



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

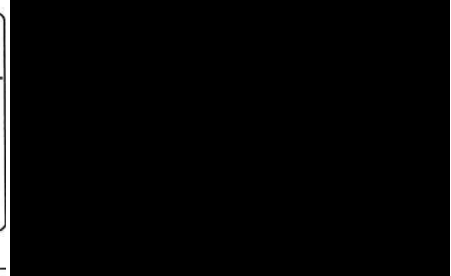
This Level 1 RSMP applies to: a facility with a total propane storage capacity of 5,000 USWG or less; or  
a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

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*

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** C261

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

Company Name  Ontario Corporation No., if applicable

**A** Operator Name (if different from above)

Telephone No.  Fax No.  E-mail

**B** Street No.  Street Name / 911 Number / Address, if applicable

Town / City or Township / County  Province  Postal Code

Mailing address if different from above.

**C** Street No.  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.  Street Name / 911 Number / Address, if applicable  Nearest Major Intersection

Town / City or Township / County  Province  Postal Code

Name of Licence Holder

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type

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

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 <input type="text" value="Rob Barbieri"/>		<input type="text" value="06-06-2011"/>
Name of Senior Management person as defined in the Regulation holding the Record of Training <input type="text" value="Jack Vitali"/>		<input type="text" value="07-06-2011"/>

*Just 64511991*



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

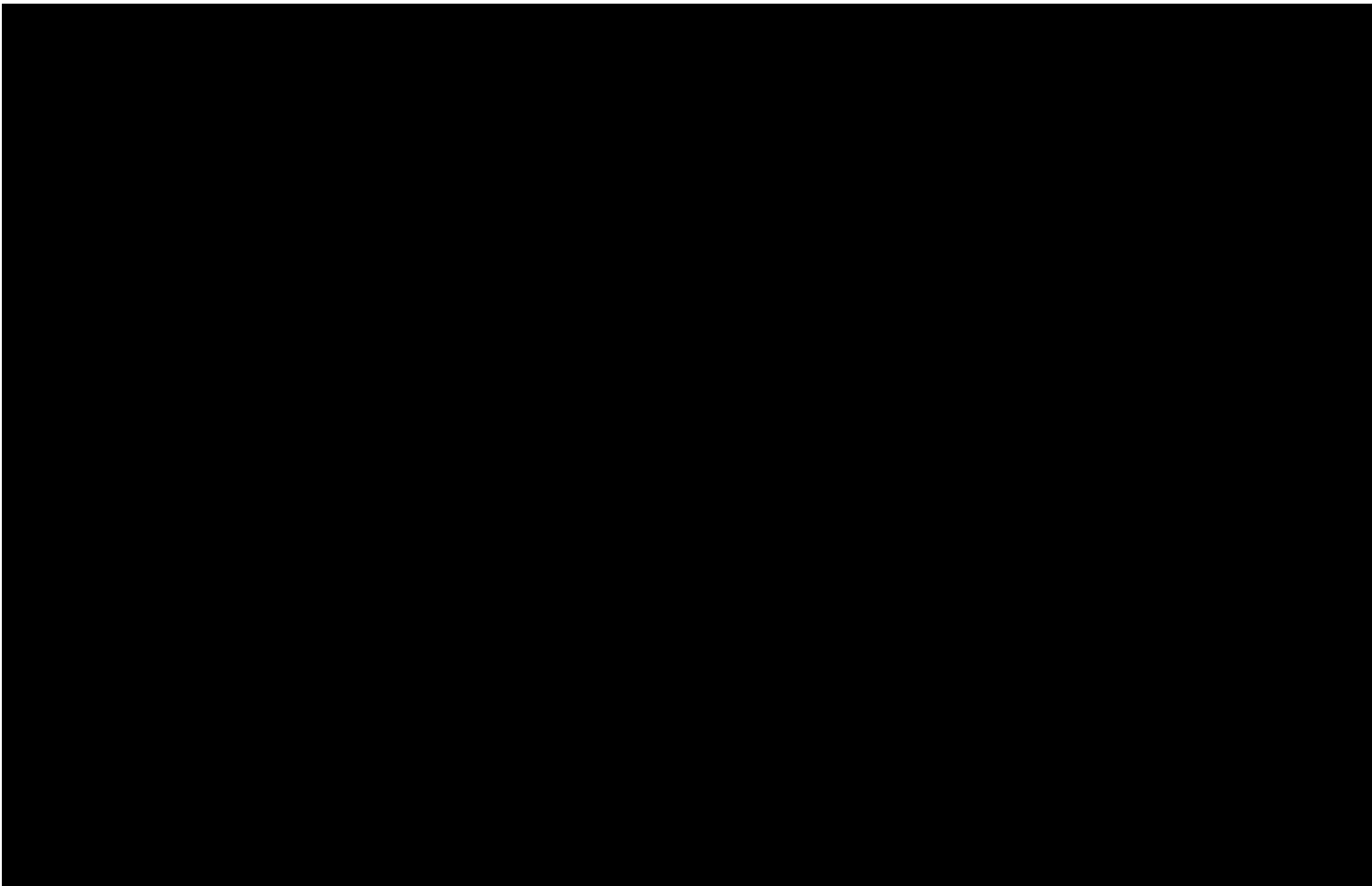
Indicate the year the facility was established. 2011	Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. N/A (Not yet Constructed)
---	--

