

| Technical | 14thFloor\*CentreTower | 3300 Bloor Street West | Toronto Ontario MEX 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

			icility with a freed propane store WG of portable propane store		OUD ANDS & SAS
Pallure to fully complete this form Maiding a false statement may result			it in a fine or prosecution		For Office Use Only
under the Teahnless Standard Licence Number 0076560275-C			and Safaty Act		JAN 4 4 2012
Check applicable type of propane operations.					
	✓ Cylinder	Motor fill		(sylock	SRC NIV
ubm	it along with this con	npleted application a Facility Site Fla	n and a Map of the Surrounding Are	8B.	
			might a greater that	MEODMATION	4 44 VIII 9 1 3
	Longit	SEC	TION A: GENERAL	INFORMATION	
The Prop	pane Storage	applies to TSSA for a r and Handling Regulation	eview for an R9MP und	er Ontario's Technics	Onterto Corporation No., If applicable
Α	Company Name	F that Conside			
A	McCarron Form - Operator Name (if o McCarron Feed I	lifferent from above)	-4		
	Telephone No.	Fax No.	E-mail		
	905-838-2646	905 838-4514	None		4/49
В	Stret No.	Street Name / 911 Number / A	ddress, if applicable		
	13909	Hurontario Street RR#1		Province	Postal Code
	Town / City or Tow	manip / County		On	L7C 2C9
	Caledon Malling address	If different from above.			
c	Street No.	Street Name / 911 Number /	Addrese, if applicable		
40	Samo				Poetal Code
	Town / City or Town	nship / County		Province On	Posisi Code
Ini	In mailon on C	ontainer Refill Centre or Fi	Iling Plant		
1111	Location of facili	ty.	1	Nearest Major Inters	raction
D	Street No.	Street Name / 911 Number /		HWY 10 & HWY 4	
_	13909	Huronterio Strant RR#	1	Province	Postal Code
	Town / City or Tow	nehlp / County		On	L7C 2C9
	Caledon				
	Name of Licence H	older			
	McCarron Farm			J.,	
	Name of a Senior	Management person as defined in	ha regulation holding the Record of	Training (ROT).	ROT type
	Robert McCarro				PTI 100-8 cert # 86097 (PPO-3)
	Municipality (or m	nunicipalities if the facility or its haz	ard distance touches multiple bords	era)	
	Town of Caledon	Y.		ar.	
			T		
	Hours of operation	1.			
					The state of the s
		1.00000			
	This decume	nali tvan adëlitnu bilev si tr	ge renewal date. You are re	quired by law to notify	TSSA of any change of Information.
	THIS GOODING!	mantanatana Lam owar	sheelt is an offence to give	a false information in thi	ie document and
	714-420-7	I hereby declar	that the information I have	disau uase ia trub and c	Date (od-mm-yyy)
		Printnama		Signature	11/1/ Dia (Osminy)

Printname	Signature / / /// Date (od-mri-yyyy)
1200000000	( april 1/ 1/01/1
ameof Licence Holder McCarron Farm & Pet Service	
ame of Sentor Management person as defined in the	
egulation holding the Record of Training Robert McCarron	

## TSSA

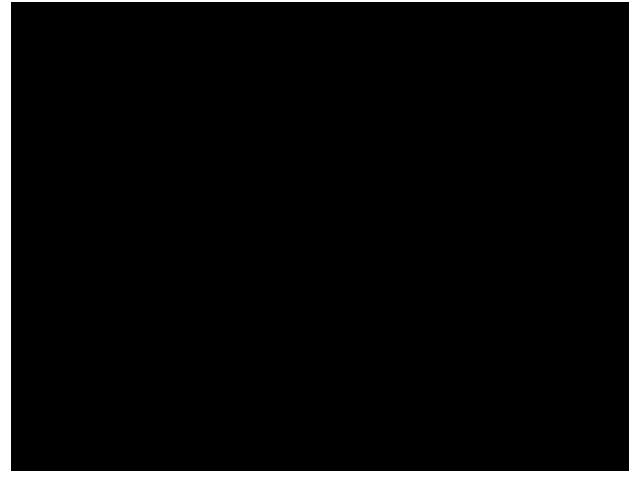
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#### Level 1 Risk and Safety Management Plan (RSMP) **Technical Standards and Safety Act** Propane Storage and Handling Regulation

