



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

Received March 9, 2012

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.

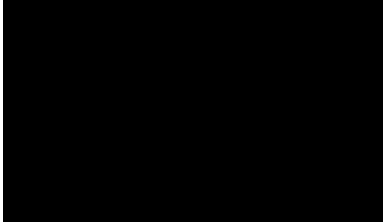
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number: 000153966

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: Entropex Ontario Corporation No., if applicable: _____

Operator Name (if different from above): _____

Telephone No.: 519-332-0430 Fax No.: 519-332-8220 E-mail: rtiicks@entropex.com

B Street No.: 1271 Street Name / 911 Number / Address, if applicable: Lougar Avenue

Town / City or Township / County: Sarnia Province: Ontario Postal Code: N7S 5N5

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.: 1271 Street Name / 911 Number / Address, if applicable: Lougar Avenue Nearest Major Intersection: Lougar Avenue and Roper Street

Town / City or Township / County: Sarnia Province: Ontario Postal Code: N7S 5N5

Name of Licence Holder: Entropex

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Keith Bechard ROT type: 100-1 Propane pump Attendant

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): Sarnia Note: 24 hour operation - continental shifts

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: Entropex		15-02-2012
Name of Senior Management person as defined in the Regulation holding the Record of Training: Keith Bechard		



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SECTION A: GENERAL INFORMATION (cont'd)

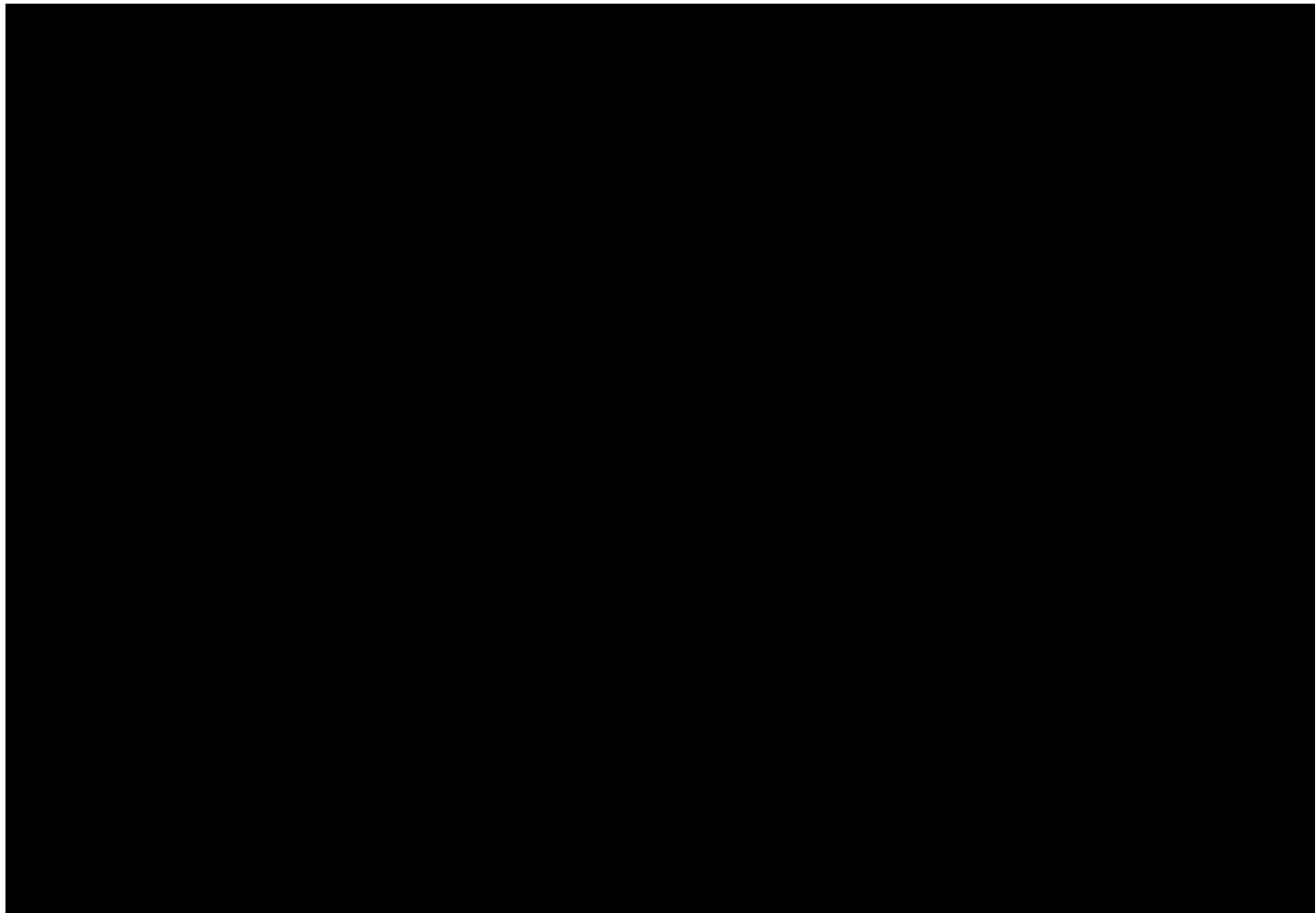
Indicate the year the facility was established. 1978 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 2008