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

	PSIG	Serial Number
Tank 1:	250 PSIG	9J81-13
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: 2550.4 USWG      Mobile: 0 USWG



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Name of person completing this form (please print) Rob Barbieri	Official Title General Manager	
Signature 	Telephone No. 416-743-6017	Date (dd-mm-yyyy) 03-06-2011



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

Activity Information

<b>Name of Propane Supplier(s)</b>		[Redacted]	
Superior Propane			
Street No.	Street Name / 911 Number / Address, if applicable		
505	Victoria Street East		
Town / City or Township / Country		Province	Postal Code
Whitby		Ontario	L1N 5S4
Telephone No.	Fax No.	Contact Name	
416-706-0741	416-946-1647	Reg Adamson	
E-mail			
Adamsonr@SuperiorPropane.com			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input type="checkbox"/>		[Redacted]	
Trimac Transporation			
Street No.	Street Name / 911 Number / Address, if applicable		
1700 800	5th Avenue SW		
Town / City or Township / Country		Province	Postal Code
Calgary		Alberta	T2P 5A3
Telephone No.	Fax No.	Contact Name	
403-298-5100	403-298-5146	Dale Eaid	
E-mail			
N/A			

<b>Off-site Cylinder and/or Mobile Storage</b>	Capacity stored off-site, in USWG	For Office Use - Party No.
N/A		
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)	Official Title	
Rob Barbieri	General Manager	
Signature	Telephone No.	Date (dd-mm-yyyy)
	416-743-0617	





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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 2270 l dyed diesel, 1 x 2270 litre diesel, 1 x 2270 regular gas, 20 gallons of Xylene, 20 gallons of Acetone, 20 gallons of Toluene, 4 x 205 litres of Primer

Leach. All hazardous materials except for the Diesel and Regular gas are stored in the warehouse.

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

There are fire hydrants on Garyray Road and Fire extinguishers at the Propane Installation and the a/g diesel and gasoline tanks. Fire Extinguishers are also located inside the warehouse in various locations.

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.

The ISC on the pump suction line is equipped with a fusible link that will melt at 212 F if there is a fire. This will melt and release the chain holding the ISC valve allowing the spring to close it. This will stop flow from the tank to the pump cutting off fuel supply. The facility building is equipped with sprinklers as well.

Maintenance and testing schedule for fire protection controls and devices.

The Fire Extinguishers are checked monthly and tagged. Multiseal has a number of fire extinguishers that are taken to the sites so this is a critical part of their operation and therefore well maintained.