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

ndicate the year the facility was established. 1981	Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.  None		
dentify the psig rating and serial number for ea	ach fixed propane storage tank on site.		
PSIG	Serial Number		
Tank1: 250	58095		
Tank 2:	NAME AND ADDRESS OF THE PROPERTY OF THE PROPER		



Name of person completing this form (please print)	Official Title	
Jill Carney	Manager	
Signature R. C.	Telephone No. 905-838-2646	Date (dd-mm-yyyy) 20 01 2012

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

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

Activity Information

						Т.	
Name of Propane Supplier(s)					For Office Use - Party No.		
Superior Propane - Regional Operation Centre					THE STATE OF THE S		
Street No.	Street N	ame / 911 Number / Address,	if applicable				
251		d Road East Unit 217					
Town / City or T Guelph	ownship /	Country			Province On		Postal Code N1H 8J1
Telephone No.		Fax No.	Contact Na	ime			
877-873-7467		519-836-7766	Bruce Graha	m			
E-mail							
grahamb@superio	orpropane.	com					
Name of Propar Superior Propane	Line III was a land	orter. If same as above, pl	ease check bo	ох.		For Office Use -	Party No.
Street No. 7022		lame / 911 Number / Address on Road 124 s	, if applicable			J	*
Town / City or T Guelph	ownship /	Country			Province On	V	Postal Code N1H 6L3
			Contact Na Chris Van He				
E-mail vanherkensc@su	periorprop	ane.com					
		alan anii a alii ilaa ka ahaa ahaa ahaa ahaa ahaa ahaa aha				F 0#: 1/:	Dartible
Off-site Cylinder and/or Mobile Storage None			Capacity stored	off-site, in USWG	in USWG For Office Use - Party No.		
Street No.	Street N	lame / 911 Number / Address	, if applicable				
Town / City or T	ownship /	Country			Province		Postal Code
Telephone No.		Fax No.	Contact Na	ame			
Note: Customer s	storage is	not considered off-site stora	ge.	Hemolie (990) IIII	A STATE OF THE STA		
		Declaration: I am aware th I hereby declare th			e information in thi n here is true and c		d
Name of person of Jill Carney	completing	this form (please print)	- Control Microsoft		Official Title Manager		The second secon

Telephone No.

905-838-2646

Date (dd-mm-yyyy)

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Signature



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

#### 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.  Sodium Hypochlorite 12 % - 4,000 - litre storage, Stored in certified plastic container located out side along side of warehouse.
Description of fire and emergency equipment indicated on facility site map.  A-B-C Fire Extinguishers
1 ABC Dry Chemical fire extinguisher located at the Propane Dispenser
1 A-B-C Dry Chemical fire extinguisher located at Pacman
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.  1- Fusible link on ISC - isolation valve between the tank and the downstream propane dispensing equipment.
2. Emergency Shut Off - located N/W corner of store. This shuts down the pump and closes a solenoid valve upstream of hoses.
3. Power supply breaker inside the gas bar building. This cuts all power to the propane system - shuts down pump; closes solenoid valve.
Maintenance and testing schedule for fire protection controls and devices.  Maintenance and testing is undertaken by Superior Propane according to Superior 's Maintenance Standards. Schedule for key equipment is:
1- Pumps - (pumps every 3 months; pump motor: check belts monthly; grease pump every 6 months).
2- ISC valve (test for closure every 6 months.
3- Storage tank Relief Valves - inspected every 2 years; replacement schedule as per provincial regulations.

Name of person completing this form (please print) Jill Carney	Official Title Manager			
Signature Company	Telephone No. 905-838-2646	Date (dd-mm-yyyy)  20 01 202		



