



Technical Standards and Safety Authority
 www.tssa.org
 14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 2X4
 Fax: 416.231.4078
 Customer Service: 1.877.682.8772

Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
 Propane Storage and Handling Regulation

This Level 1 RSMP applies to:

- a facility with a total propane storage capacity of 5,000 USWG or less; or
- a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

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

Licence Number

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: SOUTHAM HOLDINGS INC. Corporation No.: 846789-7

Operator Name (if different from above): CANADIAN TIRE STORE # 027

Telephone No.: 905-627-3533 Fax No.: 905 628 6222 E-mail: darcy@ctcsoutham.ca

B Street No.: 50 Street Name / 911 Number / Address, if applicable: COOTES DRIVE

Town / City or Township / County: DUNDAS Province: ONTARIO Postal Code: L9H1B6

Mailing address if different from above.

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

Town / City or Township / County: Province: Postal Code:

Information on Container Refill Centre or Filling Plant

D Location of facility.

Street No.: 50 Street Name / 911 Number / Address, if applicable: COOTES DRIVE Nearest Major Intersection: COOTES & DUNDAS

Town / City or Township / County: DUNDAS Province: ONTARIO Postal Code: L9H1B6

Name of Licence Holder: CARL HOWIE

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): CARL HOWIE ROT type: P.T.I. COURSE100-08

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

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	Print name: DARCY SOUTHAM	Signature:	Date (dd-mm-yyyy): APR 7/16
Name of Senior Management person as defined in the Regulation holding the Record of Training			



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Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
Propane Storage and Handling Regulation

SECTION A: GENERAL INFORMATION (cont'd)

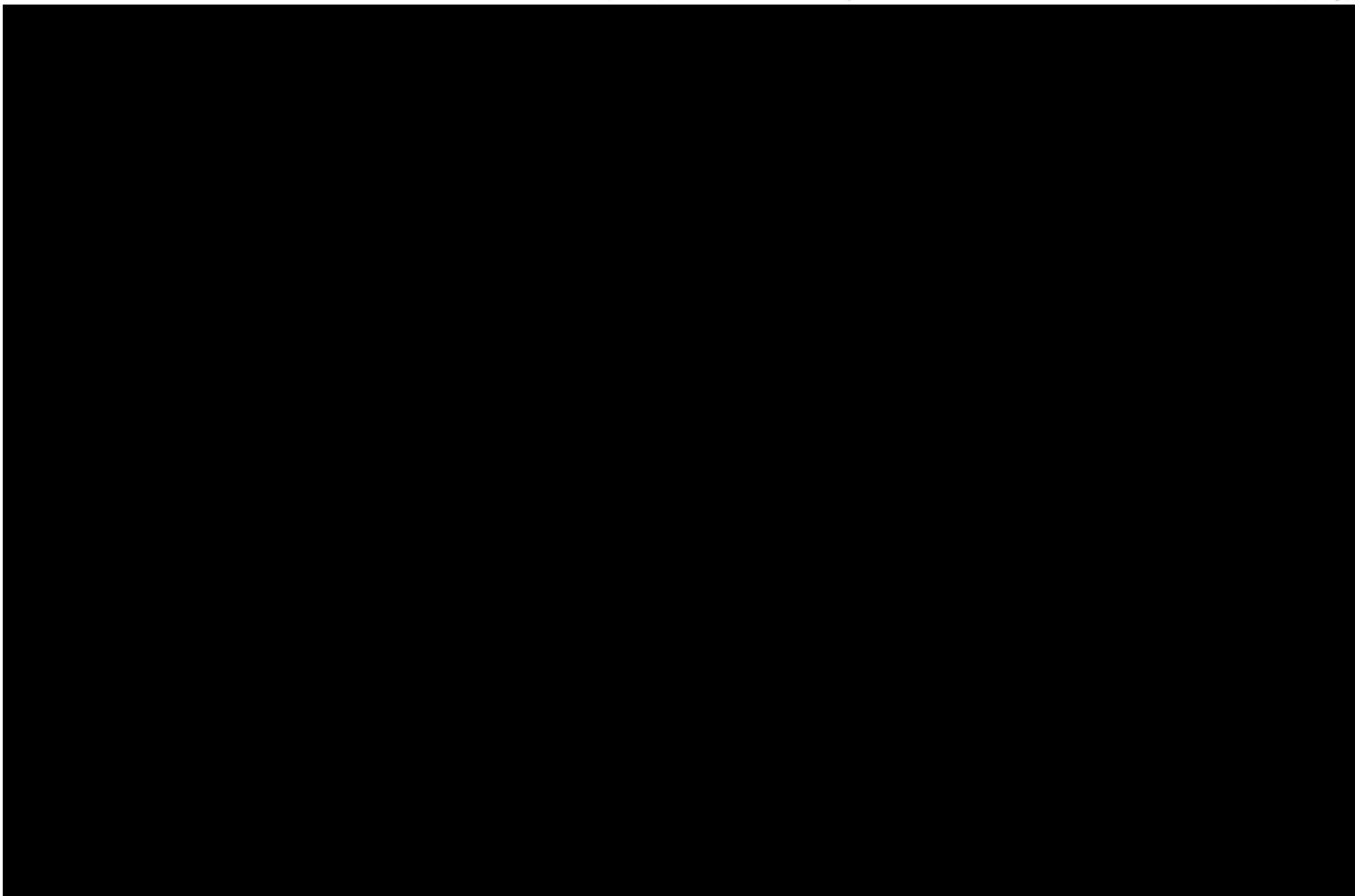
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
1950 1955, 1967-68 and 1975

