



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.

<p style="text-align: center;">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 0076492206-C</p> <p>Check applicable type of propane operations.</p> <p> <input checked="" type="checkbox"/> Cylinder <input 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;">For Office Use Only</p> <div style="border: 1px solid black; height: 80px; width: 100%; background-color: black;"></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.

Company Name		Ontario Corporation No., if applicable	
A VIKING NURSERY LTD		1000 687	
Operator Name (if different from above)			
Telephone No.	Fax No.	E-mail Address	
905.342.2537	905.342.2354	VIKING.@EAGLE.CA	
B Street No.	Street Name, Lot / Concession No.		
4930	SULLY RD RR#1		
Town / City or Township / County	Province	Postal Code	
HAMILTON TOWNSHIP	ONT	K0K 2E0	
Mailing address if different from above.			
C Street No.	Street Name, Lot / Concession No.		
Town / City or Township / County	Province	Postal Code	

Information on Container Refill Centre or Filling Plant

Location of facility.

D Street No.	Street Name, Lot / Concession No.	Nearest major intersection	
4930	SULLY RD	OAK RIDGE RD + HARWOOD RD	
Town / City or Township / County	Province	Postal Code	
HAMILTON TOWNSHIP	ONT	K0K 2E0	

Name of Licence Holder	
VIKING NURSERY LTD	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).	ROT type
ERIK NIELSEN	PPO-3
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)	
HAMILTON TOWNSHIP	
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 ERIK NIELSEN		JUNE 7 / 2011
Name of Senior Management person as defined in the Regulation holding the Record of Training ERIK NIELSEN		JUNE 7 / 2011



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Technical Standards and Safety Act
Propane Storage and Handling Regulation

SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 1997-06-30 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. NONE

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>20382-27</u>
Tank 2:	<u>250</u>	<u>20381-14</u>
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: 2x 2000 US.WG. Portable: 0 Mobile: 0

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Name of person completing this form (please print) <u>ERIK NIELSEN</u>	Official Title <u>OWNER</u>
Signature 	Telephone No. <u>905-342-2537</u>
	Date (dd-mm-yyyy) <u>08-06-11</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)
Activity Information

Name of Propane Supplier(s) SUPERIOR PROPANE		For Office Use - Party No. [REDACTED]	
Street No. 1111	Street Name Lot / Concession No. 49 AVE NE		
Town / City or Township / Country CALGARY		Province ALB.	Postal Code T2E 1S2
Telephone No. 1 877-873 7467	Fax No. 186 421 7764	Contact Name MARK WAKEFORD	
E-mail CUSTOMER SERVICE @ SUPERIOR PROPANE.COM			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No.	
Street No.	Street Name Lot / Concession No.		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			

Off-site Cylinder and/or Mobile Storage NA	Capacity stored off-site, in USWG	For Office Use - Party No.
Street No.	Street Name Lot / Concession No.	
Town / City or Township / Country		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) ERIK NIELSEN	Official Title OWNER	
Signature 	Telephone No. 905-342-2537	Date (dd-mm-yyyy) 08:06:11



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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.

NONE

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

DRY CHEMICAL FIRE EXTINGUISHER
CLASSIFICATION 3A, 40-B, C 3.61 kg. MIN 3.95 kg. MAX

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 DISPENSER TANK TO SHUT OFF
IN CASE OF FIRE

Maintenance and testing schedule for fire protection controls and devices.

ANNUAL INSPECTION BY HARDING FIRE PROTECTION
& MONTHLY INSPECTION (VISUAL) OF FIRE EXTINGUISHER

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	Date (dd-mm-yyyy) 08 06 11



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Technical Standards and Safety Act
Propane Storage and Handling Regulation

