



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: 1.877.602.6772

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

This Level 1 RSMP applies to:   
 - a facility with a total propane storage capacity of 5,000 USWG or less; or  
 - a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

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

**For Office Use Only**

Licence Number: 0070502269-C

Check applicable type of propane operations.

Cylinder     Motor Fill     Filling Plant     Card/Keylock

Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.

**SECTION A: GENERAL INFORMATION**

The Undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act*, Propane Storage and Handling Regulation.

**A** Company Name: Timothy J. Tallon Sales Inc. Ontario Corporation No., if applicable: \_\_\_\_\_  
 Operator Name (if different from above): Tim Tallon

Telephone No.: 416-760-8141 Fax No.: 416-004-0115 E-mail: timtallon@hotmail.com

**B** Street No.: 2129 Street Name / B11 Number / Address, if applicable: St. Clair Ave. West  
 Town / City or Township / County: Toronto Province: Ontario Postal Code: M6N 5B4

Mailing address if different from above:  
**C** Street No.: \_\_\_\_\_ Street Name / B11 Number / Address, if applicable: \_\_\_\_\_  
 Town / City or Township / County: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Information on Container Refill Centre or Filling Plant**  
**D** Location of facility:  
 Street No.: 2129 Street Name / B11 Number / Address, if applicable: St. Clair Ave. West Nearest Major Intersection: St. Clair Road West and Keele  
 Town / City or Township / County: Toronto Province: Ontario Postal Code: M6N 5B4

Name of Licence Holder: Timothy J. Tallon Sales Inc.  
 Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Tim Tallon ROT type: 100-00  
 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.

|  |           |                   |
|--|-----------|-------------------|
| Print name   | Signature | Date (dd-mm-yyyy) |
| Name of Licence Holder: Timothy J. Tallon Sales Inc.   |           | 31-08-2011        |
| Name of Senior Management person as defined in the Regulation holding the Record of Training: Tim Tallon |           |                   |



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established.  
1997

Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.  
NONE

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

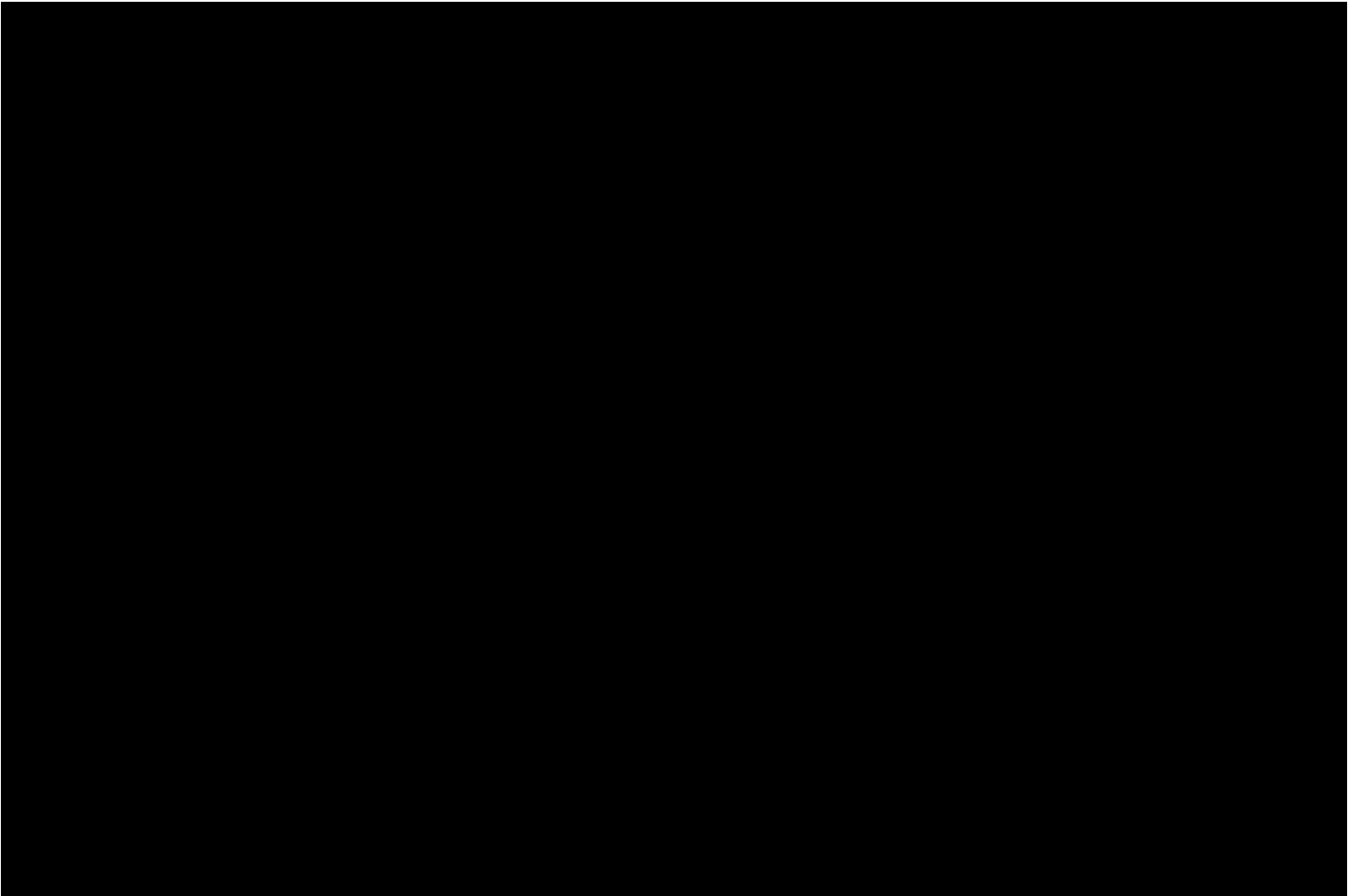
|         | PSIG | Serial Number |
|---------|------|---------------|
| Tank 1: | 250  | 4024.8        |
| Tank 2: |      |               |
| Tank 3: |      |               |

