



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.

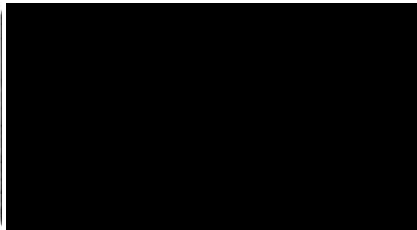
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution
 under the *Technical Standards and Safety Act*

Licence Number 0000 76639598

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 SEAWAY GAS Ontario Corporation No., if applicable 1597783 ONTARIO

Operator Name (if different from above)

Telephone No. 613-747-6137 Fax No. 613-841-0763 E-mail Address GEORGESJEHA@GMAIL.COM

Street No. 1627 Street Name, Lot / Concession No. CYRVILLE RD

Town / City or Township / County OTTAWA Province ON Postal Code K1B 3L7

Mailing address if different from above.

Street No. Street Name, Lot / Concession No.

Town / City or Township / County Province Postal Code

Information on Container Refill Centre or Filling Plant

Location of facility.

Street No. 1627 Street Name, Lot / Concession No. CYRVILLE RD Nearest major intersection MEADOWBROOK RD

Town / City or Township / County OTTAWA Province ON Postal Code K1B 3L7

Name of Licence Holder 1597783 ONTARIO INC

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). GEORGES JEHA ROT type CLASS F - PPO-2

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

Hours of operation

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

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

Name of Licence Holder	Print name <u>SEAWAY GAS</u>	Signature	Date (dd-mm-yyyy) <u>21-03-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>GEORGES JEHA</u>		<u>21-03-2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

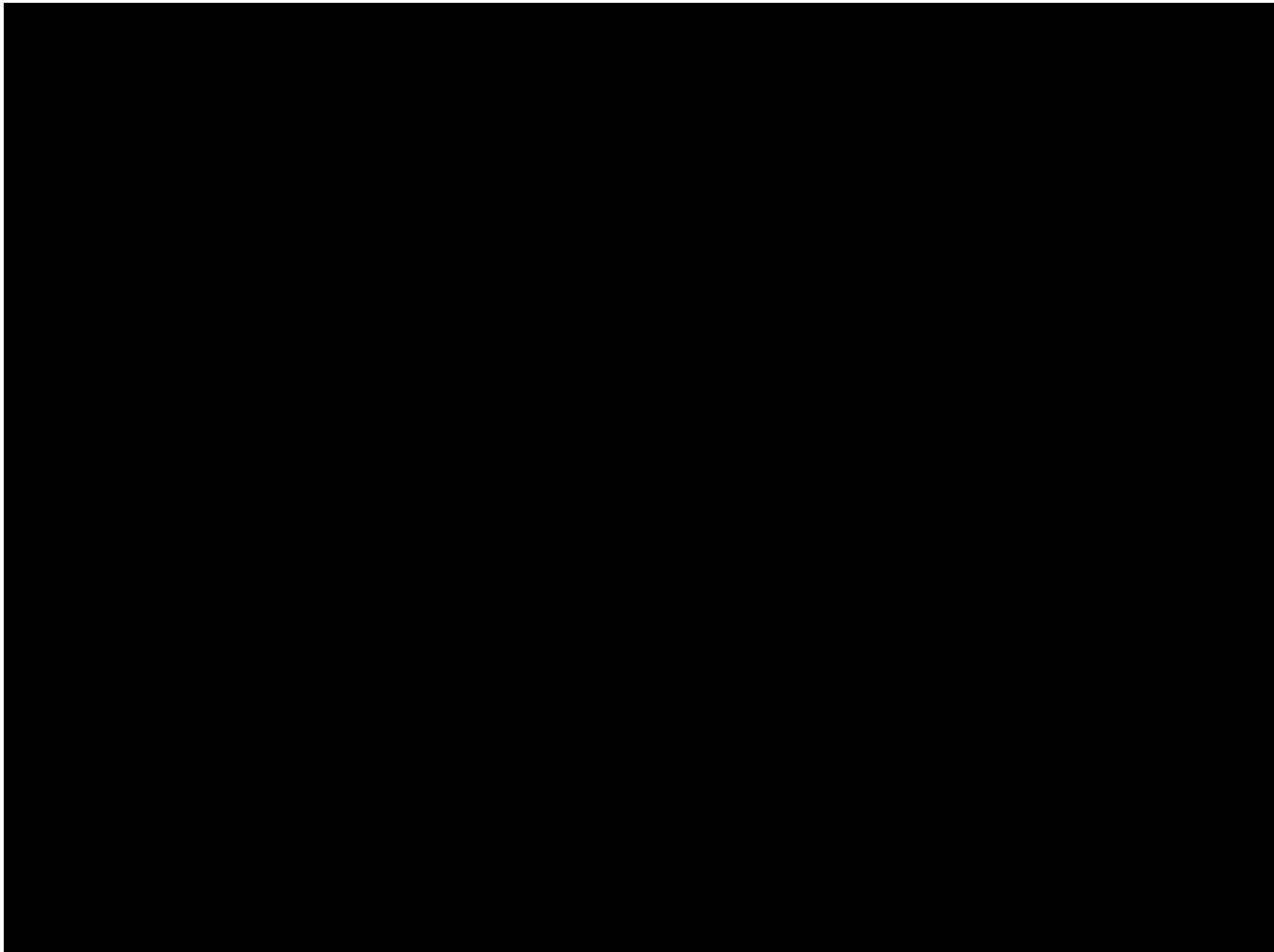
Indicate the year the facility was established. 2006 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>151-08</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: 1999 Portable: 168.7 Mobile: _____