3

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 <i>ERIK NIELSEN</i>	For Office Use - Party No.	Name <i>ERIK NIELSEN</i>	For Office Use - Party No.
Official Title <i>OWNER</i>		Official Title <i>OWNER</i>	
Telephone No. <i>905-342-2537</i>	Fax No. <i>905-342-2354</i>	Cell No. <i>NA.</i>	Fax No. <i>905-342-2354</i>
E-mail <i>VIKING @ EAGLE.CA</i>		E-mail <i>VIKING @ EAGLE.CA</i>	
Role and responsibilities in emergency <i>CALL 911 + CLEAR AREA</i>		Role and responsibilities in emergency <i>CALL 901 + CLEAR AREA</i>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>FLEMMING NIELSEN</i>	For Office Use - Party No.	Name <i>ERIK NIELSEN</i>	For Office Use - Party No.
Official Title <i>OWNER</i>		Official Title <i>OWNER</i>	
Telephone No. <i>905-342-2809</i>	Fax No. <i>N/A</i>	Telephone No. <i>905-342-2537</i>	Fax No. <i>905-342-2354</i>
E-mail <i>VIKING @ EAGLE.CA</i>		E-mail <i>VIKING @ EAGLE.CA</i>	
Role and responsibilities in emergency <i>CALL 911 + CLEAR AREA</i>		Role and responsibilities in emergency <i>CALL 911 + CLEAR AREA</i>	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>Orley Kellar</i>	For Office Use - Party No.	Name <i>MARK WAKEFORD</i>	For Office Use - Party No.
Official Title <i>Fire Prevention Officer</i>		Official Title <i>SALES REP</i>	
Telephone No. <i>905-342-2934</i>	Fax No. <i>905-342-2176</i>	Telephone No. <i>705-745-9302 EXT 101</i>	Fax No. <i>1-866-421-7764</i>
E-mail <i>harwoodfire@hamiltontownship.ca</i>		E-mail <i>CUSTOMER SERVICE @ SUPERIOR PROPANE.COM</i>	
Role and responsibilities in emergency <i>Fire Prevention / Fire Fighter</i>		Role and responsibilities in emergency	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>Peter Staples</i>	For Office Use - Party No.	Name <i>KATE SURERUS</i>	For Office Use - Party No.
Official Title <i>Fire Chief</i>		Official Title <i>CLERK</i>	
Telephone No. <i>905-342-2934</i>	Fax No. <i>905-342-2176</i>	Telephone No. <i>905-342-2810</i>	Fax No. <i>905-342-2818</i>
E-mail <i>harwoodfire@hamiltontownship.ca</i>		E-mail <i>EXT 110 K. SURERUS @ HAMILTON TOWNSHIP.CA</i>	
Role and responsibilities in emergency <i>Supervise</i>		Municipality <i>HAMILTON</i>	

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Signature 	Telephone No. <i>905-342-2537</i>
	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.

NONE

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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) <i>NONE</i>	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy) <i>NONE</i>	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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	Date (dd-mm-yyyy) <i>08.06.11</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)	Print Name of Training Provider:	EMERGENCY RESPONSE
NONE	Print Name of Instructor:	ERIK NIELSEN
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	
15.4.2012	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)	Print Name of Training Provider:	EMERGENCY RESPONSE
NONE	Print Name of Instructor:	ERIK NIELSEN
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	
15.4.2012	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)	Print Name of Training Provider:	EMERGENCY RESPONSE
NONE	Print Name of Instructor:	ERIK NIELSEN
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	
15.4.2012	Print Name of Instructor:	
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	

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ERIK NIELSEN	OWNER
Signature	Telephone No.
	905-342-2537
	Date (dd-mm-yyyy)
	08.06.11



19

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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).

ERIK OR FLEMMING NIELSEN WILL CALL 911 IN CASE OF FIRE OR PROPANE LEAK

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).

ALL PERSONEL TO MET AT THE DRIVEWAY AND SULLY RD

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).

ERIK NIELSEN OR FLEMMING NIELSEN RESPONSIBLE FOR CALLING 911 IN CASE OF FIRE OR PROPANE LEAK

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

PROPANE SITE STAFFED 24 HR. 7 DAYS.

