



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
- a facility with a fixed propane storage capacity of equal to or less than the USWG of portable propane storage capacity on site.

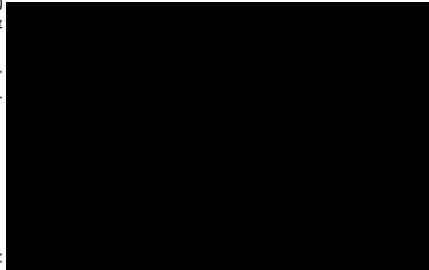
Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the Technical Standards and Safety Act

Licence Number: 000831581

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: Andrea N Pilon Enterprises Limited Ontario Corporation No., if applicable: 1240374736

Operator Name (if different from above): Andrea Pilon

Telephone No.: (416) 310 1641 Fax No.: _____ Email: _____

B Street No.: 2025 Street Name / 911 Number / Address, if applicable: Kipling Ave

Town / City or Township / County: Toronto Province: Ontario Postal Code: M9W 4J8

Mailing address if different from above:

C Street No.: same 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.: 2025 Street Name / 911 Number / Address, if applicable: Kipling Ave Nearest Major Intersection: Kipling + Rexdale

Town / City or Township / County: Toronto Province: Ont Postal Code: M9W 4J8

Name of Licence Holder: Andrea N Pilon Enterprises Limited

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Andrea Pilon ROT type: 100-08

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

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: Andrea Pilon Signature: Date (dd-mm-yyyy): 20/5/2014

Name of Senior Management person as defined in the Regulation holding the Record of Training: Andrea Pilon



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate 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.