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Name of person completing this form (please print) <u>GEORGES JEHA</u>		Official Title <u>MANAGER</u>	
Signature 		Telephone No. <u>613-747-6137</u>	Date (dd-mm-yyyy) <u>21-03-2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) W. O. STINSON & SON LTD		For Office Use - Party No.	
Street No. 4726	Street Name Lot / Concession No. BANK ST		
Town / City or Township / Country OTTAWA		Province ON	Postal Code K1T 3W7
Telephone No. 613-822-7400	Fax No. 613-822-6307	Contact Name DOUGLAS JOHNSTON	
E-mail FUEL @ WOSTINSON.COM			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No.	
Street No.	Street Name Lot / Concession No.		
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 Lot / Concession No.		
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) GEORGES JEHA	Official Title DIRECTOR	
Signature 	Telephone No. 613-747-6137	Date (dd-mm-yyyy) 21-03-2011



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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.

ATTACHED PAGE 1

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

ATTACHED PAGE 1

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.

ATTACHED PAGE 1
FUSIBLE LINK WILL MELT IF FIRE UNDER PROPANE TANK
AND SHUT DOWN SUPPLY OF PROPANE

Maintenance and testing schedule for fire protection controls and devices.

ATTACHED PAGE 1

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Name of person completing this form (please print)	Official Title	
GEORGES JEHA	DIRECTOR	
Signature	Telephone No.	Date (dd-mm-yyyy)
	613-747-6137	21-03-2011



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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 <i>ATTACHED PAGE 2</i>	For Office Use - Party No.	Name <i>ATTACHED PAGE 3</i>	For Office Use - Party No.
Official Title		Official Title	
Telephone No.	Fax No.	Cell No.	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>ATTACHED PAGE 2</i>	For Office Use - Party No.	Name <i>ATTACHED PAGE 3</i>	For Office Use - Party No.
Official Title		Official Title	
Telephone No.	Fax No.	Telephone No.	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name	For Office Use - Party No.	Name <i>ATTACHED PAGE 4</i>	For Office Use - Party No.
Official Title		Official Title	
Telephone No.	Fax No.	Telephone No.	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name	For Office Use - Party No.	Name	For Office Use - Party No.
Official Title		Official Title	
Telephone No.	Fax No.	Telephone No.	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency		Municipality	

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Name of person completing this form (please print) <i>GEORGES JEHA</i>	Official Title <i>DIRECTOR</i>
Signature <i>[Signature]</i>	Telephone No. <i>613-747-6137</i>
	Date (dd-mm-yyyy) <i>21-03-2011</i>

PS (MP)

