

345 Carlingview Drive Toronto, Ontario M9W 6N9

Tel: 416.734.3300 Fax: 416.231.4078

Customer Service: 1,877,682,8772 propanelicensing@tssa.org

Failure to fully complete this form may result in rejection.

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DEC 18 2018

Technical Standards and Safety Authority Take Group Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act Propane Storage and Handling Regulation

For Office Use Only

This Level 1 RSMP applies to: a facility with a total propage 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.

	under the Technical Standards and Safety Act					
:	Licence Number 000306825 Check applicable type of propane operations.					
!	✓ Cylinder		Filling Plant Card/Keylock			
Subm	it along with this	completed application a Facility Site Pla	n and a Map of the Surrounding Area.			
		SEC	TION A: GENERAL INFO	PRMATION		
		ed applies to TSSA for a rege and Handling Regulation	eview for an RSMP under On	tario's Technical Standard	is and Safety Act,	
110	Company Name			Corpora	ation No.	
A	2635091 Onta	ario Corp.		26350	91	
	Operator Name BB Variety & I	(if different from above) ESSO Gas		•		
	Telephone No. 647-377-4757	Fax No.	E-mall bbesso419@gmail.com			
В	Street No. Street Name / 911 Number / Address, if applicable 419 West St.					
	Town / City or T	ownship / County		Province	Postal Code	
	Simcoe (Norfo	olk County)		Ontario	N3Y 1V1	
	-	ess if different from above.				
С	Street No.	Street Name / 911 Number / A	ddress, if applicable		1	
	Town / City or To	ownship / County		Province	Postal Code .	
inf	ormation on Location of fac	Container Refill Centre or Fill cility.	ing Plant			
	Street No.	Street Name / 911 Number / A	ddress, if applicable	Nearest Major Intersection	1	
•	419	West St.		Queen St & West St		
	Town / City or To	ownship / County		Province	Postal Code	
	Simcoe (Norfo	olk County)		Ontario	N3Y 1V1	

Name of Licence Holder					•
2635091 Ontario Corp.		· · · · · · · · · · · · · · · · · · ·	· .	-	
Name of a Senior Manageme	nt person as defined in the re	gulation holding the Record of Train	ning (ROT).	ROT type	•
Jatinder Anand	<i>;</i> :			PTI 100-01	
Municipality (or municipalities	s if the facility or its hazard di	stance touches multiple borders)	į,		
Norfolk County (Town of Si	imcoe)		_ ' 		
<u> </u>	imcoe)				
Norfolk County (Town of Si	imcoe)		· <u></u>		
<u> </u>	imcoe)				
<u> </u>	imcoe)		·		
<u> </u>	imcoe)		• • • • • • • • • • • • • • • • • • • •		
<u> </u>	imcoe)		•		
<u> </u>	imcoe)				

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-mmm-yyyy)
Name of Licence HolderJatinder Anand	MIN	11-Dec 2018
Name of Senior Management person as defined in the		
Regulation holding the Record of TrainingJatinder Anand	1	

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Level 1 Risk and Safety Management Plan (RSMP)

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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was estal 1982	as established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since estable 2006 (added propane), 2012 - added motor fill application		
Identify the psig rating and serial num	ber for each fixed propane storage tank on site.		
PSIG	Serial Number ,		
Tank1: 250	2822L		
Tank2:		\$	
Тапк3:			
Enter capacity of propane in USWG,	ixed, portable, and mobile, and provide detailed inventory the	hat includes the number of tank/vessel for	
each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate docu	ment.	
Fixed: 1,000 uswg	Portable: 18 cylinders = 104.4 uswg Mobile	e: n/a	

Name of person completing this form (please print)	Official Title	
Jatinder Anand	Director	
Signature	Telephone No.	Date (dd-mmm-yyyy)
Ivah.	647-377-4757	11-Dec 2018



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Level 1 Risk and Safety Management Plan (RSMP)

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SECTION A: GENERAL INFORMATION (cont'd)

