



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

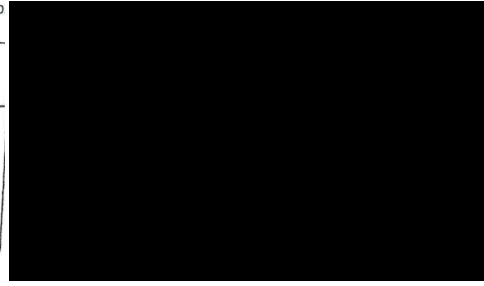
Failure to fully complete this form may result in rejection.  
 Making a false statement may result in a fine or prosecution under the Technical Standards and Safety Act!

Licence Number: **0076467554-C**

Check applicable type of propane operations.

Cylinder     Motor Fill     Filling Plant     Card/Keyoc:

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: **A CARLING PROPANE INC.** Ontario Corporation No., if applicable

Operator Name (if different from above)

Telephone No. **905-952-0146** Fax No. **905-952-0155** E-mail Address **carlingpropane@bellnet.ca**

B Street No. **19752** Street Name, Lot / Concession No. **HOLLAND LANDING ROAD**

Town / City or Township / County **HOLLAND LANDING** Province **ONTARIO** Postal Code **L0G 1B0**

C Street No. Street Name, Lot / Concession No.

Town / City or Township / County Province Postal Code

Information on Container Refill Centre or Filling Plant

D Location of facility: Street No. **490** Street Name, Lot / Concession No. **DUPONT** Nearest major intersection **DUPONT & BATHURST**

Town / City or Township / County **TORONTO** Province **ONTARIO** Postal Code **M6G 1Y7**

Name of Licence Holder: **CARLING PROPANE INC.**

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): **ALEX L. GOERK** ROT type **PPO 1-2-3**

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

Hours of operation:

**SITE TELEPHONE #: 416-588-1911**

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: <b>CARLING PROPANE INC.</b>	Signature	Date (mm-dd-yyyy)
Name of Senior Management person as defined in the Regulation holding the Record of Training: <b>ALEX L. GOERK</b>		<b>06-28-2011</b>



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Technical Standards and Safety Act  
Propane Storage and Handling Regulation

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

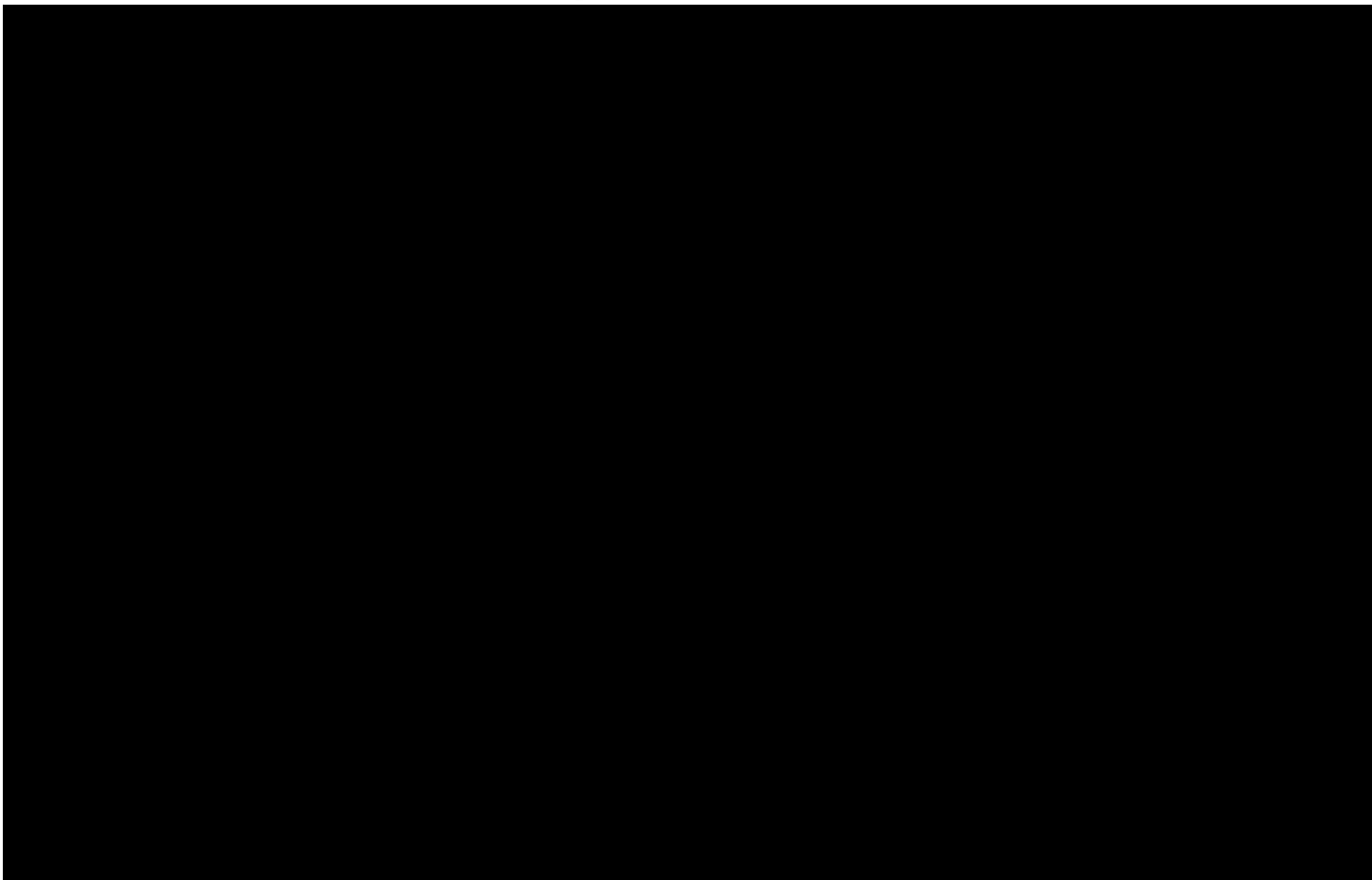
Indicate the year the facility was established. 1989 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 1992 - ALTERATION ADD 2nd AUTO DISPENSER