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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact Name: ATTACHED PAGE 2 Official Title: Telephone No.: Fax No.: E-mail: Role and responsibilities in emergency:		5. Facility 24-Hour Contact Person Name: ATTACHED PAGE 3 Official Title: Cell No.: Fax No.: E-mail: Role and responsibilities in emergency:	
2. Facility Contact Personnel - Alternate Contact Name: ATTACHED PAGE 2 Official Title: Telephone No.: Fax No.: E-mail: Role and responsibilities in emergency:		6. Name of Facility Manager Name: ATTACHED PAGE 3 Official Title: Telephone No.: Fax No.: E-mail: Role and responsibilities in emergency:	
3. Local Fire Services - Key Contact Name: JOHN DEHOOGHE Official Title: OTTAWA FIRE CHIEF Telephone No.: 613-580-2860 Fax No.: 613-580-2866 E-mail: JOHN.DEHOOGHE@OTTAWA.CA Role and responsibilities in emergency: FIRE CHIEF		7. Propane Supplier Key Contact Person Name: ATTACHED PAGE 4 Official Title: Telephone No.: Fax No.: E-mail: Role and responsibilities in emergency:	
4. Local Fire Services - Alternate Contact Name: FRANK DONATI Official Title: ASSISTANT DIVISION CHIEF Telephone No.: 613-590-2424 EXT 44207 Fax No.: 613-580-2866 E-mail: FRANCOIS.DONATI@OTTAWA.CA Role and responsibilities in emergency: FIRE ASSISTANT CHIEF		8. Municipal Contact Name: DUNCAN MCNAUGHTON Official Title: INDUSTRIAL ENGINEER Telephone No.: 613-580-2424 EXT 29603 Fax No.: E-mail: DUNCAN.MCNAUGHTON@OTTAWA.CA Municipality: OTTAWA	

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Name of person completing this form (please print): GEORGES JEHA	Official Title: DIRECTOR
Signature:	Telephone No.: 613-747-6137
	Date (dd-mm-yyyy): 21-03-2011



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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.

- THIS DOCUMENT DESCRIBES THE ACTIONS TAKEN TO RESPOND TO A HAZARDOUS MATERIALS INCIDENT, SUCH AS FIRE OR SPILL. ALL PERSONS AT THIS FACILITY ARE REQUIRED TO BE APPROPRIATELY TRAINED ON THIS PLAN ANNUALLY.
- A RECORD OF ALL BUSINESSES AND RESIDENTS ADDRESSES AND PHONE NUMBERS IS IN PLACE IN CASE OF EMERGENCY. ATTACHED PAGES # 5, 6, 7, 8 AND 9, 10, 11
- PLEASE REFER TO PAGE 12 FOR COMPLETE DETAILS

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Signature 		Telephone No. 613-747-6137	Date (dd-mm-yyyy) 21-03-2011



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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) 03-05-2011	Print Name of Training Provider: SEAWAY GAS
	Print Name of Instructor: GEORGES JEHA
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) 03-05-2011	Print Name of Training Provider: SEAWAY GAS
	Print Name of Instructor: GEORGES JEHA
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) 03-05-2011	Print Name of Training Provider: SEAWAY GAS
	Print Name of Instructor: GEORGES JEHA
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) 21-03-2011



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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) 30-04-2012	Print Name of Training Provider: SEAWAY GAS
	Print Name of Instructor: GEORGES JEHA
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) 30-04-2012	Print Name of Training Provider: SEAWAY GAS
	Print Name of Instructor: GEORGES JEHA
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) 20-09-2011	Print Name of Training Provider: GREG WOOD
	Print Name of Instructor: GREG WOOD
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. 613-747-6137
	Date (dd-mm-yyyy) 21-03-2011



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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).

ERAP WILL BE INITIATED BY OWNER / FIRST RESPONDER, TO NOTIFY EMPLOYEES, CUSTOMERS AND CONTACT AUTHORITIES @ 9-1-1 AND SURROUNDING BUSINESSES AND HOMES LISTED IN ERAP. IMMEDIATELY

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).

WHEN EVACUATION OF PREMISES IS INITIATED BY EVACUATION, GEORGES JEHA WILL ADVISE OTHER EMPLOYEES (IF ANY) BY INTERCOM, WORD OF MOUTH OR BY PHONE TO MEET AT DESIGNATED LOCATION (PRE DETERMINED) WHICH IS HOME DEPOT PARKING LOT ACROSS THE 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).

