



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.

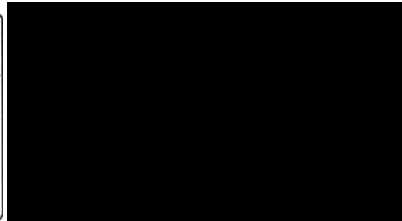
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the Technical Standards and Safety Act

Licence Number: 0076360874-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.

A Company Name: _____ Ontario Corporation No., if applicable: _____
 Ron Doty

Operator Name (if different from above): Ronald T. Doty Limited

Telephone No.: 705-645-5261 Fax No.: 705-645-2113 E-mail: canadiantire@ca.naibn.com

B Street No.: 450 Street Name / 911 Number / Address, if applicable: MUSKOKA RD. BOX 1260

Town / City or Township / County: BRACEBRIDGE Province: ON Postal Code: P1L1V4

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.: 450 Street Name / 911 Number / Address, if applicable: MUSKOKA RD. BOX 1260 Nearest Major Intersection: #450 HWY #118 WEST

Town / City or Township / County: BRACEBRIDGE Province: ON Postal Code: P1L1V4

Name of Licence Holder: Ron Doty

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Ronald T. Doty Limited ROT type: PTI Course: 100-08

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

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: Ronald Doty		26-10-2011
Name of Senior Management person as defined in the Regulation holding the Record of Training: Wayne Shepstone		26-10-2011



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SECTION A: GENERAL INFORMATION (cont'd)

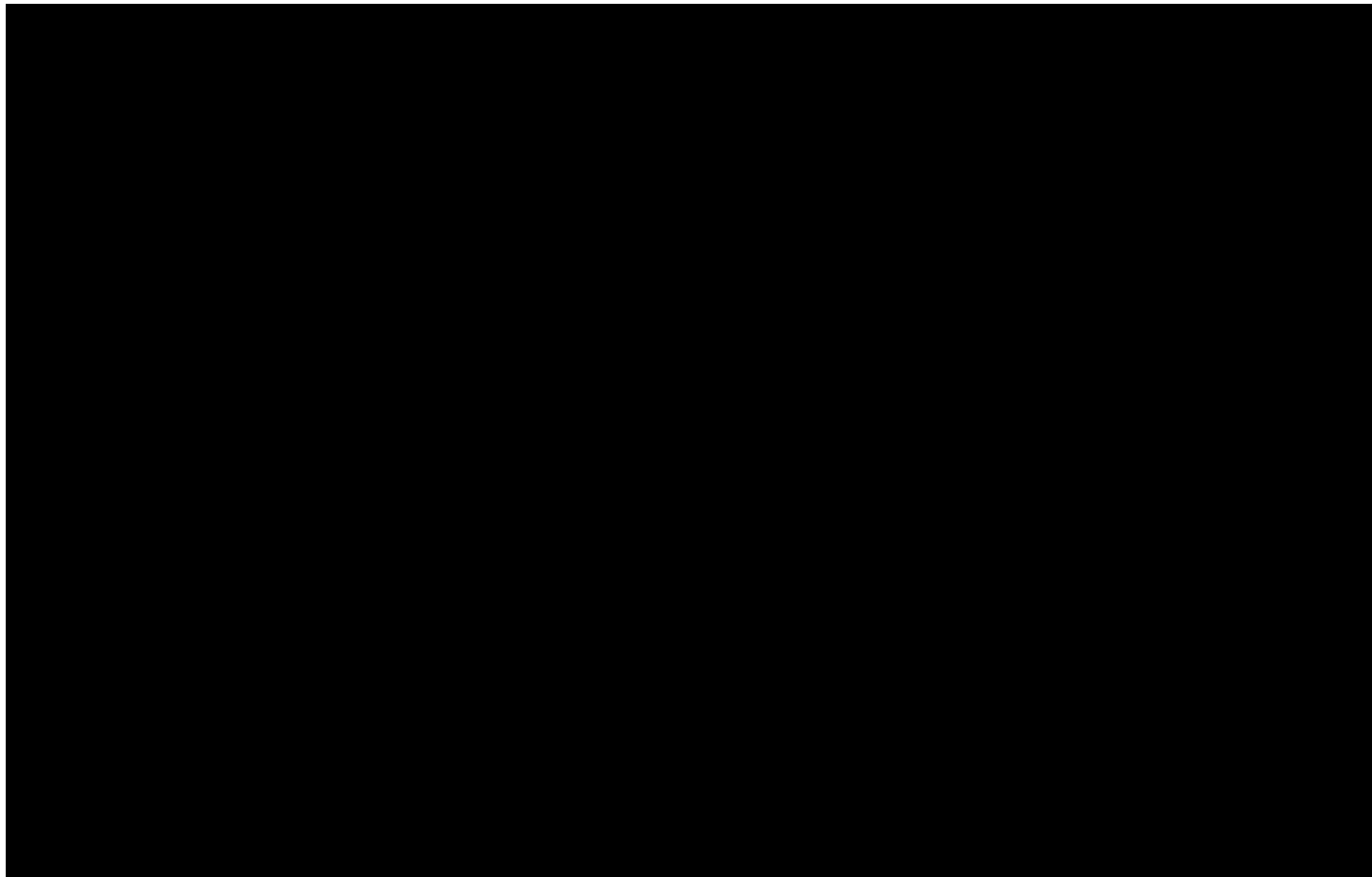
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
1992 None

