

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:

000232681

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.

Company Name: **A** LINDBRAN HOLDINGS LTD. Ontario Corporation No., if applicable:

Operator Name (if different from above)

CANADIAN TIRE STORE#264

Telephone No.

416-298-0000

Fax No.

416-431-0035

E-mail

ED@CANADIANTIRE264.CA

B Street No.: 4630 Street Name / 911 Number / Address, if applicable: SHEPPARD AVE. EAST

Town / City or Township / County

SCARBOROUGH

Province

ONTARIO

Postal Code

M1S 3V5

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

Location of facility.

D Street No.: 4630 Street Name / 911 Number / Address, if applicable: SHEPPARD AVE. EAST

Nearest Major Intersection

SHEPPARD AND McCOWAN

Town / City or Township / County

CITY OF TORONTO

Province

ONTARIO

Postal Code

M1S 3V5

Name of Licence Holder

LINDBRAN HOLDINGS LTD.

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

EDWARD LUKEZIC

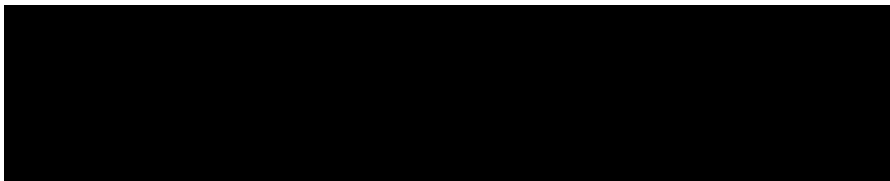
ROT type

100-08

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

TORONTO

Hours of operation.





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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)

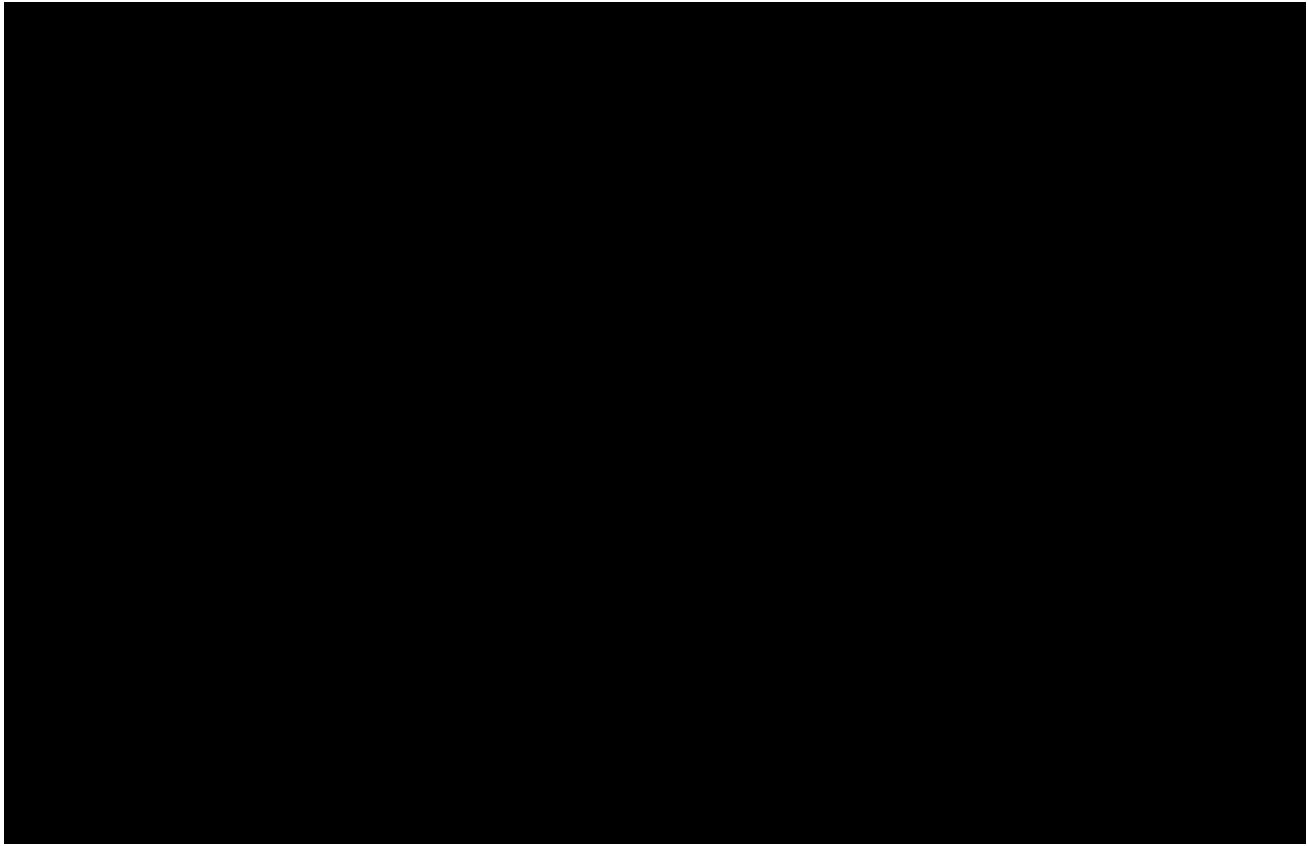
Indicate the year the facility was established. _____ Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. _____

