



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.

<p>Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i></p>	<p>For Office Use Only</p> <div style="background-color: black; width: 100%; height: 100%;"></div>
<p>Licence Number <u>646510 1000185711</u></p> <p>Check applicable type of propane operations.</p> <p><input checked="" type="checkbox"/> Cylinder <input type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Keylock</p> <p>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	

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		Ontario Corporation No., if applicable	
A <u>Soneil Flamborough Inc.</u>			
Operator Name (if different from above) <u>Flamborough Esso</u>			
Telephone No.	Fax No.	E-mail	
<u>905 565 0360</u>	<u>905 799 6821</u>	<u>sam.shah@soneil.com</u>	
B Street No.	Street Name / 911 Number / Address, if applicable		
<u>180</u>	<u>Advance Blvd.</u>		
Town / City or Township / County		Province	Postal Code
<u>Brampton</u>		<u>On</u>	<u>L6T 4J4</u>
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			
Location of facility.			
D Street No.	Street Name / 911 Number / Address, if applicable	Nearest Major Intersection	
<u>1129</u>	<u>Highway 5 West</u>	<u>8/5</u>	<i>Highway 8 & Highway 5</i>
Town / City or Township / County		Province	Postal Code
<u>Dundas(Flamborough)</u>		<u>On</u>	<u>L9H 5E3</u>
Name of Licence Holder			
<u>Jayant(Jay) V. Mulye</u>			
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).			ROT type
<u>Jayant Mulye</u>			<u>PPD-3-LPG</u>
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)			
<u>Hamilton</u>			
Hours of operation			
<div style="background-color: black; width: 100%; height: 100%;"></div>			

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.

Printname	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>Jayant Mulye</u>		<u>23 Feb 2012</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Jayant Mulye</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established.
2008

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:	2000	85001
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: 279.60 Mobile:

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Name of person completing this form (please print) Jayant Mulye	Official Title Operations Manager	
Signature 	Telephone No. 905-628-0068	Date (dd-mm-yyyy) 23-Feb-2012



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SECTION A: GENERAL INFORMATION (cont'd)

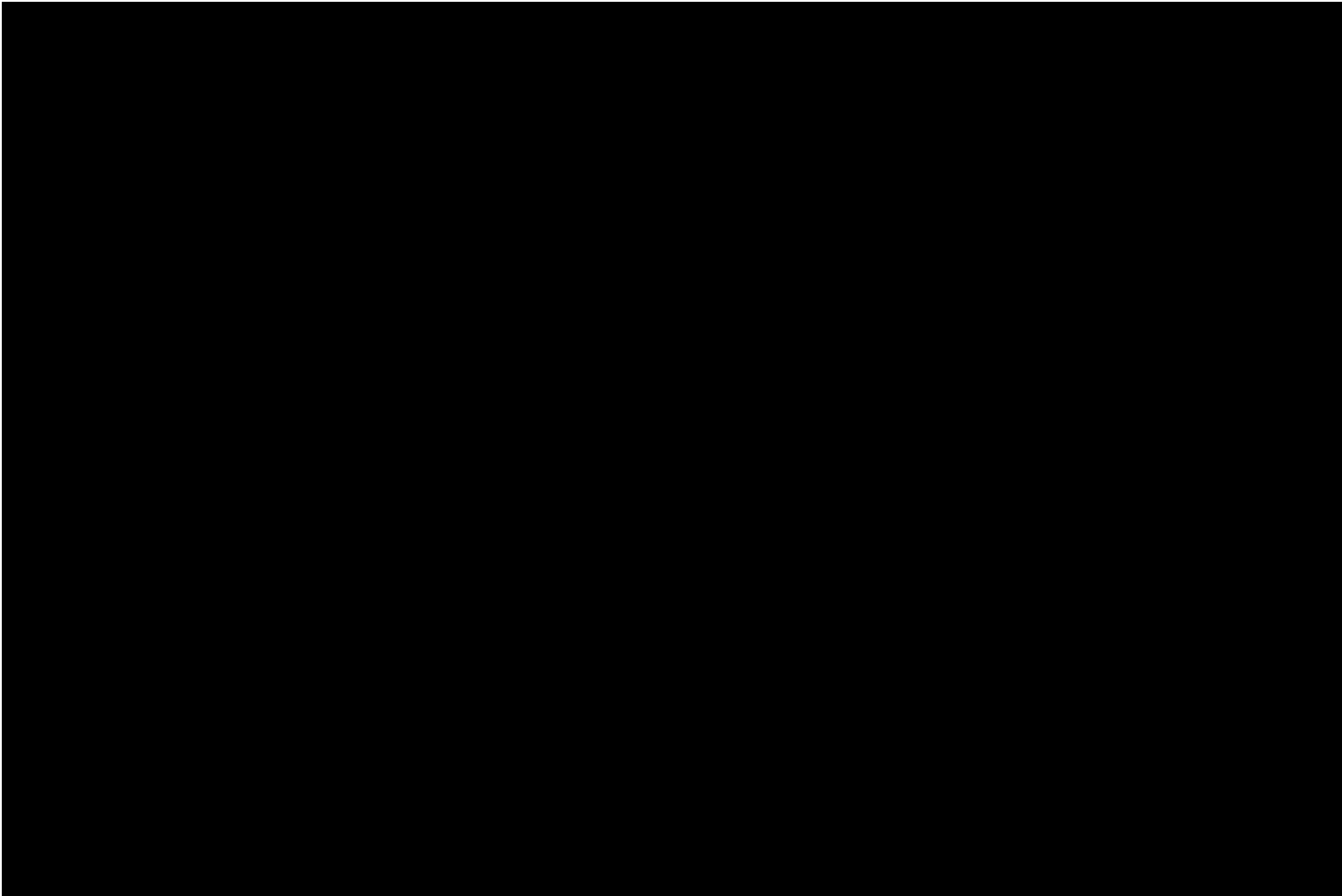
Indicate the year the facility was established. 2008 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. N/A