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

	PSIG	Serial Number
Tank1:	250	94J8-2
Tank2:	_____	_____
Tank3:	_____	_____

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: 280 gallons Mobile: n/a



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Name of person completing this form (please print) DARCY SOUTHAM	Official Title Dealer
Signature 	Telephone No. 905 627 3533
	Date (dd-mm-yyyy) 05-04-2016



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

Name of Propane Supplier(s)			For Office Use - Party No.	
Superior Propane - Ontario Regional Operations Centre				
Street No.	Street Name / 911 Number / Address, if applicable			
251	Woodlawn Road West, Unit 217			
Town / City or Township / Country		Province	Postal Code	
Guelph		Ontario	N1H 8J1	
Telephone No.	Fax No.	Contact Name		
1-877-873-7467	519-836-7766	Andy Dragu		
E-mail				
draguA@superiorpropane.com				

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>			For Office Use - Party No.	
Superior Propane - Smithville Propane Bulk Plant				
Street No.	Street Name / 911 Number / Address, if applicable			
3089	Regional Road 12			
Town / City or Township / Country		Province	Postal Code	
Smithville		Ontario	L0R 2A0	
Telephone No.	Fax No.	Contact Name		
1-877-873-7467	n/a	Tom Amies		
E-mail				
amiest@superiorpropane.com				

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

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

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Name of person completing this form (please print)		Official Title	
Darcy Southam		Dealer	
Signature	Telephone No.	Date (dd-mm-yyyy)	
	905 627 3533	05-04-2016	



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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.

Bulk oil, containers inside Shop Bay # 3-5W30 (1000L max), 5W20 (550L max)

Waste oil tanks & 3 acetelyne tanks in cage in Dundas Street Compound

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

20lb fire extinguisher at Propane . Spare 20 lbs by office door in sevice bay .

10 lb fire extinguishers in Bay # 1,4,5,8

Fire hydrant at the end of the property - corner of Dundas St. and Cootes Drive

Fire hose / truck hook up on West side of Main Building (Thorpe St)

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. Fuseable link on ISC valve- isolaton between tank and downstream Propane Dispencer , 2. Pump shut off switch @ Propane Station shuts off power to pur
Electrical shut off switch in Bay # 5 shuff off All power to the Propane , 4. ISC valve interlock cable(interlocked with cabinet door) ISC valve closes when doo

Maintenance and testing schedule for fire protection controls and devices.

