



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: 1.877.662.8772

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.

<p>Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i></p> <p>Licence Number <u>00076648004</u> <u>000189581</u></p> <p>Check applicable type of propane operations.</p> <p><input type="checkbox"/> Cylinder <input checked="" type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Keylock</p> <p>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p>For Office Use Only</p> <div style="background-color: black; width: 100px; height: 100px; margin: 0 auto;"></div>
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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		Ontario Corporation No., if applicable	
A UNITED PARCEL SERVICE CANADA LTD		294940	
Operator Name (if different from above)			
Telephone No.	Fax No.	E-mail	
(289) 313-5800	(289) 313-5860		
B Street No.	Street Name / 911 Number / Address, if applicable		
1022	CHAMPLAIN AVENUE		
Town / City or Township / County		Province	Postal Code
BURLINGTON		ONTARIO	L7L 0C2
Mailing address if different from above.			
C Street No.	Street Name / 911 Number / Address, if applicable		
2900	STEELES AVENUE WEST		
Town / City or Township / County		Province	Postal Code
CONCORD		ONTARIO	L4K 3S2
Information on Container Refill Centre or Filling Plant			
Location of facility.			
D Street No.	Street Name / 911 Number / Address, if applicable		Nearest Major Intersection
474	WELHAM ROAD		WELHAM ROAD & MOLSON PARK
Town / City or Township / County		Province	Postal Code
CITY OF BARRIE, SIMCOE COUNTY		ONTARIO	L4M 4S7

Name of Licence Holder	
UPS CANADA	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).	ROT type
CRAIG RAYNER	100-02 81953
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)	
BARRIE	
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	Signature	Date (dd-mm-yyyy)
	CRAIG RAYNER		17-10-2011
Name of Senior Management person as defined in the Regulation holding the Record of Training			



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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.
 Unknown N/A

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

	PSIG	Serial Number
Tank1:	250	45B-14 (CRN D2040.6543217890T)
Tank2:	_____	_____
Tank3:	_____	_____

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 USWG Portable: _____ Mobile: _____

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Name of person completing this form (please print) Claudia Borcia	Official Title Plant Engineering Supervisor	
Signature <i>Claudia Borcia</i>	Telephone No. 289-695-2306	Date (dd-mmm-yyyy) 06-04-2018



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

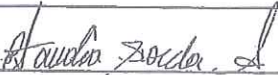
Name of Propane Supplier(s) EDPRO Energy Group Inc.		For Office Use - Party No.	
Street No. 5	Street Name / 911 Number / Address, if applicable Cuddy Blvd		
Town / City or Township / Country London		Province Ontario	Postal Code N5V 3Y3
Telephone No. 519-690-0000	Fax No. 519-690-1948	Contact Name Joe Erskine	
E-mail jerskine@edproenergy.com			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No.	
and Canada Cartage			
Street No. 1115	Street Name / 911 Number / Address, if applicable Cardiff Blvd		
Town / City or Township / Country Mississauga		Province Ontario	Postal Code L5S 1L8
Telephone No. 519-953-0213	Fax No.	Contact Name Don Levesque	
E-mail don_levesque@canadacartage.com			

Off-site Cylinder and/or Mobile Storage		Capacity stored off-site, in USWG	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	

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

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Name of person completing this form (please print) Claudia Borda		Official Title Plant Engineering Supervisor	
Signature 	Telephone No. 289-695-2308	Date (dd-mmm-yyyy) 08-04-2016	



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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.

Used oil -200 gal, antifreeze - 55 gal and windshield washer fluid - 3000 gal

See site map for storage locations

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

Fire extinguishers, sprinkler system, first aid kits

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.

FIRE NOTIFICATION SYSTEMS - FIRE WITNESS WILL NOTIFY HIS/HER IMMEDIATE SUPERVISOR. SUPERVISOR WILL CALL 911 IMMEDIATELY AND NOTIFY THE ON SITE SENIOR MANAGEMENT WHO WILL FOLLOW "CANADA NOTIFICATION SEQUENCE FOR EMERGENCY RESPONSE" AND THE ON-SITE EMERGENCY RESPONSE PLAN.