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	PSIG	Serial Number
Tank 1:	<u>2000</u>	<u>85001</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: 279.60 Mobile: _____



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Name of person completing this form (please print) <u>Jayant Mulye</u>	Official Title <u>Operations Manager</u>	
Signature 	Telephone No. <u>905-628-0068</u>	Date (dd-mm-yyyy) <u>23-Feb-2012</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) McRobert Fuels		For Office Use - Party No. [REDACTED]	
Street No. 4755	Street Name / 911 Number / Address, if applicable Egremont Drive RR 1		
Town / City or Township / Country Strathroy		Province On	Postal Code N7G 3H3
Telephone No. 1-800-237-4110	Fax No. 519-246-1160	Contact Name Ron Driedger	
E-mail rdriedger@mcrobertfuels.com			

Name of Propane Transporter. 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			

Off-site Cylinder and/or Mobile Storage	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	Postal Code
Telephone No.	Fax No.	Contact Name	

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

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Signature 	Telephone No. 905-628-0068	Date (dd-mm-yyyy) 23-Feb-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.

Gasolene 90,000 Ltrs.

Diesel 47,000 Ltrs.

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

Fire extinguishers are located on fuel pumps(2) and one inside the convenience 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.

24 Hrs. alarm monitoring system is in place to keep track of any emergency situation that may arise, would need immediate assistance. The store is equipped with 16 high resolution cameras that will detect every motion on site and record the same for future reference.

Maintenance and testing schedule for fire protection controls and devices.

Scheduled maintenance and testing of fire protection equipment and devices is conducted per Ontario Fire Safety Board.

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Name of person completing this form (please print)
Jayant Mulye