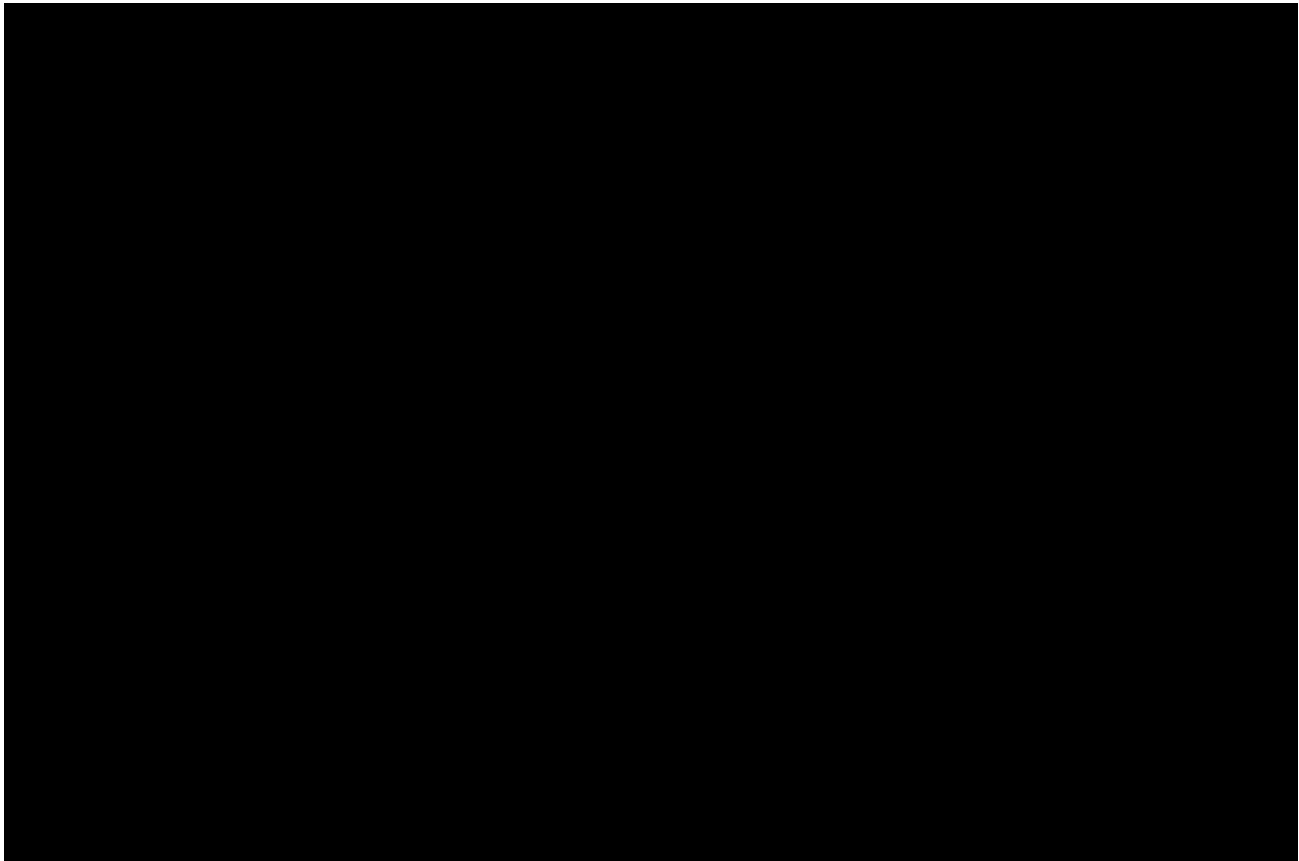
N/A

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

	PSIG	Serial Number
Tank 1:	250	19581-42
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 USWG Portable: 2724 Mobile: N/A



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Name of person completing this form (please print) Andrea Hill	Official Title owner
Signature 	Telephone No. 416-390-1641
	Date (dd-mm-yyyy) 20/5/14



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) <i>Superior Propane - Ontario Regional Operations Centre</i>		For Office Use - Party No.	
Street No. <i>251</i>	Street Name / 911 Number / Address, if applicable <i>Woodlawn Rd West Unit 217</i>		
Town / City or Township / Country <i>Guelph</i>		Province <i>Ontario</i>	Postal Code <i>N1H 8J1</i>
Telephone No. <i>1877-873-7467</i>	Fax No. <i>519-836-7766</i>	Contact Name <i>Mike Mullins</i>	
E-mail <i>mullins@superiorpropane.com</i>			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
<i>Superior Propane - Guelph Propane Bulk Plant</i>			
Street No. <i>7022</i>	Street Name / 911 Number / Address, if applicable <i>Wellington Rd 124 Lot 2 Con 3</i>		
Town / City or Township / Country <i>Guelph</i>		Province <i>Ontario</i>	Postal Code <i>N1H 4L3</i>
Telephone No. <i>1877-873-7467</i>	Fax No.	Contact Name <i>Jason Swan</i>	
E-mail <i>swanj@superiorpropane.com</i>			

Off-site Cylinder and/or Mobile Storage <i>N/A</i>	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
Telephone No.	Fax No.	Contact Name

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

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) <i>Andrea Kilon</i>	Official Title <i>owner</i>
Signature <i>[Signature]</i>	Telephone No. <i>416-390-1641</i>
	Date (dd-mm-yyyy) <i>20/5/2014</i>



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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.
 Bulk oil tank inside garage - 1000 Litres of 5W30 new oil
 Waste coolant tank inside garage - in compressor room - 250 Litre capacity
 Waste oil tank - inside garage in compressor room - 1000 Litre capacity

Description of fire and emergency equipment indicated on facility site map.
 20LB fire extinguisher at propane station
 Two 40LB extinguishers at either side of electrical panel in garage. 40LB Bertriguise
 at Bay 1 in garage 5 20LB additional extinguishers inside garage.
 fire hydrants at both Kipling Av + Bendale Blvd sides of property

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.
 Fuseable link on ISC valve - isolation between tank to downstream propane dispenser. pump shut-off switch at propane station shuts off power to propane. Emergency fire fill station located inside garage beside drive clean machine.

Maintenance and testing schedule for fire protection controls and devices.
 maintained by superior propane standards, per contract with superior propane.

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Name of person completing this form (please print) Andrea Klon		Official Title Owner	
Signature <i>[Signature]</i>		Telephone No. 647-390-1641	Date (dd-mm-yyyy) 20/05/2014



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact

Name: Andrea Pilon
 Official Title: Dealer
 Telephone No. 416-743-6950 | Fax No. 416-743-9544
 E-mail: andrea_pilon@hotmail.com
 Role and responsibilities in emergency: co-ordinate site response

5. Facility 24-Hour Contact Person

Name: Andrea Pilon
 Official Title: Dealer
 Cell No. 647-390-1641 | Fax No.
 E-mail: andrea_pilon@hotmail.com
 Role and responsibilities in emergency: co-ordinate site response