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>379-15</u>
Tank 2:	_____	_____
Tank 3:	_____	_____

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

Fixed: 2000 USWG      Portable: \_\_\_\_\_      Mobile: \_\_\_\_\_  
VERTICAL



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Name of person completing this form (please print) <b>ALEX L. GOERK</b>		Official Title <b>PRESIDENT</b>
Signature <i>Alex Goerk</i>	Telephone No. <b>905-952-0146</b>	Date (mm-dd-yyyy) <b>08-26-2011</b>



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

Name of Propane Supplier(s) <b>CARLING PROPANE INC.</b>			For Office Use - Party No.	
Street No. <b>19752</b>	Street Name Lot / Concession No. <b>HOLLAND LANDING ROAD</b>			
Town / City or Township / Country <b>HOLLAND LANDING</b>		Province <b>ONTARIO</b>	Postal Code <b>L9N 0A1</b>	
Telephone No. <b>905-952-0146</b>	Fax No. <b>905-952-0155</b>	Contact Name <b>ALEX GOERK</b>		
E-mail <b>carlingpropaneinc@bellnet.ca</b>				

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			For Office Use - Party No.	
<b>CARLING PROPANE INC.</b>				
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 <b>N/A</b>	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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Signature 	Telephone No. <b>905-952-0146</b>	Date (mm-dd-yyyy) <b>06-28-2011</b>



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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.

**NOT APPLICABLE**

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

**20 LB. DRY CHEM FIRE EXTINGUISHER  
MUNICIPAL FIRE HYDRANT - WITHIN 5 METRES**

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 LINK ON INTERNAL SAFETY VALVE**

Maintenance and testing schedule for fire protection controls and devices.