Official Title
Operations Manager

Signature

Telephone No.
905-628-0068

Date (dd-mm-yyyy)
23-Feb-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 <u>Jayant Mulye</u>	For Office Use - Party No. [Redacted]	Name <u>Sam Shah</u>	For Office Use - Party No. [Redacted]
Official Title <u>Operations Manager</u>		Official Title <u>Director</u>	
Telephone No. <u>905 628 0068/647 271 2097</u>	Fax No. <u>905 628 8668</u>	Cell No. <u>647 866 9097</u>	Fax No.
E-mail <u>scorpio999.jm@gmail.com</u>		E-mail <u>sam.shah@soneil.com</u>	
Role and responsibilities in emergency <u>To shut off the propane supply valve, save life of the on site GSA along with other people such as customers and notify our tenant on property.</u>		Role and responsibilities in emergency <u>Communicate with on site personnel for detail information, communicate with response team for on site assistance, be present on site if required.</u>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <u>Cindy Buikema</u>	For Office Use - Party No. [Redacted]	Name <u>JAYANT MULYE</u>	For Office Use - Party No. [Redacted]
Official Title <u>Assistant Manager</u>		Official Title <u>OPERATIONS MANAGER</u>	
Telephone No. <u>905-628-6577</u>	Fax No. <u>N/A</u>	Telephone No. <u>905 628 0068</u>	Fax No. <u>9056288668</u>
E-mail <u>n/a</u>		E-mail <u>scorpio999.jm@gmail.com</u>	
Role and responsibilities in emergency <u>Call 911 for immediate assistance, evacuate the premises including the tenent, head count for any missing person. Wait for response team.</u>		Role and responsibilities in emergency <u>To shut off the propane facility in emergency. Save life of on site staffs</u>	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <u>Frank Biancucci</u>	For Office Use - Party No. [Redacted]	Name <u>Ron Driedger</u>	For Office Use - Party No. [Redacted]
Official Title <u>Chief Fire Prevention Officer</u>	E-mail <u>frank.biancucci@hamilton.ca</u>	Official Title <u>Sales and Service</u>	E-mail <u>rdriedger@microbertfuels.com</u>
Telephone No. <u>905-546-2424, Ext. 7762</u>	Fax No. <u>905-628-1151</u>	Telephone No. <u>1-800-237-4110</u>	Fax No. <u>519-246-1160</u>
Role and responsibilities in emergency <u>Assist and monitor the fire departments responsibility for fire prevention and in emergency situation reduce the severity of damage to the human life, property</u>		Role and responsibilities in emergency <u>Visit the site as soon as notified by the site manager about the emergency situation, check for any human casualty, property damage. Regular inspection for any deficiency</u>	
Fire Services Address <u>City of Hamilton City Hall, 71 Main Street West, Hamilton, On L8P 4Y5</u>		Propane Supplier Address <u>4755 Egremont Drive, RR 1, Strathroy, On, N7G 3H3</u>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <u>Dave Cunliffe</u>	For Office Use - Party No. [Redacted]	Name <u>Rose Caterini</u>	For Office Use - Party No. [Redacted]
Official Title <u>Deputy Fire Chief</u>	E-mail <u>dcunliffe@hamilton.ca</u>	Official Title <u>City Clerk</u>	
Telephone No. <u>905 546 2424 x 3346</u>	Fax No. <u>hamilton.ca</u>	Telephone No. <u>905-546 2424 x 5409</u>	Fax No.
Role and responsibilities in emergency <u>Alternate - coordinate / advise on Hamilton's fire service response - Liaise with police.</u>		E-mail <u>rosecaterini@hamilton.ca</u>	
Fire Services Address <u>55 King William Street, Hamilton, ON L8R 1A2</u>		Municipality Name and Address <u>City of Hamilton, 71 main st, west Hamilton, ON</u>	

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Signature 	Telephone No. <u>905-628-0068</u>
	Date (dd-mm-yyyy) <u>23-Feb-2012</u>



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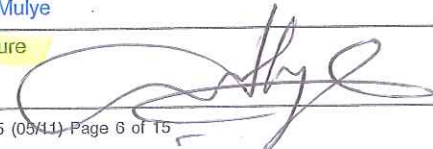
SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

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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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.

None

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 Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

None

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 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) <i>09-06-2011</i>	Print Name of Training Provider: <i>FSW TRAINING AND DEVELOPMENT INC.</i>
	Print Name of Instructor: <i>FARAH MICHAEL</i>
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Signature 	Telephone No. <i>905-628-0068</i> Date (dd-mm-yyyy) <i>23-Feb-2012</i>



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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mm-yyyy) 01-06-2012	Print Name of Training Provider: Jay Mulye
	Print Name of Instructor: Jay Mulye
Target Date (dd-mm-yyyy) 15-10-2012	Print Name of Training Provider: Jay Mulye
	Print Name of Instructor: Jay Mulye
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) 15-06-2012	Print Name of Training Provider: Sam Shah
	Print Name of Instructor: Sam Shah
Target Date (dd-mm-yyyy) 1-11-2012	Print Name of Training Provider: Sam Shah
	Print Name of Instructor: Sam Shah
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)	Print Name of Training Provider:
	Print Name of Instructor:
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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Signature 	Telephone No. 905-628-0068
	Date (dd-mm-yyyy) 23-Feb-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 GSA will give warning to the first contact person appointed by the Operations Manager of site. The first contact person (Assistant Manager) Cindy will arrive on site ASAP, take charge of the situation, evacuate the place with on-site staff members, contact 911 if not done by the on duty GSA.