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

	PSIG	Serial Number
Tank 1:	125	7100
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: 1995 USGW Portable: 420 USGW Mobile: 0



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) SURESH MEHTA	Official Title ADMINISTRATIONS
Signature 	Telephone No. Date (dd-mm-yyyy) 416-293-0000EXT-159 14-06-2014



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) SUPERIOR PROPANE-ONTARIO REGIONAL OPERATIONS CENTRE		For Office Use - Party No.	
Street No. 251	Street Name / 911 Number / Address, if applicable WOODLAWN ROAD WEST, UNIT 217		
Town / City or Township / Country GULPH		Province ONTARIO	Postal Code N1H 8J1
Telephone No. 1-877-873-7467	Fax No. 519-836-7766	Contact Name SHAWN MOUNSTEVEN	
E-mail SHAWN_MOUNSTEVEN@SUPERIORPROPANE.COM			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
SUPERIOR PROPANE			
Street No. 505	Street Name / 911 Number / Address, if applicable VICTORIA ST. EAST		
Town / City or Township / Country WHITBY		Province ON	Postal Code L1N 5S4
Telephone No. 613-920-1339	Fax No.	Contact Name SHAWN MOUNSTEVEN	
E-mail SHAWN_MOUNSTEVEN@SUPERIORPROPANE.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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Name of person completing this form (please print) SUKESHI MEHTA	Official Title Administration	
Signature 	Telephone No. 416-298-0000 ext 459	Date (dd-mm-yyyy) 12-06-2014



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LEVEL 1 TECHNICAL SAFETY MANAGEMENT PLAN (FORM 1)
Technical Standards and Safety Act
Propane Storage and Handling Regulation

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.

USED OIL 5000L MAX - AUTO COMPOUND APPROX 70'FROM TANK, USED COOLANT 4000L MAX AUTO COMPOUND

PARTS CLEANER & 18L DRUM MINERAL SPIRITS/VARSOL IN AUTO SERVICE MACHINE SHOP, BULK OIL ON OUT SIDE OF SHOP 1X5W201100L, 2X5W301100L, & TRAN.FLUID 2 X OXYGEN/ACETYLENE PORTABLE UNITS IN AUTO SERVICE-PORTABLE RUSTPROOFING MACHINE IN AUTO SER

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

fire hose/truck hook up on east side of building approx 75 yrds from propane station - pull station at auto compound doors to service

fire hydrant in front of Pitstop entrance approx. 25yrds from propane station

10lb fire extinguisher(fe) at station, 10lb(fe)@pit stop, 15lbfe@bay 1, 10lb fe@bay 16 and approx 45 more fire extinguishers throughout the warehouse, sales floor and office

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 ISC valve isolation between tank and downstream propane dispenser

pump shut off switch at propane station shut off power to pump pull station at auto compound doors to service

ISC valve interlock cable(interlocked with cabinet door) ISC valve closes when door to cabinet closes

Maintenance and testing schedule for fire protection controls and devices.

through bi-annual inspection by superior propane of pump, ISC valve, fusible link and storage tank relief valve

building and premises are maintained as per the requirements of the Ontario Fire Code

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)

sukeshi mehta

Official Title
Administration

Signature

Telephone No.