Fire extigtishers and Sprinkler System will be maintained in accordance with the Ontario Fire Code with monthly checks and annual testing .

The building Fire Alarm System is also tested in accordance with Ontario Fire Code.

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Name of person completing this form (please print) DARCY SOUTHAM	Official Title Dealer	
Signature 	Telephone No. 709 630 2020	Date (dd-mmm-yyyy) 05-04-2016



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name DARCY SOUTHAM	For Office Use - Party No.	Name DARCY SOUTHAM	For Office Use - Party No.
Official Title DEALER		Official Title DEALER	
Telephone No. 709-630-2020	Fax No.	Cell No. 709 630 2020	Fax No.
E-mail darcy@ctcsoutham.ca		E-mail darcy@ctcsoutham.ca	
Role and responsibilities in emergency Co-ordinate site response		Role and responsibilities in emergency Co-ordinate site response	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Nathan Pipe	For Office Use - Party No.	Name Darcy Southam	For Office Use - Party No.
Official Title General Manager		Official Title Dealer	
Telephone No. 905-627-3533	Fax No. n/a	Telephone No. 905-627-3533	Fax No.
E-mail nathan027@outlook.com		E-mail darcy@ctcsoutham.ca	
Role and responsibilities in emergency Co-ordinate site response if Dealer not available.		Role and responsibilities in emergency Co-ordinate site response	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Dave Cunliffe	For Office Use - Party No.	Name Superior Propane Hotline	For Office Use - Party No.
Official Title Deputy Chief	E-mail davecunliffe@hamilton.ca	Official Title	E-mail
Telephone No. 905-546-2424 extn 3340	Fax No.	Telephone No. 1-877-873-7467	Fax No. n/a
Role and responsibilities in emergency Co-ordinates/advice on Fire Service response. Liase with Police.		Role and responsibilities in emergency Identify and dispatch Superior Propane and or LPERGC emergency response personnel as required	
Fire Services Address		Propane Supplier Address	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Frank Biancucci	For Office Use - Party No.	Name Rose Caterini	For Office Use - Party No.
Official Title Chief Fire Prevention Officer	E-mail frankbiancucci@hamilton.ca	Official Title City Clerk	
Telephone No. 905-546-2424 extn 7762	Fax No.	Telephone No. 905-546-2424 extn. 5409	Fax No.
Role and responsibilities in emergency Alternate - Co-ordinate/advice on Fire Service Response		E-mail rosecaterini@hamilton.ca	
Fire Services Address		Municipality Name and Address Hamilton	

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Name of person completing this form (please print) Darcy Southam	Official Title Dealer
Signature 	Telephone No. 709-630-2020
	Date (dd-mmm-yyyy) 05-04-2016



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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.

N/A

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Name of person completing this form (please print) <i>PARCY SOUTHAM</i>	Official Title <i>DEALER</i>	
Signature <i>[Signature]</i>	Telephone No.	Date (dd-mm-yyyy) <i>APR 5/16</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-mmm-yyyy) <u>26/JULY/2016</u>	Print Name of Training Provider: <u>FSN TRAINING & DEVELOPMENT INC</u>
	Print Name of Instructor: <u>MICHAEL FARAH # T907</u>
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.

<u>26/JULY/2016</u>	Training Date (dd-mmm-yyyy)	Print Name of Training Provider: <u>MICHAEL FARAH # T907</u>
<u>24/6</u>	Training Date (dd-mmm-yyyy)	Print Name of Instructor: <u>FSN TRAINING & DEVELOPMENT INC</u>
	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.

