

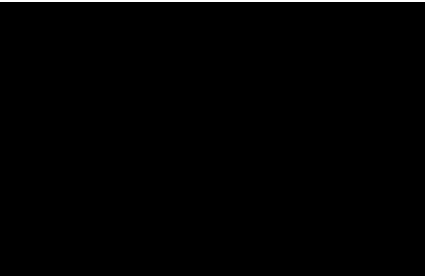


Technical Standards and Safety Authority
 www.tssa.org
 14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X2X4
 Fax: 416.231.4903
 Customer Service: 1.877.682.8772

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 5,000 USWG or less; or
- USWG of portable propane storage capacity



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

Licence Number

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: Vicdom Sand & Gravel Ltd. Ontario Corporation No., if applicable: 425344

Operator Name (if different from above):

Telephone No.: (416) 798-7881 Fax No.: (905) 649-1349 E-mail: bgjordano@vicdom.com

B Street No.: 3444 Street Name / 911 Number / Address, if applicable: Brock Road

Town / City or Township / County: Uxbridge Province: ON Postal Code: L9P 1N6

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

D Location of facility.

Street No.: 3444 Street Name / 911 Number / Address, if applicable: Brock Road 1 Nearest Major Intersection: Goodwood Road & Brock Road

Town / City or Township / County: Uxbridge Province: ON Postal Code: L9P 1N6

Name of Licence Holder: Victor Giordano

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

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): The Township of Uxbridge

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: <u>Victor Giordano</u>	<u>Victor Giordano</u>	<u>11-04-2014</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training: <u>Victor Giordano</u>		



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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)

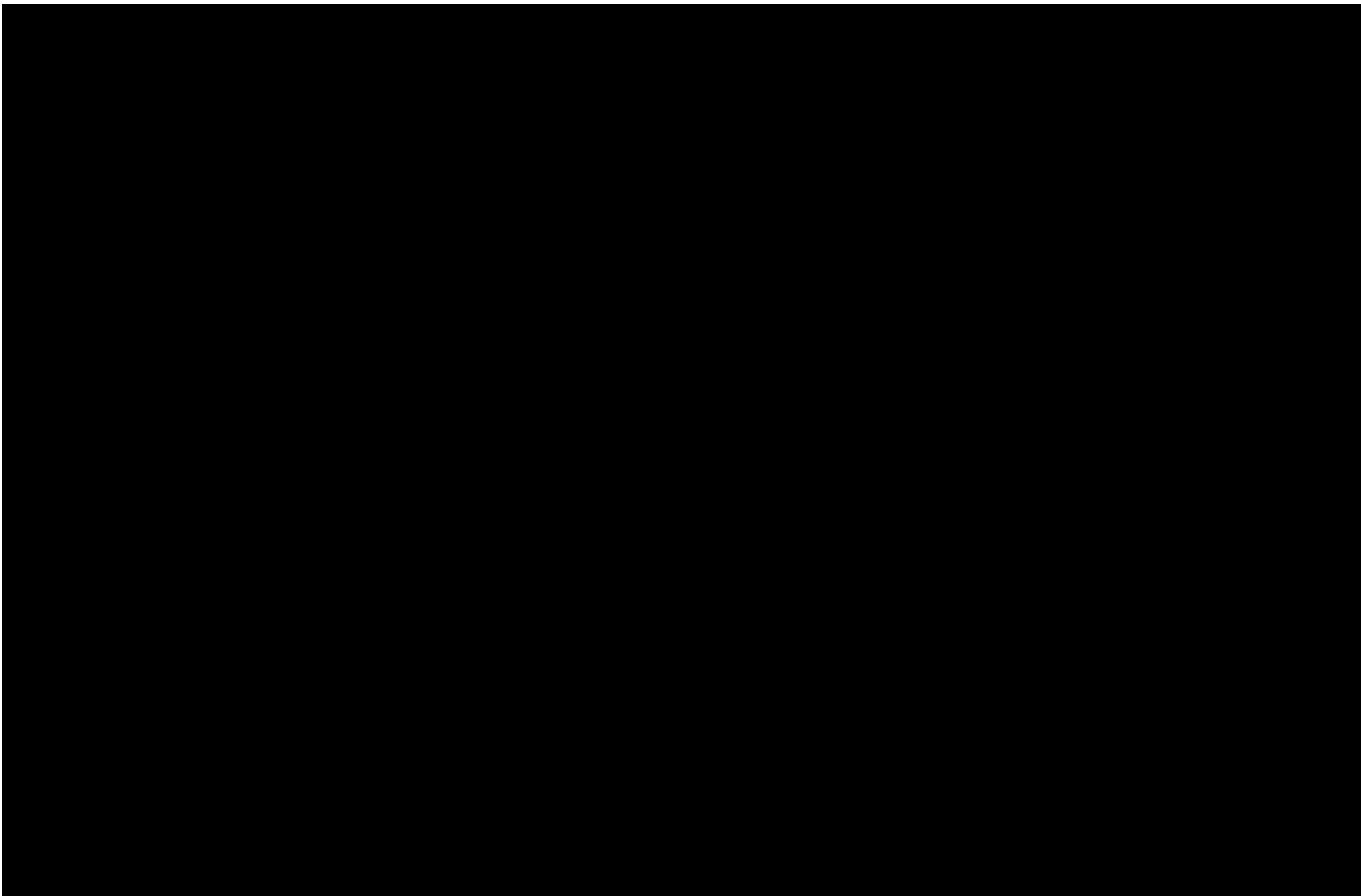
Indicate the year the facility was established. _____ Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. _____

