



Technical Standards and Safety Authority
 www.issa.org
 14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 2X4
 Fax: 416.231.4903
 Customer Service: 1.877.682.8772

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

This Level 1 RSMP applies to:

- a facility with a total propane storage capacity of 5,000 USWG or less; or
- a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

<p style="text-align: center; font-weight: bold;">Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i>.</p> <p>Licence Number <input style="width: 150px;" type="text" value="000166546"/></p> <p>Check applicable type of propane operations.</p> <p> <input checked="" type="checkbox"/> Cylinder <input checked="" type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Keylock </p> <p>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p style="text-align: center; font-weight: bold;">For Office Use Only</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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SECTION A: GENERAL INFORMATION

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

A	Company Name <input 30%;"="" style="width: 90%;" type="text" value="OMNINRG LTD</input></td> <td style=" width:=""/> Ontario Corporation No., if applicable <input style="width: 90%;" type="text"/>	
	Operator Name (if different from above) <input style="width: 100%;" type="text"/>	
	Telephone No. <input style="width: 150px;" type="text" value="4165540056"/>	Fax No. / E-mail <input style="width: 150px;" type="text"/>
B	Street No. <input style="width: 50px;" type="text" value="102"/>	Street Name / 911 Number / Address, if applicable <input style="width: 700px;" type="text" value="BEVERLEY GLEN BLVD"/>
	Town / City or Township / County <input style="width: 350px;" type="text" value="THORNHILL"/>	Province / Postal Code <input style="width: 50px;" type="text" value="ON"/> <input style="width: 100px;" type="text" value="L4J7V2"/>
C	Mailing address if different from above.	
	Street No. <input style="width: 50px;" type="text"/>	Street Name / 911 Number / Address, if applicable <input style="width: 700px;" type="text"/>
	Town / City or Township / County <input style="width: 350px;" type="text"/>	Province / Postal Code <input style="width: 50px;" type="text"/> <input style="width: 100px;" type="text"/>

Information on Container Refill Centre or Filling Plant		
Location of facility.		
D	Street No. <input style="width: 50px;" type="text" value="2810"/>	Street Name / 911 Number / Address, if applicable / Nearest Major Intersection <input style="width: 600px;" type="text" value="MARKHAM RD"/>
	Town / City or Township / County <input style="width: 350px;" type="text" value="TORONTO"/>	Province / Postal Code <input style="width: 50px;" type="text" value="ON"/> <input style="width: 100px;" type="text" value="M1X1E6"/>

Name of Licence Holder <input style="width: 95%;" type="text" value="OMNINRG LTD"/>	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). <input style="width: 600px;" type="text" value="LAURENT ATTALI"/>	ROT type <input style="width: 100px;" type="text" value="PPO-3"/>
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) <input style="width: 95%;" type="text" value="TORONTO"/>	
Hours of operation. <div style="background-color: black; width: 100%; height: 40px;"></div>	

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 <u>LAURENT ATTALI</u>		08-12-2011
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>LAURENT ATTALI</u>		08-12-2011



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SECTION A: GENERAL INFORMATION (cont'd)