2. Facility Contact Personnel - Alternate Contact

Name: Bas Marahaj
 Official Title: store manager
 Telephone No. 416-743-6950 | Fax No. 416-743-9544
 E-mail: gm.ct242@gmail.com
 Role and responsibilities in emergency: co-ordinate site response, if Dealer is not available

6. Name of Facility Manager

Name: Andrea Pilon
 Official Title: Dealer
 Telephone No. 416-743-6950 | Fax No. 416-743-9544
 E-mail: andrea_pilon@hotmail.com
 Role and responsibilities in emergency: co-ordinate site response

3. Local Fire Services - Key Contact

Name: Frank Lamie
 Official Title: Deputy Fire Chief - Toronto Fire
 Telephone No. 416-338-9054 | Fax No.
 E-mail: flamie@toronto.ca
 Role and responsibilities in emergency:

7. Propane Supplier Key Contact Person

Name: Superior Propane Hotline
 Official Title:
 Telephone No. 1-877-873-7467 | Fax No.
 E-mail:
 Role and responsibilities in emergency: Identify & dispatch superior propane or LPFERC emergency response personnel as required.

4. Local Fire Services - Alternate Contact

Name: Jim Stoops
 Official Title: Division Chief - Fire Prevention
 Telephone No. 416-338-9102 | Fax No.
 E-mail: jstoops@toronto.ca
 Role and responsibilities in emergency: Alternate - Co-ordinate, Advise on Toronto Fire Service Response, Liaise with police.

8. Municipal Contact

Name: Brad Eyre
 Official Title: Emergency Mgmt Coordinator - Emergency Mgmt
 Telephone No. 416-338-8747 | Fax No. 416-392-3833
 E-mail: beyre@toronto.ca
 Municipality: City of Toronto

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Name of person completing this form (please print) Andrea Pilon	Official Title Owner
Signature <i>[Signature]</i>	Telephone No. 647-390-1641
	Date (dd-mm-yyyy) 20/05/2014



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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.

emergency shut-off push button to shut down pump +
close solenoid valve of upstream of dispensing hoses

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Name of person completing this form (please print) <i>Andrea Allen</i>	Official Title <i>owner</i>
Signature <i>[Signature]</i>	Telephone No. <i>(416) 350-1041</i>
Date (dd-mm-yyyy) <i>20/05/2014</i>	



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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) N/A	Print Name of Training Provider:
	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) N/A	Print Name of Training Provider:
	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) N/A	Print Name of Training Provider:
	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:

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) Andrea Pilo	Official Title owner
Signature <i>[Signature]</i>	Telephone No. 416-743-6950
	Date (dd-mm-yyyy) 20/05/2014



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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) 04-2014	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:

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

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:
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)	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:

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) Andrea Kilon	Official Title owner
Signature 	Telephone No. 1047-390-1641
	Date (dd-mm-yyyy) 20/05/2014



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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).

The ROT person(s) on duty will contact emergency services by dialling 911. They will have the area evacuated and if the store is safe they will use the 2-way radio to contact personnel in the retail store & the garage.

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).

Action and warnings will be taken by our duty ROT person(s) on duty. If an evacuation is necessary all staff are to meet across the road at the TD Bank parking lot. Note the store is surrounded by roads so staff may self-evacuate to where they feel safe.

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).

each day an opening procedure is done for the propane tank by the ROT person(s). If the system is not operational, it is closed with a sign stating 'closed'. The service manager is informed and he places a call to superior propane for servicing.

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

The propane site is very visible from the major road Kipling Ave. There are 2 entrances to the parking lot on the side where the propane tank is located so fire department will not have any issues accessing the propane site.

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

Information on the gauge of the outside of the tank will be provided to authorities by the facility. Key contact if it is safe for the contact person to be near the tank.

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

The Dealer lives in Toronto approx 20 min away. The Store Manager lives within 5 minutes of the site, so it would take minutes for a response to an emergency call.

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Name of person completing this form (please print)	Andrea Klon	
Signature	Official Title	OWNER
	Telephone No.	416-390-1641
	Date (dd-mm-yyyy)	20/05/2014



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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) | | <u>75</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>N/A</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) <u>Andrea Kim</u>	Official Title <u>owner</u>
Signature <u>[Signature]</u>	Telephone No. <u>(416) 390 1641</u>
	Date (dd-mm-yyyy) <u>20/05/2014</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.