**DAILY INSPECTION OF DISPENSER FACILITIES (VISUAL)  
BUILDING AND PREMISES SHALL BE MAINTAINED IN ACCORDANCE WITH THE  
ONTARIO FIRE CODE.**

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Signature 	Telephone No. <b>905-952-0146</b> Date (mm-dd-yyyy) <b>26-09-2011</b>



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Propane Storage and Handling Regulation

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

Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact

Name	ALEX L. GOERK	For Office Use - Party No.
Official Title	PRESIDENT	
Telephone No.	905-952-0146	Fax No. 905-952-0155
E-mail	carlingpropaneinc@bellnet.ca	
Role and responsibilities in emergency	CO-ORDINATE EMERGENCY PROCEDURES	

2. Facility 24-Hour Contact Person

Name	ALEX L. GOERK	For Office Use - Party No.
Official Title	PRESIDENT	
Cell No.	416-587-8783	Fax No. 905-952-0155
E-mail	carlingpropaneinc@bellnet.ca	
Role and responsibilities in emergency	CO-ORDINATE EMERGENCY PROCEDURES	

2. Facility Contact Personnel - Alternate Contact

Name	MICHAEL GOERK	For Office Use - Party No.
Official Title	GENERAL MANAGER	
Telephone No.	905-952-0146	Fax No. 905-952-0155
E-mail	carlingpropaneinc@bellnet.ca	
Role and responsibilities in emergency	CO-ORDINATE EMERGENCY PROCEDURES	

6. Name of Facility Manager

Name	MICHAEL GOERK	For Office Use - Party No.
Official Title	GENERAL MANAGER	
Telephone No.	905-952-0146	Fax No. 905-952-0155
E-mail	carlingpropaneinc@bellnet.ca	
Role and responsibilities in emergency	CO-ORDINATE EMERGENCY PROCEDURES	

3. Local Fire Services - Key Contact

Name	FRANK LAMIE	For Office Use - Party No.
Official Title	DEPUTY FIRE CHIEF (Fire Prevention)	
Telephone No.	416-338-9054	Fax No. 416-338-9060
E-mail	flamie@toronto.ca	
Role and responsibilities in emergency	COORDINATE EMERGENCY PROCEDURES	

7. Propane Supplier - Key Contact Person

Name	ALEX L. GOERK	For Office Use - Party No.
Official Title	PRESIDENT	
Telephone No.	905-952-0146	Fax No. 905-952-0155
E-mail	carlingpropaneinc@bellnet.ca	
Role and responsibilities in emergency	CO-ORDINATE EMERGENCY PROCEDURES	

3. Local Fire Services - Alternate Contact

Name	JIM STOOPS	For Office Use - Party No.
Official Title	DIVISION CHIEF (Fire Prevention)	
Telephone No.	416-338-9102	Fax No. 416-338-9060
E-mail	jstoops@toronto.ca	
Role and responsibilities in emergency	ASSIST DEPUTY FIRE CHIEF	

8. Municipal Contact

Name	ULLI WATKISS	For Office Use - Party No.
Official Title	CITY CLERK	
Telephone No.	416-392-8010	Fax No. 416-392-4900
E-mail	uwatkis@toronto.ca	
Municipality	CITY OF TORONTO	

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Signature			Telephone No.	905-952-0146
			Date (mm-dd-yyyy)	08-26-2011



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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.

**24 HOUR ATTENDED OPERATION OF FACILITIES**  
**DAILY VISUAL INSPECTION OF FACILITIES AND SYSTEM**

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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) <b>15-09-2010</b>	Print Name of Training Provider: <b>CARLING PROPANE</b>
	Print Name of Instructor: <b>FRANK CHERRY</b>
Training Date (dd-mm-yyyy) <b>15-04-2011</b>	Print Name of Training Provider: <b>CARLING PROPANE</b>
	Print Name of Instructor: <b>FRANK CHERRY</b>
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) <b>15-09-2010</b>	Print Name of Training Provider: <b>CARLING PROPANE</b>
	Print Name of Instructor: <b>FRANK CHERRY</b>
Training Date (dd-mm-yyyy) <b>15-04-2011</b>	Print Name of Training Provider: <b>CARLING PROPANE</b>
	Print Name of Instructor: <b>FRANK CHERRY</b>
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) <b>15-09-2010</b>	Print Name of Training Provider: <b>CARLING PROPANE INC.</b>
	Print Name of Instructor: <b>FRANK CHERRY</b>
Training Date (dd-mm-yyyy) <b>15-04-2011</b>	Print Name of Training Provider: <b>CARLING PROPANE INC.</b>
	Print Name of Instructor: <b>FRANK CHERRY</b>
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) <b>15-09-2011</b>	Print Name of Training Provider: <b>CARLING PROPANE</b>
	Print Name of Instructor: <b>FRANK CHERRY / DAVE SHEPPARD</b>
Target Date (dd-mm-yyyy) <b>15-04-2012</b>	Print Name of Training Provider: <b>CARLING PROPANE</b>
	Print Name of Instructor: <b>FRANK CHERRY / DAVE SHEPPARD</b>
Target Date (dd-mm-yyyy) <b>15-09-2012</b>	Print Name of Training Provider: <b>CARLING PROPANE</b>
	Print Name of Instructor: <b>FRANK CHERRY / DAVE SHEPPARD</b>