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>567090</u>
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: 500 USWG Portable: 77.1 USWG Mobile: _____



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Name of person completing this form (please print) <u>Victor Giordano</u>	Official Title <u>President</u>	
Signature <u>Victor Giordano</u>	Telephone No. <u>(416) 798-7881</u>	Date (dd-mm-yyyy) <u>11-04-2014</u>



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

Name of Propane Supplier(s) Budget Propane		For Office Use - Party No.	
Street No. 1011	Street Name / 911 Number / Address, if applicable Beiers Road RR#1		
Town / City or Township / Country Gravenhurst		Province ON	Postal Code P1P 1R1
Telephone No. (888) 405-7777	Fax No. (705) 687-1305	Contact Name	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		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	
E-mail			

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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Name of person completing this form (please print) Victor Giordano		Official Title President	
Signature <i>Victor Giordano</i>	Telephone No. (416) 798-7881	Date (dd-mm-yyyy) 11-04-2014	



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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.

1 x 5000 USWG - used oil

1 x USWG - Underground Diesel Tank

1 x 420 lbs - Propane used for Heating

1 x 1000 USWG - Propane used for Heating

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

2 x Fire Extinguishers - one at propane tank, one on front of west shop wall.

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 pull chain. If propane transfer system is exposed to fire the link will melt and the tank valve will automatically close.

Excess flow valve will automatically close if propane flow exceeds maximum flow rate of 50 gallons per minute.

Maintenance and testing schedule for fire protection controls and devices.

pre-use inspections

- annual inspection of tank

- monthly inspections of fire extinguishers by owner

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Signature 	Telephone No. (416) 798-7881	Date (dd-mm-yyyy) 11-04-2014