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>155-94</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: 1x 1000USWG Portable: 481 USWG Mobile: _____



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Name of person completing this form (please print) <u>Brian Van Kesteren</u>	Official Title <u>Engineer</u>	
Signature <u>Brian Van Kesteren</u>	Telephone No. 519-332-0430	Date (dd-mm-yyyy) <u>30-10-2013</u>



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

Name of Propane Supplier(s)		[Redacted]	
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	1-866-341-3395	Bruce Graham - Regional Operations Manager Ontario	
E-mail			
grahamb@superiorpropane.com			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		[Redacted]	
Superior Propane - Strathroy			
Street No.	Street Name / 911 Number / Address, if applicable		
29495	Centre Rd RR #6 Hwy 81		
Town / City or Township / Country		Province	Postal Code
Strathroy		Ontario	N7G 3H7
Telephone No.	Fax No.	Contact Name	
905-979-1129	N/A	Mac Sutherland - Marketing Manager	
E-mail			
sutherlm@superiorpropane.com			

Off-site Cylinder and/or Mobile Storage	Capacity stored off-site, in USWG	For Office Use - Party No.
None		
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	
Brian VanKesteren	Engineer	
Signature	Telephone No.	Date (dd-mm-yyyy)
	519-332-0430	30-10-2013



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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.
Limited quantity of production related gases (oxygen, acetylene, nitrogen, shielding gas)

Refer to site map for location.

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

Fire Extinguishers at dispenser and within building.

Emergency propane shutoff adjacent to the dispenser.

Video surveillance of property.

Emergency alarm system with enunciator - push button Sprinkler system monitored.

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 propane shutoff switch installed per B-149 of Ontario gas code - allows for hydro shutoff at dispenser, closing a valve and stopping the flow of propane from the tank.

Fusible links on tank as described under b-149 of Ontario gas code - heat sensitive closure valve is activated with the main valve spring closes because the link breaks under heat, restricting the flow of gas/ liquids.

Maintenance and testing schedule for fire protection controls and devices.

Annual inspection of tank and emergency shut-off system as per requirements under section b-149 of Ont. gas code. Copy left on site.

Annual inspections of fire extinguishers by external company along with sprinkler systems.

Daily visual inspection by operator opening facility / dispenser prior to use (new in 2012).

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Name of person completing this form (please print) Robert Hicks	Official Title Maintenance Supervisor	
Signature 	Telephone No. 519-332-0430	Date (dd-mm-yyyy) 15-02-2012