Inform all the customers on site, tenant and his customers, will have head count and stay in a secured place away from the site to avoid any injury.

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).

Once 911 call is placed the Assistant Manager on site will evacuate the site with on site staff members, customers and meet at the Meeting Place located on the Northwest corner of the property near Dundas street.

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 the GSA on duty or on site staff or a customer will smell something like propane leak, or any abnormal incident that may occur at the propane filling facility the on site staff will initiate the above procedure, and follow exactly as per our guide lines. The 911 call will be placed immediately in case of any emergency situation.

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

The gas station is open 24 hours, in any emergency situation the fire department will have access to on site staff, emergency response plan, full co-operation from our Assistant Manager for emergency response actions.

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

The licence holder will perform daily and once a week in detail inspection of the propane facility, Gas Pumps, Diesel Pumps for any deficiencies and improper use of the facility services. Any irregularities in the propane filling or fuel operations will be informed with the authorities immediately.

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

It will take about 10-15 minutes for a liaison person to visit the facility.

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Signature 	Telephone No. 905-628-0068	Date (dd-mm-yyyy) 23-Feb-2012



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

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

6. Building and Site Security and Procedures

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| 1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)? | <input 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 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>25</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>25</u> |

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Signature 		Telephone No. 905-628-0068	Date (dd-mm-yyyy) 23-Feb-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.

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).

N/A

Fire services comments, if any:

SEE ATTACHED APPENDIX 'A'

To be completed by the Licence Holder


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

The licence holder will respond to the Local Fire Services comments by:

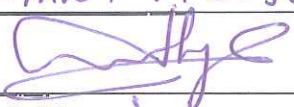
(dd-mm-yyyy)

LOCAL FIRE SERVICES

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

Print name <i>FRANK BIANCUCCI</i> Local Fire Services Name	Signature 	Date (dd-mm-yyyy) <i>FEB 29/12</i>
--	---	---------------------------------------

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

Name of person completing this form (please print) <i>JAYANT MULJE</i>	Official Title <i>Manager</i>	
Signature 	Telephone No. <i>905 628 0068</i>	Date (dd-mm-yyyy) <i>05/05/12</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) 26-01-2012	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: 31m	Right side property line: 42m
Rear: 27m	Left side property line: 51m
GPS coordinates of single largest vessel:	N43°17'06" W80°2'36"

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) Jayant Mulye	Official Title Operations Manager
Signature 	Telephone No. 905-628-0068
	Date (dd-mm-yyyy) 23-Feb-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