Note: you will find the PSIG and Serial number on the propane tank.

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

Fixed: 2000      Portable: 280      Mobile: ←

Note: Complete this form if your store has a cage for propane cylinder exchange. One cage can hold 140 gallons. If you have two cages, then you can hold 280 gallons.



I hereby declare that the information I have given here is true and complete.

|  |                                   |
|--|-----------------------------------|
| Name of person completing this form (please print)<br>JOHN MORIN | Official Title<br>SERVICE MANAGER |
| Signature  | Telephone No.<br>416-768-8141     |
|  | Date (dd-mm-yyyy)<br>11-10-2011   |



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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

|  |   |  |                        |
|--|---|--|------------------------|
| Name of Propane Supplier(s)<br>Superior Propane - Ontario Regional Operations Centre |   | For Office Use - Party No.<br>[REDACTED] |                        |
| Street No.<br>251  | Street Name / 911 Number / Address, if applicable<br>Woodlawn Road West, Unit 217 |  |                        |
| Town / City or Township / Country<br>Guelph  |   | Province<br>Ontario                      | Postal Code<br>N1H 8J1 |
| Telephone No.<br>1-877-873-7467  | Fax No.<br>519-836-7766   | Contact Name<br>Mike Mullins             |                        |
| E-mail<br>mullinsm@superiorpropane.com   |   |  |                        |

|   |   |  |                       |
|---|---|--|-----------------------|
| Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/> |   | For Office Use - Party No.<br>[REDACTED] |                       |
| Superior Propane - Guelph Propane Bulk Plant  |   |  |                       |
| Street No.<br>7022  | Street Name / 911 Number / Address, if applicable<br>Wellington Rd. 124 Lot 2 Con 3 |  |                       |
| Town / City or Township / Country<br>Guelph   |   | Province<br>Ontario                      | Postal Code<br>N1H6L3 |
| Telephone No.<br>1-877-873-7467   | Fax No.<br>N/A  | Contact Name<br>Jason Swan               |                       |
| E-mail<br>swanj@superiorpropane.com   |   |  |                       |

|   |   |                            |
|---|---|----------------------------|
| Off-site Cylinder and/or Mobile Storage<br>none | 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)<br>John Morin | Official Title<br>Automotive Manager |                                 |
| Signature<br>  | Telephone No.<br>416-768-8141        | Date (dd-mm-yyyy)<br>31-08-2011 |



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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN**

The licence holder will complete Section B in consultation with the local Fire Services.

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

MAXIMUM 1,000 LITERS EACH 5W20, 5W30, 10W30 BULK OIL LOCATED BESIDE BAY 1 INSIDE SHOP. WASTE OIL TANK MAXIMUM 3,500 LITERS.  
LOCATED IN COMPOUND SOUTH WALL OF BUILDING WASTE ANTIFREEZE TANK LOCATED IN COMPOUND SOUTH WALL OF BUILDING  
OXY-ACETALYNE TANKS ON A WELDING CART LOCATED AT THE WEST END OF GARAGE

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

20 LB FIRE EXT. LOCATED AT PROPANE PAC MAN 6 5LB FIRE EXT. LOCATED INSIDE SERVICE CENTRE

Emergency shut off switch located on south side of tank

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 LOCATED BELOW TANK TO SHUT OFF FLOW

Adjacent building has a complete Fire Alarm System and Sprinkler System

Maintenance and testing schedule for fire protection controls and devices.

