



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2K4
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.

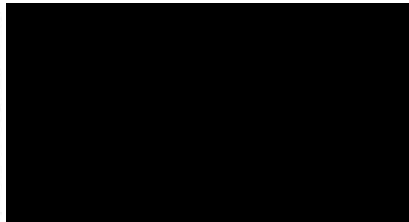
Failure to fully complete this form may result in rejection.
Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 0076559491-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.

Company Name CANIND INTERNATIONAL INC. Ontario Corporation No., if applicable

Operator Name (if different from above)
PINE VALLEY GAS BAR PETRO CANADA

Telephone No. 905-264-8351 Fax No. 905-264-8351 E-mail canindi@gmail.com

Street No. 1000-12A Street Name / 911 Number / Address, if applicable ROWNTREE DAIRY ROAD

Town / City or Township / County WOODBIDGE Province ONTARIO Postal Code L4L 5X3

Mailing address if different from above.

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

Location of facility.

Street No. 1000-12A Street Name / 911 Number / Address, if applicable ROWNTREE DAIRY ROAD Nearest Major Intersection PINEVALLEY & HIGHWAY 7

Town / City or Township / County WOODBIDGE Province ONTARIO Postal Code L4L 5X3

Name of Licence Holder DEEPAK MATHUR

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

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

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>DEEPAK MATHUR</u> | | <u>24-02-2012</u> |
| Name of Senior Management person as defined in the Regulation holding the Record of Training <u>DEEPAK MATHUR</u> | | |



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SECTION A: GENERAL INFORMATION (cont'd)

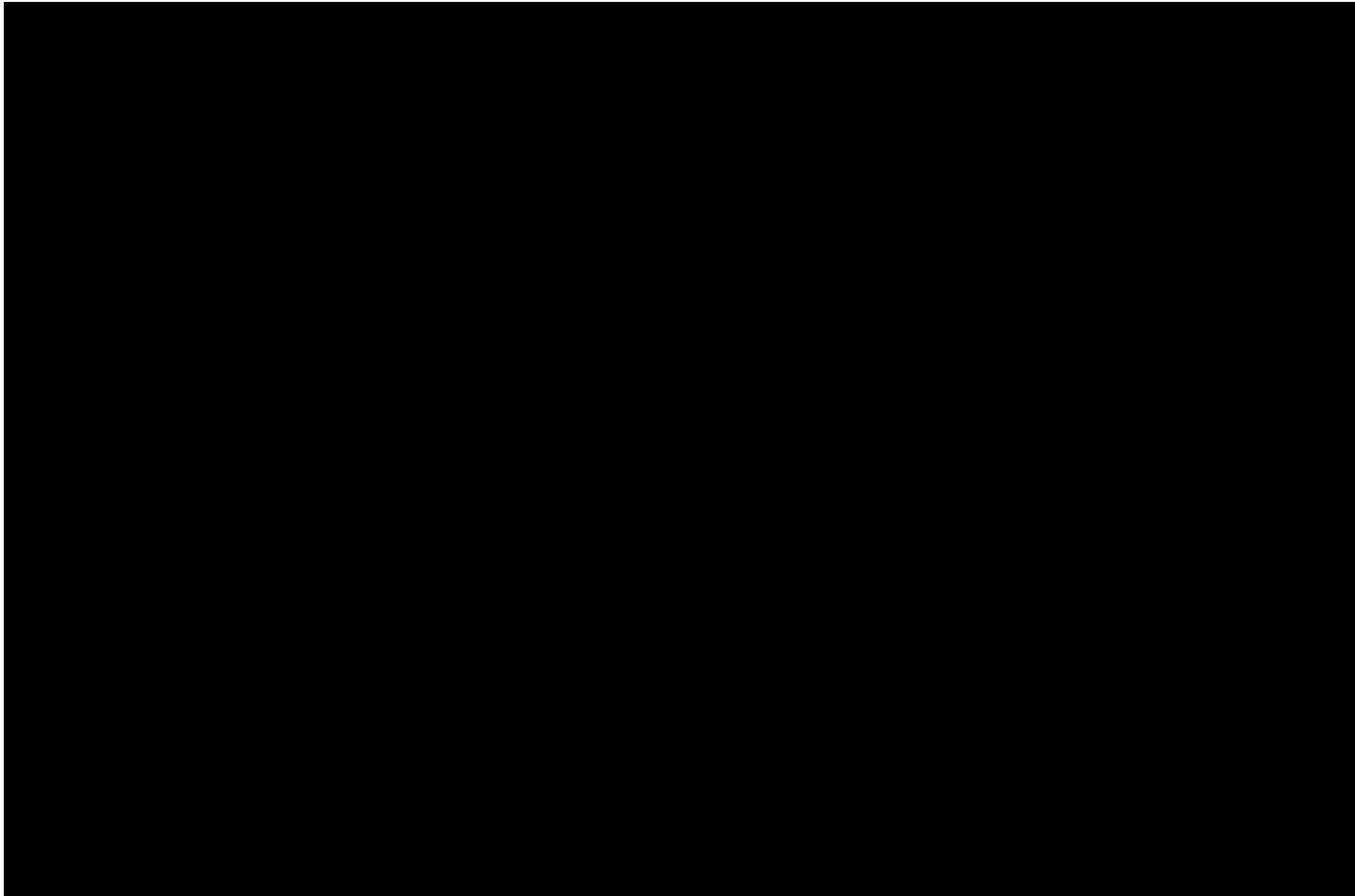
Indicate the year the facility was established. 1987 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