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

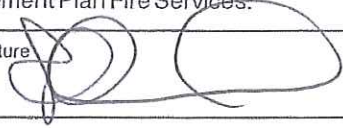
In response to the above comments, the following action(s) is required:

The licence holder will respond to the Local Fire Services comments by:

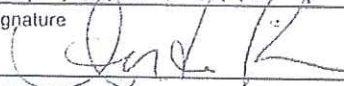
(dd-mm-yyyy)

LOCAL FIRE SERVICES

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

Local Fire Services Name TORONTO FIRE SERVICE <small>Print name</small>	Signature 	Date (dd-mm-yyyy) 15-10-2014
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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) Andrea Pilca	Official Title Owner	
Signature 	Telephone No. 416 390 11041	Date (dd-mm-yyyy) 20/05/2014



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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) <u>29-03-2011</u>	Capacity of single largest propane storage vessel (USWG) <u>2000</u>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>3m</u>	Right side property line: <u>3m</u>
Rear: <u>3m</u>	Left side property line: <u>3m</u>
GPS coordinates of single largest vessel: <u>43.712991 - 79.566459</u>	

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Name of person completing this form (please print) <u>Andrea Pilon</u>	Official Title <u>owner</u>
Signature 	Telephone No. <u>(416) 390-1641</u>
	Date (dd-mm-yyyy) <u>20/05/2011</u>



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SECTION C: SUBMISSIONS (cont'd)
Applicant must include a Facility Site Plan and Map of Surrounding Area

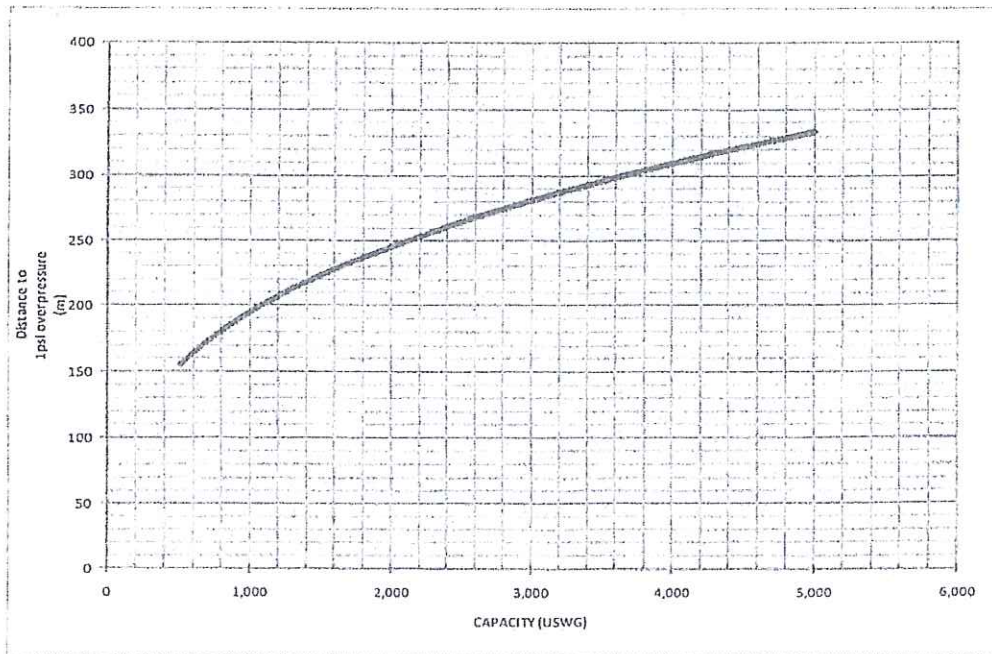
Table 1: Distance Table

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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Name of person completing this form (please print) Andrea Pilon	Official Title owner
Signature <i>[Handwritten Signature]</i>	Telephone No. (416) 390-1641
	Date (dd-mm-yyyy) 20/05/2014



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www.tssa.org

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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 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>Frost Park</u> Address: <u>2057 Kipling Ave</u> City: <u>Toronto</u> Province <u>Ont</u> Postal Code <u>M9W 4E8</u>		X			<u>75</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]				X	<u>40</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>ID Bank</u> Address: <u>2032-2050 Kipling Ave</u> City: <u>Toronto</u> Province <u>Ont</u> Postal Code <u>M9W 1Y8</u>			X		<u>50</u> m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>Huron College</u> Address: <u>175 Rexdale Blvd.</u> City: <u>Toronto</u> Province <u>Ont</u> Postal Code <u>M9W 1P6</u>		X			<u>200</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ 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) <u>Andrea Klon</u>	Official Title <u>owner</u>
Signature <u>[Signature]</u>	Telephone No. <u>647-390-1641</u> Date (dd-mm-yyyy) <u>20/05/2024</u>