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

	PSIG	Serial Number
Tank 1:	48-272	20J81-68
Tank 2:	-----	-----
Tank 3:	-----	-----

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 2000 Portable: 700 Mobile: n/a



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Name of person completing this form (please print) Jay Gefucia	Official Title General Manager
Signature 	Telephone No. 705-645-2061
	Date (dd-mm-yyyy) 26-10-2011



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)			
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	519-836-7766	Mike Mullins	
E-mail			
mullinsm@superiorpropane.com			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
Superior Propane - 5008-BALA			
Street No.	Street Name / 911 Number / Address, if applicable		
10109	Gordon Street		
Town / City or Township / Country		Province	Postal Code
Bala		Ontario	P0C 1A0
Telephone No.	Fax No.	Contact Name	
(416) 459-9705		Dan Parmenter	
E-mail			
parmentd@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	
Jay Gefucia	General Manager	
Signature	Telephone No.	Date (dd-mm-yyyy)
	705-645-5261	26-10-2011



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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.

Motor Oil - 2830 litres	4 cylinders Oxygen
Transmission Fluid - 768 litres	4 Cylinders Acetylen
Radiator Coolant - 208 litres	Underground Waste Oil - 5000 litres
Gear Oil - 160 litres	

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

1 Fire Hydrant within 25 meters of tank. 1x 20LB fire extinguisher located inside pump hatch. 6 x 10LB fire extinguishers throughout auto shop.

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.

Fusible Links located on the pump door. When the door is closed the pump is shut-off

Maintenance and testing schedule for fire protection controls and devices.

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Name of person completing this form (please print) Jay Gefucia	Official Title General Manager	
Signature	Telephone No. 705-645-5261	Date (dd-mm-yyyy) 26-10-2011