1.	,			Activity Information			
Name of Propar	ne Suppli	er(s)				For Office Use -	Party No
Dowler-Karn Limite	ed						
Street No.	Street N	lame / 911 Number / A	ddress, if applicabl	le			
43841	Talbot Li	ne					
Town / City or T	ownship /	Country	<u>-</u>		Province		Postal Code
St Thomas					Ontario		N5P 3S7
Telephone No.		Fax No.	Contact	Name			
519-631-3810		519-631-4755	Chris Cat	trysse			
E-mail		·					· -
ccattrysse@dowler	karn.com						
			=				
Name of Propan	e Transp	orter. If same as ab	ove, please check	box.		For Office Use -	Party No.
-							
Street No.	Street N	lame / 911 Number / A	ddress, if applicabl	e			and the second s
Town / City or To	ownship /	Country		,	Province		Postal Code
Telephone No.		Fax No.	Contact	Name			
E-mail		·	•	,			
Off-site Cylinder	and/or f	Mobile Storage		Capacity stored off-si	ite, in USWG	For Office Use -	Party No.
Street No.	Street N	ame / 911 Number / A	ddress, if applicable	e ·			
Tawn / City or To	ownship/	Country			Province		Postal Code
Telephone No.		Fax No.	Contact	Name			
Note: Customer st	orage is r	not considered off-site	e storage.				

Name of person completing this form (please print) Jatinder Anand	Official Title Director		
Signature . The signature .	Telephone No.	Date (dd-mmm-yyyy)	
WY VI	647-377-4757	11-Dec 2018	



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Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

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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.

escription of the maximum volume, types and storage location of other hazardous materials on site, if any. Inderground storage tank (1 tank) with dividers Diesel: 23,000 litres
Regular: 54,000 litres
Premium: 23,000 litres
escription of fire and emergency equipment indicated on facility site map.
re Extinguishers at dispenser and 3 within building.
nergency propane shutoff on wall nearest dispenser.
deo surveillance of property
ystem shutoff in building at power room panel to far left door.
st of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.
d describe their function, use and operation.
nergency propane shutoff switch installed per B-149 of Ontario gas code-allows for hydro shutoff at dispenser, closing a valve and stopping the flow
propane from the tank.
sible 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
k breaks under heat, restricting the flow of gas/liquids.
aintenance and testing schedule for fire protection controls and devices.
nual inspection of tank and emergency shut-off system as per requirements under section B-149 of Ontario gas code. Copy left on site.
nual inspections of fire extinguishers by external company.
eekly visual inspection by operator opening facility/dispenser prior to use (new in 2012).

Name of person completing this form (please print) Jatinder Anand	Official Title Director	
Signature .	Telephone No. 647-377-4757	Date (dd-mmm-yyyy) 11-Dec 2018