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

Target Date (dd-mm-yyyy) <b>15-09-2011</b>	Print Name of Training Provider: <b>CARLING PROPANE</b>
	Print Name of Instructor: <b>FRANK CHERRY / DAVE SHEPPARD</b>
Target Date (dd-mm-yyyy) <b>15-04-2012</b>	Print Name of Training Provider: <b>CARLING PROPANE</b>
	Print Name of Instructor: <b>FRANK CHERRY / DAVE SHEPPARD</b>
Target Date (dd-mm-yyyy) <b>15-09-2012</b>	Print Name of Training Provider: <b>CARLING PROPANE</b>
	Print Name of Instructor: <b>FRANK CHERRY / DAVE SHEPPARD</b>

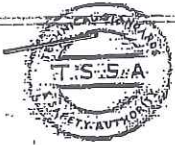
On-site specific training provided to certificate holders/persons with Records of Training

Target Date (dd-mm-yyyy) <b>15-09-2011</b>	Print Name of Training Provider: <b>CARLING PROPANE INC.</b>
	Print Name of Instructor: <b>FRANK CHERRY / DOUG CARPENTER</b>
Target Date (dd-mm-yyyy) <b>15-04-2012</b>	Print Name of Training Provider: <b>CARLING PROPANE INC.</b>
	Print Name of Instructor: <b>FRANK CHERRY / DOUG CARPENTER</b>
Target Date (dd-mm-yyyy) <b>15-09-2012</b>	Print Name of Training Provider: <b>CARLING PROPANE INC.</b>
	Print Name of Instructor: <b>FRANK CHERRY / DOUG CARPENTER</b>

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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 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).

**ON-SITE ATTENDANT WOULD CONTACT EMERGENCY SERVICES - 911  
LOCAL FIRE SERVICES WOULD ADVISE DIRECTION**

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).

**LOCAL FIRE SERVICES WOULD CO-ORDINATE WITH LOCAL POLICE IF AN  
EVACUATION PLAN WERE NECESSARY.**

**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 AN EMERGENCY A 911 CALL WOULD BE PLACED BY THE  
ATTENDANT ON DUTY, FOLLOWED BY A CALL TO THE LICENCE HOLDER FOR FURTHER  
ACTION AND CONTACT WITH EMERGENCY RESPONSE PERSONNEL.**

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

**24 HOUR OPERATION - ATTENDANT ON SITE.**

Describe how the licence holder will ensure continual flow of updated information to authorities.  
**A Fire Safety Plan Lock Box will be installed inside the kiosk containing the  
complete RSMP and all relevant MSDSs.**

**Co-ordination of updated information to authorities would be on a continual basis  
as warranted by the circumstances and at the direction of the authorities.**

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

**PHONE CONTACT - IMMEDIATE**

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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 regarding 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 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"/>            |

**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>5 METRES</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>CITY HYDRANT AVAILABLE</u>       |                          |

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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:  
 B: 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)

**CAPTAIN DOUG BABCOCK AWAY ON VACATION. ACTING CAPTAIN KEVIN SMITH  
 AVAILABLE JULY 7, 2011 TO BOOK APPOINTMENT.**

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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Name of person completing this form (please print) <b>ALEX L. GOERK</b>	Official Title <b>PRESIDENT</b>		
Signature 	<table border="1"> <tr> <td>           Telephone No.  <b>905-952-0146</b> </td> <td>           Date (mm-dd-yyyy)  <b>07-06-2011</b> </td> </tr> </table>	Telephone No. <b>905-952-0146</b>	Date (mm-dd-yyyy) <b>07-06-2011</b>
Telephone No. <b>905-952-0146</b>	Date (mm-dd-yyyy) <b>07-06-2011</b>		



