



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.

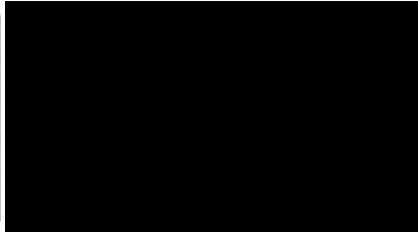
**Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act***

Licence Number 0076423300-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 Tecumseh Home Centre Ontario Corporation No., if applicable \_\_\_\_\_

Operator Name (if different from above)  
Mr. Larry Seguin / Franchise Owner

Telephone No. 519-735-3400 Fax No. 519-735-3547 E-mail larry@techomehardware.com

Street No. 1613 Street Name / 911 Number / Address, if applicable Lesperance Road

Town / City or Township / County Tecumseh Province Ontario Postal Code N8N 1Y2

Mailing address if different from above.

Street No. N/A 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. 1613 Street Name / 911 Number / Address, if applicable Lesperance Road Nearest Major Intersection County Rd #22 & Lesperance Road

Town / City or Township / County Tecumseh Province Ontario Postal Code N8N 1Y2

Name of Licence Holder Tecumseh Home Centre

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Larry Seguin ROT type PTI 100-01

Municipality (or municipalities if the facility or its hazard distance touches multiple borders)  
N/A

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>Tecumseh Home Centre</u>		<u>4 / 29 / 2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Larry Seguin</u>		



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**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.