| | PSIG | Serial Number |
|--------|------------|-----------------|
| Tank1: | <u>250</u> | <u>5.814834</u> |
| 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: N/A Mobile: N/A



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| | | |
|--|---|--|
| Name of person completing this form (please print) <u>DEEPAK MATHUR</u> | Official Title <u>VICE PRESIDENT</u> | |
| Signature | Telephone No. <u>905-264-8357</u> | Date (dd-mm-yyyy) <u>24-02-2012</u> |



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

| | | | |
|--|---|----------------------------|------------------------|
| Name of Propane Supplier(s) CARLING PROPANE INC. | | | |
| Street No. 19752 | Street Name / 911 Number / Address, if applicable HOLLAND LANDING ROAD | | |
| Town / City or Township / Country HOLLAND LANDING | | Province ONTARIO | Postal Code L9N 0A1 |
| Telephone No. 905-952-0146 | Fax No. 905-952-0155 | Contact Name ALEX GOERK | |
| E-mail carlingpropaneinc@bellnet.ca | | | |

| | | | |
|--|---|--------------|-------------|
| Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/> | | | |
| 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 | | | |

| | | |
|--|---|----------------------------|
| Off-site Cylinder and/or Mobile Storage 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 | | Postal Code |
| 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.

1 - 45,000 L SUPER GASOLINE - UNDERGROUND STORAGE

1 - 45,000 L REGULAR GASOLINE - UNDERGROUND STORAGE

1 - 27,000 L DIESEL RUEL - UNDERGROUND STORAGE

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

1 - 20 LB DRY CHEMICAL FIRE EXTINGUISHER LOCATED AT PROPANE DISPENSER.

4 - 10 LB DRY CHEMICAL FIRE EXTINGUISHER AT GASOLINE ISLANDS.

1 - 5 LB DRY CHEMICAL FIRE EXTINGUISHER AT KIOSK.

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.

EMERGENCY SHUT DOWN LOCATED AT PROPANE DISPENSER.

EMERGENCY SHUT DOWN LOCATED IN CONVENIENCE KIOSK FOR GASOLINE.

Maintenance and testing schedule for fire protection controls and devices.

INSPECTED ONCE A YEAR - LAST YEAR WAS DONE BY ADVANCE FIRE PREVENTION.

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| Name of person completing this form (please print) DEEPAK MATHUR | Official Title VICE PRESIDENT |
| Signature <i>Deepak Mathur</i> | Telephone No. 905-264-8357 |
| | Date (dd-mm-yyyy) 24-02-2012 |