<u>26-07-2016</u>	Training Date (dd-mmm-yyyy)	Print Name of Training Provider: <u>FSN TRAINING & DEVELOPMENT INC</u>
		Print Name of Instructor: <u>MICHAEL FARAH # T907</u>
	Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
		Print Name of Instructor:
	Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
		Print Name of Instructor:

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Name of person completing this form (please print) <u>DARCY SOUTHAM</u>	Official Title <u>DEPUTY</u>
Signature <u>[Signature]</u>	Telephone No. Date (dd-mmm-yyyy) <u>APR 9/16</u>



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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) <i>July 2017</i>	Print Name of Training Provider:
	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) <i>July 2017</i>	Print Name of Training Provider:
	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) <i>July 2017</i>	Print Name of Training Provider:
	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:

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Name of person completing this form (please print) <i>ARCY SOUTHAM</i>		Official Title <i>DEALER</i>
Signature <i>[Signature]</i>		Telephone No.
		Date (dd-mmm-yyyy) <i>Apr 5 / 16</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).
If there is any problem with dispensing /storage of propane ,any staff will contact 911 and begin to evacuate all people in mechani shop area , service centre ,w

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).

We would initiate our Building Fire Safety Plan and evacuate all customers , staff and other people from area of propane tank and building to a safe location at

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).

As soon as anyone sees/finds a problem (ie leak) , they will initiate a 911 call and proceed with evacuation . Once this has been done ,the propane supplier wi

Describe provisions for fire department entry when there are no operations or staffing at the propane site.
Our propane site is in our parking lot and thus very visible . It is a vertical tank unlike the newer horizontal ones . The fire department will not have any issues a

Describe how the licence holder will ensure continual flow of updated information to authorities.
If a situation occurs that require 911 call , the person to contact would be the store owner - Darcy Southam . In the event he is not available ,the person to cont

How long will it take the facility liaison person to respond to the site.
The store owner /dealer lives in Dundas and is 7 minutes away , the general manager lives in Dundas also and so does our office administrater . We can all be

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Signature 	Telephone No. 709 630n 2020	Date (dd-mm-yyyy) 05-04-2016



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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) | | 75 metres |
| 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) | | n/a |

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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) 05-04-2016	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 3m	Right side property line: 3m
Rear: 3m	Left side property line: 3m
GPS coordinates of single largest vessel:	43.264893, 945963

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SECTION C: SUBMISSIONS (cont'd)