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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 Jack Vitali	For Office Use - Party No.	Name Jack Vitali	For Office Use - Party No.
Official Title Director/General Superintendent		Official Title Director/General Superintendent	
Telephone No. 416-743-8017	Fax No. 416-743-6383	Cell No. 647-393-5711	Fax No. 416-743-6383
E-mail jack@multiseal.net		E-mail jack@multiseal.net	
Role and responsibilities in emergency Responsible for calling 9-1-1 and if Warden(s) away, will assume the role of the missing Warden. Also liaison for Emergency Responders		Role and responsibilities in emergency Same as Item 1	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Frank Panzarella	For Office Use - Party No.	Name Rob Barbieri	For Office Use - Party No.
Official Title Part Time Warehouse/shop Superintendent		Official Title General Manager	
Telephone No. 416-899-3635	Fax No. 416-743-6383	Telephone No. 416-743-6017 Ext 224	Fax No. 416-743-6383
E-mail N/A		E-mail rob@multiseal.net	
Role and responsibilities in emergency Assist the Wardens in insuring people and equipment is protected and secure from contact with fires before leaving premises		Role and responsibilities in emergency Insures all personnel are accounted for and assists in the training and implementation of the company Emergency Preparedness Plan.	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Ryan Morrison	For Office Use - Party No.	Name Superior Propane	For Office Use - Party No.
Official Title Inspector	E-mail rmorris3@toronto.ca	Official Title Emergency Number	E-mail
Telephone No. 416-338-9167	Fax No. 416-338-9169	Telephone No. 1-877-873-7467	Fax No.
Role and responsibilities in emergency Inspects the finished facilities and also reviews the RSMP's for City of Toronto. Makes sure facility meets current Fire Code regulations		Role and responsibilities in emergency Emergency number for Superior Propane. Contact will alert the proper authorities and a response to the situation will be made	
Fire Services Address North Command, 5100 Yonge Street, Toronto, Ontario, M2N 5V7		Propane Supplier Address 505 Victoria Street East, Whitby, ON. L1N 5S4	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Jim Stoops	For Office Use - Party No.	Name Galina Veltman	For Office Use - Party No.
Official Title Division Fire Chief Fire Prevention	E-mail jstoops@toronto.ca	Official Title Manager of Planning	
Telephone No. 416-338-9102	Fax No. 416-338-9492	Telephone No. 416-394-8072	Fax No.
Role and responsibilities in emergency Assists in RSMP reviews and assigns personnel as required for Inspections and follow up		E-mail	
Fire Services Address 358 Keele Street, Toronto, Ontario, M6P 2K7		Municipality Name and Address City of Toronto Etobicoke Civic Centre, 399 The West Mall, Toronto, ON. M9C 2Y2	

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Name of person completing this form (please print) Rob Barbieri	Official Title General Manager
Signature 	Telephone No. 416-743-6017
	Date (dd-mm-yyyy) 20-06-2011







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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) TBD	Print Name of Training Provider: Multiseal
	Print Name of Instructor: Eric Greci
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) TBD	Print Name of Training Provider: Multiseal
	Print Name of Instructor: Eric Greci
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) 20-07-2009	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: Reg Adamson
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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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) TBD	Print Name of Training Provider: Multiseal
	Print Name of Instructor: Eric Greci
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) TBD	Print Name of Training Provider: Multiseal
	Print Name of Instructor: Eric Greci
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: Superior Propane
	Print Name of Instructor: Reg Adamson
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).  
There are "Wardens" on site. The Front Warden will warn and coordinate the administration area personnel and visitors to follow the Evacuation Plan and leave the Building. This person will take the sign in book and make sure all people are accounted for and lead them to the Muster Point. The Back Warden is responsible for warehouse and contractors and will warn all personnel and visitors of an incident and take the back entrance sign in book and direct all people to the same Muster Point as the other group and take a head count.

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).  
The facility has an intercom system. Once an Emergency has been confirmed, the Front Warden will be notified and a announcement will be made over the intercom to the entire building and yard area that an emergency has occurred and all individuals must leave the premises and go to the Emergency Meeting Point as per the Fire Plan. The Front Warden will give all announcements regarding the evacuation and warnings.

**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).  
The Front Warden will make the call to 9-1-1 after warning the facility personnel over the intercom. This person resides at the main front entrance and is always by the phone. The Front Warden is also responsible for maintaining the in-house Emergency Response & Preparedness Plan so is very familiar with all the Emergency procedures regarding evacuation and other threats that may be encountered (See the MultiSeal Emergency Plan for details)

Describe provisions for fire department entry when there are no operations or staffing at the propane site.  
There are no special features planned for the facility. The Emergency Responders can cut the locks on both access doors and slide the gates open as required to access the propane storage area.

Describe how the licence holder will ensure continual flow of updated information to authorities.  
One of the two Wardens or if a Director is at the facility, they will make contact with the First Responders and inform them of where the problem is and what the situation is regarding storage volumes and what other information may be required by the Responders.

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

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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)	_____	
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)	N/A	

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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.

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If not, please explain (e.g., no fire services).

Fire services comments, if any:

Ontario Fire Code compliance has yet to be verified by area Inspector. This is in large part due to the fact that a portion of the building is under OBC permit construction. Types and quantities of hazardous materials stored within the building should be closely monitored to ensure compliance with the Ontario Fire Code, specifically Part 4, and the building Fire Safety Plan.