1. AUTOMATIC SHUT OFFS ON VEHICLES; 2. FUSIOL LINKS - MELTS DURING FIRE SHUTTING DOWN PROPANE

Maintenance and testing schedule for fire protection controls and devices.

Fire extinguishers and emergency lights checked monthly and annually.

Fire sprinkler system checked monthly and annually

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Name of person completing this form (please print) FRANCIS NG	Official Title PLANT ENGINEERING SPECIALIST	
Signature 	Telephone No. (289) 695-2323	Date (dd-mm-yyyy) 22-11-2011



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www.lssa.org

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Level 1 Risk and Safety Management Plan (RSMP)
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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 Tony Caleca	For Office Use - Party No. [REDACTED]	Name Tony Caleca	For Office Use - Party No. [REDACTED]
Official Title Centre Supervisor		Official Title Centre Supervisor	
Telephone No. (705) 773-1440	Fax No. (705) 773-1441	Cell No. (705) 718-7691	Fax No. (705) 773-1441
E-mail acaleca@ups.com		E-mail acaleca@ups.com	
Role and responsibilities in emergency Correspondant		Role and responsibilities in emergency Correspondant	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Sue Gagne	For Office Use - Party No. [REDACTED]	Name Nick Baxter	For Office Use - Party No. [REDACTED]
Official Title Centre Management		Official Title Centre Manager	
Telephone No. (705) 773-1440	Fax No. (705) 773-1441	Telephone No. (705) 773-1440	Fax No. (705) 773-1441
E-mail sgagne@ups.com		E-mail acaleca@ups.com	
Role and responsibilities in emergency Correspondant		Role and responsibilities in emergency Correspondant	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name John Lynn	For Office Use - Party No. [REDACTED]	Name Andy Dragu	For Office Use - Party No. [REDACTED]
Official Title Fire Chief		Official Title Regional Sales Manager	
Telephone No. (705) 726-4242 x3256	Fax No.	Telephone No. (905) 301-7877	Fax No.
E-mail jlynn@barrie.ca		E-mail customerservice@superiorpropane.com	
Role and responsibilities in emergency Correspondant		Role and responsibilities in emergency Correspondant	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Rick Monkman	For Office Use - Party No. [REDACTED]	Name Dawn McAlpine	For Office Use - Party No. [REDACTED]
Official Title Deputy Fire Chief		Official Title City Clerk	
Telephone No. (705) 726-4242 x3264	Fax No.	Telephone No. (705) 726-4242 x4421	Fax No. (705) 739-4243
E-mail rmonkman@barrie.ca		E-mail dmcalpine@barrie.ca	
Role and responsibilities in emergency Correspondant		Municipality City of Barrie	

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	Date (dd-mm-yyyy) 22-11-2011



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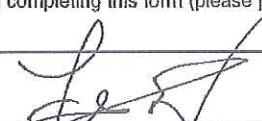
SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

2. Additional Safety Measures

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

N/A

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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) 18-07-2011	Print Name of Training Provider: CANADIAN PROPANE ASSOCIATION
	Print Name of Instructor: DOUG HERN
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) 24-10-2011	Print Name of Training Provider: CANADIAN PROPANE ASSOCIATION
	Print Name of Instructor: DOUG HERN
Training Date (dd-mm-yyyy) 24-11-2011	Print Name of Training Provider: CANADIAN PROPANE ASSOCIATION
	Print Name of Instructor: DOUG HERN
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) 09-04-2011	Print Name of Training Provider: PROPANE TRAINING INSTITUTE
	Print Name of Instructor: BILL BIRD
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) 18/07/2012	Print Name of Training Provider: CANADIAN PROPANE ASSOCIATION
	Print Name of Instructor: DOUG HERN
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) 24-10-2012	Print Name of Training Provider: CANADIAN PROPANE ASSOCIATION
	Print Name of Instructor: DOUG HERN
Target Date (dd-mm-yyyy) 24-11-2012	Print Name of Training Provider: CANADIAN PROPANE ASSOCIATION
	Print Name of Instructor: DOUG HERN
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) 09-04-2012	Print Name of Training Provider: PROPANE TRAINING INSTITUTE
	Print Name of Instructor: BILL BIRD
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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	Date (dd-mm-yyyy) 22-11-2011