416-298-0000 ext 459

Date (dd-mm-yyyy)

13-06-2014



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

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 EDWARD LUKEZIC	For Office Use - Party No.	Name SUGANTHAN SRILUXMIRANJAN	For Office Use - Party No.
Official Title DEALER		Official Title SERVICE MANAGER	
Telephone No. 416-788-0236	Fax No. 416-431-0035	Cell No. 647-393-6244	Fax No. 416-431-0035
E-mail ED@canadianfire264.ca		E-mail SUGANTHAN@CANADIANTIRE264.CA	
Role and responsibilities in emergency		Role and responsibilities in emergency CO-ORDINATE SITE RESPONSE	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name SUGANTHAN SRILUXMIRANJAN	For Office Use - Party No.	Name SUGANTHAN SRILUXMIRANJAN	For Office Use - Party No.
Official Title SERVICE MANAGER		Official Title SERVICE MANAGER	
Telephone No. 647-393-6244	Fax No. 416-431-0035	Telephone No. 647-393-6244	Fax No. 416-431-0035
E-mail SUGANTHAN@CANADIANTIRE264.CA		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 CRAIG BENNETT	For Office Use - Party No.	Name SUPERIOR PROPANE HOTLINE	For Office Use - Party No.
Official Title CAPTAIN FIRE PREVENTION		Official Title	
Telephone No. 416-338-9868	Fax No.	Telephone No. 1-877-873-7467	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency co-ordinate/advise on to fire service response-liase with police		Role and responsibilities in emergency	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name DAN MCISAAC	For Office Use - Party No.	Name JULIE WATKISS	For Office Use - Party No.
Official Title COMMANDER-TORONTO EAST FIRE		Official Title CITY CLERK	
Telephone No. 416-338-9250	Fax No.	Telephone No. 416-392-8010	Fax No.
E-mail DMCISAAC@TORONTO.CA		E-mail	
Role and responsibilities in emergency CO-ORDINATE/ADVISE ON TO FIRE SERVICE RESPONSE-LIASE WITH POLICE		Municipality CITY OF TORONTO	

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) Sukeshi Mehta	Official Title Administration
Signature 	Telephone No. 416-298-0000 ext 459
	Date (dd-mm-yyyy) 12-06-2014



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

2. Additional Safety Measures

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

EMERGENCY STOP PUSH BOTTON ON METAL BARRIER PYLON AT PROPANE STATION PERIMETER. EXCEEDS CODE

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) Suganthan	Official Title Service Manager	
Signature S. Suganthan	Telephone No. 416-298-0000 Ext. 459	Date (dd-mm-yyyy) 14-06-2014



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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) 03-03-2014	Print Name of Training Provider: Suganthan Sriluxmiranjan
	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) 03-03-2014	Print Name of Training Provider: Suganthan Sriluxmiranjan
	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) 28-02-2014	Print Name of Training Provider: 1268215 Ontario Limited
	Print Name of Instructor: Hani Sharobim
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Name of person completing this form (please print) Sukeshi and Suganthan	Official Title Office Administration
Signature 	Telephone No. 416-298-0000ext 459
	Date (dd-mm-yyyy) 13-06-2014



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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mm-yyyy) 03-03-2015	Print Name of Training Provider: Suganthan Sriluxmiranjan
	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) 03-03-2015	Print Name of Training Provider: Suganthan Sriluxmiranjan
	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) 01-05-2014	Print Name of Training Provider: 1268215 Ontario Limited
	Print Name of Instructor: Hani Sharobim
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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Name of person completing this form (please print) Suganthan	Official Title Service Manager
Signature <i>S. Suganthan</i>	Telephone No. 416-298-0000ext1318
	Date (dd-mm-yyyy) 13-06-2014



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Level 1 Risk and Safety Management Plan (Form 1)
Technical Standards and Safety Act
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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).

CALL 911

CALL PROPANE SUPPLIER

SUGANTHAN, AUTO SERVICE MGR. TO CALL FIRE DEPARTMENT, SUPERIOR PROPANE & CONTACT @ CITY OF TORONTO

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).