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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 Jay Gefucia	For Office Use - Party No.	Name Jay Gefucia	For Office Use - Party No.
Official Title General Manager		Official Title General Manager	
Telephone No. 705-645-5261	Fax No. 705-645-2113	Cell No. 705-706-1320	Fax No. 705-645-2113
E-mail jay.gefucia@gmail.com		E-mail jay.gefucia@gmail.com	
Role and responsibilities in emergency Co-ordinate site response.		Role and responsibilities in emergency Co-ordinate site response.	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Wayne Shepstone	For Office Use - Party No.	Name Ron Doty	For Office Use - Party No.
Official Title Auto Service Manager		Official Title Dealer	
Telephone No. 705-645-6050	Fax No. 705-645-2113	Telephone No. 705-645-5261	Fax No. 705-645-2113
E-mail canadiantire@on.aibn.com		E-mail canadiantire@on.aibn.com	
Role and responsibilities in emergency Co-ordinate site response if GM not available.		Role and responsibilities in emergency Co-ordinate site response.	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Murray Medley	For Office Use - Party No.	Name Superior Propane Hotline	For Office Use - Party No.
Official Title Fire Chief		Official Title	
Telephone No. 705-645-8258	Fax No. 705-646-2121	Telephone No. 1-877-873-7467	Fax No.
E-mail firechief@bracebridgefire.com		E-mail	
Role and responsibilities in emergency Fire Chief		Role and responsibilities in emergency	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Chris Greenfield	For Office Use - Party No.	Name Kim Horrigan	
Official Title Fire Prevention Officer		Official Title Director, Development Services	
Telephone No. 705-645-8258	Fax No. 705-646-2121	Telephone No. 705-645-5264	Fax No. 7705-645-4209
E-mail fpo@bracebridgefire.com		E-mail khorrigan@town.bracebridge.on.ca	
Role and responsibilities in emergency Fire Prevention Officer		Municipality Town of Bracebridge, Muskoka	

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	Date (dd-mm-yyyy) 26-10-2011



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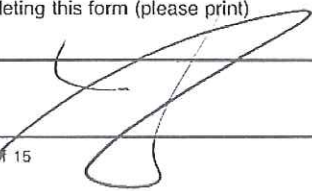
SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

[Large area with horizontal dashed lines for text entry]

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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) None	Print Name of Training Provider: N/A
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy) None	Print Name of Training Provider: N/A
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Training Date (dd-mm-yyyy) None	Print Name of Training Provider: N/A
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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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) 13-10-2011	Print Name of Training Provider: Canadian Tire Bracebridge
	Print Name of Instructor: Jay Gefucia
Target Date (dd-mm-yyyy) 13-11-2011	Print Name of Training Provider: Canadian Tire Bracebridge
	Print Name of Instructor: Jay Gefucia
Target Date (dd-mm-yyyy) 13-12-2011	Print Name of Training Provider: Canadian Tire Bracebridge
	Print Name of Instructor: Jay Gefucia

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

Target Date (dd-mm-yyyy) 17-10-2011	Print Name of Training Provider: Canadian Tire Bracebridge
	Print Name of Instructor: Jay Gefucia
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) Q4 2011	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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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 Attached Emergency Response Plan

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 Attached Emergency Response Plan

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 Attached Emergency Response Plan

Describe provisions for fire department entry when there are no operations or staffing at the propane site.
Propane site is in a large open parking lot, Fire Department will not have any issues accessing the site.

Describe how the licence holder will ensure continual flow of updated information to authorities.
See Attached Emergency Response Plan

How long will it take the facility liaison person to respond to the site.
Facility Liaison lives less than 1 kilometer from site, response time will be less than 15 minutes

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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) | | 25 _____ |
| 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) | | _____ |

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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	Yes	No
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: _____		
<small>(dd-mm-yyyy)</small>		

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 <i>CHRIS GREENFIELD</i>	<i>[Signature]</i>	<i>23/11/2011</i>

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<i>Jay Gefuag</i>	<i>General Manager</i>	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>[Signature]</i>	<i>705-645-5261</i>	<i>23/11/2011</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) 20-10-2011	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: <u>33.8M</u>	Right side property line: <u>19.8M</u>
Rear: <u>124.4M</u>	Left side property line: <u>87M</u>
GPS coordinates of single largest vessel: <u>45.0435, -79.3257 -79.3759</u>	

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SECTION C: SUBMISSIONS (cont'd)