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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 (mm-dd-yyyy) <b>08-31-2009</b>	Capacity of single largest propane storage vessel (USWG) <b>1-2000 USWG VERTICAL TANK</b>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>16'</u>	Right side property line: <u>64'</u>
Rear: <u>145'</u>	Left side property line: <u>10'</u>
GPS coordinates of single largest vessel: <u>43° 40' 22.95 N 79° 24' 55.92 W</u>	

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

Name of person completing this form (please print) <b>ALEX L. GOERK</b>	Official Title <b>PRESIDENT</b>
Signature 	Telephone No. <b>905-952-0146</b> Date (mm-dd-yyyy) <b>06-28-2011</b>



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X2X4  
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

### SUBMISSIONS (cont'd)

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

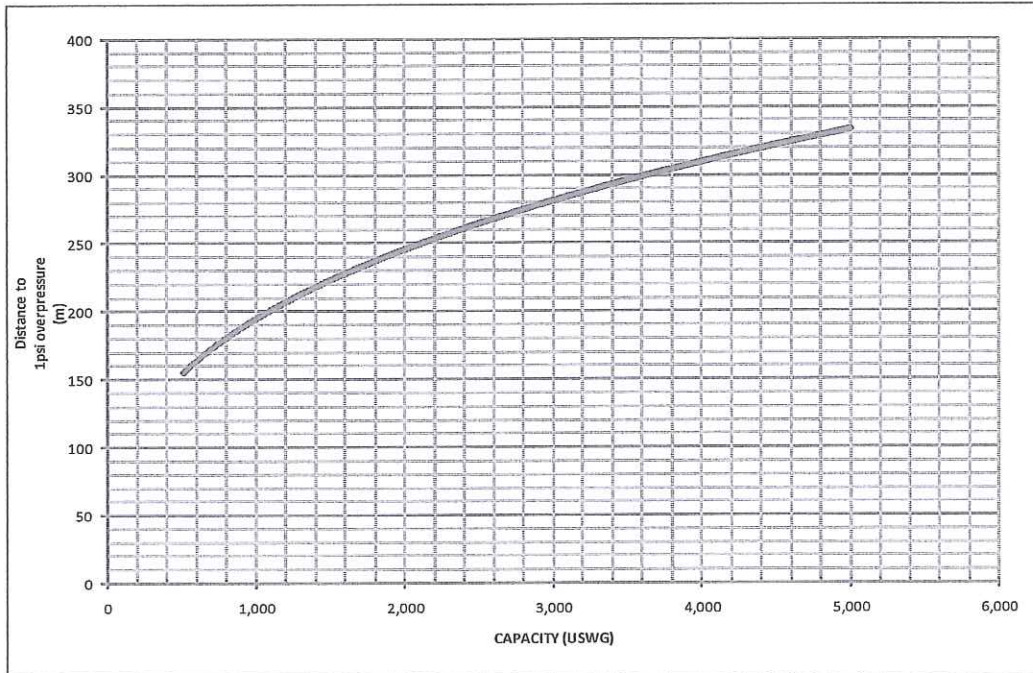
Table 1: Distance Table

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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**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>TORONTO TRANSIT COMMISSION</u> Address: <u>836 DAVENPORT ROAD</u> City: <u>TORONTO</u> Province <u>ONTARIO</u> Postal Code <u>M6G 2B6</u>			X		<u>126</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]			X		<u>29</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>NOBLE TRADE</u> Address: <u>488 DUPONT STREET</u> City: <u>TORONTO</u> Province <u>ONTARIO</u> Postal Code <u>M6G 1Y7</u>			X		<u>21</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>N/A</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>N/A</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>N/A</u> m

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

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

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Print name of person completing this form. <u>ALEX L. GOERK</u>	Official Title <u>PRESIDENT</u>	
Signature 	Telephone No. <u>905-952-0146</u>	Date (dd-mmm-yyyy) <u>26-01-2015</u>



Technical Standards and Safety Authority  
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**CAPACITY INFORMATION**

**A. Fixed Tanks**

	PSIG	Serial Number	Capacity
Tank 1:	250	379-15	2000 USWG
Tank 2:			
Tank 3:			
<b>Total Fixed Capacity:</b>			2000 USWG