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

EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

The licence holder will complete the Emergency and Preparedness Response Plan in consultation with the local Fire Services.
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).
Refer to attached "Canada notification Sequence for Spill Response".

Supervisor to call 911 immediately, Safety Committee Members and/or Fire Marshall.

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).

Refer to attached "Canada notification Sequence for Spill Response".

Supervisor advises employees where to meet (meeting area) and location.

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).

Refer to attached "Canada notification Sequence for Spill Response".

Supervisor to call 911 immediately, Safety Committee Members and/or Fire Marshall.

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

Free Access - Non secure site, no obstruction to the fire department entry.

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

Updates provided to authorities by phone.

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

Business Hours: Instant - Management Personnel is always on-site.

Off Hours: Within 15 Minutes

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.
Stefan Holuk

Official Title
Plant Engineering Supervisor

Signature

Telephone No.
905-660-8508

Date (dd-mmm-yyyy)
14-Oct-2016



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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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? <u>N/A - The facility does not fill cylinders, it just fills vehicles.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input type="checkbox"/>	<input checked="" 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) <u>N/A - Automatic stop filled valve on vehicles.</u>	<input type="checkbox"/>	<input checked="" 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)	200	
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only)	N/A	

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Signature 	Telephone No. (289) 695-2323	Date (dd-mm-yyyy) 22-11-2011



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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:

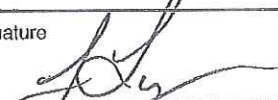
To be completed by the Licence Holder

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)

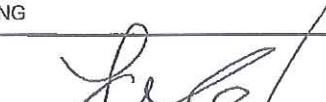
LOCAL FIRE SERVICES

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

JOHN LYNN Local Fire Services Name	Signature 	Date (dd-mm-yyyy) 27/01/2012
---------------------------------------	--	---------------------------------

FIRE CHIEF
BARRIE FIRE & EMERGENCY SERVICE

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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

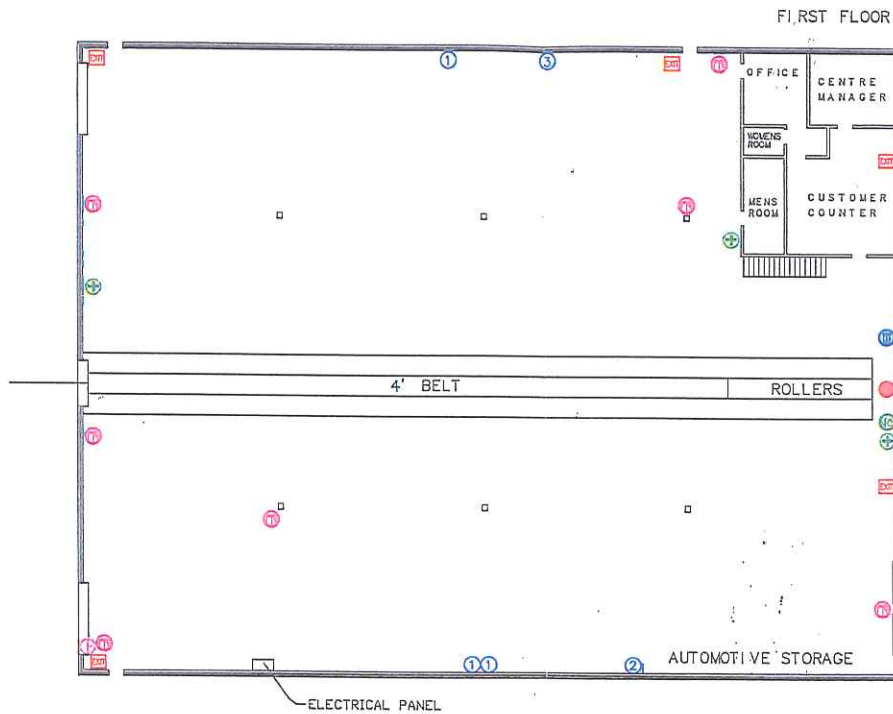
Date Map Prepared (dd-mm-yyyy) 28-11-2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 100 m	Right side property line: 10 m
Rear: 50 m	Left side property line: 60 m
GPS coordinates of single largest vessel:	44.346599, -79.671092