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

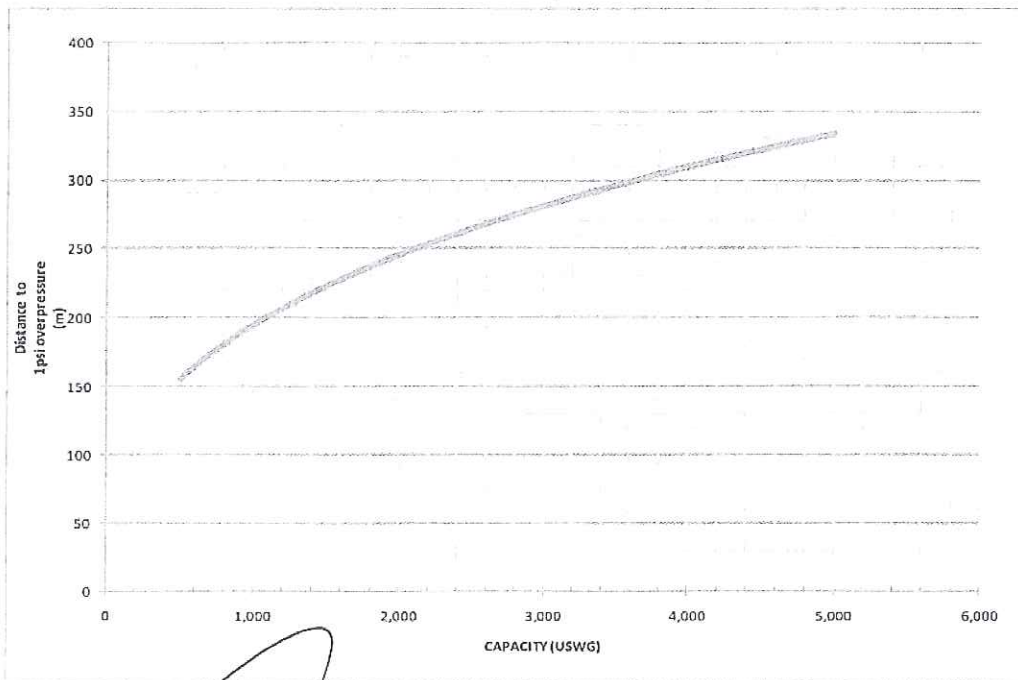
Table 1: Distance Table

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 Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: NONE Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: McDonalds Bracebridge Address: 105 Highway 118 west City: Bracebridge Province Ontario Postal Code P1L 1T5		1			100 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: NONE Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: NONE Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: NONE Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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

Name of person completing this form (please print) Jay Gefucia	Official Title General Manager
Signature	Telephone No. 705-645-5261
	Date (dd-mm-yyyy) 26-10-2011



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario MBX 2X4
Fax: 416.231.4078
Customer Service: 1.877.682.8772

Application for Renewal of
Level 1 Propane Licence
Technical Standards and Safety Act
Propane Storage and Handling Regulation

CAPACITY INFORMATION

A. Fixed Tanks

	PSIG	Serial Number	Capacity
Tank 1:	48-272	20J81-68	2000
Tank 2:			
Tank 3:			
Total Fixed Capacity:			

B. Portable Storage

Cylinder Size	Capacity in USWG	Quantity	Total Capacity in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	216	1252
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity		Line A	

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Capacity in USWG
Total Tank Capacity		Line B