Technical Standards and Safety Authority
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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		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	48	2784
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	280
Total Tank Capacity	
Total Portable Capacity	

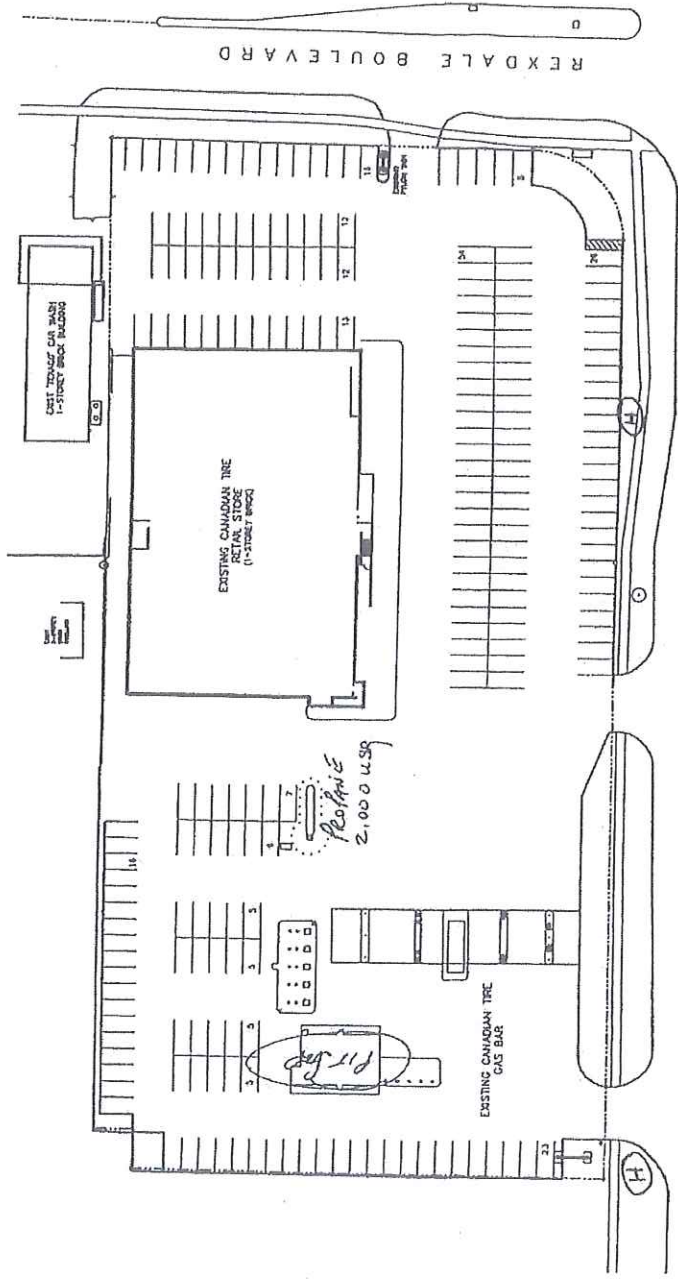
Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Name of person completing this form (please print) Andrea Blon	Official Title owner	
Signature 	Telephone No. 647-390-1641	Date (dd-mm-yyyy) 20/05/2014