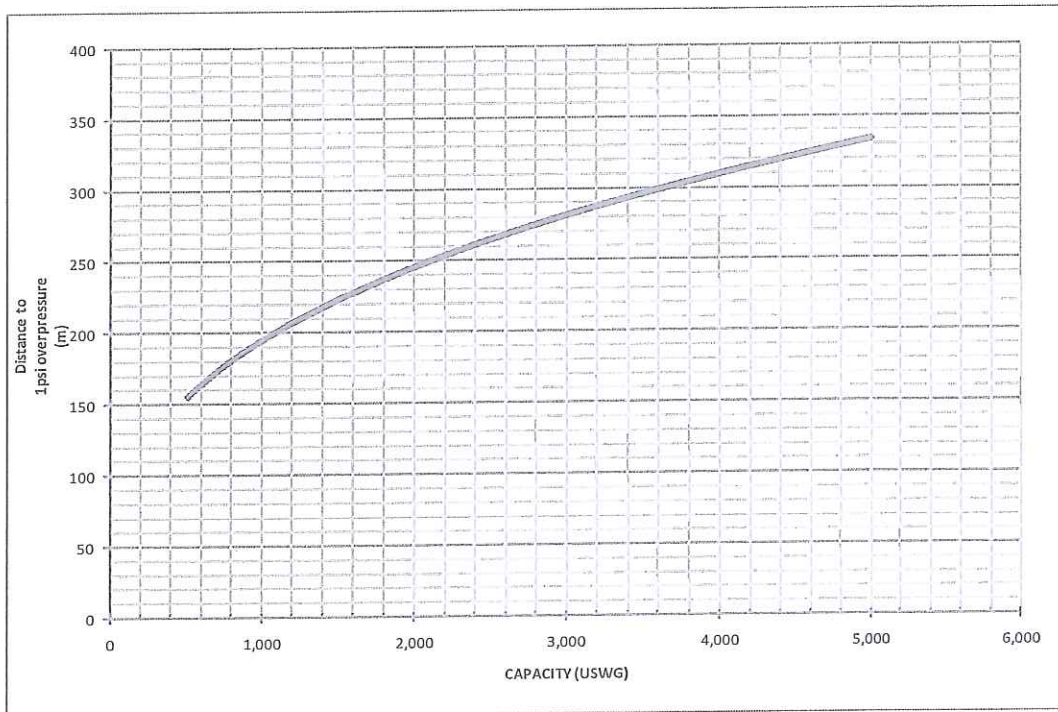
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi 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>Henry's Auto</u> Address: <u>1129 Highway 5 W</u> City: <u>Dundas(Flamborough)</u> Province <u>On</u> Postal Code <u>L9H5E3</u>		X			<u>100</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____		X			_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____		X			_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____		X			_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____		X			_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____		X			_____ m

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