SUGANTHAN WOULD ENSURE FACILITY EVACUATION PROCEEDS AS PER TRAINING DURING STAFF ORIENTATION, WHERE STAFF ASSIST

CUSTOMERS OUT OF THE STORE THEN MEETS IN PARKING LOT 50YRDS FROM FRONT ENTRANCE. MANAGEMENT RESPONSIBLE FOR TAKING

STAFF SHEDULE OFF BULLETIN BOARD TO ENSURE ALL STAFF ARE ACCOUNTED FOR AT EVACUATION ASSEMBLY IN PARKING LOT

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).

SUGANTHAN SRILUXMIRANJAN AND TEAM TO ENSURE & SUPERIOR PROPANE CALLED IN AN EMERGENCY

PULL STATION ACTIVATION ENSURES IMMEDIATE NOTIFICATION OF FIRE DEPARTMENT BY ANY PERSONAL

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

PROPANE FACILITY IN LARGE OPEN AREA IN PARKING LOT- FIRE DEPARTMENT WOULD HAVE NO ACCESS ISSUES

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


DUE DILIGENCE FOLLOWED UTILIZING EMAIL SYSTEMS

FIRE SAFETY PLAN LOCK BOX INSTALLED BY ENTREES AND CONTAIN RSMP 7 MSDS SHEETS

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

15 MINUTES

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)		Official Title	
Sukeshi		Administration	
Signature		Telephone No.	Date (dd-mm-yyyy)
		416-298-0000 Ext. 459	13-06-2014



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

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

6. Building and Site Security and Procedures

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Water Supply

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)		<u>25 YARDS</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>10 YARDS</u>

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

Name of person completing this form (please print) <i>Sujanthan Laxmianjan</i>	Official Title <i>Service Manager</i>
Signature <i>X S. Siquetta</i>	Telephone No. <i>416-298-0000</i>
	Date (dd-mm-yyyy) <i>13-06-2014</i>



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Level 1 Risk and Safety Management Plan (RSMP)
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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).

NA

Fire services comments, if any:

NA

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: Bob W... ..		20/11/2014

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) Suganthan	Official Title Service Manager
Signature 	Telephone No. _____ Date (dd-mm-yyyy) _____



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Level 1 Risk and Safety Management Plan (RSMP)
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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) 31-07-2003	Capacity of single largest propane storage vessel (USWG) 2000USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 75 YARDS <u>68.58M</u>	Right side property line: 200 YARDS <u>182.88</u>
Rear: 80 YARDS <u>73.15M</u>	Left side property line: 20 YARDS <u>18.28</u>
GPS coordinates of single largest vessel: <u>43-78939° - 79.255991°</u>	

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

Name of person completing this form (please print) <u>Suganthan J.</u>	Official Title <u>Service Manager</u>
Signature <u>X</u> <u>S. Suganthan</u>	Telephone No. <u>416-298-0000</u> Date (dd-mm-yyyy) <u>14-06-2014</u>



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SECTION C: SUBMISSIONS (cont'd)

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

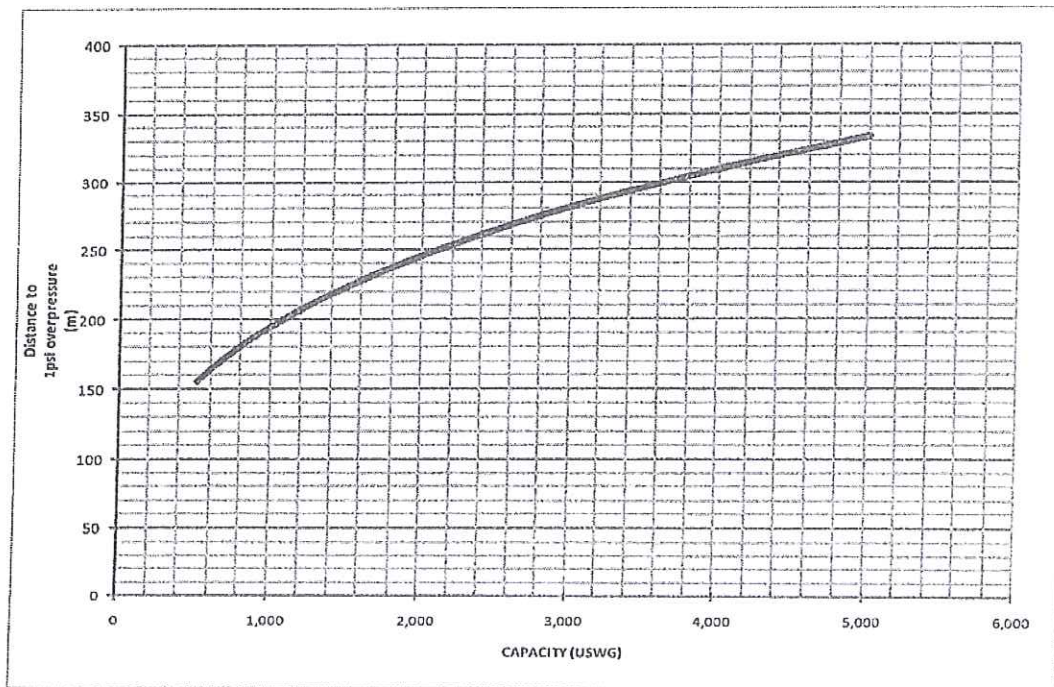
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