CHECK, INSPECT AND TEST AS PER APPROVED FIRE SAFETY PLAN AND THE ONTARIO FIRE CODE

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|  |  |                                      |                                 |
|--|--|--------------------------------------|---------------------------------|
| Name of person completing this form (please print)<br>JOHN MORIN |  | Official Title<br>AUTOMOTIVE MANAGER |                                 |
| Signature<br>  |  | Telephone No.<br>416-766-8141        | Date (dd-mm-yyyy)<br>31-08-2011 |



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

1. Contacts for Emergency Response

|  |  |  |  |
|--|--|--|--|
| <b>1. Facility Contact Personnel - Key Contact</b>   |  | <b>5. Facility 24-Hour Contact Person</b>                            |  |
| Name<br>Tim Tallon   | For Office Use - Party No.<br>[REDACTED] | Name<br>Tim Tallon   | For Office Use - Party No.               |
| Official Title<br>Dealer   |  | Official Title<br>Dealer   |  |
| Telephone No.<br>416-766-8141  | Fax No.<br>416-604-0115                  | Cell No.   | Fax No.<br>416-604-0115                  |
| E-mail<br>tmtallon@hotmail.com   |  | E-mail<br>tmtallon@hotmail.com                                       |  |
| Role and responsibilities in emergency<br>Co-ordinate site response.                         |  | Role and responsibilities in emergency<br>Co-ordinate site response. |  |
| <b>2. Facility Contact Personnel - Alternate Contact</b>                                     |  | <b>6. Name of Facility Manager</b>                                   |  |
| Name<br>JOHN MORIN   | For Office Use - Party No.               | Name<br>Tim Tallon   | For Office Use - Party No.               |
| Official Title<br>SERVICE MANAGER  |  | Official Title<br>Dealer   |  |
| Telephone No.<br>416-526-2532  | Fax No.<br>n/a                           | Telephone No.<br>416-766-8141  | Fax No.<br>416-604-0115                  |
| E-mail<br>john.morin05@gmail.com   |  | E-mail<br>tmtallon@hotmail.com                                       |  |
| Role and responsibilities in emergency<br>Co-ordinate site response if Dealer not available. |  | Role and responsibilities in emergency<br>Co-ordinate site response. |  |
| <b>3. Local Fire Services - Key Contact</b>  |  | <b>7. Propane Supplier Key Contact Person</b>                        |  |
| Name<br>RYAN MORRISON  | For Office Use - Party No.               | Name<br>Superior Propane Hotline                                     | For Office Use - Party No.               |
| Official Title<br>INSPECTOR  |  | Official Title   |  |
| Telephone No.<br>416-338-9167  | Fax No.<br>416-338-9169                  | Telephone No.<br>1-877-873-7467                                      | Fax No.                                  |
| E-mail<br>morriss3@toronto.ca  |  | E-mail   |  |
| Role and responsibilities in emergency<br>assistant to fire chief                            |  | Role and responsibilities in emergency                               |  |
| <b>4. Local Fire Services - Alternate Contact</b>  |  | <b>8. Municipal Contact</b>  |  |
| Name<br>FRANK LAMIE  | For Office Use - Party No.               | Name<br>LORETTA CHANDLER   | For Office Use - Party No.<br>[REDACTED] |
| Official Title<br>DEPUTY FIRE CHIEF  |  | Official Title<br>DIRECTOR OFFICE OF EMO                             |  |
| Telephone No.<br>416-338-9054  | Fax No.<br>416-338-9492                  | Telephone No.<br>416-392-4554  | Fax No.<br>416-392-3833                  |
| E-mail   |  | E-mail<br>OEM@toronto.ca   |  |
| Role and responsibilities in emergency<br>ASSISTANT TO FIRE CHIEF                            |  | Municipality   |  |

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| Signature<br>  | Telephone No.<br>416-766-8141        |
|  | Date (dd-mm-yyyy)<br>31-08-2011      |



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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.