1988

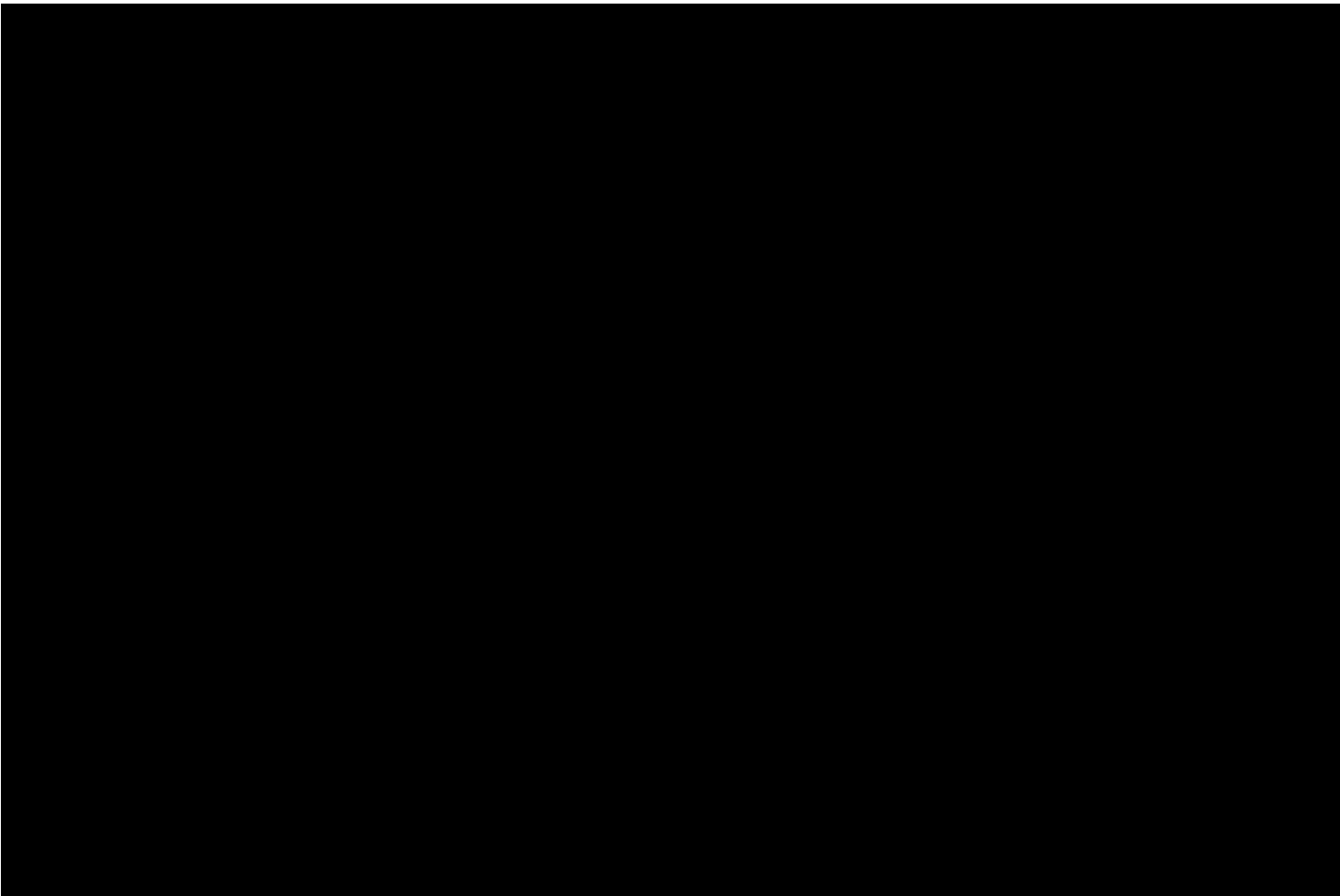
2005

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

	PSIG	Serial Number
Tank 1:	250	342-99
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: 1000 USWG      Portable: NONE      Mobile: NONE



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Name of person completing this form (please print) Larry Seguin		Official Title Owner
Signature <i>Larry Seguin</i>		Telephone No. 519-735-3400
		Date (dd-mm-yyyy) 4 / 29 / 2011



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**SECTION A: GENERAL INFORMATION (cont'd)**

Activity Information

<b>Name of Propane Supplier(s)</b> Aabco Propane Inc.		For Office Use - Party No.	
Street No. 5475	Street Name / 911 Number / Address, if applicable DiCocco Court		
Town / City or Township / Country Oldcastle		Province Ontario	Postal Code NOR 1L0
Telephone No. 519-737-9635	Fax No. 519-737-9137	Contact Name Andy Burton	
E-mail aburton@aabcopropane.com			

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

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

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

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Name of person completing this form (please print) Mr. Larry Seguin		Official Title Owner
Signature 		Telephone No. 519-735-3400
		Date (dd-mm-yyyy) 4 / 29 / 2011





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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.

Propane - 1000 USWG

Kerosene - 100 litres

Oil Container @ 45 Gallons

Gas Container @ 45 Gallons

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

Sprinkler Suppression System (Water)

Fire Extinguishers throughout facility and noted on map. PAGE #16

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.

Sprinkler Suppression System is not monitored and would be trigger automatically in the event of a fire or explosion.

Maintenance and testing schedule for fire protection controls and devices.

The Fire Protection equipment is inspected and tested annually by qualified and contracted third party inspection services. (Annually)

Fire Extinguishers are inspected monthly and the tags are signed by a representative of the Health & Safety Committee.

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Name of person completing this form (please print)		Official Title
Mr. Larry Seguin		Owner
Signature	Telephone No.	Date (dd-mm-yyyy)
	519-735-3400	4 / 29 / 2011



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

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name <b>Larry Seguin</b>	For Office Use - Party No.	Name <b>Larry Seguin</b>	For Office Use - Party No.
Official Title <b>Owner / Dealer</b>		Official Title <b>Owner / Dealer</b>	
Telephone No. <b>1-519-735-3400</b>	Fax No. <b>1-519-735-3547</b>	Cell No. <b>1-519-796-3983</b>	Fax No. <b>1-519-735-3547</b>
E-mail <b>larry@techomehardware.com</b>		E-mail <b>larry@techomehardware.com</b>	
Role and responsibilities in emergency <b>Emergency Plan Liaison / Response Manager</b>		Role and responsibilities in emergency <b>Emergency Plan Liaison / Response Manager.</b>	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name <b>Brent Seguin</b>	For Office Use - Party No.	Name <b>Diane Bodyk</b>	For Office Use - Party No.
Official Title <b>Owner / Dealer</b>		Official Title <b>Facility Manager</b>	
Telephone No. <b>1-519-735-3400</b>	Fax No. <b>1-519-735-3547</b>	Telephone No. <b>1-519-735-3400</b>	Fax No. <b>1-519-735-3547</b>
E-mail <b>brent@techomehardware.com</b>		E-mail <b>dianebodyk@yahoo.com</b>	
Role and responsibilities in emergency <b>Emergency Plan Liaison / Response Manager</b>		Role and responsibilities in emergency <b>Emergency Plan Liaison / Response Manager</b>	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name <b>Chief Doug Pitre</b>	For Office Use - Party No.	Name <sup>1</sup> <b>Andy Burton</b>	For Office Use - Party No.
Official Title <b>Fire Chief</b>		Official Title <b>Owner / President</b>	
Telephone No. <b>519-979-4041</b>	Fax No.	Telephone No. <b>519-737-9635</b>	Fax No. <b>519-737-9137</b>
E-mail <b>dpitre@tecumseh.ca</b>		E-mail <b>aburton@aabcopropane.com</b>	
Role and responsibilities in emergency <b>Emergency Management Coordinator / Fire Chief - Town of Tecumseh</b>		Role and responsibilities in emergency <b>Advisor to Tecumseh Fire &amp; Rescue</b>	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name <b>Art Lounsbury</b>	For Office Use - Party No.	Name <b>Laura Moy</b>	For Office Use - Party No.
Official Title <b>Deputy Fire Chief</b>		Official Title <b>Director, Staff Services / Clerk</b>	
Telephone No. <b>519-791-0837</b>	Fax No.	Telephone No. <b>519-735-2184</b>	Fax No. <b>519-735-6712</b>
E-mail <b>alounsbury@tecumseh.ca</b>		E-mail <b>lmoy@tecumseh.ca</b>	
Role and responsibilities in emergency <b>Respond as Deputy Chief / Incident Command System</b>		Municipality <b>The Corporation of the Town of Tecumseh</b>	