CALL 9-1-1, CALL ERAP, CALL ENVIRONMENT CANADA, TSSA AND ADVISE IF FIRE IS AFFECTING PROPANE STORAGE.

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

THE SITE IS OPEN 24/7 SO THE FIRE TRUCKS AND AUTHORITIES WILL HAVE ACCESS TO THE PROPANE AND THE WHOLE SITE AT ALL TIME.

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

WILL KEEP AUTHORITIES UP TO DATE WITH SITE CHANGES WITH REGULAR MEETINGS.

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

3 MINUTES

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Name of person completing this form (please print) GEORGES JEHA	Official Title DIRECTOR
Signature 	Telephone No. 613-355-7072
	Date (dd-mm-yyyy) 21-03-2011



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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>20 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>6 METERS</u> |

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Signature 	Telephone No. 613-747-6137
	Date (dd-mm-yyyy) 21-03-2011



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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

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

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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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).

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 <i>MCNAULTON</i> Local Fire Services Name	Signature 	Date (dd-mm-yyyy) <i>July 4/2011</i>
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Name of person completing this form (please print) <i>GEORGES JEHA</i>	Official Title <i>DIRECTOR</i>	
Signature 	Telephone No. <i>613-747-6137</i>	Date (dd-mm-yyyy) <i>JULY 5, 2011</i>



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SECTION C: SUBMISSIONS (cont'd)

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)	Capacity of single largest propane storage vessel (USWG)
21-05-2011	1999 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 28.40 M	Right side property line: 31.68 M
Rear: 50.06 M	Left side property line: 3.66 M
GPS coordinates of single largest vessel: 45° 25' 07.27" N 75° 36' 36.78 W	

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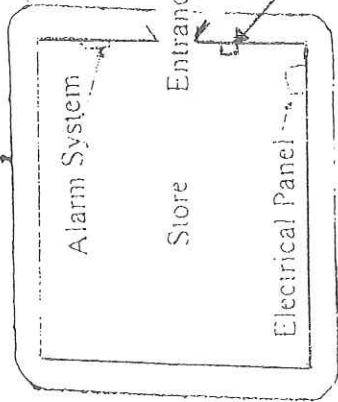
Name of person completing this form (please print)	Official Title	
GEORGES JEHA	DIRECTOR	
Signature	Telephone No.	Date (dd-mm-yyyy)
	613-747-6137	21-03-2011

78.46 M

Property line

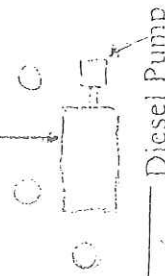
1.80 HT WD SCREEN FOR GARBAGE BOX

0.20



Sidewalk

2,000 litres above ground



Emergency shut off

safety posis

Propane Dispenser

Propane Tank 2,000 USWG

Property line

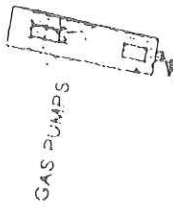
UNDERGROUND TANKS

35,000 litres

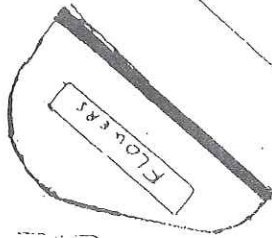
25,000 litres

13,600 litres

13,600 litres



Fire extinguisher



Cyrille Rd

Stem

73.15 M

- Distance to Right side Property Line: 31.68 Metres
- Distance to Left side Property Line: 3.66 Metres
- Distance to Front side Property Line: 28.4 Metres
- Distance to Back side Property Line: 50.06 Metres