Formula: $D = 16.94 \times (1.524 \times C)^{1/3}$
 D = Distance to overpressure of 1 psi (meters)
 C = Tank Total Capacity in USWG

Parameters: Density of Propane is 0.5033 kg per litre @ 15 C
 Assume all vessels are 80% full
 1 gallon [US, liquid] = 0.003785411784 cubic meter
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)





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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: NONE Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: NONE Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: MARK'S WORK WAREHOUSE Address: 1900 McCOWAN ROAD City: SCARBOROUGH Province ONTARIO Postal Code M1S 4K1		1			_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: NONE Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: NONE Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: FIRE STATION#243 Address: 4560 SHEPPARD AVE City: SCARBOROUGH Province ONTARIO Postal Code M1S 3R6		1			_____ 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) SUGANTHAN SRILUXMIRANJAN	Official Title SERVICE MANAGER
Signature <i>S. Suganthan</i>	Telephone No. 416-298-0000EXT318
	Date (dd-mm-yyyy) 14-06-2014



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

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	100 43	420
# 30	8.0		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

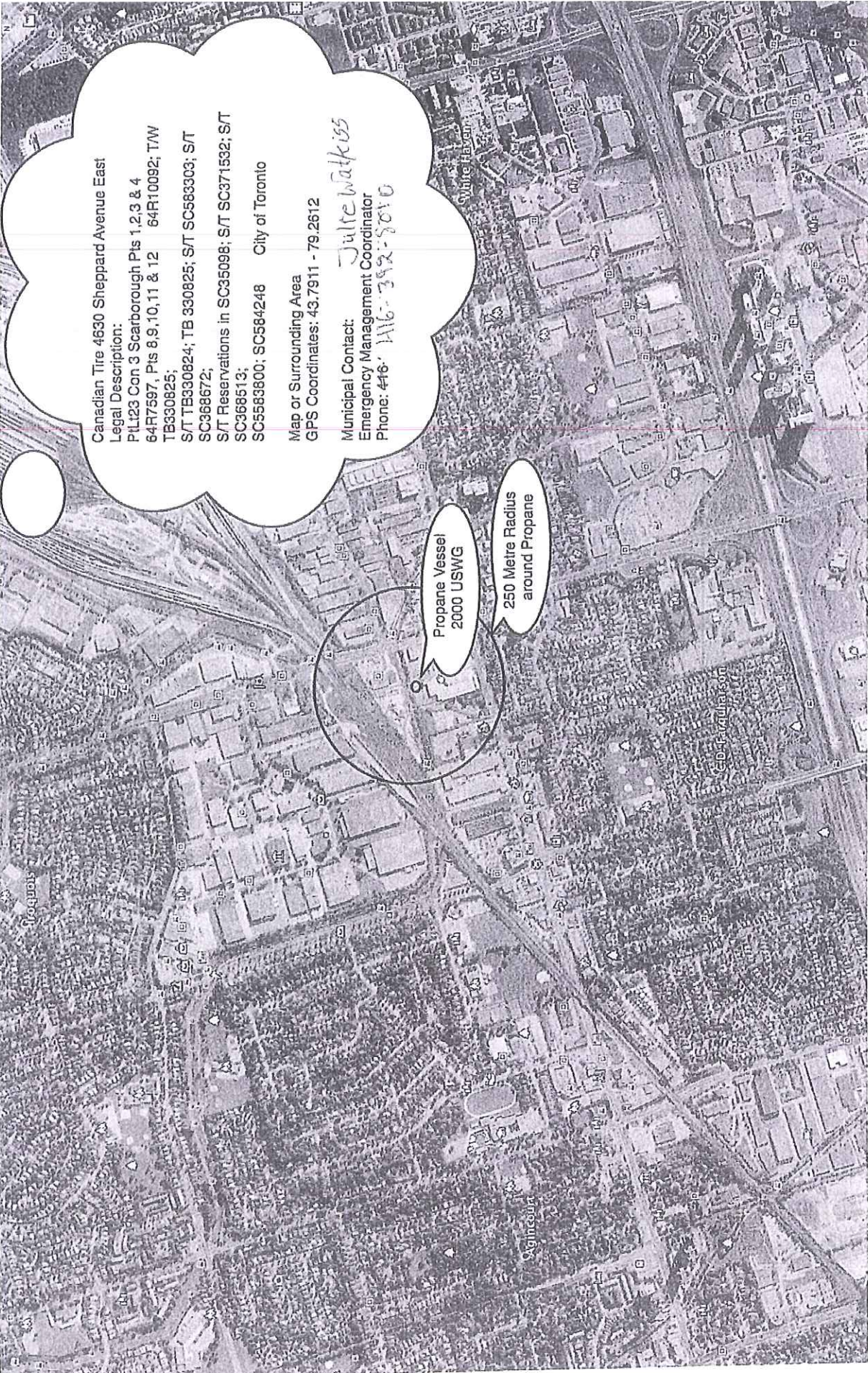
Tanks Stored On-site Not Connected for Use

