING INFORMATION IS PROVIDED BELOW:
 CITY OF TORONTO (2010-2015)
 OFFICIAL PLAN
 COMMUNITY PLAN
 2010-2015
 2010-2015

GPS COORDINATES	COORDINATES
LATITUDE	43°38'19.07"N
LONGITUDE	-79°31'14.40"W

NO.	DATE	DESCRIPTION	BY
1	APR. 07, '11	ISSUED FOR REVIEW	JKL
2	APR. 07, '11	REVISIONS	JKL

PETROGOLD

ALTENG Inc.
 Alternative Energy Consulting
 125 Glen Cassart, Thornhill, Ontario L3T 2J2
 Telephone: (905)794-1844 Fax: (905)794-5885

Project: 171718 Ontario Co. 520 Hurontario Ave. Toronto, ON M2H 1E8
 Client: JKL
 Date: APR. 07, '11
 Drawing No: 110300
 Drawing Title: 110300-110300
 Drawing Scale: 1:1000
 Drawing Date: 11/03/10
 Drawing Author: JKL
 Drawing Checker: JKL
 Drawing Date: 11/03/10
 Drawing Title: 110300-110300
 Drawing Scale: 1:1000
 Drawing Author: JKL
 Drawing Checker: JKL
 Drawing Date: 11/03/10