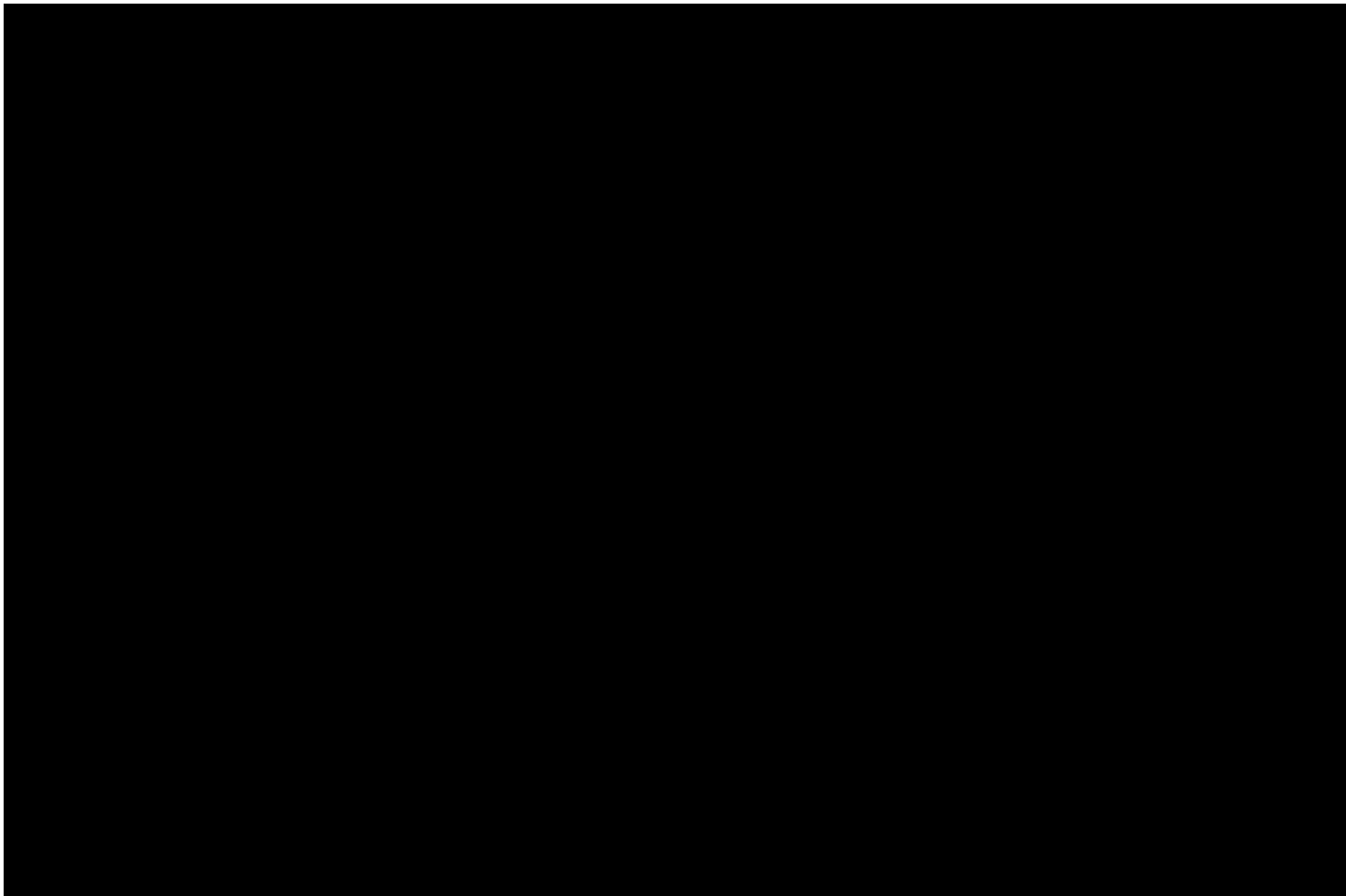
Indicate the year the facility was established. 1989 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. NO

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

	PSIG	Serial Number
Tank1:	<u>250</u>	<u>5.814844</u>
Tank2:	_____	_____
Tank3:	_____	_____

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

Fixed: 2000 Portable: 18*20 Mobile: _____



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Name of person completing this form (please print) <u>LAURENT ATTALI</u>	Official Title <u>MANAGER</u>	
Signature	Telephone No. <u>4165540056</u>	Date (dd-mm-yyyy) <u>08-12-2011</u>