Tank Size in USWG	Quantity	Total Volume in USWG
#33.3	20	192.4
#30	2	17.6
#20	1	5.8
#100	3	88.5
Total Tank Capacity		304.3

Total Cylinder Capacity	
Total Tank Capacity	
Total Portable Capacity	

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

Name of person completing this form (please print) SUGANTHAN SERI LUKHIRANJAH	Official Title SERVICE MANAGER
Signature <i>S. Sugantha</i>	Telephone No. 416-298-0000EXT318
	Date (dd-mm-yyyy) 14-08-2014



Canadian Tire 4630 Sheppard Avenue East
Legal Description:
P/L123 Con 3 Scarborough P/ls 1,2,3 & 4
64R7597, P/ls 8,9,10,11 & 12 64R10092; T/W
TB330825;
S/T TB330824; TB 330825; S/T SC583303; S/T
SC368672;
S/T Reservations in SC35098; S/T SC371532; S/T
SC368513;
SC5589800; SC584248 City of Toronto
Map or Surrounding Area
GPS Coordinates: 43.7911 - 79.2612

Municipal Contact: *Julie Watkins*
Emergency Management Coordinator
Phone: 416-392-8010

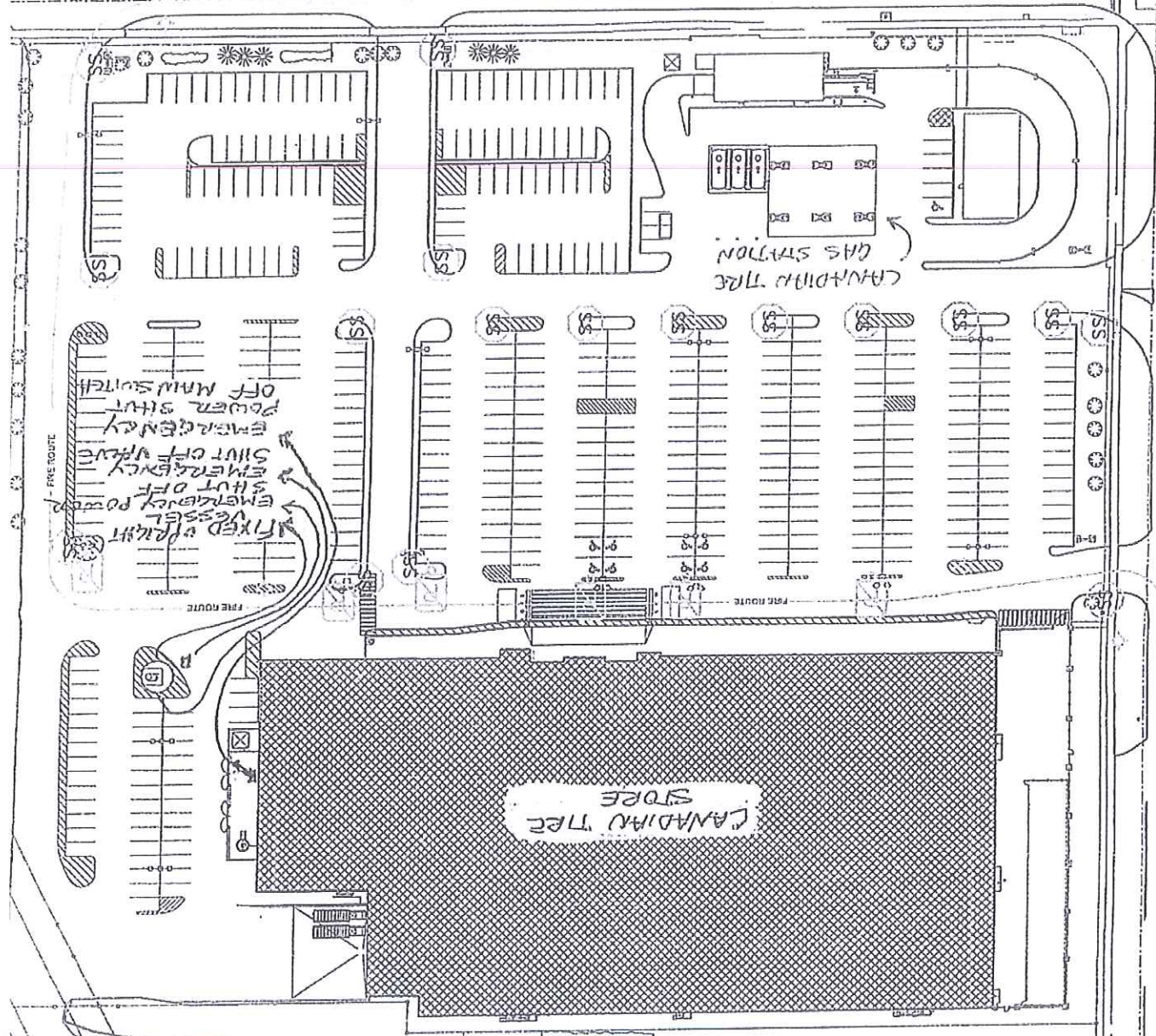
Propane Vessel
2000 USWG

250 Metre Radius
around Propane



MCCOWAN ROAD

SHEPPARD AVENUE EAST



FIXED VESSEL
EMERGENCY POWER
SHUT OFF
EMERGENCY
SHUT OFF
EMERGENCY
POWER SHUT
OFF MAIN SWITCH

CANADIAN TREE STORE

CANADIAN TREE
GAS STATION

FIRE ROUTE

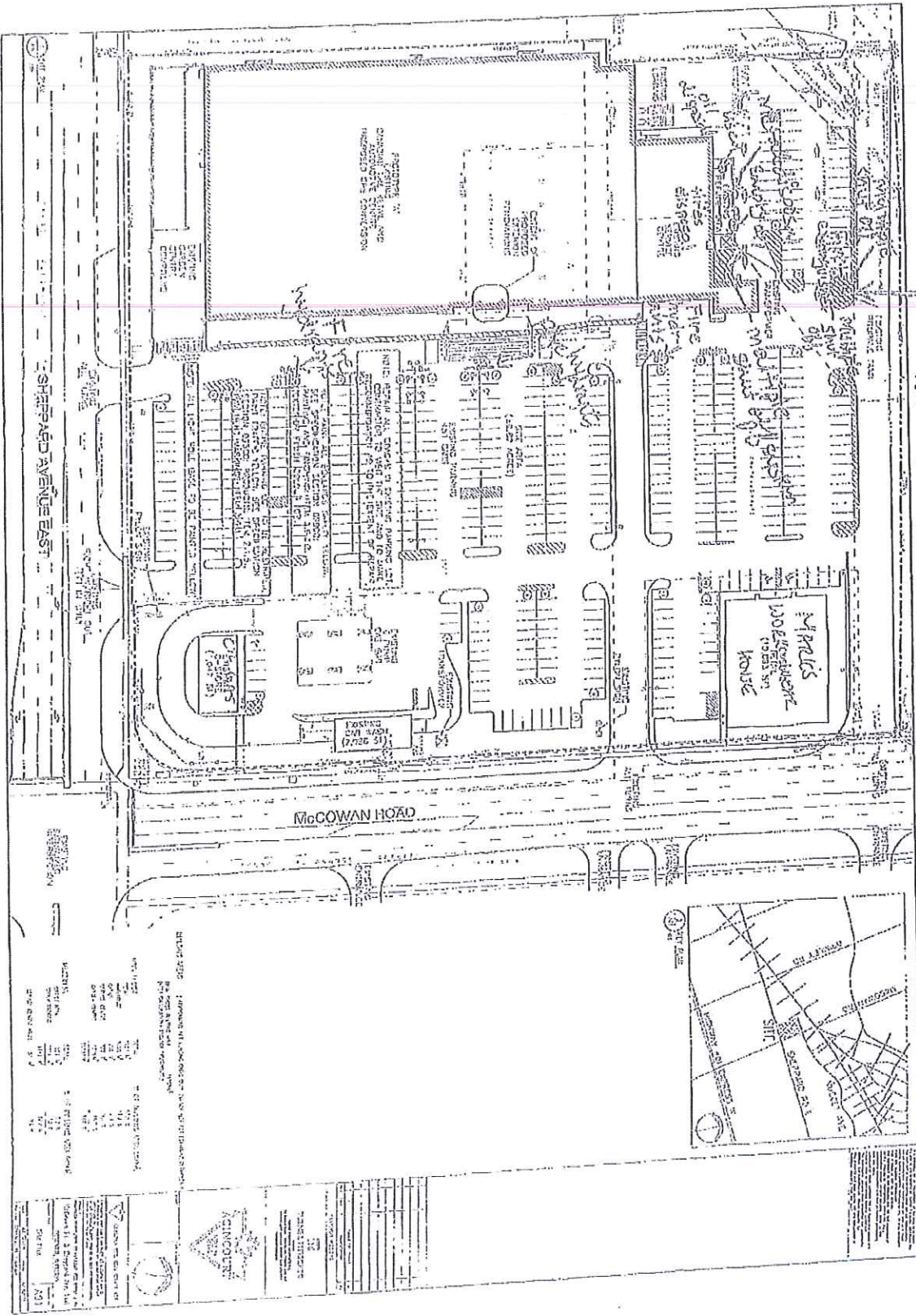
FIRE ROUTE

FIRE ROUTE

FORCED NUGGET A/C EXT.

- IGN
- RKING SIGN
- DUTÉ SIGN
- SE CONNECTION
- YDRANT

Food Prepare facility



NOTES:

1. APPROXIMATE LOCATIONS OF UTILITIES ARE SHOWN FOR INFORMATION ONLY.
2. ALL UTILITIES TO BE LOCATED BY THE CONTRACTOR.
3. ALL UTILITIES TO BE DELETED BY THE CONTRACTOR.
4. ALL UTILITIES TO BE MAINTAINED BY THE CONTRACTOR.
5. ALL UTILITIES TO BE RELOCATED BY THE CONTRACTOR.
6. ALL UTILITIES TO BE PROTECTED BY THE CONTRACTOR.
7. ALL UTILITIES TO BE REPAIRED BY THE CONTRACTOR.
8. ALL UTILITIES TO BE REPLACED BY THE CONTRACTOR.
9. ALL UTILITIES TO BE REMOVED BY THE CONTRACTOR.
10. ALL UTILITIES TO BE INSTALLED BY THE CONTRACTOR.

NO.	DESCRIPTION	DATE
1	PREPARED BY: [Name]	[Date]
2	CHECKED BY: [Name]	[Date]
3	APPROVED BY: [Name]	[Date]
4	SCALE: [Scale]	[Date]
5	PROJECT NO.: [Project No.]	[Date]
6	SHEET NO.: [Sheet No.]	[Date]
7	TOTAL SHEETS: [Total Sheets]	[Date]
8	DATE: [Date]	[Date]



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