**B. Portable Storage**

Cylinder Size	Capacity in USWG	Quantity	Total Capacity in USWG
# 420	123.9	N/A	N/A
# 100	29.5	N/A	N/A
# 40	11.75	N/A	N/A
# 33.3	9.62	N/A	N/A
# 30	8.8	N/A	N/A
# 20	5.8	48 X 20 LB CYLINDERS	278.4
# 10	2.9	N/A	N/A
# 5	1.5	N/A	N/A
<b>Total Cylinder Capacity</b>		Line A	278.4 USWG

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

Tank Size In USWG	Quantity	Total Capacity in USWG
		N/A
<b>Total Tank Capacity</b>		Line B

**Total Portable Capacity. Line A plus Line B: 278.4 USWG**

**C. Mobile Tanks**

Type	Tank Size In USWG	Quantity	Total Capacity in USWG
Tankers			N/A
Cargo Liners			N/A
<b>Total Mobile Tank Capacity</b>			N/A

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

<b>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.</b>		
Print name of person completing this form. ALEX L. GOERK	Official Title PRESIDENT	
Signature 	Telephone No. 905-952-0146	Date (dd-mmm-yyyy) 26-01-2015



Hammond Place

Palmerston Avenue

Dupont Street

Manning Avenue

Canadian Pacific Railway

Bathurst Street

Property Line

Vermont Avenue

LOCATION: 490 Dupont St., Toronto, ON

PREPARED: July 6, 2011

2000 USWG vertical tank

TANK SETBACKS: 47m North, 22m East, 6m South, 4m West

RADIUS: 250 m

GPS COORDINATES: 43° 40' 22.95" N 79° 24' 55.92" W

MUNICIPALITY: City of Toronto  
 CITY CLERK: Ulli Watkiss  
 ADDRESS: 13 Floor W.  
 100 Queen St. W.  
 TORONTO, ON M5H 2N2