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name <u>Bruno Giordano</u>	For Office Use - Party No.	Name <u>Bruno Giordano</u>	For Office Use - Party No.
Official Title <u>Operations Manager</u>		Official Title <u>Operations Manager</u>	
Telephone No. <u>(416) 798-7881</u>	Fax No. <u>(905) 649-1349</u>	Cell No. <u>(416) 717-3560</u>	Fax No. <u>(905) 649-1349</u>
E-mail <u>bgiordano@vicdom.com</u>		E-mail <u>bgiordano@vicdom.com</u>	
Role and responsibilities in emergency <u>First responder. See supervisor responsibilities in "Schedule 1" for a complete list.</u>		Role and responsibilities in emergency <u>First responder. See supervisor responsibilities in "Schedule 1" for a complete list.</u>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <u>Rick Manuel</u>	For Office Use - Party No.	Name <u>Bruno Giordano</u>	For Office Use - Party No.
Official Title		Official Title <u>Operations Manager</u>	
Telephone No. <u>(905) 649-8426</u>	Fax No.	Telephone No. <u>(416)-798-7881</u>	Fax No. <u>(905) 649-1349</u>
E-mail		E-mail <u>bgiordano@vicdom.com</u>	
Role and responsibilities in emergency <u>Act as alternate first responder with same responsibilities as above.</u>		Role and responsibilities in emergency <u>First responder. See supervisor responsibilities in "Schedule 1" for a complete list.</u>	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <u>Scott Richardson</u>	For Office Use - Party No.	Name <u>Don Saari</u>	For Office Use - Party No.
Official Title <u>Fire Chief</u>	E-mail <u>srichardson@town.uxbridge.on.ca</u>	Official Title <u>Service Supervisor</u>	E-mail
Telephone No. <u>(905) 852-3393</u>	Fax No.	Telephone No. <u>1-888-405-7777</u>	Fax No.
Role and responsibilities in emergency <u>Coordinate Emergency Response</u>		Role and responsibilities in emergency <u>Proceed to site if required - Activate if ERAP is required</u>	
Fire Services Address <u>Uxbridge Fire Department 17 Bascom St. PO Box 190 Uxbridge ON L9P 1T1</u>		Propane Supplier Address <u>1011 Beiers Road RR#1 Gravenhurst, ON P1P 1R1</u>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <u>Bill Graham</u>	For Office Use - Party No.	Name <u>Debbie Leroux</u>	For Office Use - Party No.
Official Title <u>Deputy Chief of Training</u>	E-mail <u>bgraham@town.uxbridge.on.ca</u>	Official Title <u>Clerk</u>	
Telephone No. <u>(905) 852-3393</u>	Fax No.	Telephone No. <u>(905) 852-9181 ex. 228</u>	Fax No. <u>(905) 852-9674</u>
Role and responsibilities in emergency <u>Coordinate Emergency Response if Fire Chief is not available</u>		E-mail <u>dleroux@town.uxbridge.on.ca</u>	
Fire Services Address <u>Uxbridge Fire Department 17 Bascom St. PO Box 190 Uxbridge ON L9P 1T1</u>		Municipality Name and Address <u>51 Toronto St. PO Box 190 Uxbridge ON L9P 1T1</u>	

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Name of person completing this form (please print) <u>Bruno Giordano</u>	Official Title <u>President</u>
Signature 	Telephone No. <u>(416) 798-7881</u>
	Date (dd-mm-yyyy)



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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.

[Security System at site](#)

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Name of person completing this form (please print) N. Giordano	Official Title President	
Signature <i>N. Giordano</i>	Telephone No. (416) 798-7881	Date (dd-mm-yyyy) 11-04-2014



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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) 31-04-2014	Print Name of Training Provider: <i>Beatty Petroleum Consulting Inc.</i>
	Print Name of Instructor: <i>Alex Beatty</i>
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) 31-04-2014	Print Name of Training Provider: <i>Vicdom Sand & Gravel Ltd.</i>
	Print Name of Instructor: <i>Bruno Giordano</i>
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) 31-04-2014	Print Name of Training Provider: <i>Vicdom Sand & Gravel Ltd.</i>
	Print Name of Instructor: <i>Bruno Giordano</i>
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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Name of person completing this form (please print) <i>Bruno Giordano</i>	Official Title <i>President</i>
Signature <i>Bruno Giordano</i>	Telephone No. <i>(416) 798-7881</i>
	Date (dd-mm-yyyy) <i>11-04-2014</i>



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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) 31-04-2015	Print Name of Training Provider: Vicdom Sand & Gravel
	Print Name of Instructor: Bruno Giordano
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) 31-04-2015	Print Name of Training Provider: Vicdom Sand & Gravel
	Print Name of Instructor: Bruno Giordano
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) 31-04-2015	Print Name of Training Provider: Vicdom Sand & Gravel
	Print Name of Instructor: Bruno Giordano
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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	Date (dd-mm-yyyy)



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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).

See "Schedule 1"

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).

See "Schedule 1"

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).

See "Schedule 1"

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

Fire departments are outfitted with bolt cutters to remove the lock on the cabinet.