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

1. Contacts for Emergency Response

| | | | |
|--|------------------------------------|---|---|
| 1. Facility Contact Personnel - Key Contact | | 5. Facility 24-Hour Contact Person | |
| Name DEEPAK MATHUR | For Office Use - Party No. | Name AMAN KUMAR | For Office Use - Party No. |
| Official Title VICE PRESIDENT | | Official Title MANAGER | |
| Telephone No. 416-737-6524 | Fax No. 905-264-8357 | Cell No. 416-567-5738 | Fax No. 905-264-8357 |
| E-mail canindi@gmail.com | | E-mail | |
| Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES | | Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES | |
| 2. Facility Contact Personnel - Alternate Contact | | 6. Name of Facility Manager | |
| Name MOHAN RATTAN | For Office Use - Party No. | Name AMAN KUMAR | For Office Use - Party No. |
| Official Title PROPANE SUPERVISOR | | Official Title MANAGER | |
| Telephone No. 647-622-3611 | Fax No. 905-264-8357 | Telephone No. 416-567-5738 | Fax No. 905-264-8357 |
| E-mail | | E-mail | |
| Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES | | Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES | |
| 3. Local Fire Services - Key Contact | | 7. Propane Supplier Key Contact Person | |
| Name GREG SENAY | For Office Use - Party No. | Name MICHAEL GOERK | For Office Use - Party No. |
| Official Title FIRE CHIEF | E-mail greg.senay@vaughan.ca | Official Title GENERAL MANAGER | E-mail michael@bracebridgepropane.ca |
| Telephone No. 905-832-8585 ext 6301 | Fax No. 905-832-8393 | Telephone No. 905-952-0146 | Fax No. 905-952-0155 |
| Role and responsibilities in emergency FIRE CHIEF | | Role and responsibilities in emergency CO-ORDINATE EMERGENCY PROCEDURES | |
| Fire Services Address 2141 MAJOR MACKENZIE DR., VAUGHAN, ON L6A 1T1 | | Propane Supplier Address 19752 HOLLAND LANDING ROAD, HOLLAND LANDING, ON L9N 1E7 | |
| 4. Local Fire Services - Alternate Contact | | 8. Municipal Contact | |
| Name LARRY BENTLEY | For Office Use - Party No. | Name LEO GRELLETTE | |
| Official Title DEPUTY FIRE CHIEF | E-mail larry.bentley@vaughan.ca | Official Title DIRECTOR OF BUILDING STANDARDS - CHIEF BUILDING OFFICIAL | |
| Telephone No. 905-832-8585 ext 6305 | Fax No. 905-832-8593 | Telephone No. 905-832-8510 ext 8218 | Fax No. 905-832-8558 |
| Role and responsibilities in emergency DEPUTY FIRE CHIEF | | E-mail leo.grellette@vaughan.ca | |
| Fire Services Address 2141 MAJOR MACKENZIE DR., VAUGHAN, ON L6A 1T1 | | Municipality Name and Address 2141 MAJOR MACKENZIE DR, VAUGHAN, ON L6A 1T1 | |

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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.

DAILY VISUAL INSPECTION OF FACILITIES.

EMERGENCY SHUT DOWN AT PROPANE DISPENSER.

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| Signature <i>Deepak Mathur</i> | Telephone No. 905-264-8357 | Date (dd-mm-yyyy) 24-02-2012 |



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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) 20-04-2011 | Print Name of Training Provider: CARLING PROPANE INC. |
| | Print Name of Instructor: FRANK CHERRY |
| Training Date (dd-mm-yyyy) 15-09-2011 | Print Name of Training Provider: CARLING PROPANE INC. |
| | Print Name of Instructor: DOUG CARPENTER |
| 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) 20-04-2011 | Print Name of Training Provider: |
| | Print Name of Instructor: CARLING PROPANE INC. |
| Training Date (dd-mm-yyyy) 15-09-2011 | Print Name of Training Provider: FRANK CHERRY |
| | Print Name of Instructor: CARLING PROPANE INC. |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: DOUG CARPENTER |
| | Print Name of Instructor: |

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

| | |
|--|---|
| Training Date (dd-mm-yyyy) 20-04-2011 | Print Name of Training Provider: CARLING PROPANE INC. |
| | Print Name of Instructor: FRANK CHERRY |
| Training Date (dd-mm-yyyy) 15-09-2011 | Print Name of Training Provider: CARLING PROPANE INC. |
| | Print Name of Instructor: DOUG CARPENTER |
| 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) DEEPAK METHUR | Official Title VICE PRESIDENT |
| Signature | Telephone No. 905-264-8357 |
| | Date (dd-mm-yyyy) 24-02-2012 |