Emergency shut off switch located on south side of tank

PROPANE LEAK NO FIRE EVACUATE AREA, REMOVE ALL SOURCES OF IGNITION CALL 911 CALL SUPERIOR PROPANE TO RESPOND

SO BUILDING STRUCTURE IS BETWEEN TANK CALL 911 CALL SUPERIOR PROPANE TO RESPOND

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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)<br>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)<br>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)<br>AS REQUIRED | Print Name of Training Provider:     |
|   | Print Name of Instructor: JOHN MORIN |
| 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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|  | Date (dd-mm-yyyy)<br>31-08-2011      |



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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)<br>Q4 2011 | Print Name of Training Provider: |
|                                     | Print Name of Instructor:        |
| Target Date (dd-mm-yyyy)            | Print Name of Training Provider: |
|                                     | Print Name of Instructor:        |
| Target Date (dd-mm-yyyy)            | Print Name of Training Provider: |
|                                     | Print Name of Instructor:        |

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

|                                     |                                  |
|-------------------------------------|----------------------------------|
| Target Date (dd-mm-yyyy)<br>Q4 2011 | Print Name of Training Provider: |
|                                     | Print Name of Instructor:        |
| Target Date (dd-mm-yyyy)            | Print Name of Training Provider: |
|                                     | Print Name of Instructor:        |
| Target Date (dd-mm-yyyy)            | Print Name of Training Provider: |
|                                     | Print Name of Instructor:        |

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

|                                     |                                  |
|-------------------------------------|----------------------------------|
| Target Date (dd-mm-yyyy)<br>Q4 2011 | Print Name of Training Provider: |
|                                     | Print Name of Instructor:        |
| Target Date (dd-mm-yyyy)            | Print Name of Training Provider: |
|                                     | Print Name of Instructor:        |
| Target Date (dd-mm-yyyy)            | Print Name of Training Provider: |
|                                     | Print Name of Instructor:        |

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| Signature<br>  | Telephone No.<br>416-766-8141        |
|  | Date (dd-mm-yyyy)<br>31-08-2011      |





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**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).  
 IN THE EVENT OF A WARNING CONDITION THE R.O.T. WILL IMMEDIATELY EVACUATE PEOPLE FROM THE AREA AND NOTIFY THE SENIOR DUTY MANAGER TO CALL 911 AND SUPERIOR PROPANE. AN ANNOUNCEMENT WILL BE MADE OVER THE PUBLIC ADDRESS SYSTEM TO EVACUATE STAFF AND CUSTOMERS THROUGH EMERGENCY EXITS ON THE WEST SIDE OF THE BUILDING.

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).  
 DUTY MANAGERS WOULD DIRECT STAFF AND CUSTOMERS TO DESIGNATED SAFE AREAS. DUTY MANAGERS WOULD SWEEP THE STORE TO ENSURE NO ONE IS LEFT BEHIND. SENIOR DUTY MANAGER WOULD CALL 911 AND FACILITY CONTACT PERSONNEL AS SOON AS PROBLEM IS DETECTED AND WHAT TYPE OF PROBLEM (LEAK OR FIRE) CUSTOMERS AND STAFF WILL BE DIRECTED TO THE METRO/LCBO PARKING LOT ON THE WEST SIDE OF THE BUILDING.

**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).  
 SENIOR DUTY MANGER CALLS 911 IMMEDIATELY UPON IDENTIFICATION OF AN INCIDENT BY THE R.O.T.

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

NO ENTRY OBSTRUCTIONS TANK IS LOCATED IN PARKING LOT WITH EASY ACCESS

Describe how the licence holder will ensure continual flow of updated information to authorities.  
 IF NOT ALREADY ON SITE, THE LICENCE HOLDER WILL BE AVAILABLE BY CELL PHONE UNTIL ARRIVAL AT FACILITY (APPROX 12 MINUTES).

How long will it take the facility liaison person to respond to the site.  
 FACILITY LIAISON IS LOCATED APPROXIMATELY 12 MINUTES FROM STORE- ALTERNATE IS 20 MINUTES FROM STORE

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| Signature<br>  |  | Telephone No.<br>416-766-8141        | Date (dd-mm-yyyy)<br>31-08-2011 |



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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.

**6. Building and Site Security and Procedures**

The goal here is to ensure you answer yes to each of the questions. If you are unable to answer yes, action will be required to fix the issue. Contact the CTDA if you require assistance.

- |   | 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**

Contact your local fire department to obtain this information.