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

Name of Propane Supplier(s) PRIMEMAX ENERGY INC		For Office Use - Party No. [REDACTED]	
Street No. 2558	Street Name / 911 Number / Address, if applicable CEDAR CREEK ROAD		
Town / City or Township / Country AYR		Province ON	Postal Code N0B1E0
Telephone No. 5197408209	Fax No. 5197401015	Contact Name MIKE TAYLOR	
E-mail MTAYLOR@PRIMEMAXENERGY.COM			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No. [REDACTED]	
PRIMEMAX ENERGY INC			
Street No. 2558	Street Name / 911 Number / Address, if applicable CEDAR CREEK ROAD		
Town / City or Township / Country AYR		Province ON	Postal Code N0B1E0
Telephone No. 5197408209	Fax No. 5197401015	Contact Name MIKE TAYLOR	
E-mail MTAYLOR@PRIMEMAXENERGY.COM			

Off-site Cylinder and/or Mobile Storage	Capacity stored off-site, in USWG	For Office Use - Party No.	
Street No. / Street Name / 911 Number / Address, if applicable			
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

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

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Signature	Telephone No. 4165540056	Date (dd-mm-yyyy) 08-12-2011



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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.

3 REG FUEL TANKS + 1 PREM FUEL TANK + 2 DIESEL FUEL TANKS ON SOUTHDGE OF PROPERTY - EACH TANK 22,500 LITERS CAPACITY

1L AND 4L OIL PRODUCTS FOR SALE AT KIOSK

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

FE AT PROPANE TANK, FE AT EACH DISPENSER ISLAND, FE INSIDE STORE

FH AT ENTRANCE TO SITE NEXT 3-5M FROM PROPANE TANK, ADDITIONAL FH AT CORNER OF MCNICOLL AND MARKHAM RD

List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

FUSIBLE LINK ON CHAIN FOR ISC VALVE

ELECTRIC SOLONOID VALVE ON SUPPLY LINE TO PUMP (NORMALY CLOSED)

Maintenance and testing schedule for fire protection controls and devices.

F.E. INSPECTED YEARLY BY SERVICE COMPNAY & MONTHLY BY OPERATOR

PRIMEMAX ENERGY INSPECTING PROPANE SYSTEMS ONCE A YEAR

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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact				5. Facility 24-Hour Contact Person			
Name LAURENT ATTALI		For Office Use - Party No.		Name WHOEVER IS ON DUTY 24H/DAY		For Office Use - Party No.	
Official Title MANAGER				Official Title ATTENDANT			
Telephone No. 4165540056		Fax No.		Cell No. 4162910007		Fax No.	
E-mail				E-mail			
Role and responsibilities in emergency				Role and responsibilities in emergency			
2. Facility Contact Personnel - Alternate Contact				6. Name of Facility Manager			
Name WHOEVER IS ON DUTY 24H/DAY		For Office Use - Party No.		Name LAURENT ATTALI		For Office Use - Party No.	
Official Title ATTENDANT				Official Title MANAGER			
Telephone No. 4162910007		Fax No.		Telephone No. 4165540056		Fax No.	
E-mail				E-mail			
Role and responsibilities in emergency				Role and responsibilities in emergency			
3. Local Fire Services - Key Contact				7. Propane Supplier Key Contact Person			
Name FRANK LAMIE		For Office Use - Party No.		Name MIKE TAYLOR		For Office Use - Party No.	
Official Title DEPUTY FIRE CHIEF		E-mail FLAMIE@TORONTO.CA		Official Title GENERAL MANAGER		E-mail MTAYLOR@PRIMEMAXENERGY.COM	
Telephone No. 4163389054		Fax No.		Telephone No. 5197408209		Fax No. 5197401015	
Role and responsibilities in emergency COORDINATE FIRE SERVICE RESPONSE & LIASE WITH POLICE SERVICES				Role and responsibilities in emergency			
Fire Services Address				Propane Supplier Address			
4. Local Fire Services - Alternate Contact				8. Municipal Contact			
Name JIM STOOPS		For Office Use - Party No.		Name ULLI WATKISS		Party No.	
Official Title DIVISION CHIEF		E-mail JSTOOPS@TORONTO.CA		Official Title CITY CLERK		Fax No.	
Telephone No.		Fax No.		Telephone No. 4163928010		Fax No. 4163922980	
Role and responsibilities in emergency				E-mail CLERK@TORONTO.CA			
Fire Services Address				Municipality Name and Address CITY OF TORONTO, CITY HALL, TORONTO, ON			