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

Name of person completing this form (please print) <u>Jayant Mulye</u>	Official Title <u>Operations Manager</u>	
Signature 	Telephone No. <u>905-628-0068</u>	Date (dd-mm-yyyy) <u>23-Feb-2012</u>



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Level 1 Risk and Safety Management Plan (RSMP)
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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	12	105.6
# 20	5.8	30	174
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			279.60

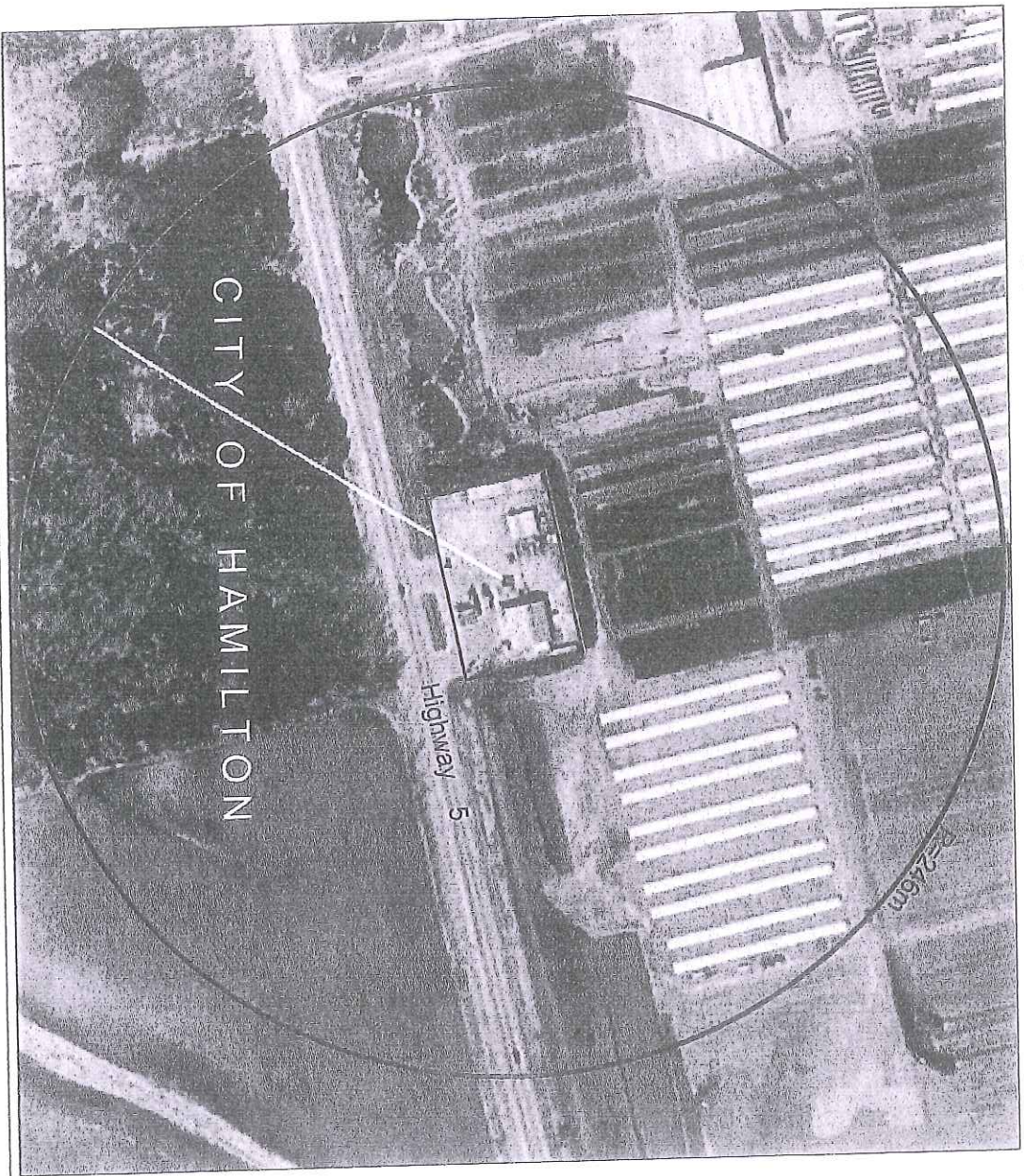
Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
20	10	88
30	15	87
Total Tank Capacity		175