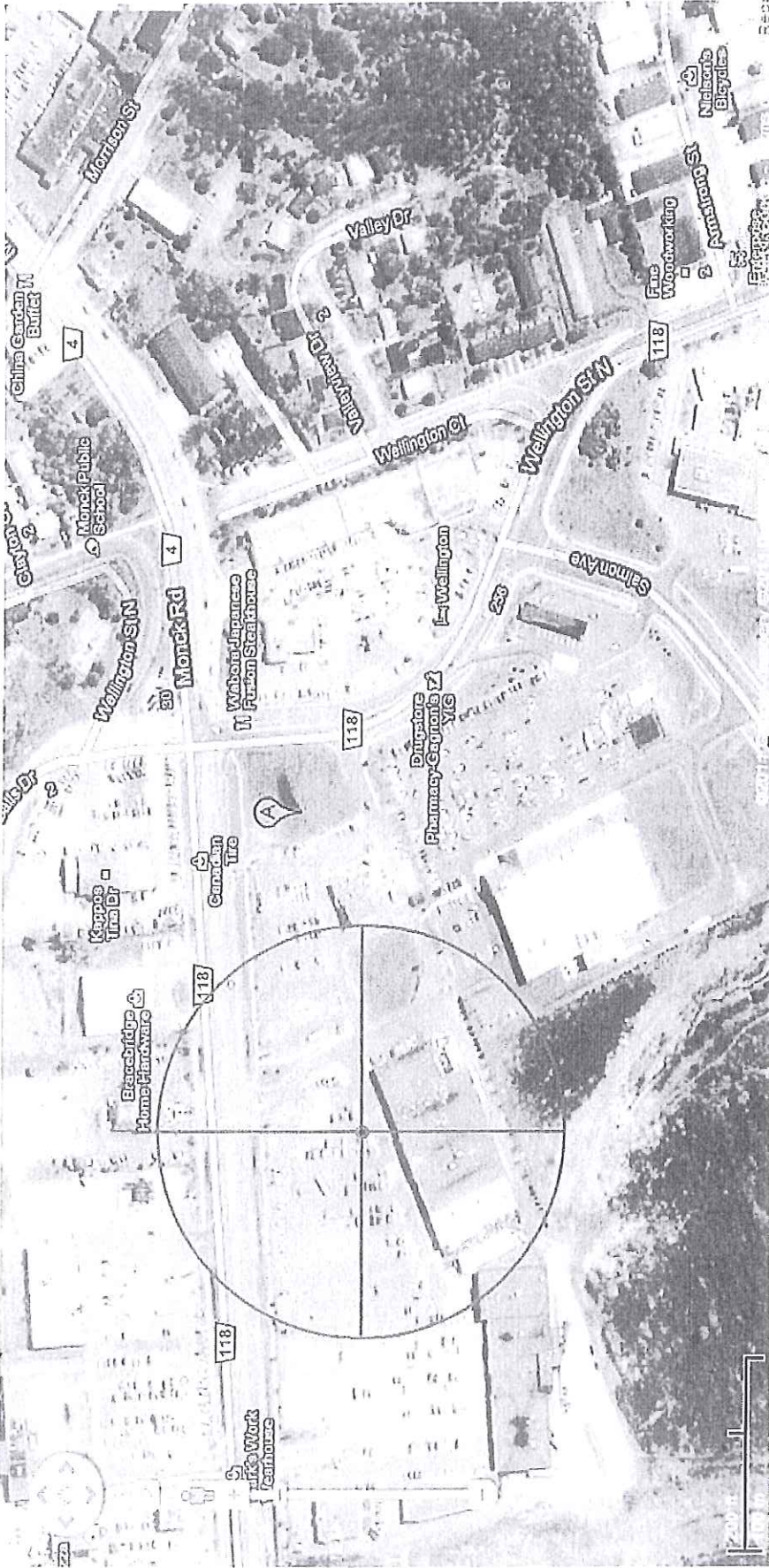
Total Portable Capacity, Line A plus Line B: _____

C. Mobile Tanks

Type	Tank Size in USWG	Quantity	Total Capacity in USWG
Tankers			
Cargo Liners			
Total Mobile Tank Capacity			

You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.