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

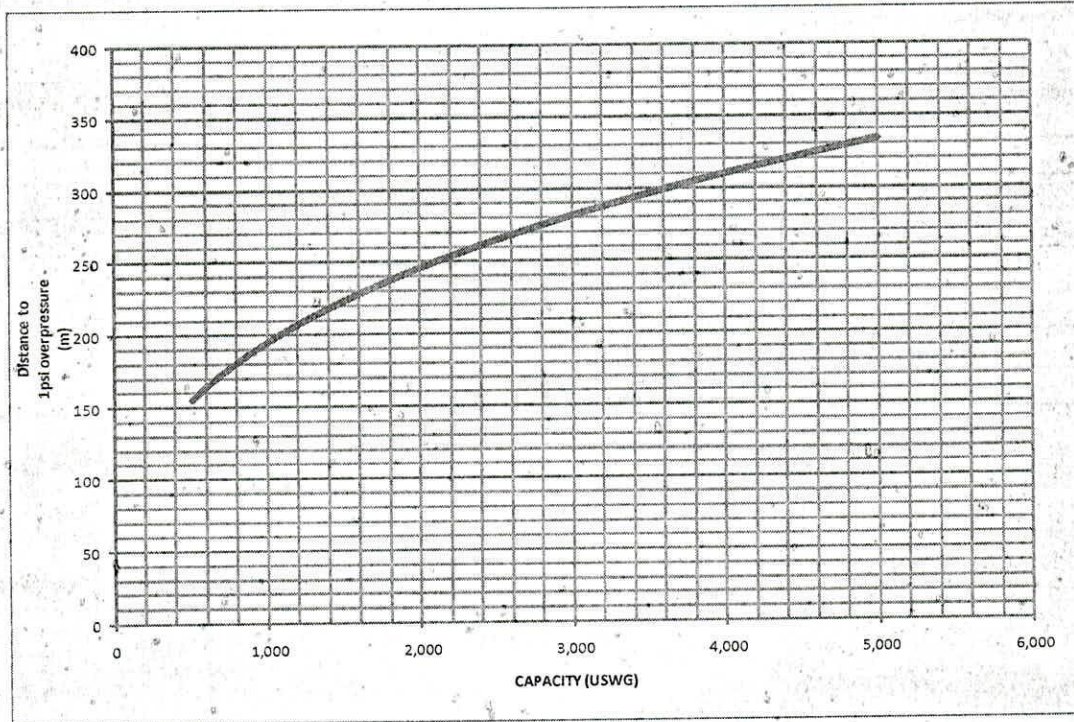
Table 1: Distance Table

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>CANADIAN TIRE STORE</u> Address: <u>50 COOTES DRIVE</u> City: <u>DUNDAS</u> Province <u>ONTARIO</u> Postal Code <u>L9H1B6</u>					<u>9</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]					<u>100</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Enterprise Rental, Sunoco and Pioneer gas stations, Beer store</u> Address: _____ City: _____ Province _____ Postal Code _____					<u>200-300</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>n/a</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>Animal Hospital</u> Address: <u>Cootes Drive (across the road from us)</u> City: _____ Province _____ Postal Code _____					<u>150</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>n/a</u> 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) Darcy Southam	Official Title Dealer
Signature 	Telephone No. 709 630 2020
	Date (dd-mmm-yyyy) 05-04-2016



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4078
Customer Service: 1.877.682.8772

Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
Propane Storage and Handling Regulation

WORKSHEET

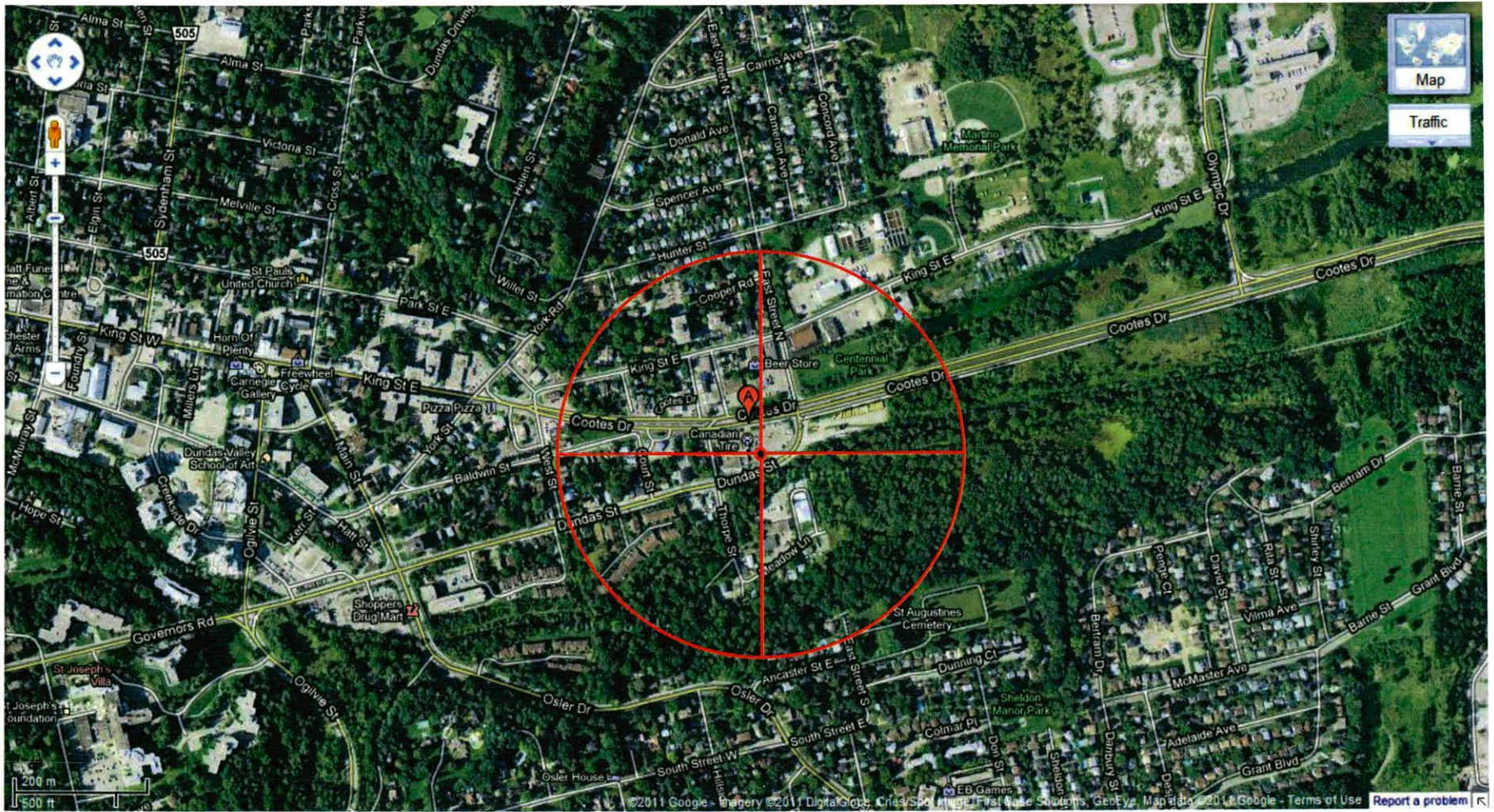
Portable Storage Additional Information Worksheet