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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 Carl Yates		Name Robert Hicks	
Official Title General Manager		Official Title Maintenance Supervisor	
Telephone No. 519-332-0430	Fax No. 519-332-8220	Cell No. 519-490-5373	Fax No. 519-332-8220
E-mail cyates@entropex.com		E-mail rhicks@entropex.com	
Role and responsibilities in emergency To execute the emergency response plan and to implement its components (alert authorities, confirm evacuation of people onsite).		Role and responsibilities in emergency To execute the emergency response plan and to implement its components (alert authorities, confirm evacuation of people onsite) during off hours.	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Joe Sharpe		Name Robert Hicks	
Official Title Plant Manager		Official Title Maintenance Supervisor	
Telephone No. 519-332-0430	Fax No. 519-332-8220	Telephone No. 519-332-0430	Fax No. 519-332-8220
E-mail jsharp@entropex.com		E-mail rhicks@entropex.com	
Role and responsibilities in emergency Execute the ER plan and to implement its components (alert authorities, confirm evacuation of people onsite). - in the absence key contact		Role and responsibilities in emergency To execute the emergency response plan and to implement its components (alert authorities, confirm evacuation of people onsite).	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Pat Cayen	For Office Use - Party No.	Name Ken Hooker	For Office Use - Party No.
Official Title Fire Chief		Official Title Branch Manager	
Telephone No. 519-332-1122 ext. 323	Fax No. 519-332-1376	Telephone No. 519-336-8600	Fax No. 519-337-8848
E-mail pat.cayen@sarnia.ca		E-mail kenhooker@dowlerkarn.com	
Role and responsibilities in emergency Lead and coordinate emergency services resources and response in the event of an emergency.		Role and responsibilities in emergency Address any concerns, alert support personnel as required, implement supplier erp. Participate in service requirements that may be necessary for re-starts.	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name John Kingyens	For Office Use - Party No.	Name Brian Knott	
Official Title Deputy Fire Chief		Official Title Clerk	
Telephone No. 519-332-1122	Fax No. 519-332-1376	Telephone No. 519-332-0330 ext262	Fax No. 519-332-3995
E-mail john.kingyens@sarnia.ca		E-mail brian.knott@sarnia.ca	
Role and responsibilities in emergency Lead and coordinate emergency services resources and response in the event of an emergency.		Municipality Sarnia	

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Signature 	Telephone No. 519-332-0430
	Date (dd-mm-yyyy) 15-02-2012



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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.
Facility is built and maintained to code, meeting all applicable regulations.

[Large empty area with horizontal dashed lines for writing additional safety measures.]

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Signature <i>Robert Hicks</i>	Telephone No. 519-332-0430	Date (dd-mm-yyyy)



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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) February 2012	Print Name of Training Provider: Inhouse training
	Print Name of Instructor: John Barker - Training Coordinator
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) February 2012	Print Name of Training Provider: Inhouse training
	Print Name of Instructor: John Barker - Training Coordinator
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) As required based on expiry date	Print Name of Training Provider: Dowler-Karn Limited (CPA certified trainer)
	Print Name of Instructor: Ken Hooker
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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	Date (dd-mm-yyyy) 15-02-2012



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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) October 2012	Print Name of Training Provider: Inhouse trainer
	Print Name of Instructor: John Barker - Training Coordinator
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) October 2012	Print Name of Training Provider: Inhouse (refresher)
	Print Name of Instructor: John Barker - Training Coordinator
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) In advance of expiry dates	Print Name of Training Provider: Dowler-Karn Limited
	Print Name of Instructor: Ken Hooker - certified CPA 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 <i>Robert Hicks</i>	Telephone No. 519-332-0430
	Date (dd-mm-yyyy) 15-02-2012



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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).
Emergency response Supervisors are responsible for executing the ERP. In the event of a confirmed emergency, the evacuation alarm will be sounded and appropriate steps taken according to the specific roles detailed in the plants emergency response plan attached.

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).
In the event that an emergency has been declared, an evacuation alarm will be sounded and 911 will be called. The designated supervisor will undertake their responsibilities as set out in the ERP. In a propane emergency, this will include activating the E stop if accessible. The responsibilities of all employees and supervisors is outlined the the ERP. This includes maintenance responsibilities and ensuring that timecards and sign -ins have all been accounted for at the evac point in the front of the building. Refer to the ERP for further specifics.

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 a suspected leak, spill, fire or explosion, the emergency coordinators/ supervisors are to evaluate if an imminent threat exists and consider the safety of all employees, contractors or guests. In conjunction with sounding the evacuation alarm, 911 will be called if there is a risk of damage or harm to staff or property. Refer to ERP for more details.

Describe provisions for fire department entry when there are no operations or staffing at the propane site.
All equipment relevant to propane is accessible outside the building, including the emergency shutoff. Maintenance staff are to ensure extruder lines and motor control centres are shut down.
The facility is operated 24 hours per day and the gate is left open for year-round access to the dispenser tank. .