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 of person completing this form. Jay Gefucia	Official Title General Manager	
Signature	Telephone No. 705-645-5261	Date (dd-mm-yyyy) 05-07-2013

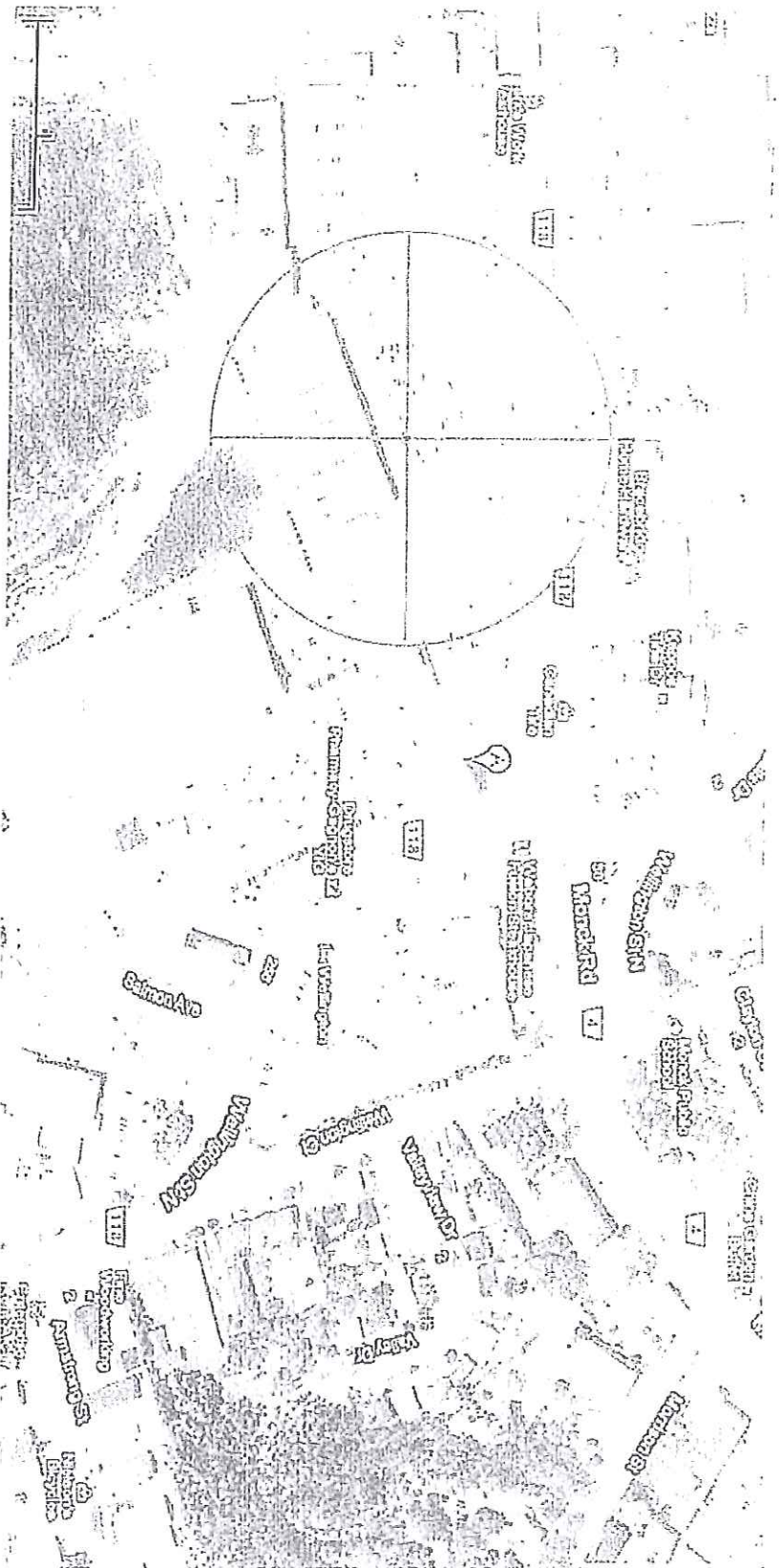


Map of Surrounding Area

450 MUSKOKA RD, BRACEBRIDGE, ON P1L1V4
 PT LT 1 CON 2 MONCK PT 13, 14 35R12839 EXPECT PT 7
 35R14867 S/T DM245683; S/T DM307199, DM307200; BRACE-
 BRIDGE; THE DISTRICT MUNICIPALITY OF MUSKOKA