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2. Additional Safety Measures

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

N/A

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

3. Record of Emergency Training Provided - For most recent 12-month period.

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Training Date (dd-mm-yyyy) WAS NOT IN PLACE	Print Name of Training Provider: LAURENT ATTALI
	Print Name of Instructor: LAURENT ATTALI
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) WAS NOT IN PLACE	Print Name of Training Provider: LAURENT ATTALI
	Print Name of Instructor: LAURENT ATTALI
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) AS REQUIRED	Print Name of Training Provider: PROMAR PETROLEUM INC.
	Print Name of Instructor: MIKE MARTIN
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

4. Emergency Training Plan for Coming Year

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Target Date (dd-mm-yyyy) SEP 2 2012	Print Name of Training Provider: LAURENT ATTALI
	Print Name of Instructor: LAURENT ATTALI
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) SEP 2 2012	Print Name of Training Provider: LAURENT ATTALI
	Print Name of Instructor: LAURENT ATTALI
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) AS REQUIRED	Print Name of Training Provider: PROMAR PETROLEUM INC.
	Print Name of Instructor: MIKE MARTIN
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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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).

ATTENDANT ON DUTY CALLS 911

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).

AFTER 911 CALL, ATTENDANT ON DUTY ASSURES EVERYBODY GETS TO SAFE MEETING PLACE OR OFF PROPERTY

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).

ATTENDANT ASSESSES SITUATION, WHEN SITUATION REQUIRES FIRST RESPONDERS, ATTENDANT CALLS 911. AFTER 911 CALL

ATTENDANT ON DUTY ENSURES THAT STAFF AND CUSTOMERS/GENERAL PUBLIC, BUSINESS'S ON SITE ARE SENT TO SAFER MEETING

PLACE. STAFF MEMBERS ARE TRAINED ON WHEN TO MAKE A CALL, I.E. (LIQUID LEAK FROM TANK WOULD REQUIRE CALL TO 911 AND TO

SUPPLIER) CALL TO 911 IS ALWAYS MADE FIRST BEFORE DEALING WITH PEOPLE

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

SITE IS OPEN 24 HOURS A DAY AND IS ACCESSABLE 24 HOURS A DAY - NO GATES TO PREVENT ANYONE FROM GETTING IN

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

SITE IS OPEN 24 HOURS A DAY, ATTENDANT WILL REMAIN ON SITE FOR DURATION OF RESPONSE

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

SITE IS OPEN 24H SO ATTENDANT ON DUTY IS ALWAYS THERE. MANAGER IS ABOUT 1 HOUR AWAY.

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Signature	Telephone No. 4165540056	Date (dd-mm-yyyy) 08-12-2011	



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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

	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>6-7 M</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>	

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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.

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name <i>Red Mount</i>	<i>[Signature]</i>	<i>2 FEB 2012</i>

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Name of person completing this form (please print) LAURENT ATTALI	Official Title MANAGER
Signature <i>[Signature]</i>	Telephone No. 4165540056
	Date (dd-mm-yyyy) 03-12-2011



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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) 14-11-2011	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: <u>6.0 m</u>	Right side property line: <u>120 m</u>
Rear: <u>85.0 m</u>	Left side property line: <u>3.2 m</u>
GPS coordinates of single largest vessel: <u>N43 49 21 W79 14 51</u>	

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SECTION C: SUBMISSIONS (cont'd)