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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) 18-04-2012 | Print Name of Training Provider: CARLING PROPANE INC. |
| | Print Name of Instructor: DOUG CARPENTER |
| Target Date (dd-mm-yyyy) 12-09-2012 | Print Name of Training Provider: CARLING PROPANE INC. |
| | Print Name of Instructor: DOUG CARPENTER / DAVE SHEPPARD |
| 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) 18-04-2012 | Print Name of Training Provider: CARLING PROPANE INC. |
| | Print Name of Instructor: DOUG CARPENTER |
| Target Date (dd-mm-yyyy) 12-09-2012 | Print Name of Training Provider: CARLING PROPANE INC. |
| | Print Name of Instructor: DOUG CARPENTER / DAVE SHEPPARD |
| 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) 18-04-2012 | Print Name of Training Provider: CARLING PROPANE INC. |
| | Print Name of Instructor: DOUG CARPENTER / DAVE SHEPPARD |
| Target Date (dd-mm-yyyy) 12-09-2012 | Print Name of Training Provider: CARLING PROPANE INC. |
| | Print Name of Instructor: DOUG CARPENTER / DAVE SHEPPARD |
| 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).

ON-SITE ATTENDANT WOULD CONTACT EMERGENCY SERVICES - 911.

LOCAL FIRE SERVICES WOULD ADVISE DIRECTION.

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).

LOCAL FIRE SERVICES WOULD CO-ORDINATE WITH LOCAL POLICE IF AN EVACUATION PLAN WERE NECESSARY.

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).

IN THE EVENT OF AN EMERGENCY A 911 CALL WOULD BE PLACED BY THE ATTENDANT ON DUTY, FOLLOWED BY A CALL TO THE LICENCE HOLDER FOR FURTHER ACTION AND CONTACT WITH EMERGENCY RESPONSE PERSONNEL.

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

ENTRANCES AND EXITS ARE ACCESSIBLE AT ALL TIMES FOR EMERGENCY PERSONNEL.

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

A FIRE SAFETY PLAN LOCK BOX WILL BE INSTALLED INSIDE THE KIOSK CONTAINING THE COMPLETE RSMP AND ALL RELEVANT MSDS. CO-ORDINATION OF UPDATED INFORMATION TO AUTHORITIES WOULD BE ON A CONTINUAL BASIS AS WARRANTED BY THE CIRCUMSTANCES AND AT THE DIRECTION OF THE AUTHORITIES.

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

PHONE CONTACT - IMMEDIATE

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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 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>38 METRES</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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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).

RSMP DELIVERED TO FIRE SERVICES, ATTENTION FIRE CHIEF, GREG SENAY, 2141 MAJOR MACKENZIE DR, VAUGHAN, ON

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 | | |

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| Signature <i>Deepak Mathur</i> | Telephone No. 905-264-8357 | Date (dd-mm-yyyy) 24-02-2012 |



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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) 02-22-2012 | Capacity of single largest propane storage vessel (USWG) 1 - 2000 USWG VERTICAL TANK |
| Tank setback coordinates. Indicate placement on the map. | |
| Front: <u>42 METRES - NORTH</u> | Right side property line: <u>3+ METRES - WEST</u> |
| Rear: <u>20 METRES - SOUTH</u> | Left side property line: <u>55 METRES - EAST</u> |
| GPS coordinates of single largest vessel: <u>43°47'03.38"N 79°34'10.04" W</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) DEEPAK METHUR | Official Title VICE PRESIDENT |
| Signature <i>Deepak Methur</i> | Telephone No. 905-264-8357 |
| | Date (dd-mm-yyyy) 24-02-2012 |