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

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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Ke	ey Contact	5. Facility 24-Hour Contact Person			
Name Robert McCarron	FC= Office Line BorteMa	Name Jill Carney			
Official Title Owner/operator		Official Title Manager			
Telephone No. Fax No. 905-751-4432 905-858-4514		Cell No. Fax No. 905-967-4869 905-838-4514			
E-mail none		E-mail none	CONTRACTOR OF THE PROPERTY OF		
Role and responsibilities in emergen	icy	Role and responsibilities in emergency			
Co-ordinate site response plan (ERP)		Co-ordinate site response plan (ERP)			
2. Facility Contact Personnel - A	Alternate Contact	6. Name of Facility Manager			
Name Jill Carney	For Office Lice - Party Mg.	Name Jill Carney	For Office Lies - Darty No		
Official Title Manager		Official Title Manager			
Telephone No. 905-838-2646	Fax No. 905-838-4514	Telephone No. 905-838-2646	Fax No. 905-838-4514		
E-mail none		E-mail			
Role and responsibilities in emerger	ncy	Role and responsibilities in emergency			
Co-ordinate site response plan (ERP)		Co-ordinate site response plan (ERP)			
3. Local Fire Services - Key Contact		7. Propane Supplier Key Conta			
Name For Office Use - Party No. Brad Bigrigg		Name Superior Propane Hot Line	For Office Use - Party No.		
Official Title Fire Chief		Official Title			
Telephone No. 905-584-2272 x 4334	Fax No. 905-584-1477	Telephone No. 877-873-7467	Fax No. N/A		
E-mail brad.bigrigg@caledon.ca		E-mail n/a			
Role and responsibilities in emerger Coordiante Emergency Response / ac		Role and responsibilities in emergency Identify and dispatch Superior Propane and or LPERGC emergency response			
Response. Liaise with police services	5.	personal as required			
4. Local Fire Services - Alternate	Contact	8. Municipal Contact			
Name Mark Wallace	For Office Use - Party No.	Name Karen Landry			
Official Title Chief Fire Prevention Officer		Official Title Town Clerk			
Telephone No. 905-584-2272 x 4333	Fax No. 905-584-1477	Telephone No. 905-584-2272 x 4218 Fax No. 905-584-6070			
E-mail mark.wallace@caledon.ca		E-mail karen.landry@caledon.ca			
Role and responsibilities in emerger	ncy	Municipality			
Coordinate Emergency Response / a		Town of Caledon			
contact is not available and liaise wit	ii police services.		The state was the same of the state of the s		

Name of person completing this form (please print) Jill Carney	Official Title Manager	
Signature Lee Car	Telephone No. 905-838-2646	Date (dd-mm-yyyy) 20   01   2012

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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.
E-stop located in the North West corner of the store that cuts the power to the solenoid shut down the flow of propane in the event of an emergency.

Name of person completing this form (please print)	Official Title	
Jill Carney	Manager	
Signature	Telephone No.	Date (dd-mm-yyyy)
a Com	905-838-2646	20 01 2012

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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	sponse Plan and Procedures provided to facility key contacts.				
Training Date (dd-mm-yyyy)	Print Name of Training Provider:				
None	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 Em	ergency Management Procedures provided to staff.				
Training Date (dd-mm-yyyy)	Print Name of Training Provider:				
None	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 pro	vided to certificate holders / persons with Records of Training.				
Training Date (dd-mm-yyyy)	Print Name of Training Provider: Superior Propane Please Note - a ROT is valid for 3 years				
24-06-2010	Print Name of Instructor: Reg Adamson				
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:				

Name of person completing this form (please print)	Official Title	
Jill Carney	Manager	
Signature \ < \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Telephone No.	Date (dd-mm-yyyy)
tele and	905-838-2646	20 01 2012



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

#### 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-mm-yyyy)	Print Name of Training Provider: Superior Propane or Alterna	te Please note: Canadian Propane Gas Association
Q1-2012	Print Name of Instructor: to be arranged	is currently developed the PTI 911-02 course
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	content and it and its provider is available to be
	Print Name of Instructor:	taught in the first quarter of this 2012.
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Training on the facility's Em	nergency Management Procedures provided to staff.	
Target Date (dd-mm-yyyy)	Print Name of Training Provider: Key Contact to train staff	
Q1-2012	Print Name of Instructor: to be arranged	
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 pro	ovided to certificate holders / persons with Records of Training	g.
Target Date (dd-mm-yyyy)	Print Name of Training Provider: Superior Propane	Please Note - a ROT is valid for 3 years
Q4-2012	Print Name of Instructor: Reg Adamson	Note: To call training provider if any training required
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	is in 2012
	Print Name of Instructor:	
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	

Name of person completing this form (please print)	Official Title	
Jill Camey	Manager	
Signature Co.	Telephone No. 905-838-2646	Date (dd-mm-yyyy),