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			

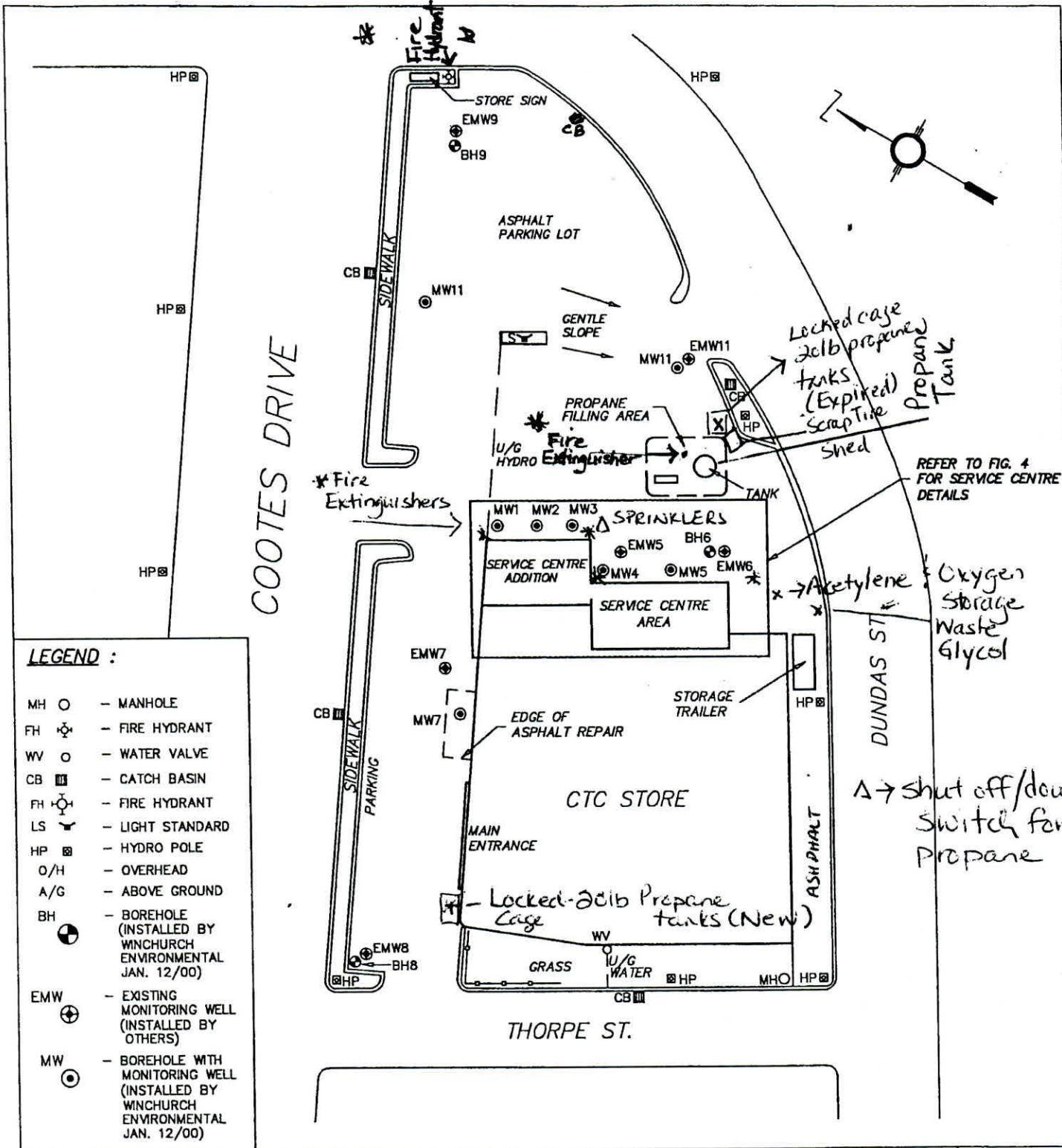
Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	210
Total Tank Capacity	0
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	0