Describe how the licence holder will ensure continual flow of updated information to authorities.
Via phone or cell phone until such time as they arrive. Upon arrival, the Evac Response Supervisor will liaise with the Emergency services to provide update on situation and evacuation status. In a proactive manner, Entropex will provide site and contact information to the Fire service along with a copy of the ERP when the RSMP is reviewed.

How long will it take the facility liaison person to respond to the site.
The key Management personnel can be present within minutes.

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Signature 		Telephone No. 519-332-0430	Date (dd-mm-yyyy) 15-02-2012



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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 type="checkbox"/>	<input checked="" 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)	98.7m	
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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Signature 	Telephone No. 519-332-0430
	Date (dd-mm-yyyy) 15.02.2017



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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).

Electronic and hard copy forwarded.

Fire services comments, if any:

To be forwarded once received.

*NO CONCERNS
J. Potts*

To be completed by the Licence Holder

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

NONE REQUIRED

The licence holder will respond to the Local Fire Services comments by: n/a (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 Chief Pat Cayen <i>DAVE POTTS</i>	<i>Dave Potts</i>	<i>28-02-2012</i>

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Name of person completing this form (please print) Robert Hicks	Official Title Maintenance Supervisor	Date (dd-mm-yyyy)
Signature <i>Robert Hicks</i>	Telephone No. 519-332-0430	<i>15-02-2012</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 .

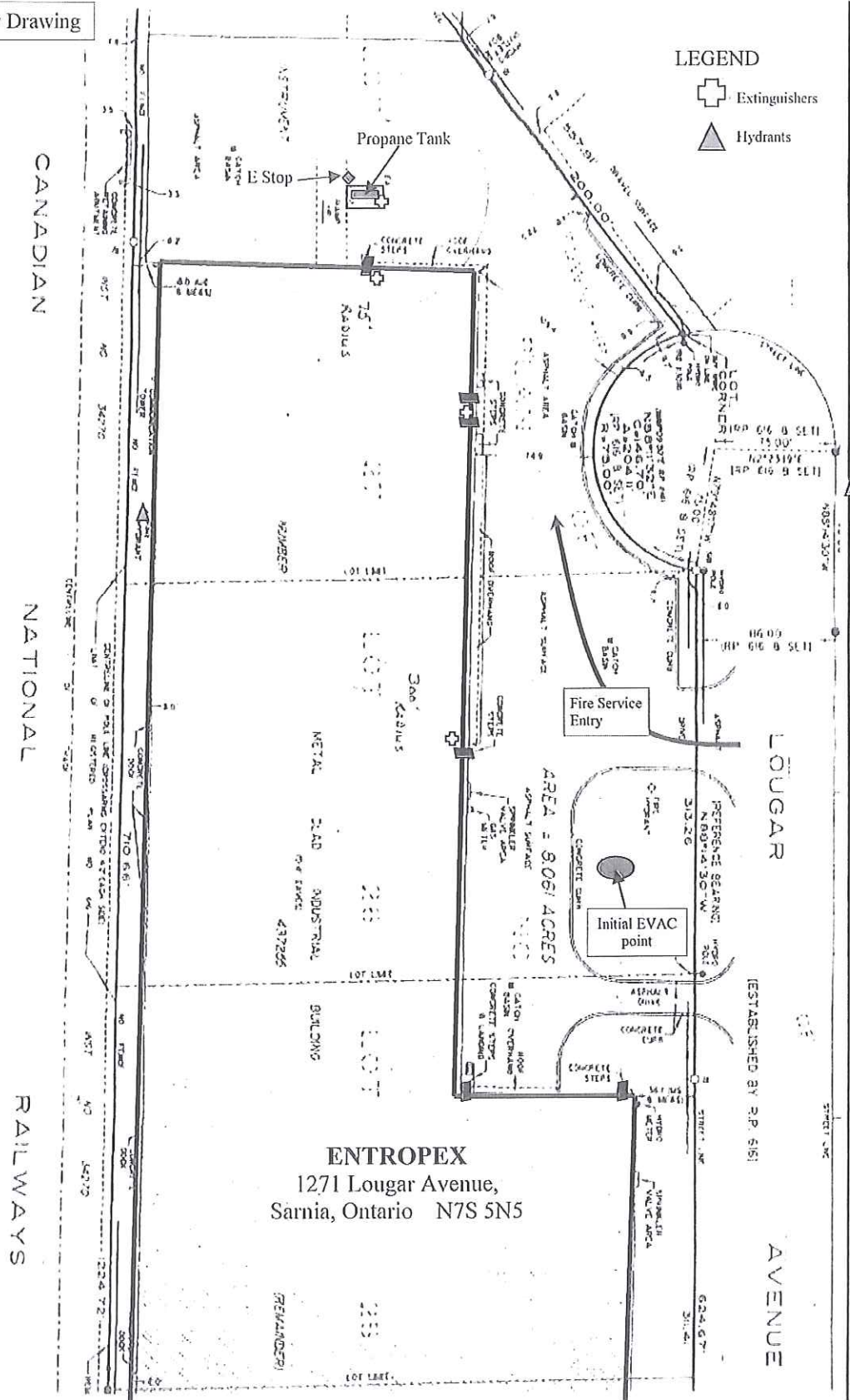
Required Mapping Information from Updated Site Plan