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

#### 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).  The operator or Alternate will contact emergency services by calling 911 and will provide warnings outlined in the attached: "Propane Emergency Response
Procedures" placard (to be posted on site and part of the employee training). If it is safe to do so this could involve advising neighbors to evacuate. The
owner/operator may also contact Superior Propane via the emergency number identified in the ERP.
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).  The owner /operator or alternate should first follow the actions in the ERP provided herein. Stage evacuation, if the release of propane cannot be stopped
by cutting electrical power may be required. Note a specific muster point is not advisable, since a propane plume can blow in any direction.
Actions will be taken by an on duty ROT person(s)
Actions will be taken by an on duty NOT person(s)
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).  When the system is operational, a ROT person will be on duty and be in the propane tank area. This person will be able to visually ascertain any abnormal/
accident event and implement the appropriate emergency response actions. When the system is not in operation, the ISC valve (main isolation valve) is
closed, and the propane system is unattended. Any accident involving the propane tank during such times will require the intervention of random, nearby
individuals.
Describe provisions for fire department entry when there are no operations or staffing at the propane site.  The propane tank system is located in a wide open area that is easily accessible.
The fire access routes are identified in the attached site plan.
Describe how the licence holder will ensure continual flow of updated information to authorities.

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.

The critical information required from the license holder is (a) how to shut the system down and (b) the fill level in the tank (if known)

This information will be provided to the authorities by Jill Carney or alternate.

How long will it take the facility liaison person to respond to the site. Key Contact: - 10 minutes to arrive at the facility in the event of an emergency

Fill level is relevant from a time-to-BLEVE perspective (a near empty tank will BLEVE sooner than a full tank if there is a fire impingement on the tank).

Name of person completing this form (please print)	Official Title	
Jill Carney	Manager	
Signature	Telephone No.	Date (dd-mm-yyyy)
too Cont	905-838-2646	20 01 202



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

SECTION B:	<b>EMERGENCY</b>	AND	<b>PREPAREDNESS</b>	RESPONSE	PLAN	(cont'd)
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	The licence holder will complete Section B in consultat 6. Building and Site Security and F		Fire Ser	vices.	
1 1 1 1 1 1			Yes	No	
1.	Does the propane location have controlled access to limit unnecessary risk an (lock out procedures)?	dentry	1		
2.	Is there adequate night lighting at the site?		1		
3.	Are procedures in place that ensure access routes, aisles, storage area, filling a and the grounds are kept clear from unwanted materials?	areas	$\checkmark$		
4.	Are there procedures that capture and record the daily inspection of hoses an inspection requirements for filling systems and mechanical devices used in the transfer of propane?		<b>√</b>		
5.	Does the facility have procedures that include a process to isolate and purge overfilled propane cylinders?	any	$\checkmark$		a a
6.	Are weighing systems validated for accuracy?		✓		
7.	Are storage areas clearly marked with the vessels' capacity status (i.e., filled, purged and other hazardous materials)?	empty,	$\checkmark$		
8.	Are quality assurance procedures in place to ensure that all valves are closed the propane cylinders are filled?(e.g., QCC valves) $ \frac{1}{2} \left( \frac{1}{2} \right) = \frac{1}{2} \left( \frac{1}{2} \right) \left( \frac$	after	1		
9.	Is the schedule of maintenance and testing activities retained on site?		1		
	7. Water Supply	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	propane licence holder should work with the local fire department to determine bly 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?			$\checkmark$	
2.	Can the municipal fire department pump 375 GPM (1420 LPM) of water at the location?	nis	<b>√</b>		
3.	What is the unobstructed distance to the closest water supply that could be us firefighting activities? (distance in metres only)	sed for	no fire hy	drant	
4.	What is the unobstructed distance to the closest approved water supply with round access if there are no hydrants? ( distance in metres only)	year	city water	only	
	Declaration: I am aware that it is an offence to give fals I hereby declare that the information I have give				1
	e of person completing this form (please print) amey	Official Title Manager			
10000 50					Date (dd-mm-yyyy)
olgr	ature fix Can	Telephone No. 905-838-2646			20 01 2012