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Name of person completing this form (please print) <b>Mr. Larry Seguin</b>	Official Title <b>Owner</b>
Signature 	Telephone No. <b>519-735-3400</b>
	Date (dd-mm-yyyy) <b>4 / 29 / 2011</b>



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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.

There are no additional measures at this time.

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Mr. Larry Seguin		Owner
Signature	Telephone No.	Date (dd-mm-yyyy)
	519-735-3400	4 / 29 / 2011





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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) 10 / 01 / 2011	Print Name of Training Provider: Emergency Response Training
	Print Name of Instructor: Larry Seguin
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) 10 / 01 / 2011	Print Name of Training Provider: Emergency Response Training
	Print Name of Instructor: Larry Seguin
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) 26 / 04 / 2011	Print Name of Training Provider: Propane Training / PTI 100-01
	Print Name of Instructor: Andy Burton
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) Mr. Larry Seguin	Official Title Owner
Signature 	Telephone No. 519-735-3400
	Date (dd-mm-yyyy) 4 / 29 / 2011



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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) 10 / 01 / 2012	Print Name of Training Provider: Emergency Response Training
	Print Name of Instructor: Mr. Larry Seguin
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) 10 / 01 / 2012	Print Name of Training Provider: Emergency Response Training
	Print Name of Instructor: Mr. Larry Seguin
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) 10 / 01 / 2012	Print Name of Training Provider: Emergency Response Propane Training
	Print Name of Instructor: Mr. Andy Burton
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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Name of person completing this form (please print) Mr. Larry Seguin	Official Title Owner
Signature 	Telephone No. 519-735-3400
	Date (dd-mm-yyyy) 4 / 29 / 2011





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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).

See Emergency Response Plan attached: Page #28

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).

See Emergency Response Plan attached: Page #28

**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).

See Emergency Response Plan attached: Page #28

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

Entry would be accomplished by force. The owner is looking at the installation of a Fire Department Key Box to be located at the front entrance of the facility.

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

The owners contact information is included in this document and is also included in the Emergency Response Plan - Page #28. The owner or his designate will be on scene in the event emergency services in requested to attend.

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

Five Minutes ( 5 )

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Signature 		Telephone No. 519-735-3400
		Date (dd-mm-yyyy) 4 / 29 / 2011



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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)	<u>146.5 meters</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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Name of person completing this form (please print) Mr. Larry Seguin		Official Title Owner	
Signature 		Telephone No. 519-735-3400	Date (dd-mm-yyyy) 4 / 29 / 2011





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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
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If not, please explain (e.g., no fire services).

Fire services comments, if any:

*SEE ATTACHED LETTER.*

**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 <b>TECUMSEH FIRE RESCUE SERVICES</b> Local Fire Services Name	Signature 	Date (dd-mm-yyyy) <i>15-07-2011</i>
--	---------------	--

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Name of person completing this form (please print) <i>Jerry Seguin</i>	Official Title Owner
Signature 	Telephone No. 519-735-3400
	Date (dd-mm-yyyy) 4 / 29 / 2011





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**SECTION C: SUBMISSIONS**

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

**Facility Site Plan.**

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

**Map of Surrounding Area.**

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below .

**Required Mapping Information from Updated Site Plan**

Date Map Prepared (dd-mm-yyyy) <i>MARCH 17 / 11</i>	Capacity of single largest propane storage vessel (USWG) <i>1000</i>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>23.4 meters</u>	Right side property line: <u>22.4 meters</u>
Rear: <u>154.7 meters</u>	Left side property line: <u>14.0 meters</u>
GPS coordinates of single largest vessel: <u>82-53' 7.18" W - 42-18' 22.61"</u>	

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Name of person completing this form (please print) <i>Mr. Larry Seguin</i>		Official Title <i>Owner</i>
Signature 	Telephone No. <i>519-735-3400</i>	Date (dd-mm-yyyy) <i>4 / 29 / 2011</i>



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**SECTION C: SUBMISSIONS (cont'd)**  
Applicant must include a Facility Site Plan and Map of Surrounding Area