Total Cylinder Capacity	279.60
Total Tank Capacity	175
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	454.60

Map of Surrounding Area

1129 Highway 5, (former Town of Flamorough)
Hamilton, ON



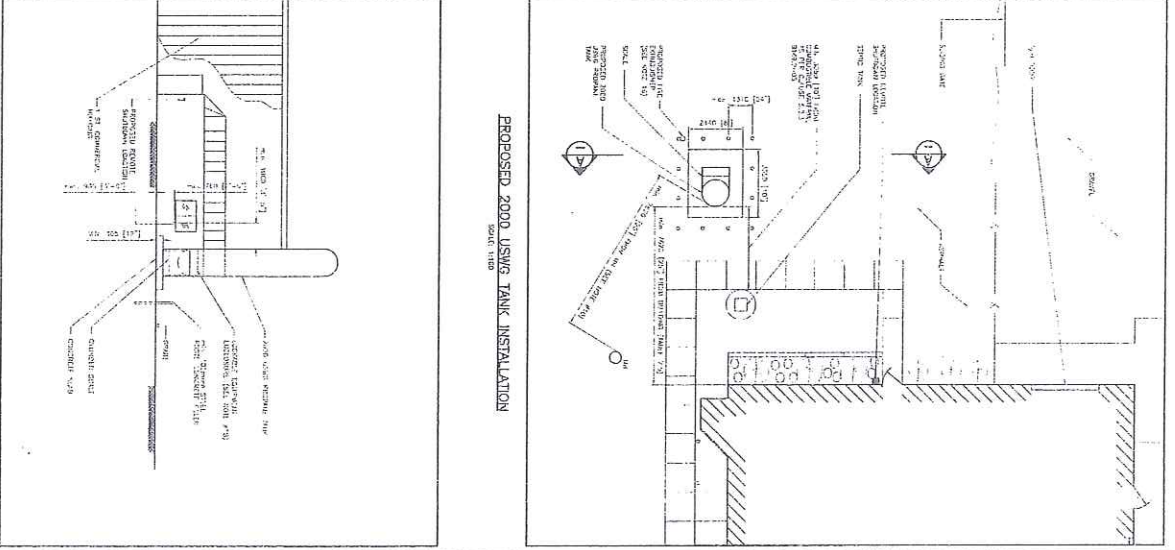
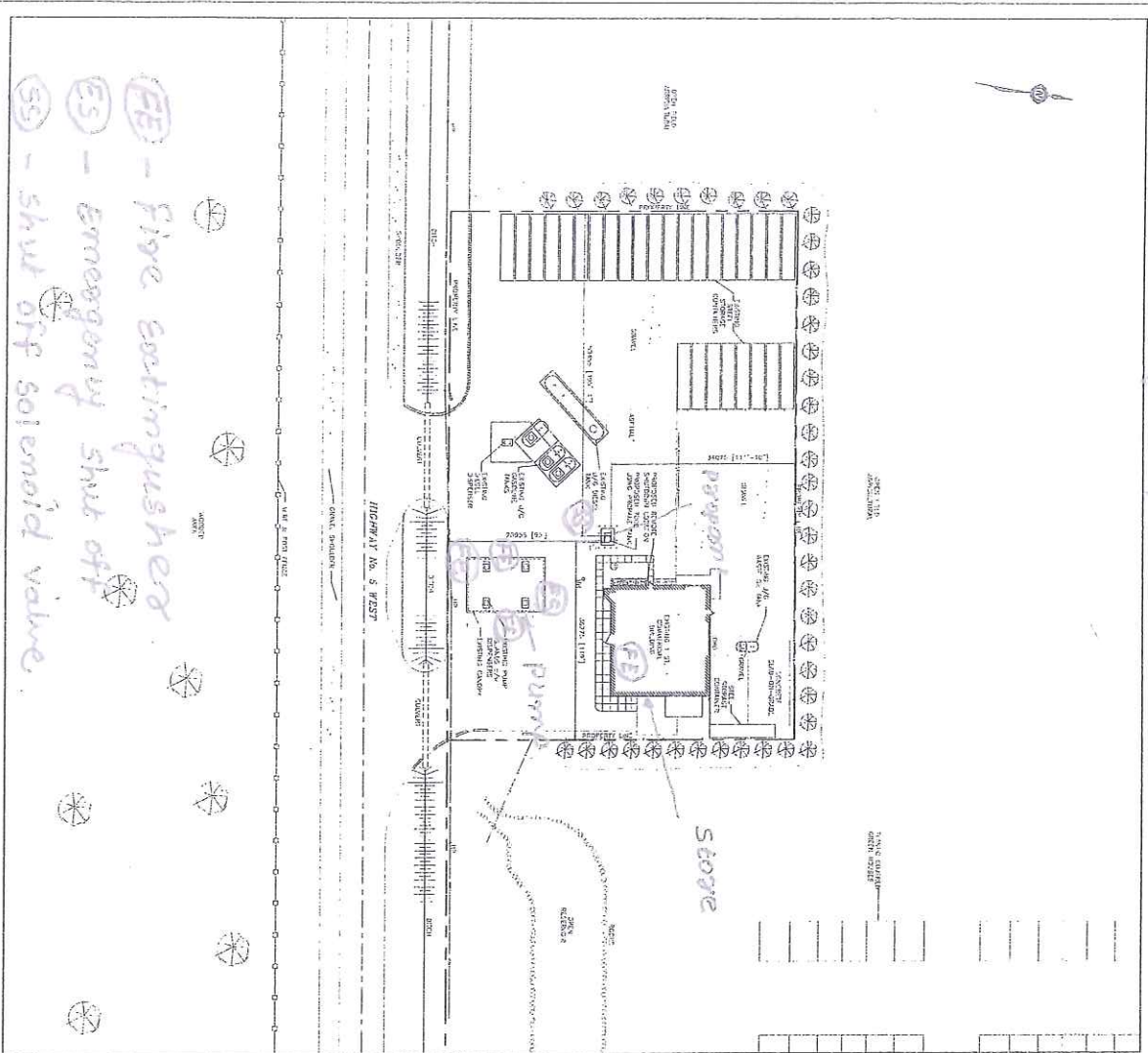
Municipal Contact Information
 NAME: Rose Caterini
 TITLE: City Clerk
 TELEPHONE NO.: 905 546 2424 x3409
 E-MAIL: roscaterini@hamilton.ca
 MUNICIPALITY: City of Hamilton