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)            |                                     | 24 M                     |
| 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) |                                     | HYDRANT 24M              |

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|  |  |                                   |                                 |
|--|--|-----------------------------------|---------------------------------|
| Name of person completing this form (please print)<br>JOHN MORIN |  | Official Title<br>SERVICE MANAGER |                                 |
| Signature<br>  |  | Telephone No.<br>416-766-8141     | Date (dd-mm-yyyy)<br>11-10-2011 |



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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:

Records of training for the 12 most recent months not provided.

Site inspection of adjacent building completed with only minor deficiencies noted. Nothing that would impact this RSMP.

**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 RYAN MORRISON | <i>R Morrison</i> | 01/09/2011        |

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)<br>John Morcin | Official Title<br>Automotive Manager |                               |
| Signature<br><i>John Morcin</i>                                   | Telephone No.<br>416-766-8141        | Date (dd-mm-yyyy)<br>31/08/11 |



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 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**

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)<br>04-06-2007             | Capacity of single largest propane storage vessel (USWG)<br>2000 |
| Tank setback coordinates. Indicate placement on the map. |  |
| Front: 50 M  | Right side property line: 156 M                                  |
| Rear: 88 M   | Left side property line: 52 M                                    |
| GPS coordinates of single largest vessel:                | 43.6702, -79.4711  |

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|  |                                      |
|--|--------------------------------------|
| Name of person completing this form (please print)<br>JOHN MORIN | Official Title<br>AUTOMOTIVE MANAGER |
| Signature<br>  | Telephone No.<br>416-766-8141        |
|  | Date (dd-mm-yyyy)<br>31-08-2011      |



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

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

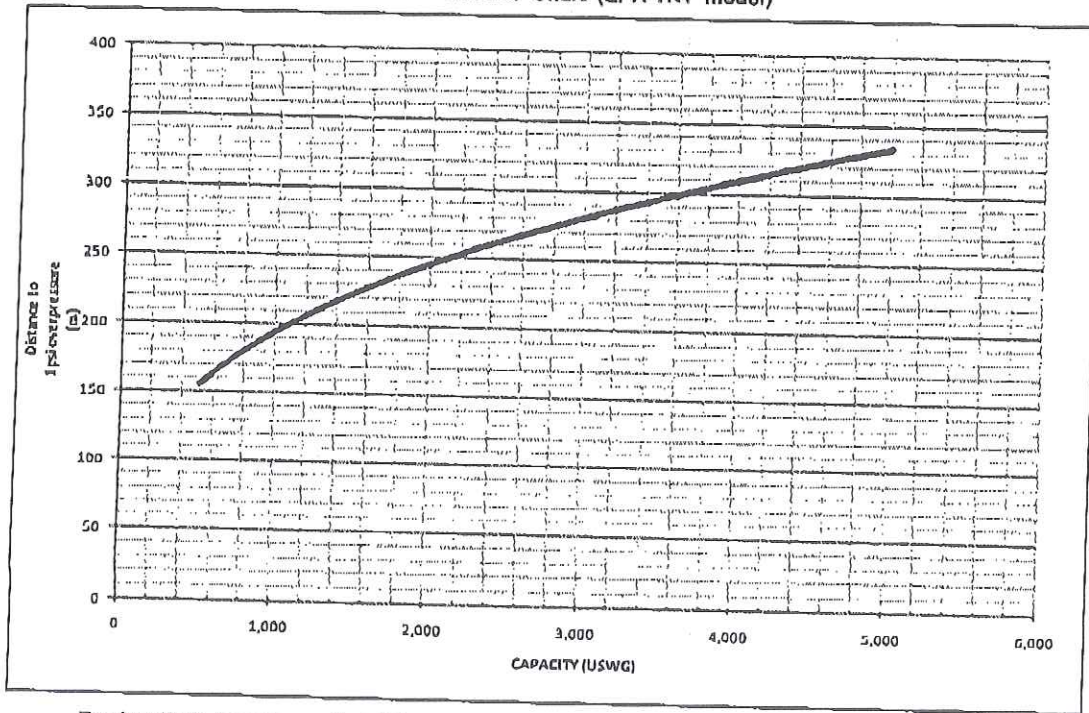
Table 1: Distance Table

| 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)<br>JOHN MORIN |  | Official Title<br>AUTOMOTIVE MANAGER |                                 |
| Signature<br>  |  | Telephone No.<br>416-786-8141        | Date (dd-mm-yyyy)<br>31-08-2011 |