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

See "Schedule 1"

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

Bruno Giordano - 20 minutes

Rick Manuel - Resides on site

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) Bruno Giordano		Official Title President
Signature <i>Bruno Giordano</i>	Telephone No. (416) 798-7881	Date (dd-mm-yyyy) 11/04/2014



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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 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 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 type="checkbox"/>	<input checked="" 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>10,000 metres</u>	
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only)	<u>N/A</u>	

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Signature <i>Victor Giordano</i>	Telephone No. (416) 798-7881	Date (dd-mm-yyyy) 11-04-2014



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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.
B. Licence holder and local Fire Services Review

To be completed by the Local Fire Services	Yes	No
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.		
Township of Uxbridge Local Fire Services Name	Print name Ken Maynard	Signature <i>[Signature]</i> Date (dd-mm-yyyy) 05-05-2014

REVIEWED
Uxbridge Fire Department
Date 05-05-2014
[Signature]

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Name of person completing this form (please print) Victor Giordano	Official Title President
Signature <i>[Signature]</i>	Telephone No. (416) 798-7881
Date (dd-mm-yyyy) 11-04-2014	



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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) 21-11-2012	Capacity of single largest propane storage vessel (USWG) 500 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 1631'	Right side property line: 315'
Rear: 5004'	Left side property line: 934'
GPS coordinates of single largest vessel: 44°02'03.41"N 79°08'57.25"W	

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Signature <i>V. Giordano</i>	Telephone No. (416) 798-7881
	Date (dd-mm-yyyy) 11-04-2014



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SECTION C: SUBMISSIONS (cont'd)

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

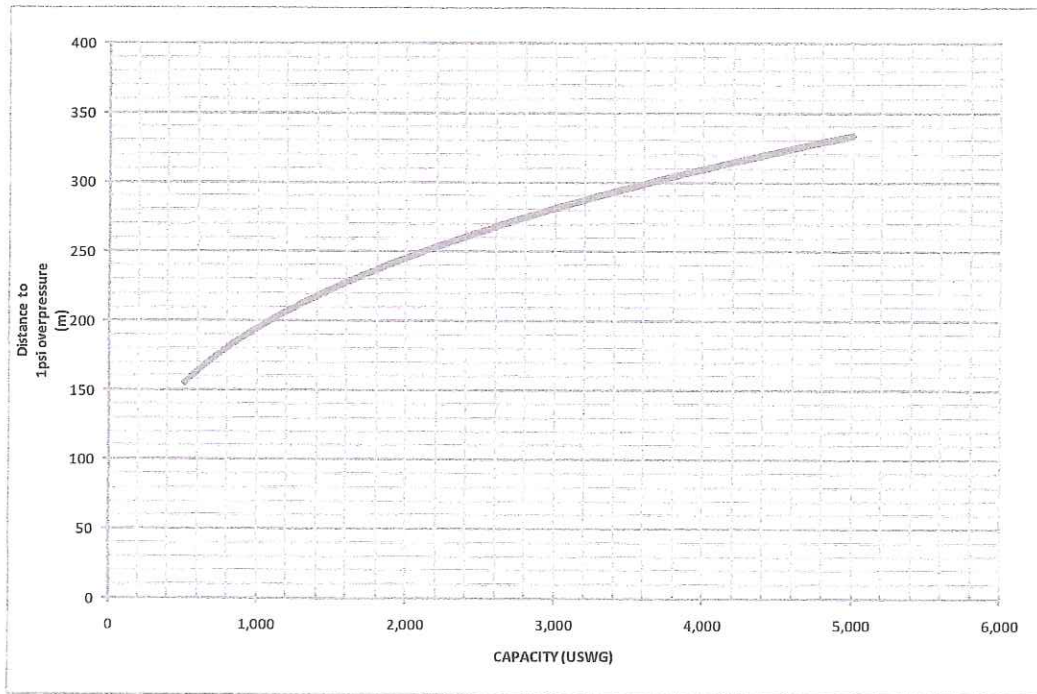
Table 1: Distance Table

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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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: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ 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) Victor Giordano	Official Title President
Signature <i>Victor Giordano</i>	Telephone No. (416) 798-7881
	Date (dd-mm-yyyy) 11-04-2014