Location of Propane Storage Tank: Demarcated by  in centre of circle.	Note: Tank set back coordinates 3 meters.	Map of Surrounding Area Canadian Tire - 50 Cootes Drive Pt Lots 1 to 4, BLK 75, PL 1465 save and except Misc 1427, save and except parts 1 and 3 on 62r13577; Dundas City of Hamilton
Capacity of Propane Storage Tank: Capacity of Propane Storage Tank = 2000 USWG	Municipality (ies): within the 1 psi overpressure circle Town of Dundas	
GPS Coordinates of Propane Storage Tank: GPS Co-ordinates = 43.264893, 79.945963	Municipal Contact: Rose Caterini City Clerk 905-546-2424 ext 5409	
Circular Distance to 1 psi overpressure: Denoted by circle centred on tank radial distance = 246 m		



LEGEND :

- MH ○ - MANHOLE
- FH ⊕ - FIRE HYDRANT
- WV ○ - WATER VALVE
- CB ⊞ - CATCH BASIN
- FH ⊕ - FIRE HYDRANT
- LS ⊕ - LIGHT STANDARD
- HP ⊞ - HYDRO POLE
- O/H - OVERHEAD
- A/G - ABOVE GROUND
- BH ⊕ - BOREHOLE (INSTALLED BY WINCHURCH ENVIRONMENTAL JAN. 12/00)
- EMW ⊕ - EXISTING MONITORING WELL (INSTALLED BY OTHERS)
- MW ⊕ - BOREHOLE WITH MONITORING WELL (INSTALLED BY WINCHURCH ENVIRONMENTAL JAN. 12/00)

NOTES :

1) ALL SERVICE LOCATIONS ARE APPROXIMATE ONLY UNLESS NOTED.

REVISIONS	JM	MAR 30/00
CHECKED BY	PAS	APR. 3/00
DRAWN BY	RJA	FEB. 17, 2000
	NAME	DATE

WINCHURCH ENVIRONMENTAL INC.

Environmental Engineers/Regulatory Compliance Consultants

P.O. Box 71612, Aurora, Ontario L4G-6S9
 Phone: 905-841-5074 Fax: 905-841-5494

TITLE
SITE PLAN
 Canadian Tire Store No. 027
 50 Cootes Drive
 Dundas, Ontario

SCALE	1:750	FIGURE	3
JOB No.	W898		