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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<br>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<br>Name: FUTURE SHOP<br>Address: 10 OLD STOCKYARDS ROAD<br>City: TORONTO Province ON Postal Code M5N 5M8   |   | X |      |     | 63 m  |
| Residential building units specifically permanent sleep facilities<br>Name: [REDACTED]<br>Address: [REDACTED]<br>City: [REDACTED]  |   |   |      | X   | 203 m   |
| Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes.<br>Name: HOME DEPOT<br>Address: 2121 ST. CLAIR AVE WEST<br>City: TORONTO Province ON Postal Code M6N 5A8  |   | X |      |     | 98 m  |
| Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts.<br>Name: L.C.B.O.<br>Address: 2151 ST. CLAIR AVE W<br>City: TORONTO Province ON Postal Code M5N1K5   |   | X |      |     | 93 m  |
| Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons.<br>Name: ST. JOSEPHS HEALTH CENTRE<br>Address: 30 THE QUEENSWAY<br>City: TORONTO Province ON Postal Code M6R1B5 |   | X |      |     | 9 KM m<br>9000 m                                  |
| Emergency responders specifically fire stations, ambulance stations, and police stations.<br>Name: TORONTO FIRE DEPARTMENT<br>Address: 358 KEELE ST.<br>City: TORONTO Province ON Postal Code M6P2K7   |   | X |      |     | 1200 m  |

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

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|  | Date (dd-mm-yyyy)<br>31-08-2011      |



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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       | 278.4                |
| # 10                           | 2.9              |          |                      |
| # 5                            | 1.5              |          |                      |
| <b>Total Cylinder Capacity</b> |                  |          |                      |

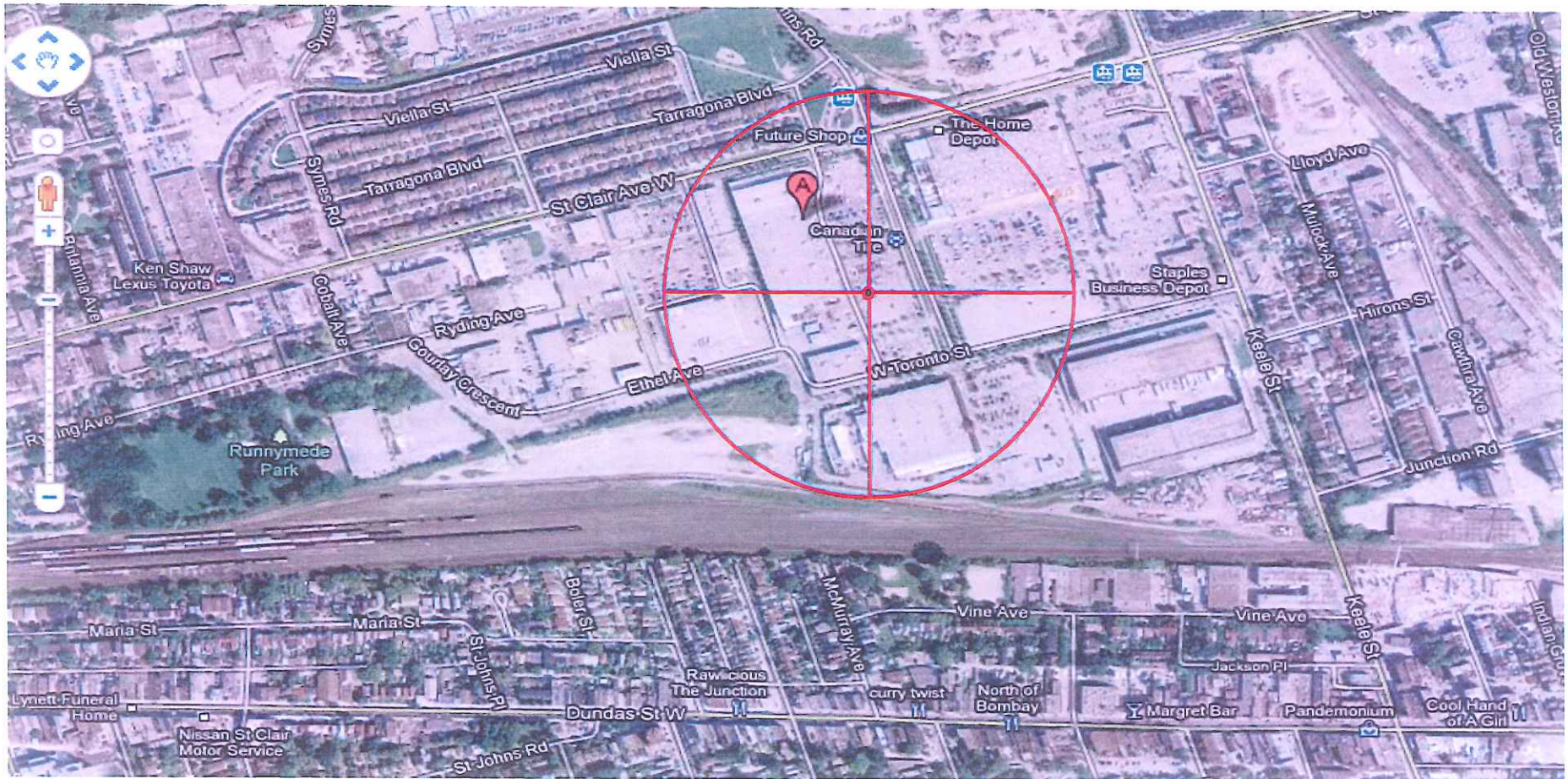
**Tanks Stored On-site Not Connected for Use**