Date Map Prepared (dd-mm-yyyy) February 9, 2012	Capacity of single largest propane storage vessel (USWG) 1,000 uswg
Tank setback coordinates. Indicate placement on the map.	
Front: <u>108.4m</u>	Right side property line: <u>190.9m</u>
Rear: <u>48.7m</u>	Left side property line: <u>256.7m</u>
GPS coordinates of single largest vessel: <u>42deg57'26.26"N/ 82deg21'49.15"W</u>	

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Signature 	Telephone No. 519-332-0430	Date (dd-mm-yyyy) <u>15-02-2012</u>

Facility Drawing



LEGEND

- ⊕ Extinguishers
- ▲ Hydrants

ENTROPEX
 1271 Lougar Avenue,
 Sarnia, Ontario N7S 5N5

CANADIAN

NATIONAL

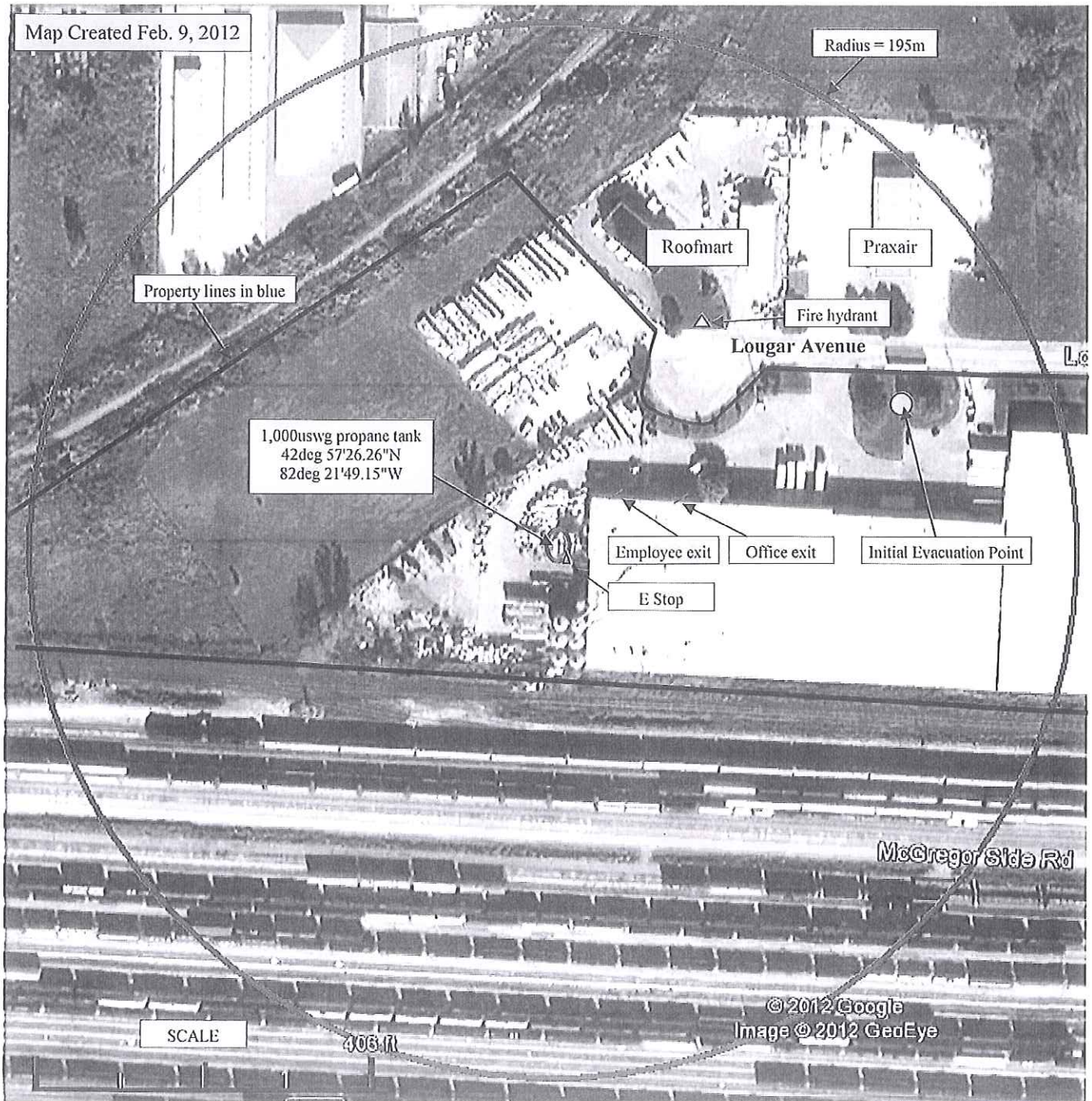
RAILWAYS

LOUGAR

AVENUE

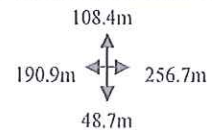
(ESTABLISHED BY R.P. 515)

ENTROPEX
 1271 Lougar Avenue,
 Sarnia, Ontario N7S 5N5



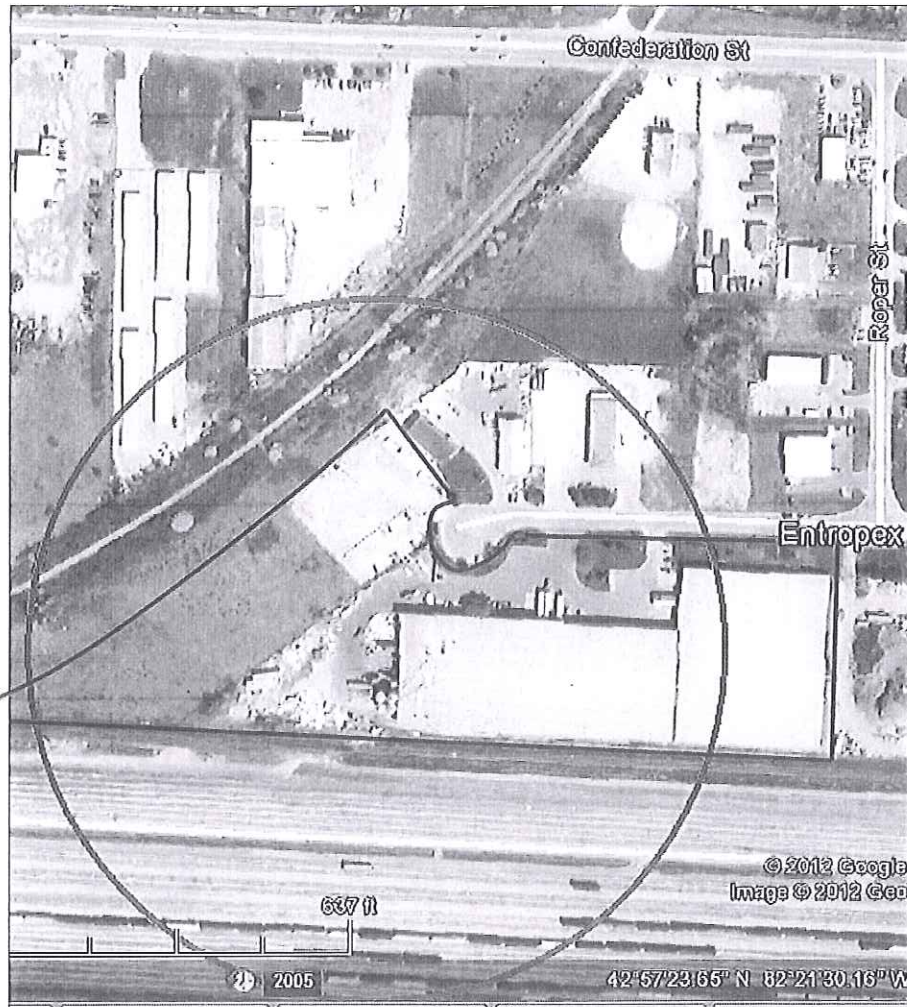
Municipality: Sarnia
 255 North Christina Street, Sarnia, ON N7T 7N2
 Contact: Brian Knott, Clerk
 Phone: 519-332-0330 ext262
 Email: brian.knott@sarnia.ca