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	FIRE EXTINGUISHER
	FIRST AID KIT
	EMERGENCY EYE WASH STATION
	EXIT DOOR
	SPRINKLER RISER
	SPILL KIT
	1000 GAL WINDSHIELD FLUID
	200 GAL USED OIL TANK
	55 GAL ANTI-FREEZE
	PROPANE SHUTOFF
	FIRE HYDRANT

PROPANE TANK



FIRST FLOOR

WELHAM ROAD



NOTICE:
THIS DOCUMENT RELEASES ALBERTA WATER CONSERVED OVERFLOWING BY LIMITED PAVEMENT SERVICE AND IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF LIMITED PAVEMENT SERVICE.

REV.	REVISION RECORD	BY	DATE
UPS CANADA LTD.			
BARRIE FACILITY 474 WELHAM ROAD, BARRIE, ON			
BARRIE FACILITY SITE PLAN			
DATE	SCALE	APPROVED BY	
11-22-2011	AS SHOWN		
DRAWN BY	CHECKED BY	APPROVED BY	
ONBARSITEPLAN			
SHEET NO.	REV. NO.		
	0		

EMERGENCY EVACUATION PLAN

MEETING LOCATION: Grassland between the buildings on the North side of the front parking lot

FACILITY NAME: BARRIE CENTRE
FACILITY ADDRESS: 474 WELHAM ROAD
 BARRIE, ONTARIO
 L4N 8Z4
MAJOR INTERSECTION: WELHAM & MOLSON PARK

IF NECESSARY, IMMEDIATELY CONTACT THE FOLLOWING:

POLICE: 911
FIRE DEPT: 911

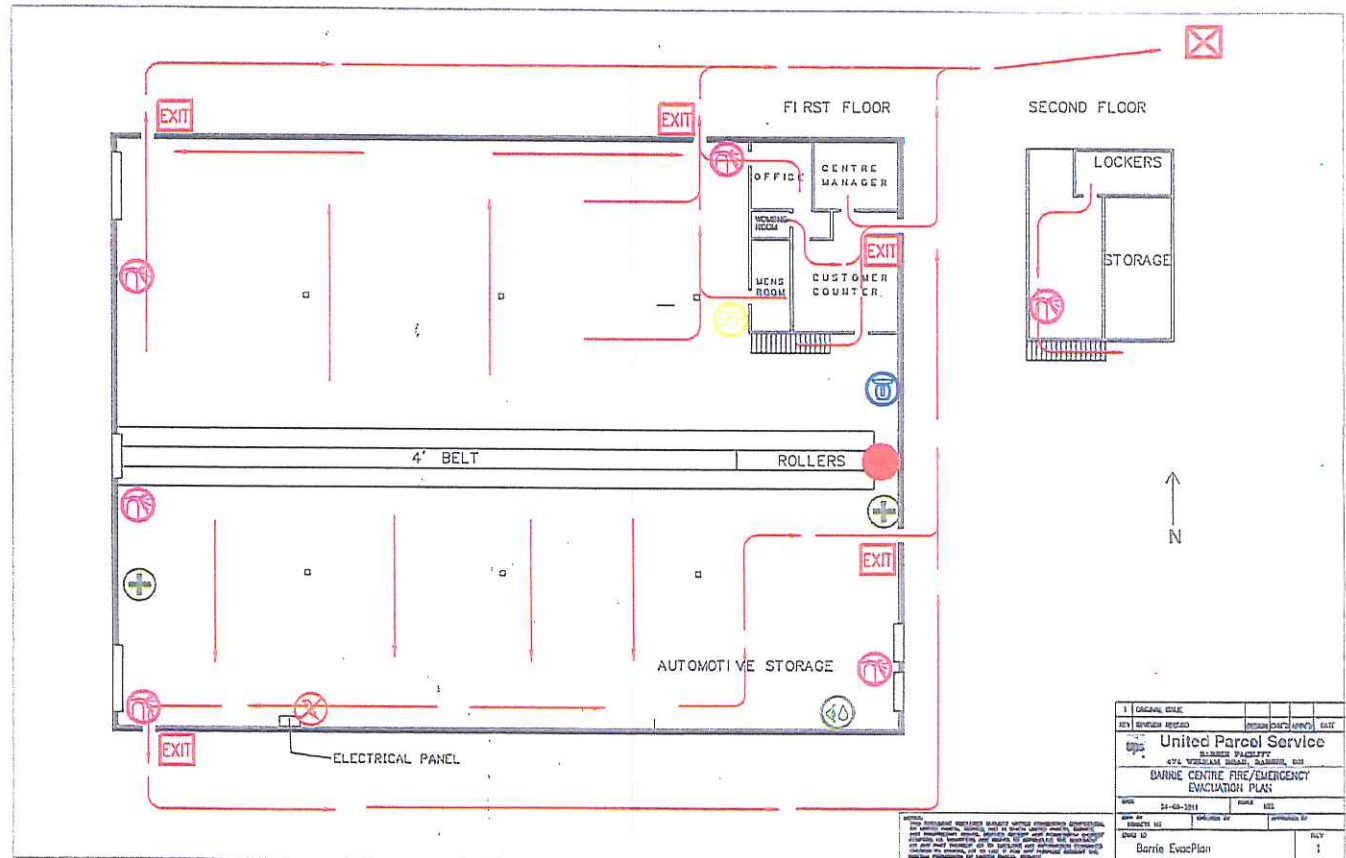
IN CASE OF FIRE

UPON DISCOVERY OF FIRE

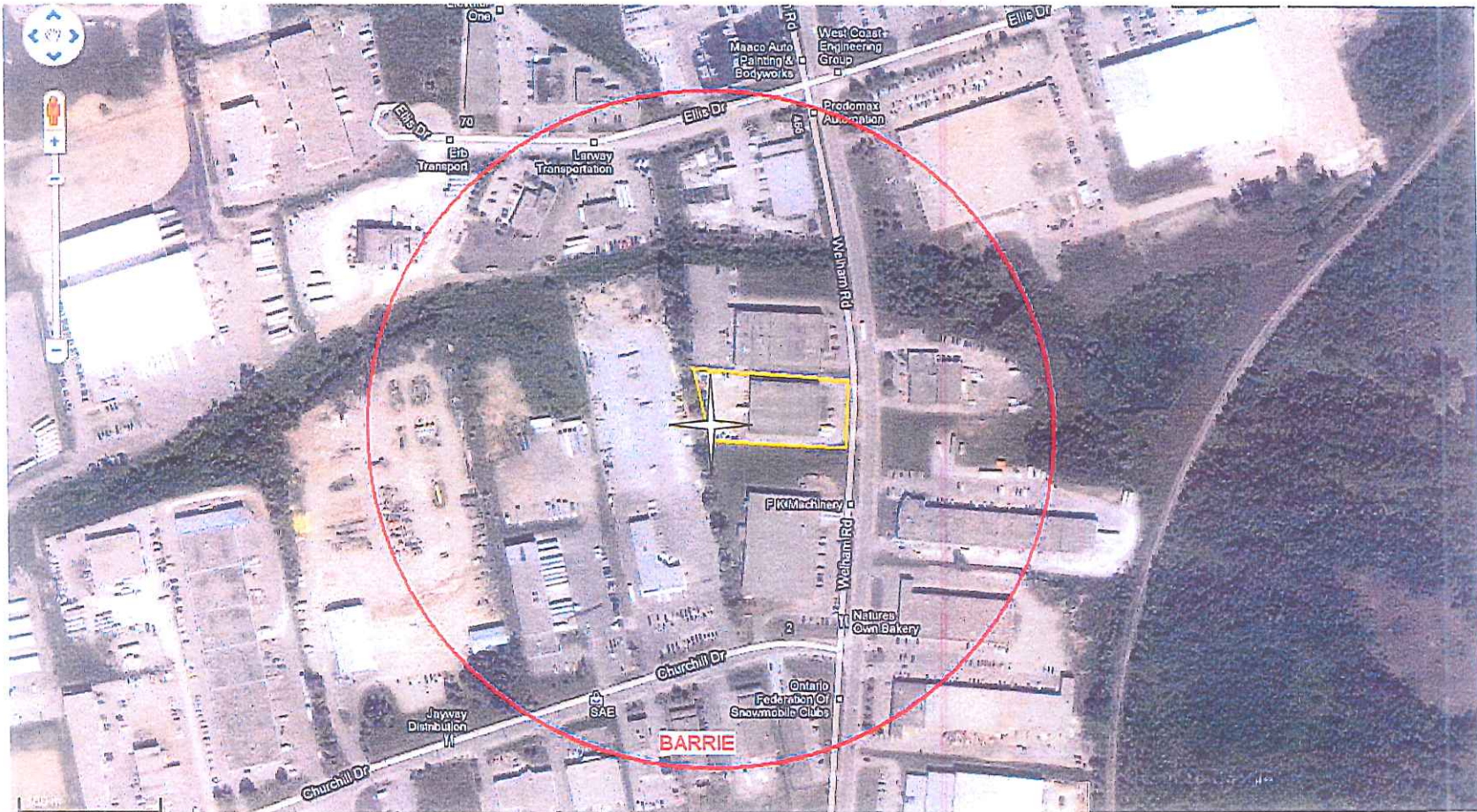
LEAVE FIRE AREA IMMEDIATELY
 WALK, DO NOT RUN
 LEAVE BUILDING VIA NEAREST EXIT
 CALL 911

GUIDE ANYONE WHO MAY NEED HELP
 LEAVE BUILDING VIA NEAREST EXIT
 CAUTION: REMAIN CALM

	FIRE EXTINGUISHER
	EMERGENCY EYE WASH STATION
	SPILL KIT
	SPRINKLER
	POWER SHUT-OFF
	FIRST AID KIT
	FIRE MEETING AREA
	EMERGENCY FIRE PLAN
	EXIT DOOR



1	ISSUED DATE			
2	ISSUED BY			
United Parcel Service BUSINESS FACILITY 474 WELHAM ROAD, BARRIE, ON BARRIE CENTRE FIRE/EMERGENCY EVACUATION PLAN				
DATE	24-08-2013	TIME	1:02	
REV. NO.		ISSUED BY		APPROVED BY
Barrie EvacPlan				PAGE 1



Facility Address:

474 Welham Road
 Barrie, ON
 L4M 4S7

Municipality Contact:

Dawn McAlpine
 City Clerk
 705-726-4242 x4421
 dmcalpine@barrie.ca
 City of Barrie

Municipality Contact:

Bruce Hoppe
 Manager of Development-Planning
 705-726-9300 ext 1002
 Simcoe County

GPS position of tank: 44.346599, -79.671092

Capacity of tank: 2000 USWG

Setbacks

Front: 100 m	Rear: 5 m
Left: 60 m	Right: 10 m

Date Prepared: November 28, 2011



Technical Standards and Safety Authority
www.issa.org

14th Floor-Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
Customer Service: 1.877.682.8772