DATE MAP PREPARED: (26-01-2012) CAPACITY OF SINGLE LARGEST PROPRANE STORAGE VESSEL: 2000USWG
 MAP/REV DATE: 8/31/2009
 TANK SETBACK COORDINATES:
 FRONT: 31m RIGHT SIDE PROPERTY LINE: 42m
 BACK: 27m LEFT SIDE PROPERTY LINE: 51m
 GPS COORDINATES OF SINGLE LARGEST VESSEL: N43°17'06" W80°2'36"

Sach Jain
 1129 Highway 5
 Hamilton, ON
 905 628 0099

Sach Jain
 SACHAIN MUIVE

1129 Highway E West Hamilton ON



NOTES:

1. PROVIDE 2000 USWS TANK WITH 2" WALL THICKNESS.
2. PROVIDE 2" DIA. 2000 USWS TANK WITH 2" WALL THICKNESS.
3. PROVIDE 2" DIA. 2000 USWS TANK WITH 2" WALL THICKNESS.
4. PROVIDE 2" DIA. 2000 USWS TANK WITH 2" WALL THICKNESS.

NO.	DATE	DESCRIPTION	BY
0	10/10/10	ISSUE FOR PERMIT	ALTENG

James Deboer Contracting

ALTENG Inc.
Alternative Energy Consulting

1129 Highway E West
Hamilton, ON
L8N 4Z2

Scale: 1/8" = 1'-0"

Project: 2000 USWS TANK INSTALLATION

Site: 1129 Highway E West, Hamilton, ON

Scale: 1/8" = 1'-0"

Sheet: P-101 of 07309

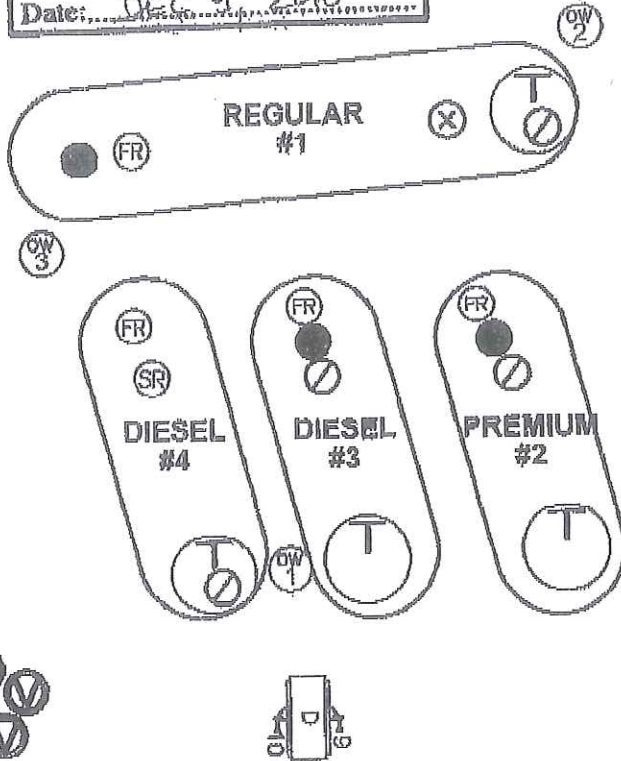
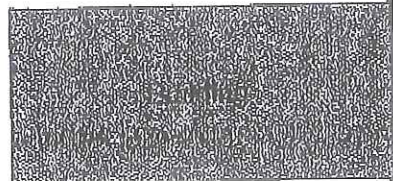
Handwritten signature and name: J. DEBOER

Site Diagram

OUTLET #: ESSO HWY 5 HAMILTON

SON: 10028026

Technical Standards and Safety Authority
 Fuels Safety Division
DRAWING REVIEWED
 Revisions / Notes: Yes / No
 Name: MAREK KAMUK
 Signature: [Signature]
 Date: DEC 9 2010



Product:

Tank #1 REGULAR Tank #2 PREMIUM Tank #3 DIESEL
 Tank #4 DIESEL Tank #5 _____ Tank #6 _____
 Tank #7 _____ Tank #8 _____ Tank #9 _____
 Tank #10 _____ Tank #11 _____ Tank #12 _____

Site Layout Legend:

- ATG Sump Sensor Observation Well Storm Drain Ventilation Lines Foot Valve
- Empty Sump Turbine Fill Riser Spare Riser Vapour Recovery Interstitial

[Signature]
 JAVANT MULYE