**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, Inspector		19-07-2011

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Name of person completing this form (please print)	Official Title
Rob Barbieri	General Manager
Signature	Telephone No.
	416-743-6017
	Date (dd-mm-yyyy)
	20-06-2011





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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) May 24, 2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: <u>105.2 m</u>	Right side property line: <u>73.4 m</u>
Rear: <u>10.1 m</u>	Left side property line: <u>3.05 m</u>
GPS coordinates of single largest vessel: <u>Lat:43 46'7.40"N Long:79 32'40.49"W</u>	

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Name of person completing this form (please print) J. Ross Keys	Official Title Consultant	
Signature	Telephone No. 416-526-1405	Date (dd-mm-yyyy)



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

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

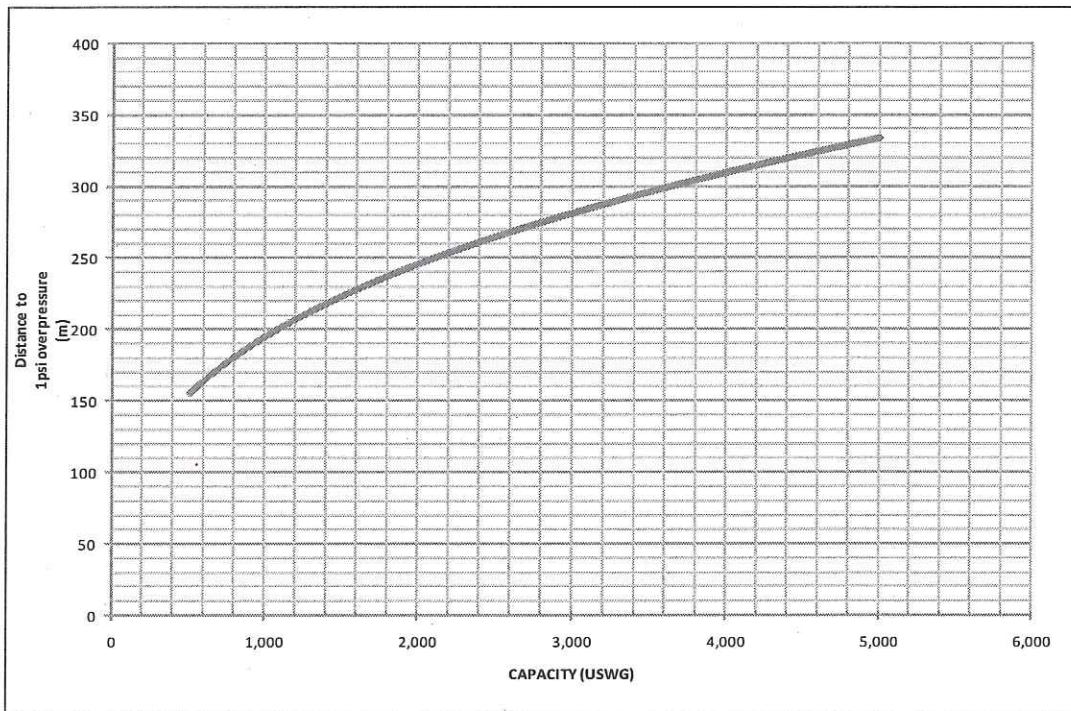
Table 1: Distance Table

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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**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>Building is Empty at Moment</u> Address: <u>360 Garyray Road</u> City: <u>Toronto</u> Province <u>Ontario</u> Postal Code <u>M9L 1P5</u>				X	<u>27.6</u> 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: <u>Coffee Time Donuts</u> Address: <u>4200 Weston Road</u> City: <u>Toronto</u> Province <u>Ontario</u> Postal Code <u>M9L 1W7</u>		X			<u>205</u> 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) J. Ross Keys	Official Title Consultant
Signature	Telephone No. 416-526-1405
	Date (dd-mm-yyyy) 02-06-2011





Technical Standards and Safety Authority  
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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	70	2065 USWG
# 40	11.75	20	235 USWG
# 33.3	9.62	20	192.4 USWG
# 30	8.8		
# 20	5.8	10	58 USWG
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity 2550.4 USWG</b>			

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

Tank Size In USWG	Quantity	Total Volume in USWG
<b>Total Tank Capacity</b>		

<b>Total Cylinder Capacity</b>	2550.4 USWG
<b>Total Tank Capacity</b>	2000 USWG
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	4,550.4 USWG