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

Propane Storage and Handling Regulation

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?
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:
LOCAL FIRE SERVICES
The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.
Print name  Local Fire Services Name  Print name  Signature  Date (dd-mm-yyyy)  MACK WALLACE  PURILLE MACK MACK  PRINT NAME  Date (dd-mm-yyyy)  MACK WALLACE  PURILLE MACK  PURILLE MACK

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) Jill Carney	Official Title Manager	
Signature Co	Telephone No. 905-838-2646	Date (dd-mm-yyyy) 20   01   301 2

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

#### 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.
- 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.
- 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-r 06-01-2012	nm-yyyy)	Capacity 1000 US	/ of single largest propane WG	e storagevessel (USWG)	
Tank setback coordinates. Front:	Indicate placemer 15 m	nt on the map.	Right side property line:	3 m	
Rear:	36 m		Left side property line:	43 m	
GPS coordinates of single	largest vessel:	43.7719 -79.875	56		

Name of person completing this form (please print)	Official Title	
Jill Carney	Manager	
Signature /	Telephone No.	Date (dd-mm-yyyy)
pa laur	905-838-2646	20/01/2012
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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 x (1.524 x C) 1/3

D = Distance to overpressure of 1 psi (meters)

C= Tank Total Capacity in USWG

Parameters:

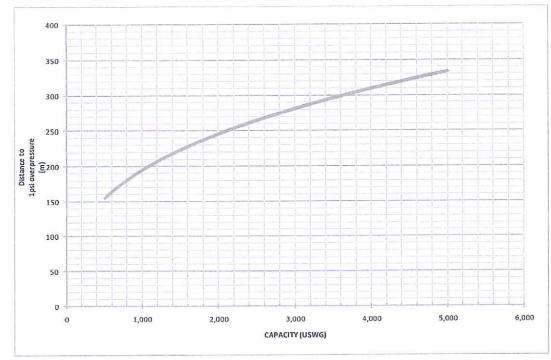
Density of Propane is 0.5033 kg per litre @ 15 C

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 give	in nere is true and complete.	
Name of person completing this form (please print)	Official Title	
Jill Carney	Manager	
Signature	Telephone No.	Date (dd-mm-yyyy)
Ja Can	905-838-2646	00/01/2012



| Technical | 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

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		* Number of Buildings and Features (mark with an "X")			Distance from Tank to Closest Building or
	AND Name and Address of Closest Building or Feature	0	1	2-10	11+	Feature
Industrial Name: Address:	buildings or parks or golf courses Cheltenham Veternary Clinc 13909 Hurontario				×	23.5 m
City:	Caledon Province On Postal Code L7C 2C9			_		
Residenti	al building units specifically permanent single family dwellings condominiums and apartments.					
				х		17.8 m
Name:	oial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes.  None	х		0		m
City:	Province Postal Code					
Name:	cial building units – continuous occupancy specifically hotels, campgrounds, and resorts.  None	x				m
City:	Province Postal Code					
institution Name:	institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health is, and prisons.  None	х				m
City:	ProvincePostal Code					
Emergen Name:	cy responders specifically fire stations, ambulance stations, and police stations.  None					0
Address		Х				m
City:	ProvincePostal Code					

Name of person completing this form (please print)	Official Title			
Jill Carney	Manager	Programme Control Cont		
Signature wo Coun	Telephone No. 905-838-2646	Date (dd-mm-yyyy) 20/01/20/2		
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<sup>\*</sup> For multi-unit buildings, count each unit as "1".



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### SECTION C: SUBMISSIONS (cont'd)

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

#### Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	0
# 100	29.5	0	0
# 40	11.75	0	0
# 33.3	9.62	0	0
# 30	8.8	6	52.8 (All cylinders are stored empty until sold)
# 20	5.8	18	104.4 (All cylinders are stored empty until sold)
# 10	2.9	0	0
# 5	1.5	0	0

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

Tank Size In USWG	Q	uantity	Total Volume in USWG
0	0		0
		1	
Total Tank Capacity 0	Management of the second		
Total Cylinder Capacity 157.2			
Total Tank Capacity		1000 USWG	
Total Portable Capacity 157.2			

Name of person completing this form (please print) Jill Carney	Official Title Manager	
Signature	Telephone No. 905-838-2646	Date (dd-mm-yyyy) 20   51   2012