Tank Setbacks from
 property lines (blue)



ENTROPEX
1271 Lougar Avenue,
Sarnia, Ontario N7S 5N5

Property lines





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

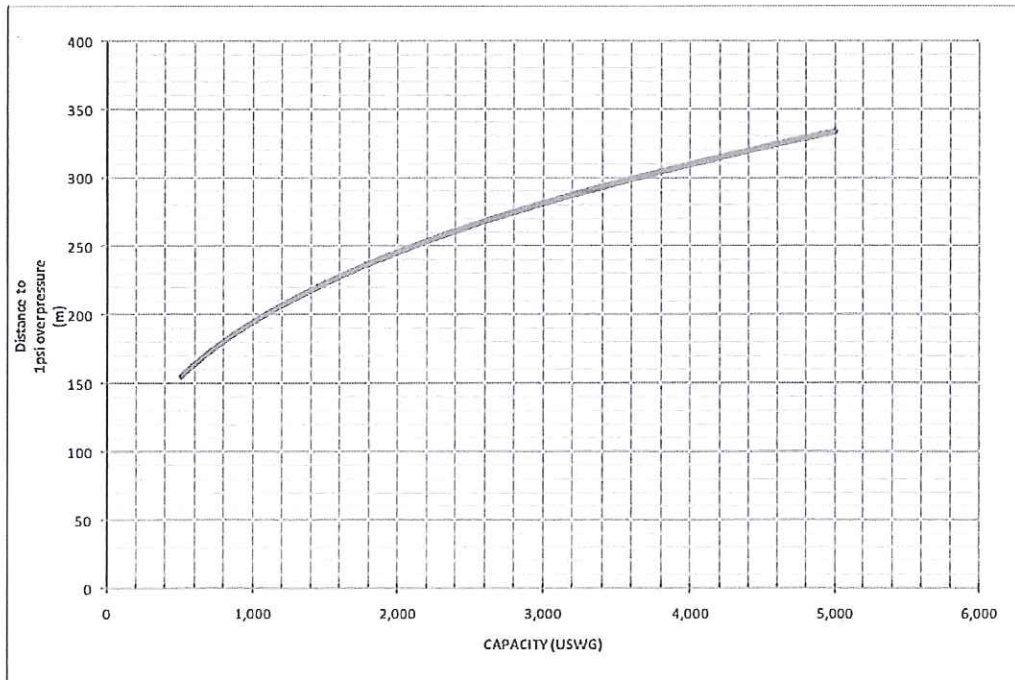
Table 1: Distance Table

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)



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) Robert Hicks	Official Title Maintenance Supervisor
Signature <i>Robert Hicks</i>	Telephone No. 519-332-0430
	Date (dd-mm-yyyy) 15-02-2012



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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>Roofmart</u> Address: <u>1272 Lougar Ave</u> City: <u>Sarnia</u> Province <u>Ontario</u> Postal Code <u>N7S 5N6</u>			x		<u>119.6</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> 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: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m

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

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Signature <i>Robert Hicks</i>	Telephone No. 519-332-0430
	Date (dd-mm-yyyy) <u>15-02-2012</u>



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Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62	24	230.88uswg
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity uswg			

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	230.88uswg
Total Tank Capacity	1,000 uswg tank fixed
Total Portable Capacity	230.88uswg

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) Robert Hicks	Official Title Maintenance Supervisor
Signature <i>Robert Hicks</i>	Telephone No. 519-332-0430
	Date (dd-mm-yyyy) 15-07-2012