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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 Perso	<u> </u>		
Name Jatinder Annand		For Office Use - Party No.	Name Jatinder Annand		For Office Use - Party No.	
Official Title Director			Official Title Director			
Telephone No. Fax No. 647-377-4757			Cell No. Fax No. 647-377-4757			
E-mail bbesso419@gmail.com			E-mail bbesso419@gmail.com			
Role and responsibilities in emergenc	y		Role and responsibilities in emergence	:y		
Alert authorities / confirm evacuation of	staff . Imple	ement emergency	Alert authorities / confirm evacuation of	staff . Implemen	t emergency response	
response plan.			plan.			
2. Facility Contact Personnel - Al	ternate Co	ntact	6. Name of Facility Manager		·)	
Name Jai Parkash	·	For Office Use - Party No.	Name Jatinder Annand		For Office Use - Party No.	
Official Title Partner			Official Title Director			
Telephone No. 647-502-3727	Fax No.		Telephone No. 647-377-4757	Fax No.		
E-mail			E-mail			
yashnimrani@gmail.com			bbesso419@gmail.com			
Role and responsibilities in emergence	/		Role and responsibilities in emergency			
Alert authorities / confirm evacuation of	staff . Imple	ement emergency	Alert authorities / confirm evacuation of	staff . Implement	t emergency response	
response plan.	 	. \	plan,			
3. Local Fire Services - Key Conta	et	J	7. Propane Supplier Key Contact P	erson		
Name Terry Dicks		For Office Use - Party No.	Name Dowler-Kam Limited		For Office Use - Party No.	
Official Title Fire Chief	E-mail	@norfolkcounty.ca	Official Titte Customer Account Representative	E-mail ccattrysse@do	wderkara com	
Telephone No.	Fax No.	@nonoixcounty.ca	Telephone No.	Fax No.	WIEIRAIN.COM	
519-426-4115	519-426-4	140	519-631-3810	519-631-4755		
Role and responsibilities in emergency Lead and coordinate emergency services an emergency.		nd response in the event of	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.			
Fire Services Address 95 Culver St, Simcoe, ON N3Y 2V5			Propane Supplier Address 43841 Talbot Line, St Thomas Ontario.	N5P 3S7		
4. Local Fire Services - Alternate C	ontact	.)	8. Municipal Contact			
Name Gord Stilwell		For Office Use - Party No.	Name Andy Grozell		For Office Use - Party No.	
Official Title Deputy Fire Chief	E-mail Gord.Stilw	ell@norfolkcounty.ca	Official Titlé County Clerk			
Telephone No. 519-426-4115	Fax No. 519-426-4	140	Telephone No. 519-426-5870 ext. 1228	Fax No. 519-426-8573		
Role and responsibilities in emergence			E-mail			
Lead and coordinate emergency services ran emergency.	esources an	d response in the event of	andy.grozelle@norfolkcounty.ca			
Fire Services Address			Municipality Name and Address			
95 Culver St, Simcoe, ON N3Y 2V5			Narfolk County			

Name of person completing this form (please print)	Official Title		
Jatinder Anand	Director		
Signature WA.	Telephone No.	Date (dd-mmm-yyyy)	
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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 meets all applicable codes and regulations.			
<u> </u>			

Name of person completing this form (please print)	Official Title	
Jatinder Anand	Director	
Signature	Telephone No.	Date (dd-mmm-yyyy)
my / .	647-377-4757	11-Dec 2018



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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 Res	ponse Plan and Procedures provided to facility key contacts.
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: In House
08-Aug-2018	Print Name of Instructor: Jatinder Anand
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training on the facility's Em	ergency Management Procedures provided to staff.
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: In House
08-Aug-2018	Print Name of Instructor: Jatinder Anand
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
On-site specific training pro	vided to certificate holders / persons with Records of Training.
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: Dowler-Karn
as req. per ROT Expiry	Print Name of Instructor: Brandon Walsh-certified CPA instructor
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Name of person completing this form (please print)	Official Title	
Jatinder Anand	Director	
Signature	Telephone No.	Date (dd-mmm-yyyy)
I IVII M.	647-377-4757	11-Dec 2018



Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

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

4. Emergency Training Plan for Coming Year.

Training on Emergency Re	sponse Plan and Procedures provided to facility key contacts.	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider: In House	
08-Aug-2018	Print Name of Instructor: Jatinder Anand	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Training on the facility's En	nergency Management Procedures provided to staff.	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider: In House	
08-Aug-2018	Print Name of Instructor: Jatinder Anand	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
On-site specific training pro	ovided to certificate holders / persons with Records of Training.	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider: Dowler-Karn	
as req. per ROT Expiry	Print Name of Instructor: Brandon Walsh-certified CPA instructor	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	

Name of person completing this form (please print)	Official Title	
Jatinder Anand	Director	
Signature Signature	Telephone No.	Date (dd-mmm-yyyy)
1	647-377-4757	11-Dec 2018