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

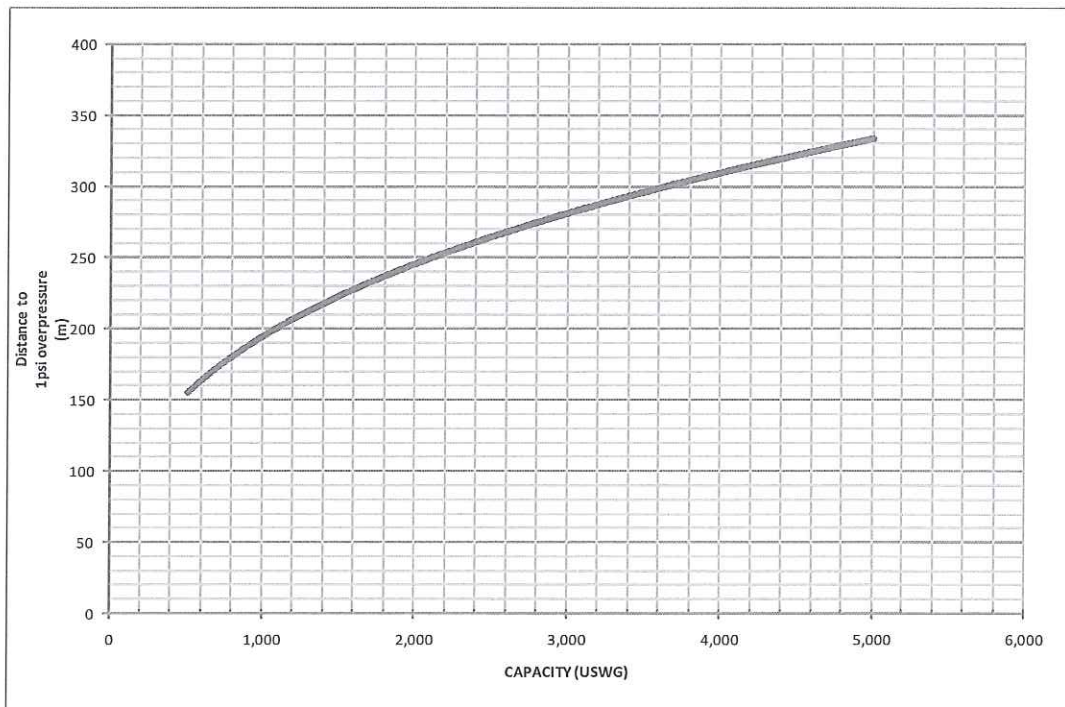
Table 1: Distance Table

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)





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

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>TRANSONTARIO EXPRESS</u> Address: <u>3555 MCNICOLL AVE</u> City: <u>TORONTO</u> Province <u>ON</u> Postal Code <u>M1V5M9</u>			X		<u>120</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>HOENY B HIVES RESTAURANT</u> Address: <u>2816 MARKHAM RD</u> City: <u>TORONTO</u> Province <u>ON</u> Postal Code <u>M1X1E6</u>			X		<u>50</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> 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>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/A</u> 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>LAURENT ATTALI</u>	Official Title <u>MANAGER</u>
Signature	Telephone No. <u>4165540056</u> Date (dd-mm-yyyy) <u>08-12-2011</u>



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WORKSHEET

Portable Storage Additional Information Worksheet

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	18	104.40
# 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 2000		

Total Cylinder Capacity	104.40
Total Tank Capacity	2000
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	2104.40