PLEASE
 MAKE PLAN FOR THE CONCEPT
 SHOW ALL DIMENSIONS
 AND ALL NECESSARY NOTES
 ON FILE THROUGHOUT THE ENTIRE PROJECT



Ⓜ = FIRE HYDRANT

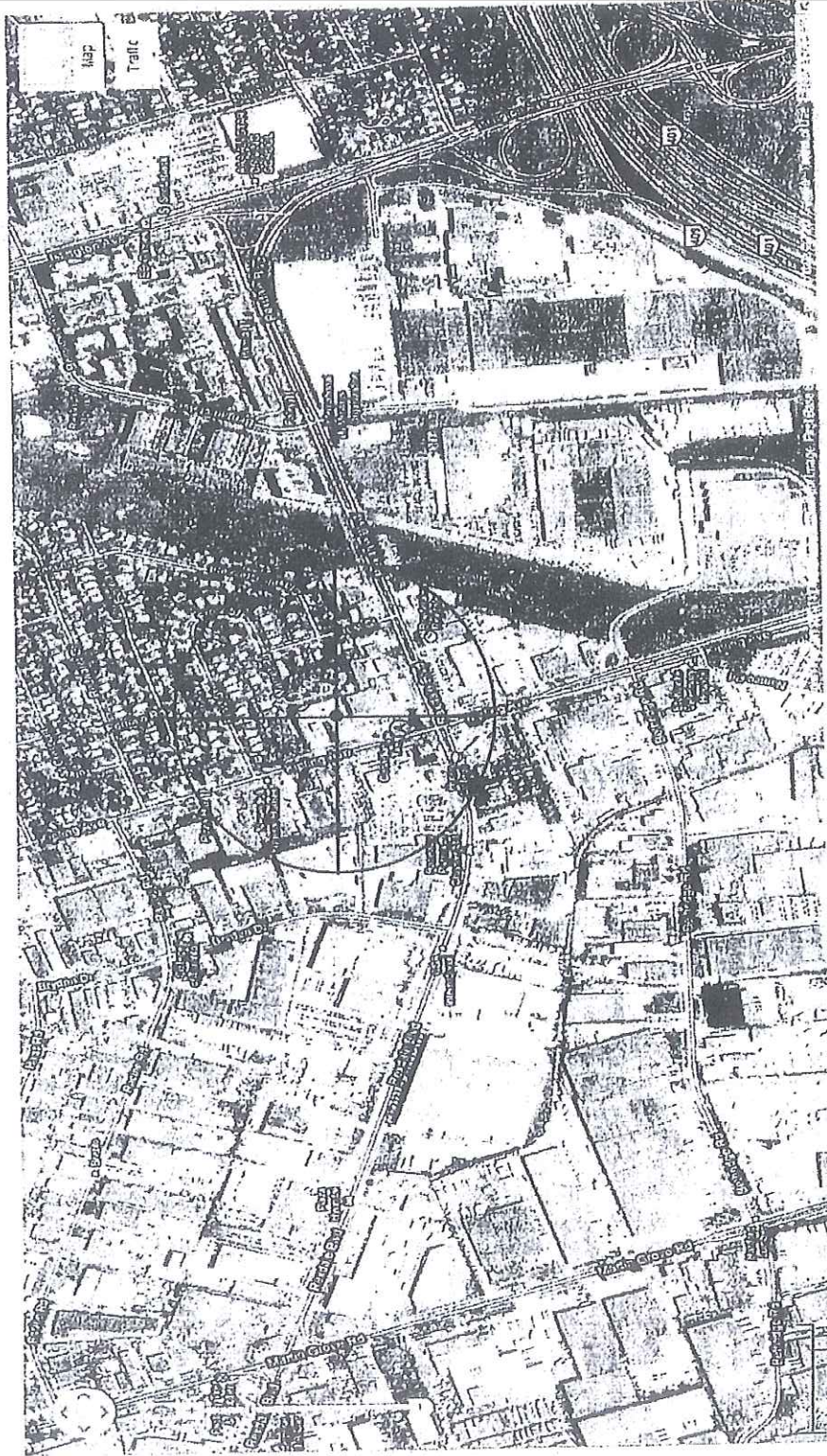


KIPLING AVENUE NORTH

CANADIAN TIRE REAL ESTATE LIMITED - Silver Team
 Toronto, Ontario 242

CP-10

Scale: 1:500
 December 21, 2000



Map of Surrounding Area

Canadian Tire - 2025 Kipling Avenue, Toronto

Legal Description: Pt Lt 27, Con A ON Humber As In
E8364525 Etobicoke, City of Toronto

Note: Property Lines a setbacks shown on site plan.

Municipality (ies): within the 1 psi overpressure circle:

Municipal Contact:

Brad Eyre, Emergency Management Coordinator
Office of Emergency Management
City of Toronto
T: 416-938-8747 F: 416-392-3833

Location of Propane Storage Tank:

Demarcated by ● in centre of circle.

Capacity of Propane Storage Tank:

Capacity of Propane Storage Tank =

GPS Coordinates of Propane Storage Tank:

GPS Co-ordinates = 43.712991, -79.566459

Circular Distance to 1 psi overpressure:

Denoted by circle centred on tank radial distance = 246 m