36.84 M

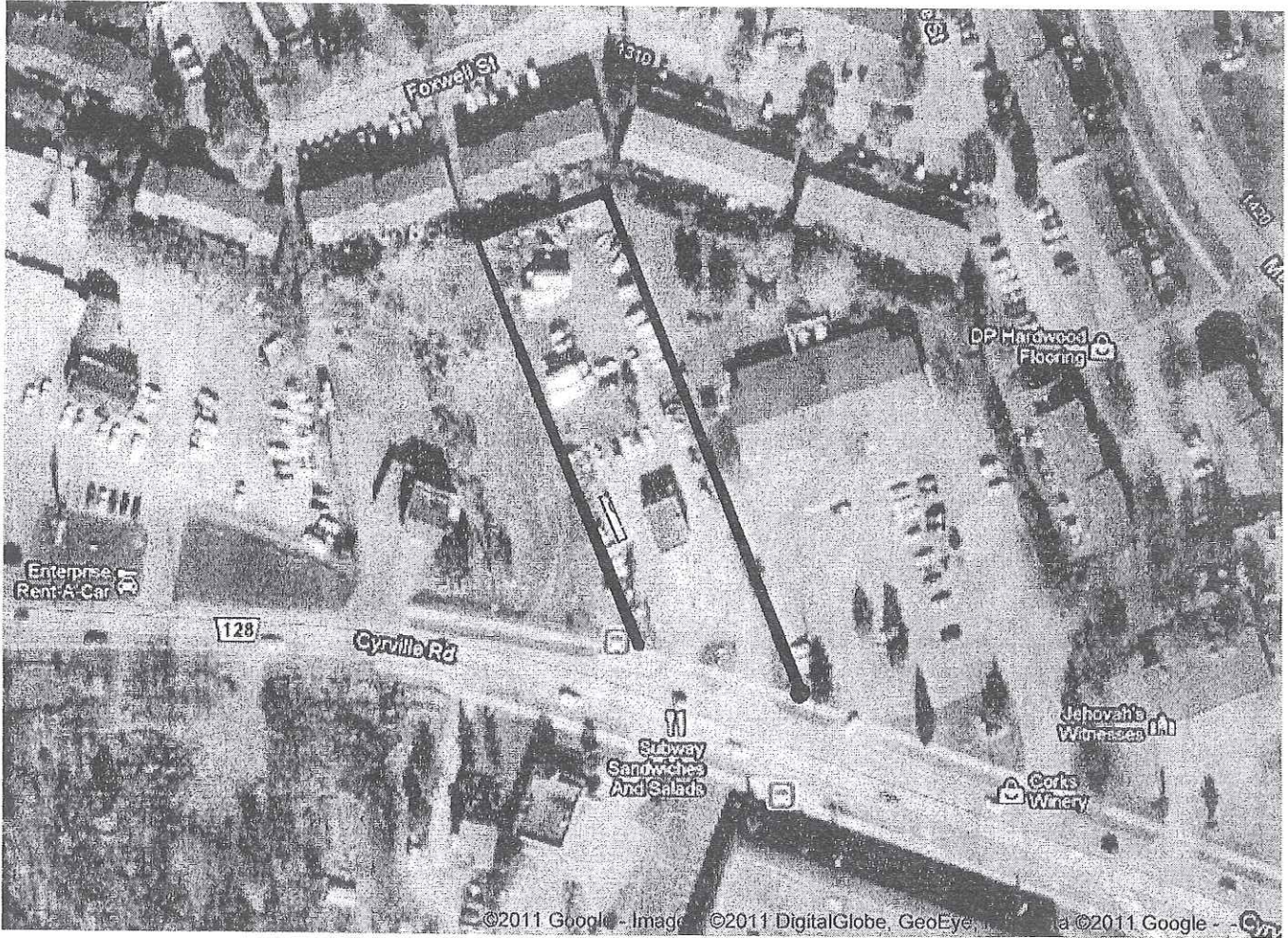


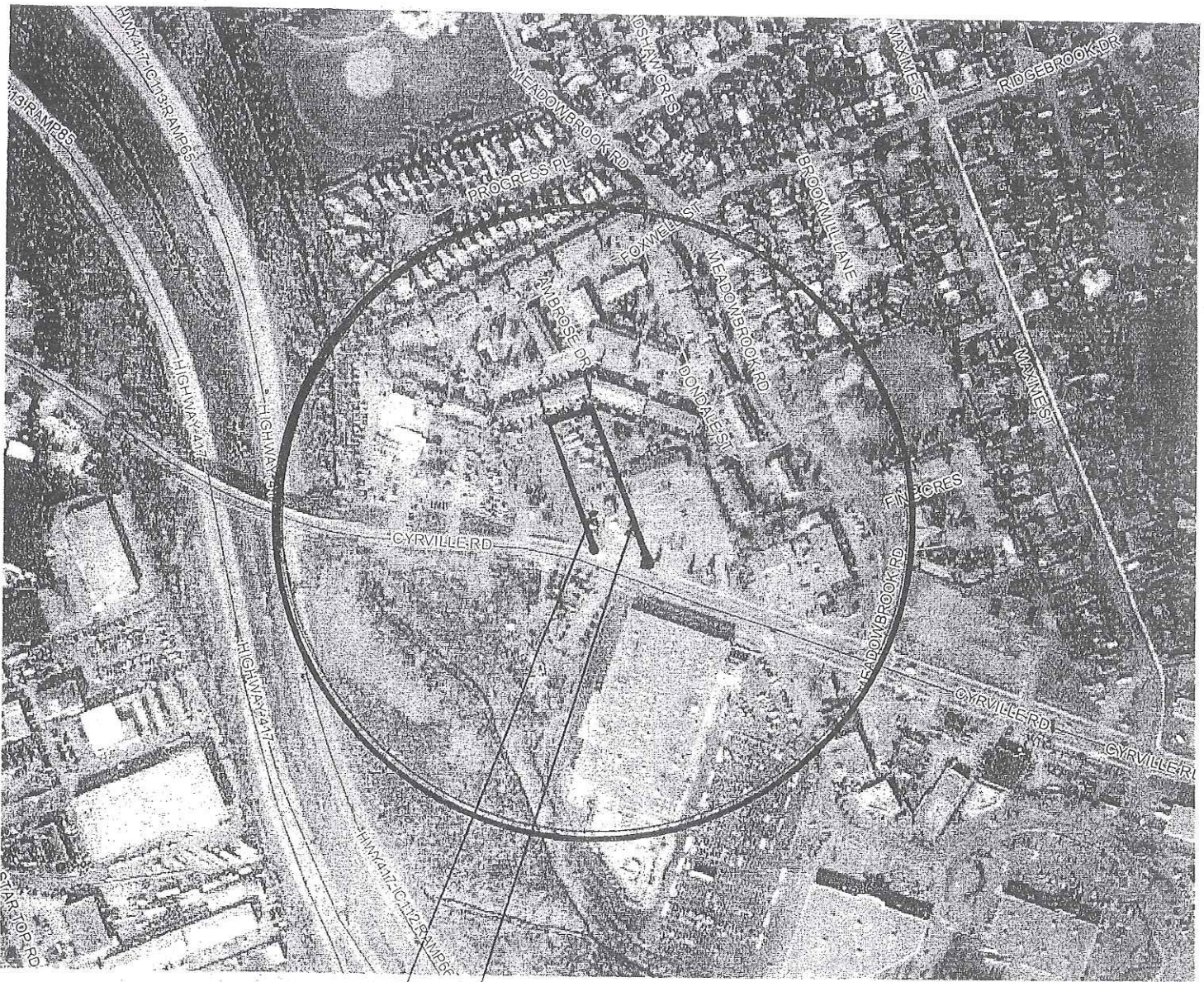
To see all the details that are visible on the screen, use the Print link next to the map.

Move the marker for 1627 Cyrville Rd, Gloucester, ON K1B 5K1

Save

Cancel





Location: 1627 Cyrville Rd
 Ottawa, On
 K1B 3L7

Prepared: March 21, 2011

Property line

1999 uswg Horizontal Tank

Tank setbacks:

- Right side (east): 31.68 meters
- Left side (west): 3.66 meters
- Front side (south): 28.4 meters
- Rear side (north): 50.06 meters