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

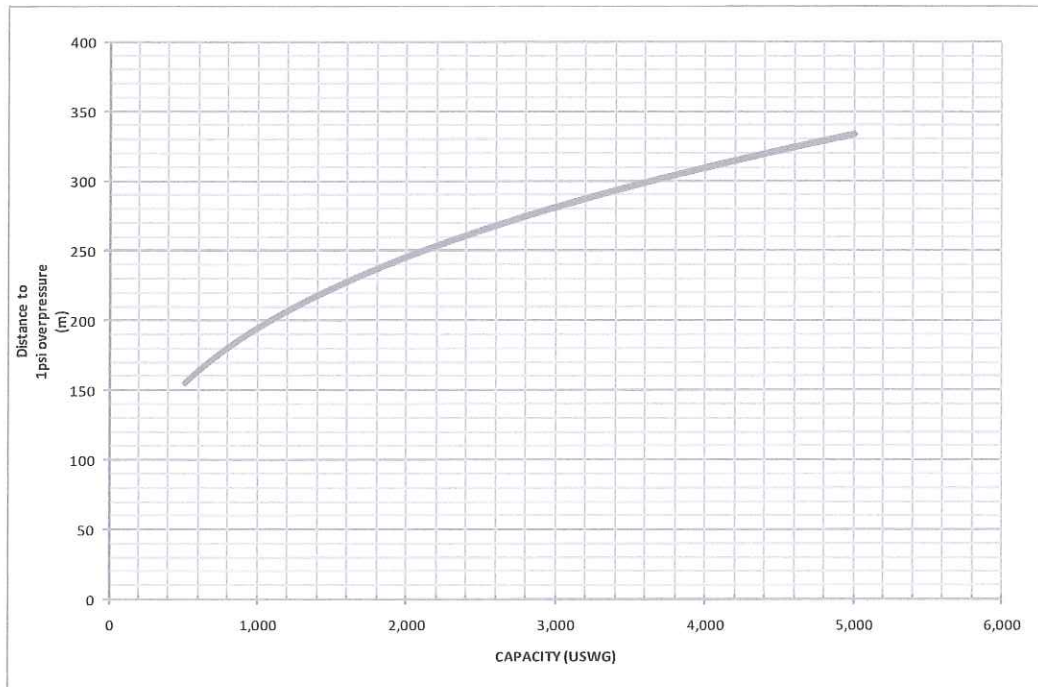
Table 1: Distance Table

| Water Capacity (litres) | Nominal Water Capacity (USWG) | Distance to 1 psi overpressuré (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>TORII PARK</u> Address: <u>TORII PARK, TORII STREET AREA</u> City: <u>WOODBIDGE</u> Province <u>ONTARIO</u> Postal Code _____ | | X | | | <u>75</u> m |
| Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED] | | | | X | <u>55</u> m |
| Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: <u>HWY 7 & PINEVALLEY DR / 1000 ROWNTREE DAIRY ROAD</u> City: <u>WOODBIDGE</u> Province <u>ONTARIO</u> Postal Code _____ | | | | X | <u>80</u> m |
| Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____ | | | | | <u>N/A</u> m |
| Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____ | | | | | <u>N/A</u> m |
| Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____ | | | | | <u>N/A</u> m |

* For multi-unit buildings, count each unit as "1".

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| | |
|--|---|
| Name of person completing this form (please print) <u>DEEPAK METHUR</u> | Official Title <u>VICE PRESIDENT</u> |
| Signature | Telephone No. <u>905-264-8357</u> |
| | Date (dd-mm-yyyy) <u>24-02-2012</u> |