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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 coordinator is point person for executing the ERP. In the event of a confirmed emergency, verbal warnings and evacuation will occur
on-site for all customers and employees to assemble at the designated evacuation site per the ERP. All other communications will be through the emergency
response personnel once on-site. IN the absence of the EC, the backup or a designate will assume this role.
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 a warning has been issued, an evacuation will be undertaken and the emergency coordinator will attempt to activate emergency shutoff and
hydro shutoffs if feasible and immediately contact 911 with pertinent information specific to the location and details of the emergency. All is noted in the ERP.
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 coordinator (or backup) is to call 911 once employees and customers have been
ushered to safety and the evacuation point. All steps and details are listed in the ERP.
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. The main hydro and fuel system shutoff is located
inside the building (see site plan). Should access be required and personnel are not on site, then emergency service personnel will have to determine the
best course of action to obtain entry.
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 EC will liaise with the Emergency services personnel to provide update. At that stage
control will be given to the Fire Service to manage the emergency. In a proactive manner, West St will provide site and contact information along with
a copy of their ERP to the fire services when the RSMP is reviewed.
How long will it take the facility liaison person to respond to the site. 5-7 minutes (only 3 km from store).

Name of person completing this form (please print) Jatinder Anand	Official Title Director	
Signature	Telephone No.	Date (dd-mmm-yyyy)
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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 Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)? Is there adequate night lighting at the site? 2. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials? 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? Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? Are weighing systems validated for accuracy? 6. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)? Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves) Is the schedule of maintenance and testing activities retained on site? 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? Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location? What is the unobstructed distance to the closest water supply that could be used for 3. 44.54m firefighting activities? (distance in metres only) What is the unobstructed distance to the closest approved water supply with year n/a round access if there are no hydrants? (distance in metres only)

Name of person completing this form (please print) Jatinder Anand	Official Title Director	
Signature	Telephone No. 647-377-4757	Date (dd-mmm-yyyy) 11-Dec 2018



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Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

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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 R	Yes esponse and Preparedness Plan?	No	
If not, please explain (e.g., no fire services).		·	
Updated Copy to be supplied to fire service on Dec 15th 2018.Originally signed	off in early 2012 with first RSMP.		
No changes to the plan.			
Fire services comments, if any:			
To be forwarded to the TSSA once received.			
To be completed by the Licence Holder			
In response to the above comments, the following action(s) is required:			
Will be taken under advisements and updates/ changes made if feasible.			
The licence holder will respond to the Local Fire Services comments	hy upon receipt		
	(dd-mmm-yyyy)	
LOCAL FIRE SERVICES			
The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.			
Print name	Signature	Date (dd-mmm-yyyy)	
Local Fire Services Name Fire Chief, Terry Dicks			

Name of person completing this form (please print) Jatinder Anand	Official Title Director	
Signature ASMM	Telephone No.	Date (dd-mmm-yyyy)
	64 7- 377- 4 757	11-Dec 2018



Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

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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.

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- 4. Access and egress points and location of barriers.
- 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-n December 21, 2011	nmm-yyyy)	Capacity of single largest pro	ppane storage vessel (USWG)
Tank setback coordinates. Front: Rear:	25.7m	e map. Hight side property line: Left side property line:	30.9m 9.7m
GPS coordinates of single	largest vessel: 42deg	50'03,97"N / 80deg19'07,61"W	

Name of person completing this form (please print) Jatinder Anand	Official Title Director	
Signature iWW	Telephone No.	Date (dd-mmm-yyyy)
	647-377-4757	11-Dec 2018



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Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act

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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:

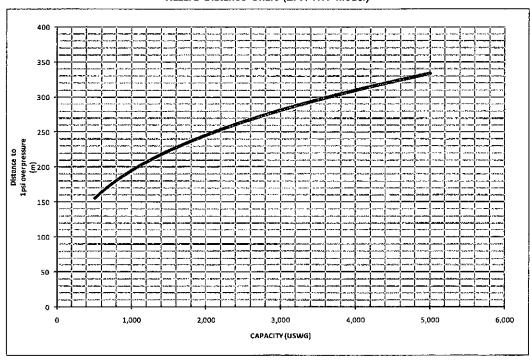
Density of Propane is 0.5033 kg per litre @ 15 C