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

SECTION C: SUBMISSIONS (cont'd)

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

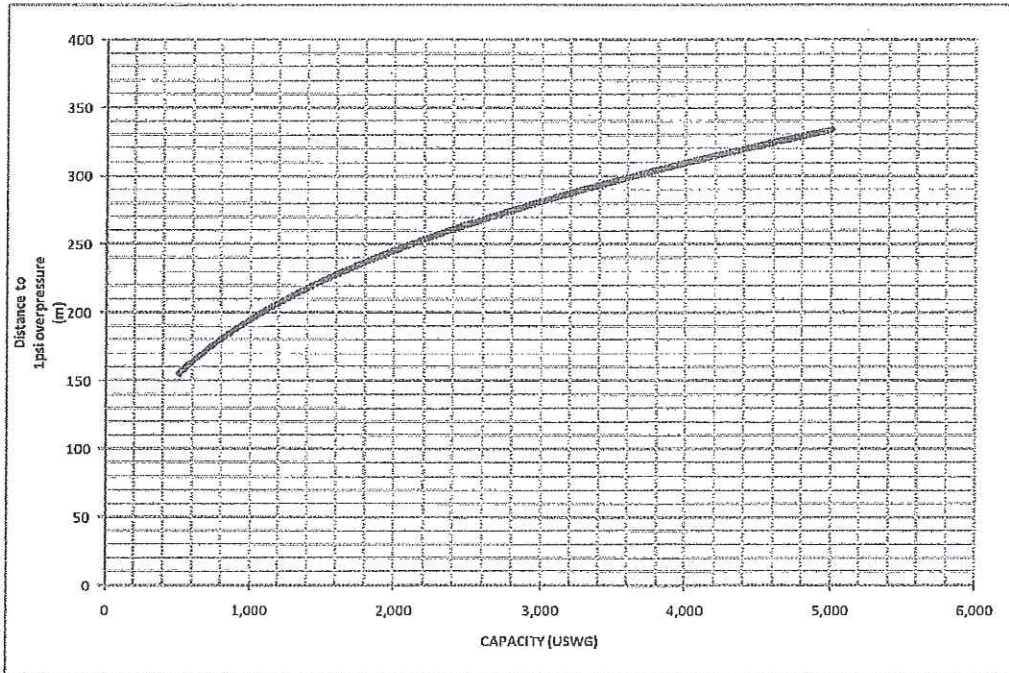
Table 1: Distance Table

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

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

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

Hazard Distance Chart (EPA-TNT model)



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

Name of person completing this form (please print) FRANCIS NG	Official Title PLANT ENGINEERING SPECIALIST	
Signature 	Telephone No. (289) 695-2323	Date (dd-mm-yyyy) 22-11-2011



Technical Standards and Safety Authority
www.fssa.org

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3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
Customer Service: 1.877.682.8772

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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: TNR Industrial Doors Address: 466 Welham Road City: Barrie Province Ontario Postal Code L4N 8Z4				X	60 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: N/A Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: N/A Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: N/A 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: N/A Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: N/A Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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Signature	Telephone No. (289) 695-2323 Date (dd-mm-yyyy) 22-11-2011



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www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
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Level 1 Risk and Safety Management Plan (RSMP)
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Propane Storage and Handling Regulation

SECTION C: SUBMISSIONS (cont'd)

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

Portable Storage Additional Information Sheet

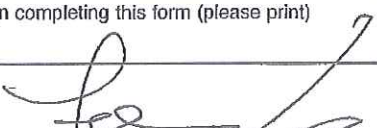
Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	
# 100	29.5	0	
# 40	11.75	0	
# 33.3	9.62	0	
# 30	8.8	0	
# 20	5.8	0	
# 10	2.9	0	
# 5	1.5	0	
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity 0		

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

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) FRANCIS NG	Official Title PLANT ENGINEERING SPECIALIST	
Signature 	Telephone No. (289) 695-2323	Date (dd-mm-yyyy) 22-11-2011