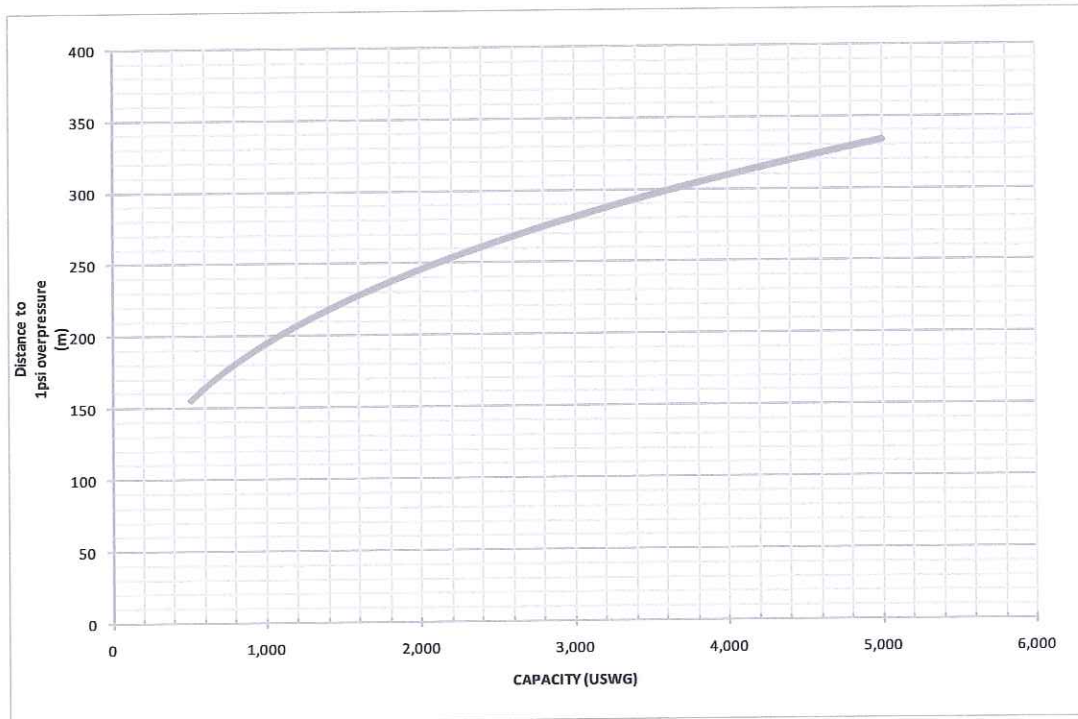
**Table 1: Distance Table**

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

**Formula:**  $D = 16.94 \times (1.524 \times C)^{1/3}$   
 D = Distance to overpressure of 1 psi (meters)  
 C = Tank Total Capacity in USWG

**Parameters:** Density of Propane is 0.5033 kg per litre @ 15 C  
 Assume all vessels are 80% full  
 1 gallon [US, liquid] = 0.003785411784 cubic meter  
 1 cubic metre = 264.17 USWG

**Hazard Distance Chart (EPA-TNT model)**



**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) <b>Mr. Larry Seguin</b>	Official Title <b>Owner</b>
Signature 	Telephone No. <b>519-735-3400</b>
	Date (dd-mm-yyyy) <b>4 / 29 / 2011</b>





**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

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>Park and Running Track</u> Address: _____ City: _____ Province _____ Postal Code _____		x			<u>266.6</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]				x	<u>77.6</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Restaurants / Retail operations</u> Address: _____ City: _____ Province _____ Postal Code _____			x		<u>96.8</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>Playfull Steps Daycare Centre Inc.</u> Address: <u>12315 Westlake</u> City: <u>Tecumseh</u> Province <u>Ontario</u> Postal Code _____		x			<u>151.0</u> 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".

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**SECTION C: SUBMISSIONS (cont'd)**

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

**Portable Storage Additional Information Sheet**

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	N/A 0	
# 100	29.5	N/A 0	
# 40	11.75	N/A 0	
# 33.3	9.62	N/A 0	
# 30	8.8	N/A 0	
# 20	5.8	N/A 0	
# 10	2.9	N/A 0	
# 5	1.5	N/A 0	
<b>Total Cylinder Capacity</b>			

**Tanks Stored On-site Not Connected for Use**

Tank Size In USWG	Quantity	Total Volume in USWG
N/A 0		
N/A 0		
N/A 0		
N/A 0		
N/A 0		
N/A 0		
N/A 0		
N/A 0		
<b>Total Tank Capacity</b>		

<b>Total Cylinder Capacity</b>	N/A 0
<b>Total Tank Capacity</b>	N/A 0
<b>Total Portable Capacity</b>	N/A 0

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