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)





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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		
	The state of the s	0	1	2-10	11+	Feature
industrial	buildings or parks or golf courses					
Name:			İ			m
Address:	·					
City:	ProvincePostal Code					
Residenti	at building units specifically permanent single family dwellings, condominiums, and apartments.					
	-					9.6m m
Commerc	al building units specifically retail, restaurants, entertainment, theatres, and sporting complexes.					
Name:	Variety Store					79.4m
Address:	Corner of West St. and Payne Ave					m
City:	Simcoe Province Ont Postal Code N3Y 1V1					
Commerc	ial building units – continuous occupancy specifically hotels, campgrounds, and resorts.					
Name:						m
Address:	·	. ,				
City:	ProvincePostal Code					
Sensitive	institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health					
institution	s, and prisons.					m
Name:						
Address:		. :				
City:	Province Postal Code					
Emergen	by responders specifically fire stations, ambulance stations, and police stations.	-				
		· :				m
City:	ProvincePostal Code	'				

Thereby dedicte that the information relate given here is the and complete.						
Name of person completing this form (please print)	Official Title					
Jatinder Anand .	Director ,					
Signature 3	Telephone No.	Date (dd-mmm-yyyy)				
The state of the s	647-377-4757	11-Dec 2018				

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



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WORKSHEET

Portable Storage Additional Information Worksheet

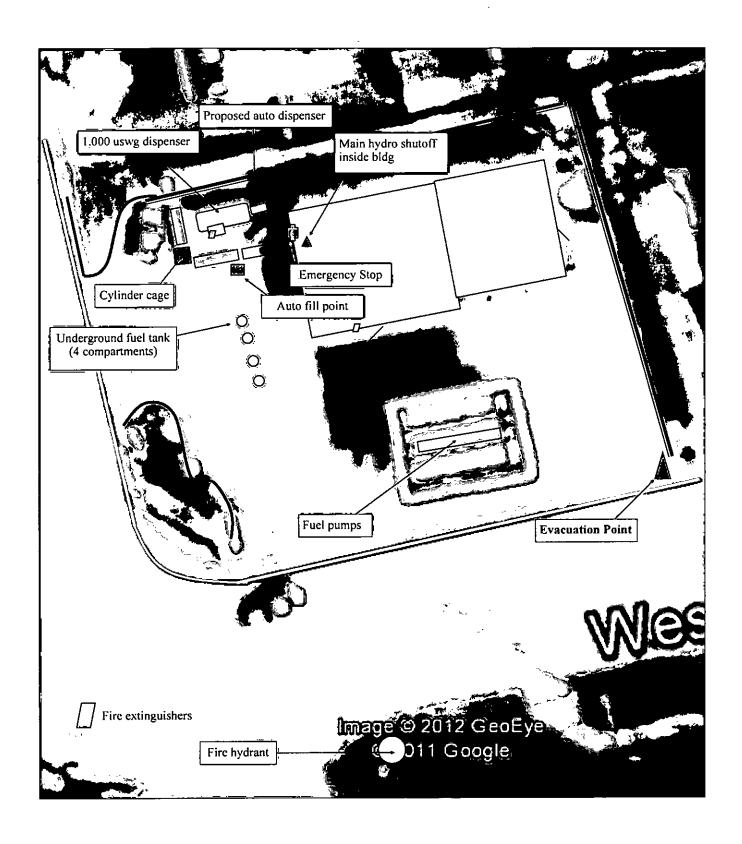
Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	18	104.4uswg
# 10	2.9		
# 5	1.5		

Tanks Stored On-site Not Connected for Use

Tank Size in USWG	Quantity	Total Volume in USWG
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Total Cylinder Capacity	104.4 uswg	
Total Tank Capacity	1,000 uswg fixed	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	0	

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Property Setbacks

4.1m ₹ 30.9m 9.7m 25.7m