Note: Property Lines a setbacks shown on site plan.
 Municipality (ies): within the 1 psi overpressure circle:
 The Municipality of MUSKOKA
 Municipal Contact: **Kim Horrigan**
Director Development Services
705-645-5264
khorrigan@town.bracebridge.on.ca

Location of Propane Storage Tank:
 Demarcated by ● in centre of circle.
 Capacity of Propane Storage Tank:
 Capacity of Propane Storage Tank = 2000 USWG
 GPS Coordinates of Propane Storage Tank:
 GPS Co-ordinates = 45.0435, -79.3257, -79.3759
 Circular Distance to 1 psi overpressure:



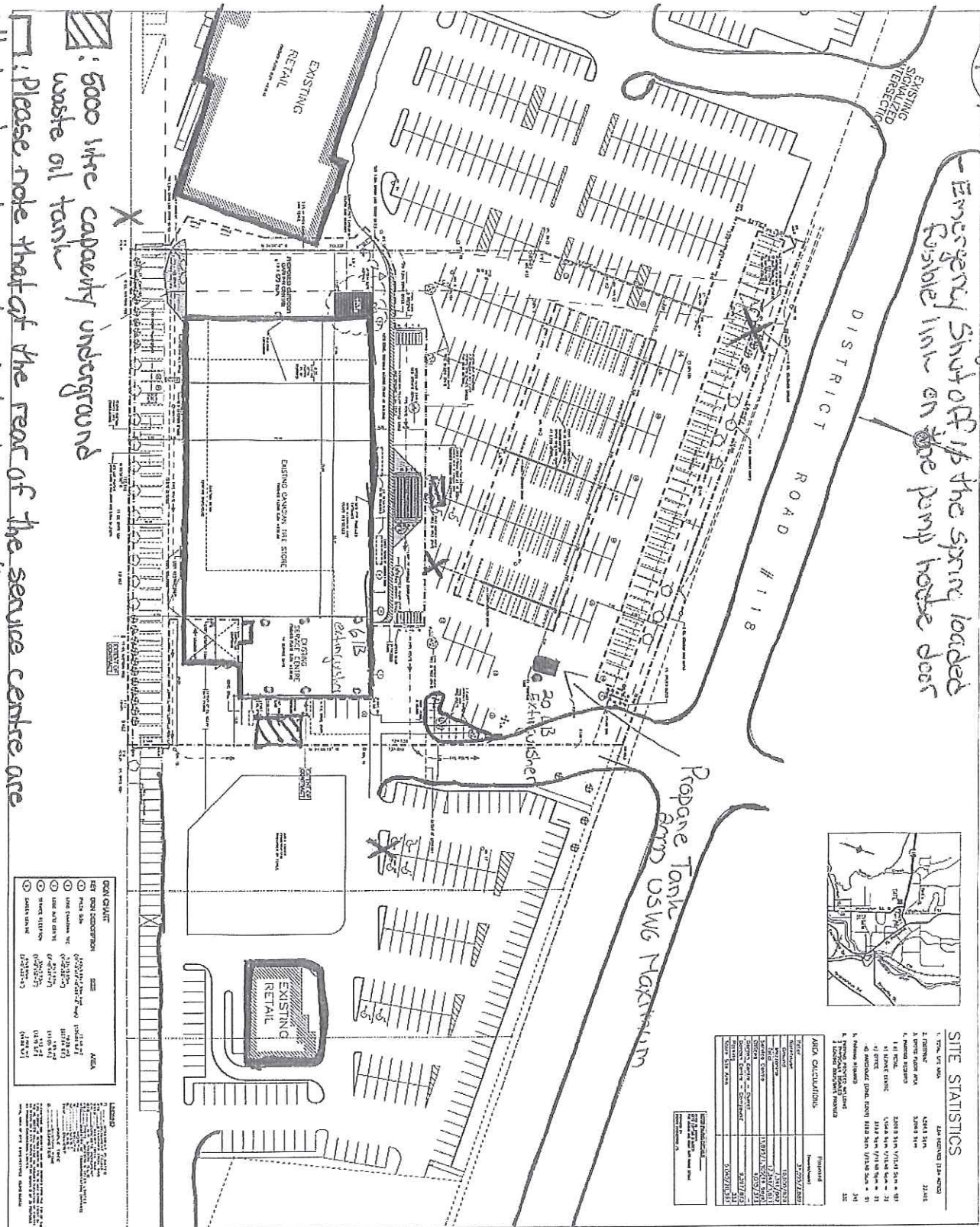
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 Capacity of Propane Storage Tank = 2000 USWG
GPS Coordinates of Propane Storage Tank:
 GPS Co-ordinates = 45.0435, -79.3257, -79.3759
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Note: Property lines a setbacks shown on site plan.
Municipality (ies) within the 1 psi over pressure circle:
 The Municipality of MUSKOKA
Municipal Contact: Kim Horrigan
 Director Development Services
 705-695-5864
 khorrigan@town.bracebridge.on.ca