| Tank Size in USWG            | Quantity | Total Volume in USWG |
|------------------------------|----------|----------------------|
|                              |          |                      |
|                              |          |                      |
|                              |          |                      |
|                              |          |                      |
|                              |          |                      |
|                              |          |                      |
|                              |          |                      |
|                              |          |                      |
|                              |          |                      |
|                              |          |                      |
| <b>Total Tank Capacity 0</b> |          |                      |

|                                |       |
|--------------------------------|-------|
| <b>Total Cylinder Capacity</b> | 278.4 |
| <b>Total Tank Capacity</b>     | 2000  |
| <b>Total Portable Capacity</b> |       |

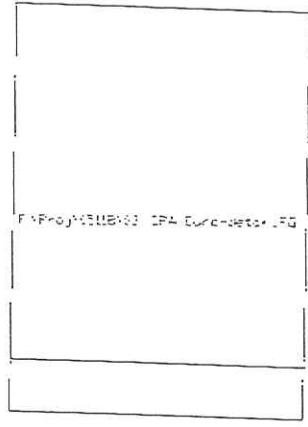
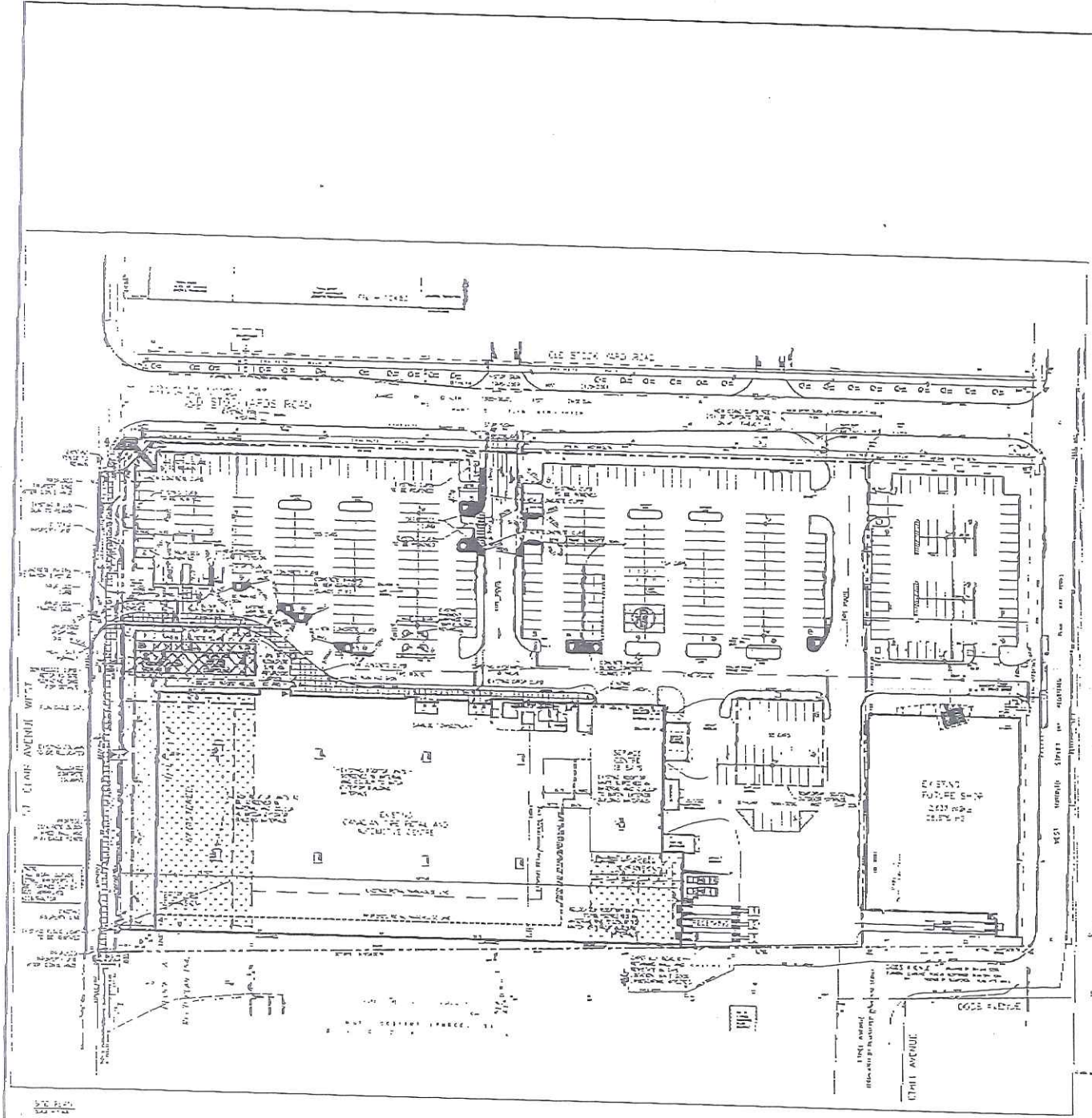
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|  |  |                                      |                                 |
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| Name of person completing this form (please print)<br>JOHN MORIN |  | Official Title<br>AUTOMOTIVE MANAGER |                                 |
| Signature<br>  |  | Telephone No.<br>416-766-8141        | Date (dd-mm-yyyy)<br>31-08-2011 |