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WORKSHEET

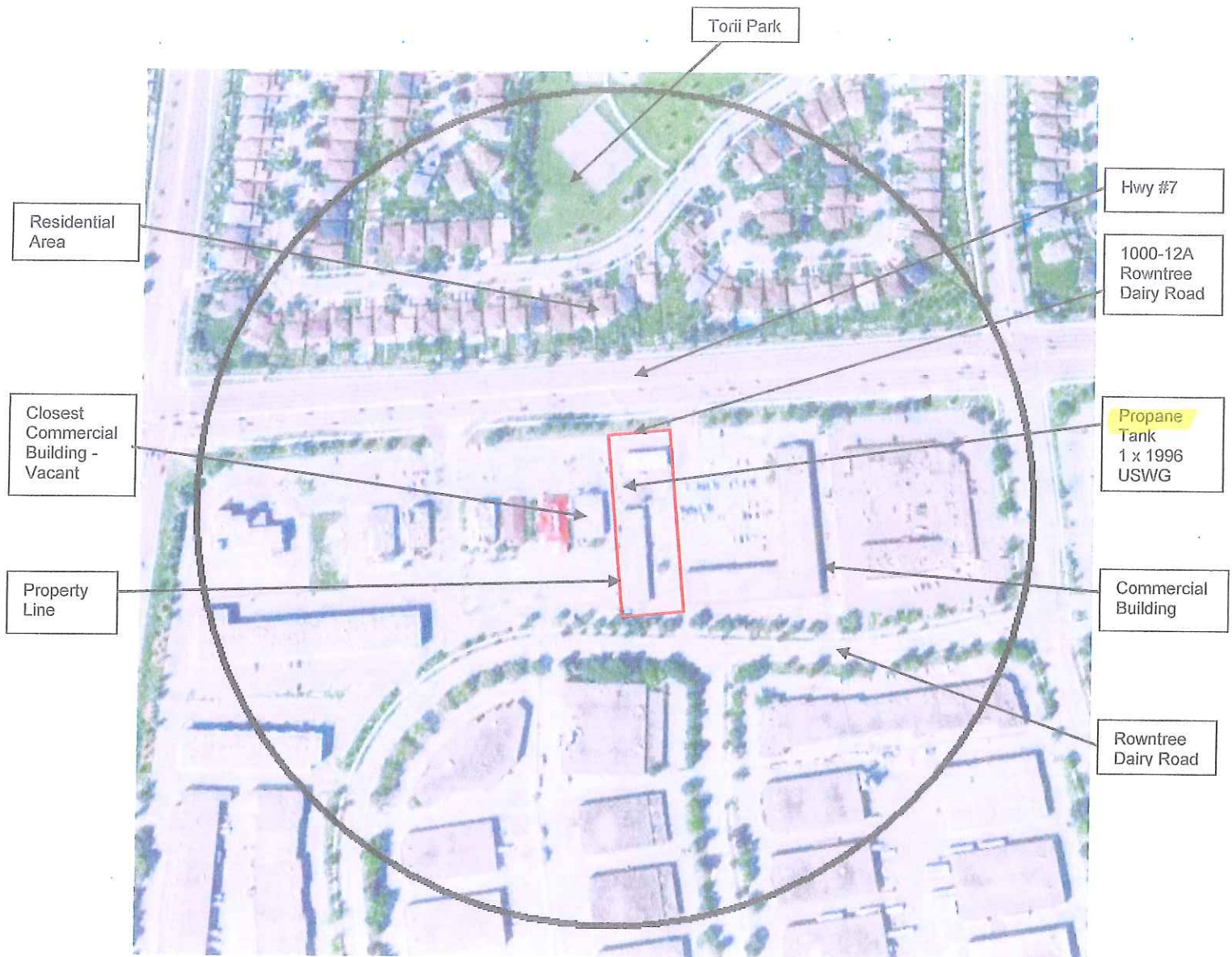
Portable Storage Additional Information Worksheet

| Cylinder Size | Capacity in USWG | Quantity | Total Volume in USWG |
|------------------------------------|------------------|--------------|----------------------|
| # 420 | 123.9 | | |
| # 100 | 29.5 | | |
| # 40 | 11.75 | | |
| # 33.3 | 9.62 | | |
| # 30 | 8.8 | | |
| # 20 | 5.8 | 20 NEW EMPTY | FOR RESALE |
| # 10 | 2.9 | | |
| # 5 | 1.5 | | |
| Total Cylinder Capacity N/A | | | |

Tanks Stored On-site Not Connected for Use

| Tank Size In USWG | Quantity | Total Volume in USWG |
|--------------------------------|----------|----------------------|
| | | N/A |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Tank Capacity N/A | | |

| | |
|---|-----|
| Total Cylinder Capacity | N/A |
| Total Tank Capacity | N/A |
| Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity) | N/A |



CANIND INTERNATIONAL INC.

LOCATION: 1000-12A Rowntree Dairy Road, Woodbridge, ON
PREPARED: February 24, 2012
TANK CAPACITY: 1 x 1996 USWG Vertical Tank
TANK SETBACKS: 42 Metres North (front), 3+ Metres West (right side)
 20 Metres South (rear), 55 Metres East (left side)
RADIUS: 246 Metres
GPS COORDINATES: 43°47'03.38"N / 79°34'10.04" W
MUNICIPALITY: City of Vaughan
MUNICIPAL CLERK: Leo Grellette
MUNICIPAL ADDRESS: 2141 Major MacKenzie Dr.
 Vaughan, ON L6A 1T1



CANIND INTERNATIONAL INC.
1000-12A Rowntree Dairy Road, Woodbridge, ON
1996 USWG Vertical Tank at Centre
of 246 M Radius

Tank Setback Coordinates: 42 M North 55 M East 20 M South 3+ M West

GPS Coodinates: 43°47'03.38"N 79°34'10.04" W