**490 DUPONT STREET, TORONTO, ON**



490 DUPONT STREET, TORONTO, ON

HAMMOND

6.1 m

1 STOREY  
BRICK  
BUILDING

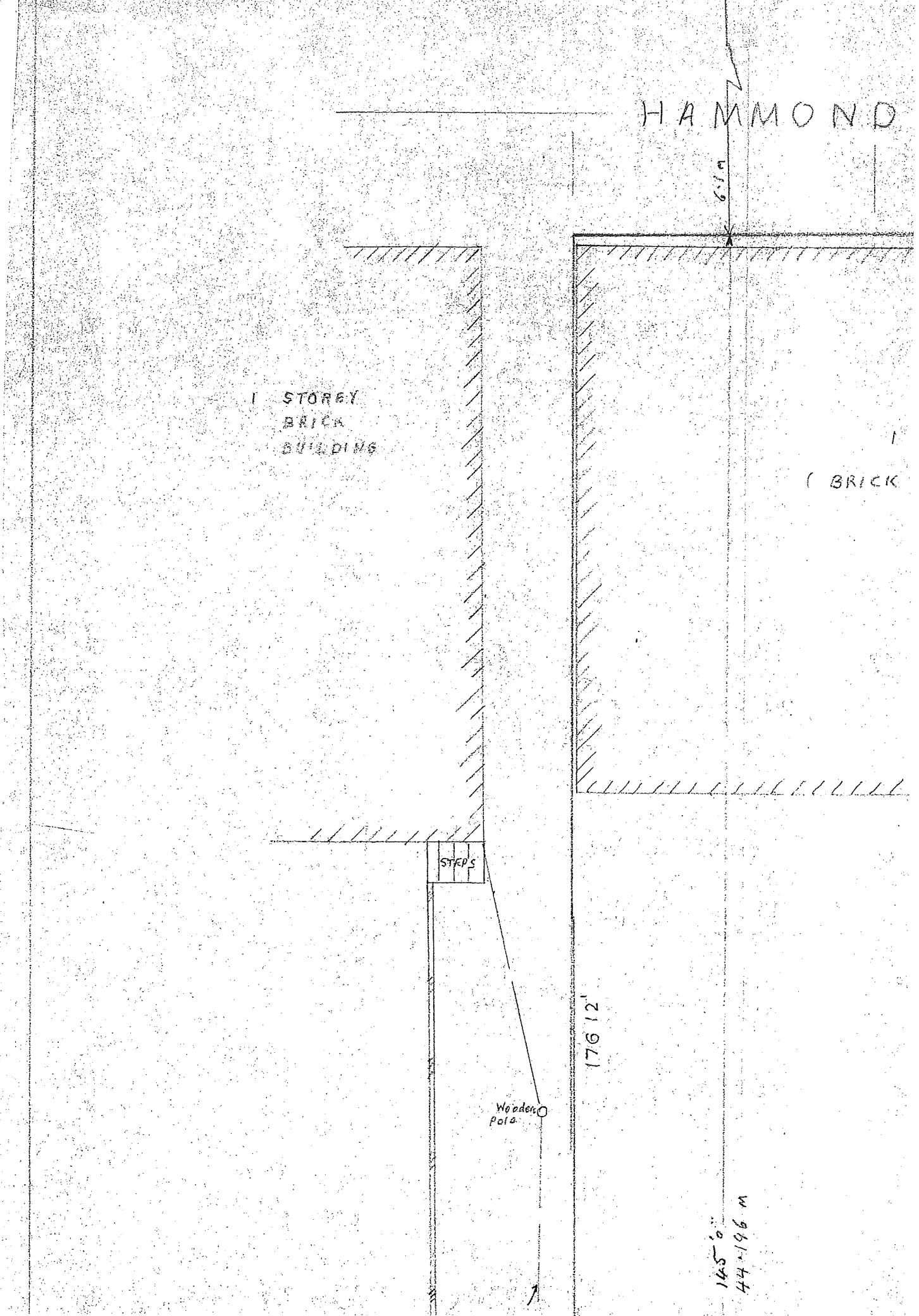
( BRICK

STEPS

Wooden  
pole

176 12'