Map of Surrounding Area
 PT L1 CON 2 MONICK PT 13, 14 35/12/99 EXPGCT PT 7
 35R14867 S/T DM245003; S/T DM307199; DM307200; BRACE-
 BRIDGE: THE DISTRICT MUNICIPALITY OF MUSKOKA

- X - Fire Hydrants • Fire extinguishers
- ☑ - 2016 prepare tank storage 700 uswg maximum

- Emergency shut off if the spring loaded fusible link on the pump hose door



☑: 5000 litre capacity underground waste oil tank

☐: Please note that of the rear of the service centre are

- Motor oil - 2830 litres
- Transmission Fluid - 768 litres
- Radiator coolant 208 litres
- 4 cylinders oxygen
- 80W90 gear oil 160 litres
- 4 cylinders acetylene



SITE STATISTICS

1. Total lot area	248,000 sq ft (22,800 sq m)
2. Building area	24,000 sq ft (2,230 sq m)
3. Parking spaces	300
4. Lot coverage	9.7%
5. Floor area ratio	0.097
6. Building height	1.5 stories
7. Building setbacks	Front: 10.0m, Side: 5.0m, Rear: 5.0m

Area	Occupancy	Fire Rating
Building	Industrial	2-Hour
Storage	Storage	1-Hour
Office	Office	1-Hour
Garage	Garage	1-Hour
Workshop	Workshop	1-Hour
Auto Wash	Auto Wash	1-Hour
Auto Detail	Auto Detail	1-Hour
Auto Repair	Auto Repair	1-Hour
Auto Parts	Auto Parts	1-Hour
Auto Accessories	Auto Accessories	1-Hour
Auto Detailing	Auto Detailing	1-Hour
Auto Wash	Auto Wash	1-Hour
Auto Detail	Auto Detail	1-Hour
Auto Repair	Auto Repair	1-Hour
Auto Parts	Auto Parts	1-Hour
Auto Accessories	Auto Accessories	1-Hour
Auto Detailing	Auto Detailing	1-Hour

Item	Quantity	Notes
Oil	2830	Motor oil
Fluid	768	Transmission fluid
Gas	208	Radiator coolant
Oxygen	4	Cylinders
Oil	160	80W90 gear oil
Acetylene	4	Cylinders

DRAWN BY: [Name] DATE: [Date]
 CHECKED BY: [Name] DATE: [Date]
 PROJECT NO: [Number]