|   |  |                                |  |
|---|--|--------------------------------|--|
| Location of Propane Storage Tank:<br>Demarcated by  in centre of circle. | Note: Property Lines a setbacks shown on site plan.                          | <b>Map of Surrounding Area</b> |  |
| Capacity of Propane Storage Tank:<br>Capacity of Propane Storage Tank = 2000 USWG   | Municipality (ies): within the 1 psi overpressure circle:<br>City of Toronto |                                | Canadian Tire - 2129 St. Clair Ave W   |
| GPS Coordinates of Propane Storage Tank:<br>GPS Co-ordinates = 43.6702, -79.4711  | Municipal Contact:   |                                | Part 1, 4 and 5 on Plan 64R-14799, City of Toronto,<br>on the Municipality of Metropolitan Toronto |
| Circular Distance to 1 psi overpressure:  |  |                                |  |
|   |  |                                |  |





CANADIAN TRE STATISTICS

| TYPE OF TRE   | 2010     |         | 2009     |         | 2008     |         | 2007     |         | 2006     |         |
|---------------|----------|---------|----------|---------|----------|---------|----------|---------|----------|---------|
|               | PLANTING | REMOVAL | PLANTING | REMOVAL | PLANTING | REMOVAL | PLANTING | REMOVAL | PLANTING | REMOVAL |
| STAD - SPRING | 102      | 12      | 110      | 12      | 115      | 12      | 118      | 12      | 120      | 12      |
| STAD - MIDDLE | 120      | 15      | 125      | 15      | 130      | 15      | 135      | 15      | 140      | 15      |
| STAD - FALL   | 130      | 20      | 140      | 20      | 150      | 20      | 160      | 20      | 170      | 20      |
| STAD - SPRING | 140      | 25      | 150      | 25      | 160      | 25      | 170      | 25      | 180      | 25      |
| STAD - MIDDLE | 150      | 30      | 160      | 30      | 170      | 30      | 180      | 30      | 190      | 30      |
| STAD - FALL   | 160      | 35      | 170      | 35      | 180      | 35      | 190      | 35      | 200      | 35      |
| STAD - SPRING | 170      | 40      | 180      | 40      | 190      | 40      | 200      | 40      | 210      | 40      |
| STAD - MIDDLE | 180      | 45      | 190      | 45      | 200      | 45      | 210      | 45      | 220      | 45      |
| STAD - FALL   | 190      | 50      | 200      | 50      | 210      | 50      | 220      | 50      | 230      | 50      |

This plan was prepared for the purpose of illustrating the general location of the proposed building and does not constitute a contract. The owner shall be responsible for obtaining all necessary permits and approvals from the appropriate authorities. The contractor shall be responsible for obtaining all necessary permits and approvals from the appropriate authorities. The contractor shall be responsible for obtaining all necessary permits and approvals from the appropriate authorities.

DATE: 09/02/11  
 DRAWN BY: [Name]  
 CHECKED BY: [Name]

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