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

WORKSHEET

Portable Storage Additional Information Worksheet

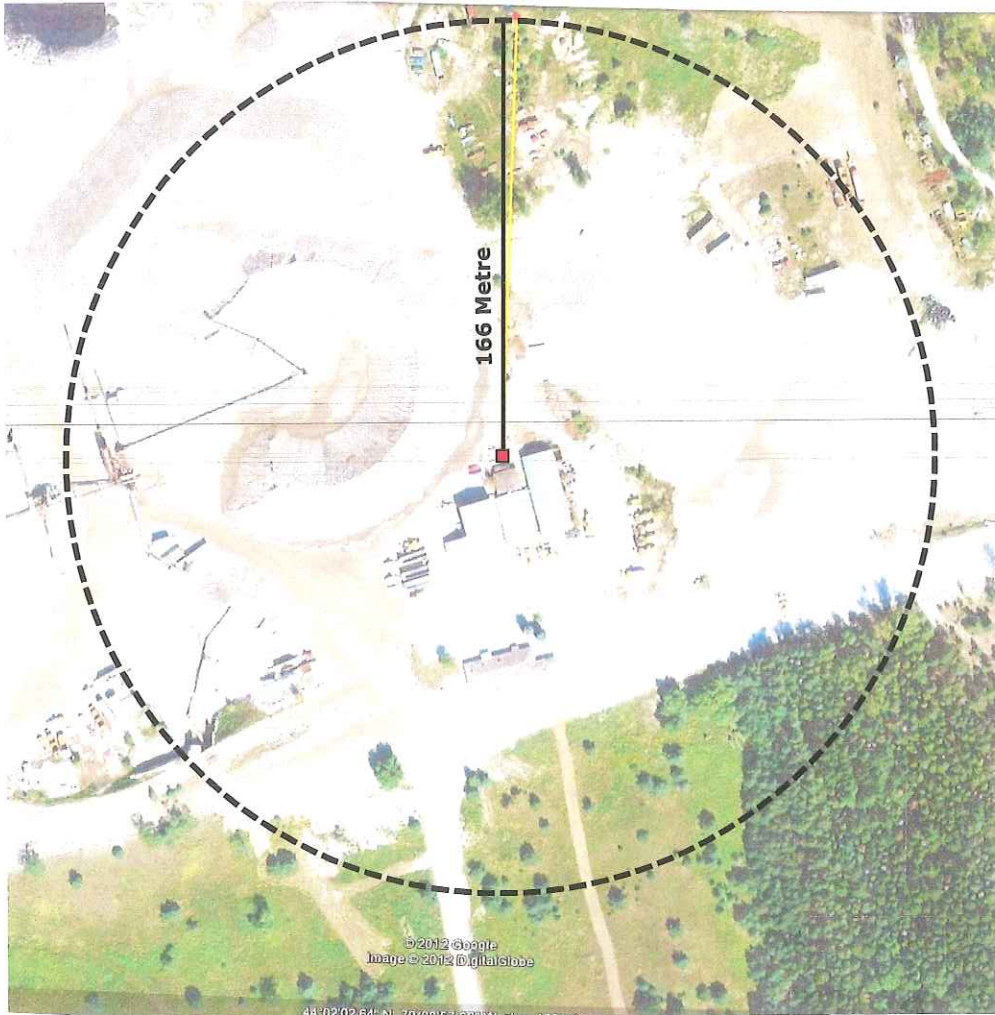
Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62	5	48.1 USWG
# 30	8.8		
# 20	5.8	5	29 USWG
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			77.1 USWG

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity		0

Total Cylinder Capacity	77.1 USWG
Total Tank Capacity	0
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	77.1 USWG

**166 Metre Radius
Vicdom Sand & Gravel Ltd.
Uxbridge ON**



Location	3444 Brock Road Uxbridge ON
Prepared	05-01-2014
Largest Tank	500 USWG horizontal tank
Tank Set Backs	Front = 135'10" / Back = 107'3" Left = 168'9" / Right = 63'7"
Radius	166 Metre Radius
GPS Coordinates	44°02'03.41"N 79°08'57.25"W
Municipality 1	The Township of Uxbridge
Clerk	Debbie Leroux
Address	51 Toronto St. P.O. Box 190 Uxbridge ON
Phone	(905) 852-9181 Ext 228
FAX	(905) 852-9674
Municipality 2	The Regional Municipality of Durham
Clerk	P.M Madill
Address	605 Rossland Rd. E, P.O. Box 623 Whitby ON
Phone	(905) 668-7711 Ext. 2012
FAX	(905) 668-9963