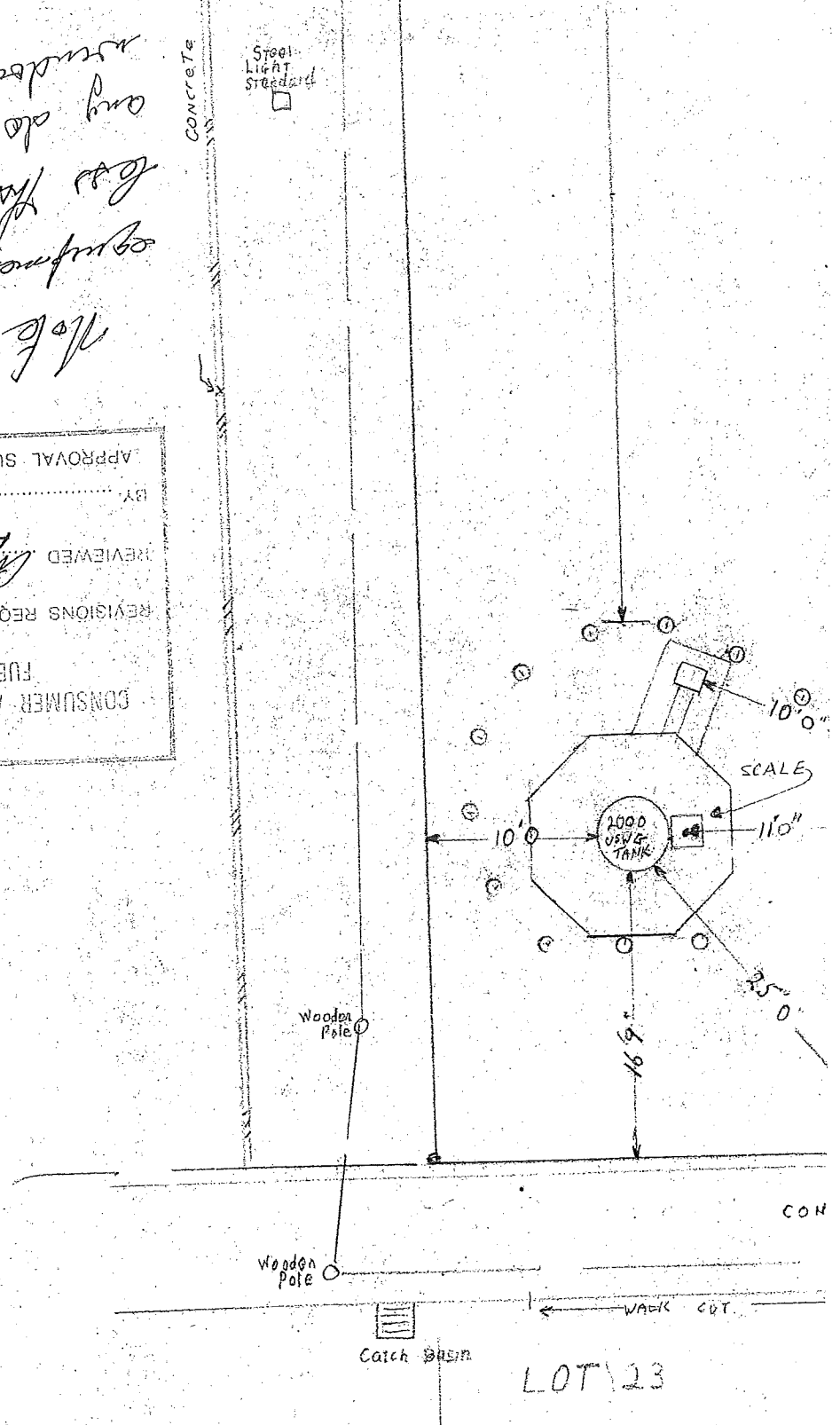
145' 0"  
44-196 m



*Note - Tank and equipment to be set for 25ft. from any door or operable window*

Steel Light Standard

MINISTRY OF CONSUMER AND COMMERCIAL RELATIONS  
 FUELS SAFETY BRANCH  
 REVISIONS REQ'D. *See note*  
 REVIEWED *April 17 1987*  
 BY *Thomas Coy*  
 APPROVAL SUBJECT TO ON-SITE INSPECTION



LOT 23

DUPONT

CENTRE LINE OF PAVEMENT

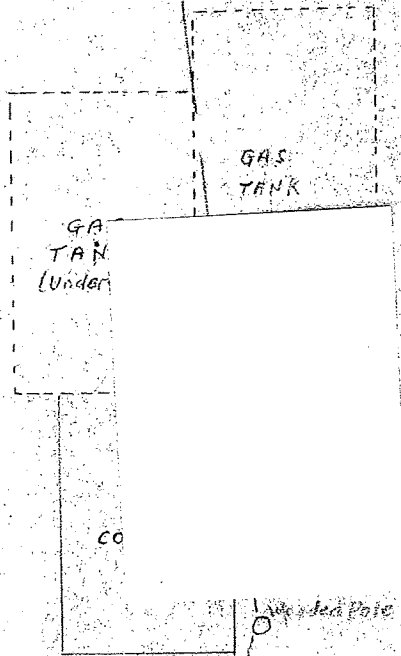
PLACE



CATCH BASIN

79.80'

STOREY  
BLOCK & STUCCO  
BUILDING



1500' 1500' 1500'

STREET

LOT 21

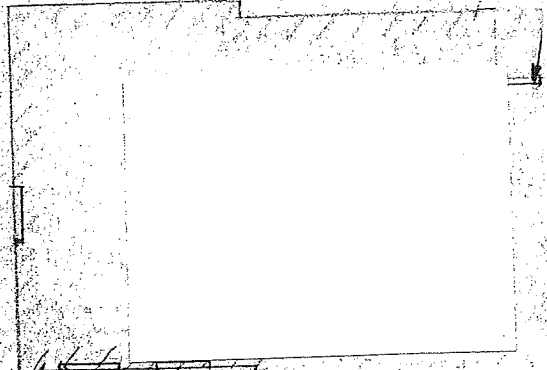
LOT 22

FIRE HYDRANT

SIDEWALK

79.88'

OVERHEAD WIRES



FIRE ESCAPE

1 STORY

OVERHEAD

HAMMOND

6' 11"

1 STOREY  
BRICK  
BUILDING

1  
( BRICK

STEPS

Wooden  
pole

176' 12"

145' 6"

44 x 196 m