Property Line

MUNICIPALITY: City of Ottawa

Address: 110 Laurier ave West
 Ottawa, On
 K1P 1J1

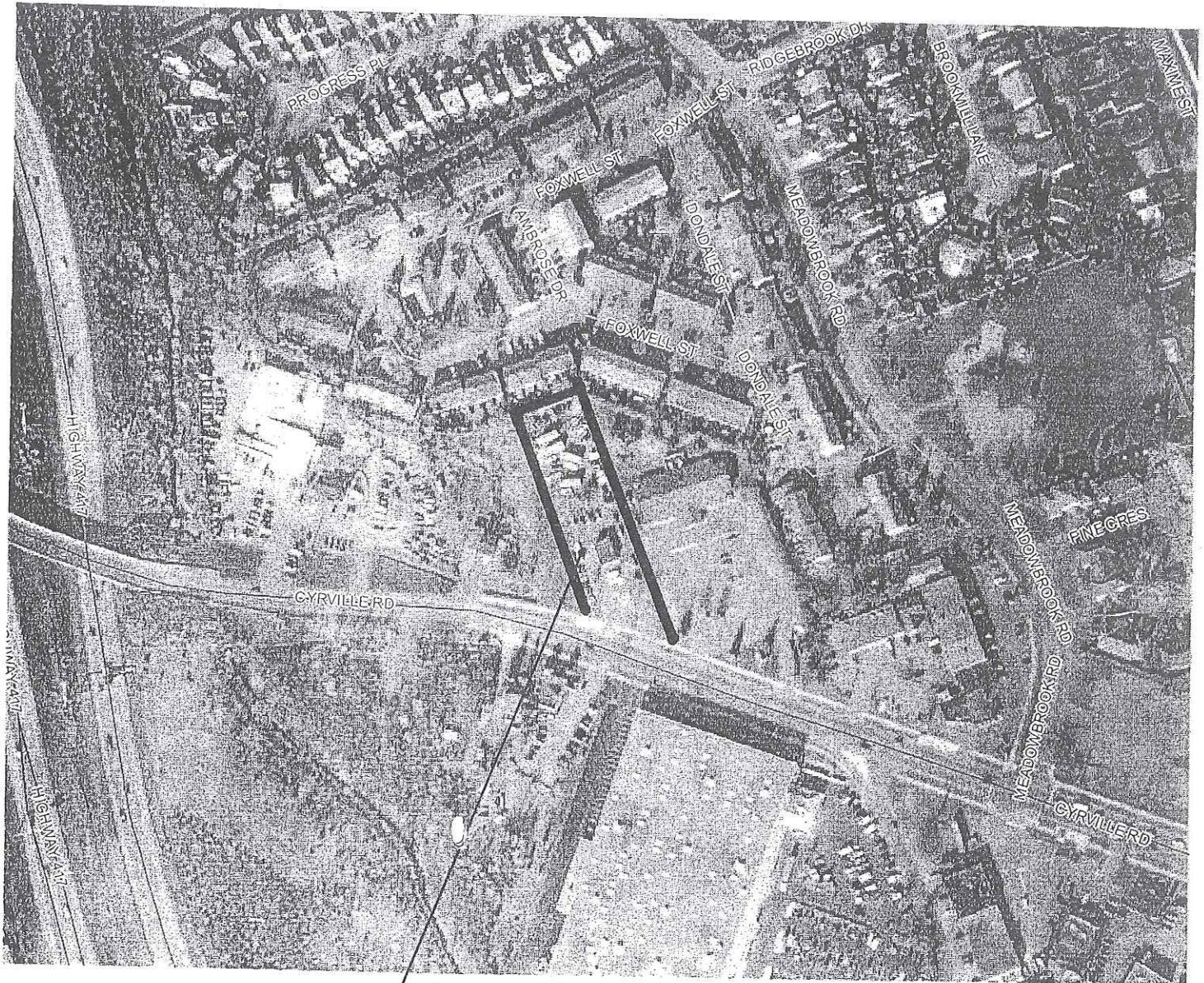
GPS coordinates: 45° 25' 07.27" N 75° 36 ' 36.78" W

Radius: 246 Meters

PREPARED APRIL 30, 11

Municipality CONTACT: DUNCAN McNAUGHTON
 613-580-2424 EXT 29603

FIRE DEPARTMENT CONTACT: FRANK DONATI
 613-580-2424 EXT 44207



Location: 1627 Cyrville Rd
Ottawa, On
K1B 3L7

Property Line

MUNICIPALITY: City of Ottawa

Address: 110 Laurier ave West
Ottawa, On
K1P 1J1

Prepared: March 21, 2011

property line

GPS coordinates: 45° 25' 07.27" N 75° 36 ' 36.78" W

1999 uswg Horizontal Tank

Radius: 246 Meters

Tank setbacks:

Right side (east): 31.68 meters

Left side (west): 3.66 meters

Front side (south): 28.4 meters

Rear side (north): 50.06 meters



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

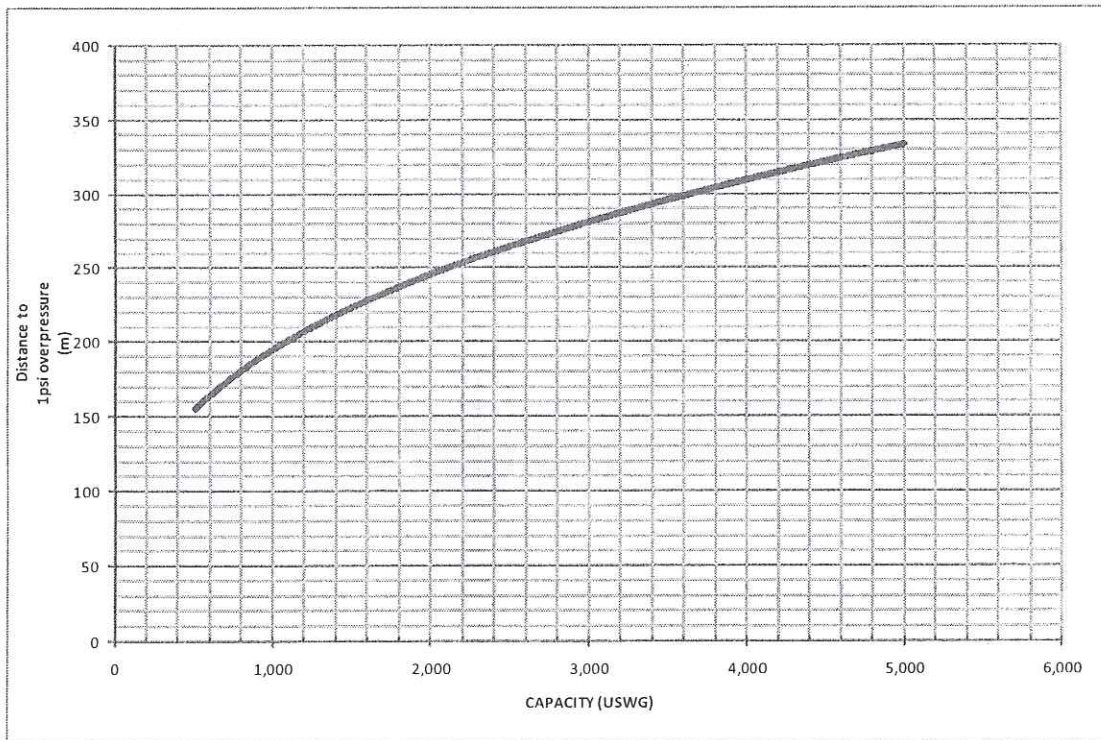
Table 1: Distance Table

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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Signature 		Telephone No. 613-747-6137	Date (dd-mm-yyyy) 21-03-2011



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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>SEE PAGE</u> Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____				X	<u>78</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>SEE PAGE 11 ON ERR Golden Bowl</u> Address: <u>1598 Cyrville RD</u> City: <u>OTTAWA</u> Province <u>ON</u> Postal Code <u>K1B 3L8</u>				X	<u>40</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: _____ 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".

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Signature <u>[Signature]</u>	Telephone No. <u>613-747-6137</u>	Date (dd-mm-yyyy) <u>21-03-2011</u>



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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		
# 100	29.5	2	59.90
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	18	104.4
# 10	2.9	1	2.9
# 5	1.5	1	1.5
Total Cylinder Capacity			168.70

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	168.70
Total Tank Capacity	0
Total Portable Capacity	168.70

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Signature <i>[Signature]</i>	Telephone No. <i>613-747-6137</i>
	Date (dd-mm-yyyy) <i>21-03-2011</i>