Map of Surrounding Area

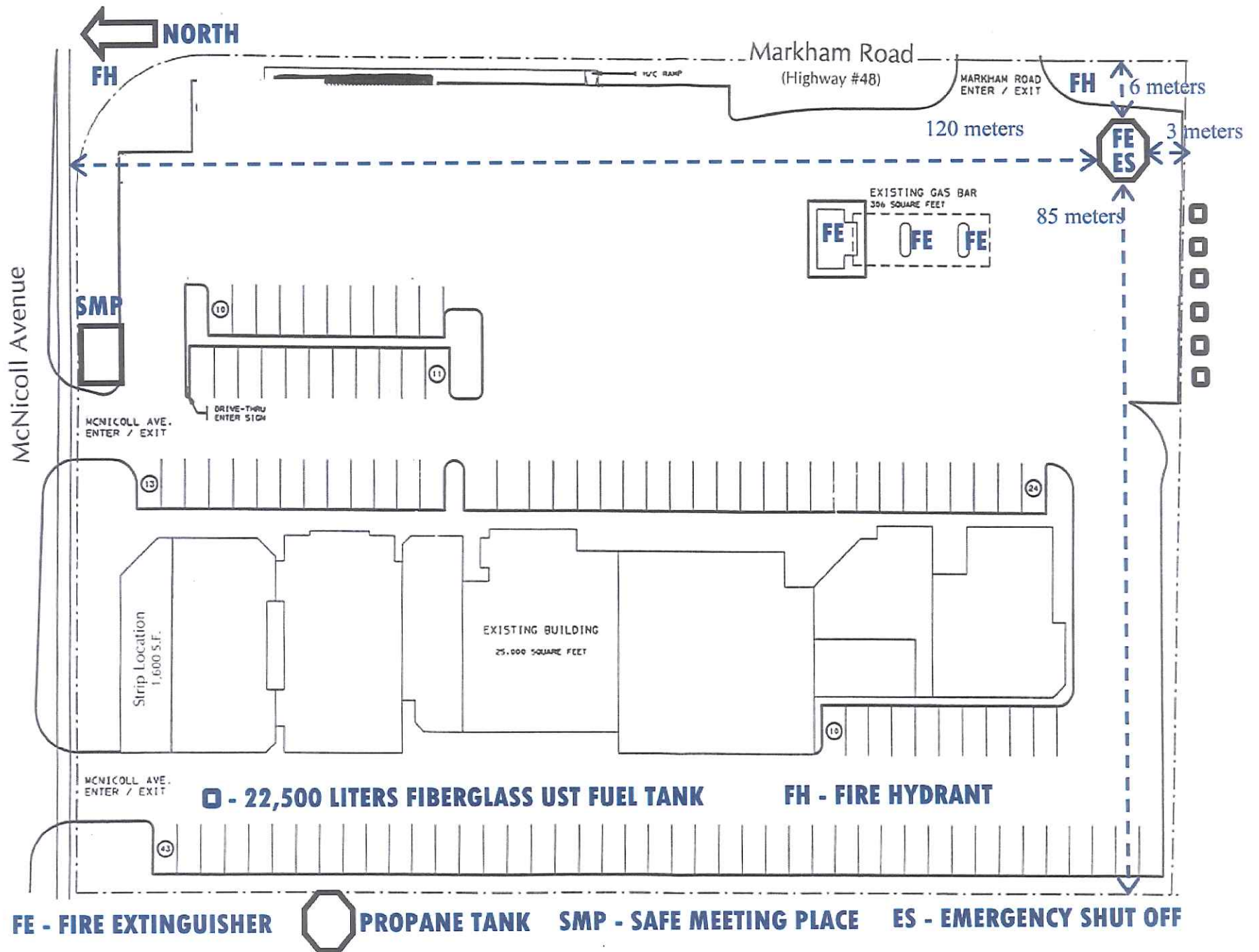
2810 Markham Road, Toronto



Municipal Contact Information	
NAME:	Ulii Watkiss
TITLE:	City Clerk
TELEPHONE No.:	416 392 8010
E-MAIL:	clerk@toronto.ca
MUNICIPALITY:	City of Toronto

DATE MAP PREPARED: (14-11-2011)	CAPACITY OF SINGLE LARGEST PROPANE STORAGE VESSEL	2000USWG
IMAGERY DATE: (8-31-2009)		
TANK SETBACK COORDINATES.		
FRONT:	<u>6.0m</u>	RIGHT SIDE PROPERTY LINE: <u>120m</u>
BACK:	<u>85.0m</u>	LEFT SIDE PROPERTY LINE: <u>3.2m</u>
GPS COORDINATES OF SINGLE LARGEST VESSEL	<u>N43°49'21" W79°14'51"</u>	

Omning Ltd. 2810 Markham Road, Toronto, ON Ph. 416 291 0007
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FE - FIRE EXTINGUISHER



PROPANE TANK

SMP - SAFE MEETING PLACE

ES - EMERGENCY SHUT OFF