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

WORKING WITH FIRE DEPT & POLICE SERVICES

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

2 MIN

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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 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>1000 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>1000 m</u> | |

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Signature 		Telephone No. 905-342-2537	Date (dd-mm-yyyy) 08 06 11



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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:

NONE

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: Orley Kellar		16/07/2011

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Name of person completing this form (please print)	Official Title
Signature	Telephone No.
Orley Kellar	Fire Prevention Officer
	905 342 2934
	Date (dd-mm-yyyy)
	16/07/2011



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SECTION C: SUBMISSIONS (cont'd)

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) <u>0107-11</u>	Capacity of single largest propane storage vessel (USWG) <u>2000</u>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>65' 20m</u>	Right side property line: <u>865' 264m</u>
Rear: <u>600' 183m</u>	Left side property line: <u>215' 66m</u>
GPS coordinates of single largest vessel: <u>N 44° 06.834' W 078° 11.581'</u>	

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Signature 	Telephone No. <u>905-342-2537</u> Date (dd-mm-yyyy) <u>080611</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:

$D = 16.94 \times (1.524 \times C)^{1/3}$

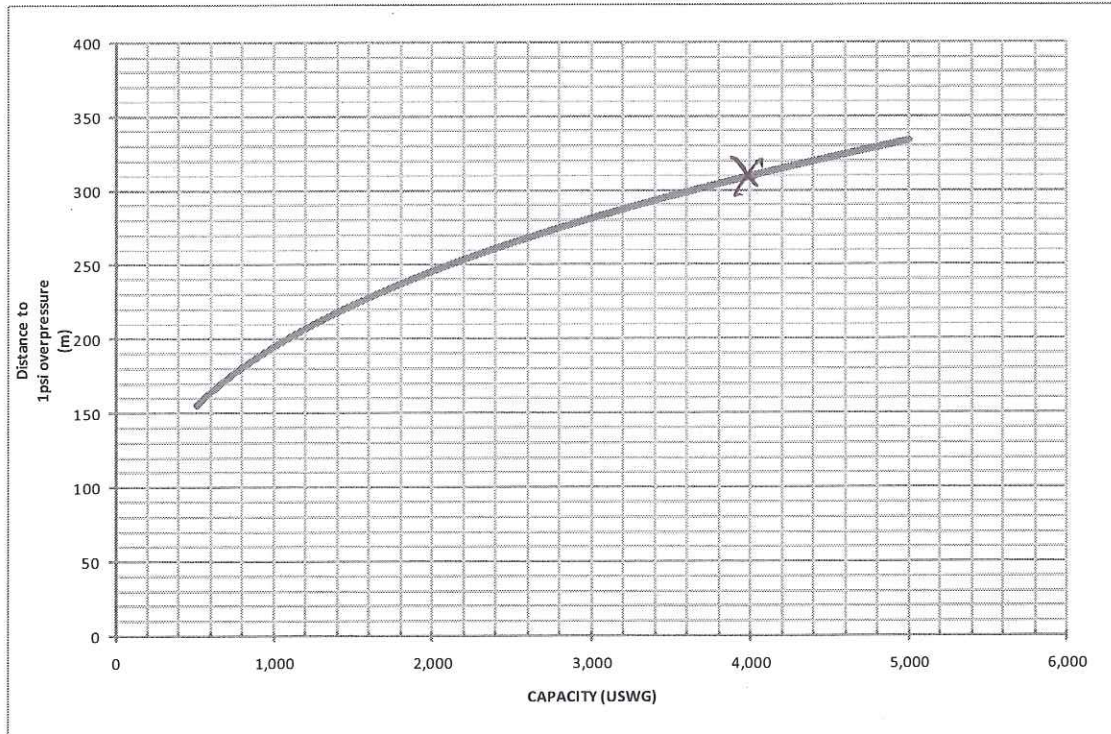
D = Distance to overpressure of 1 psi (meters)
C = Tank Total Capacity in USWG

M → 300
310

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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Signature 		Telephone No. 905-342-2537	Date (dd-mm-yyyy) 08 06 11



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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>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____			X		<u>100</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>VIKING NURSERY LTD</u> Address: <u>4930 RR#1 SULLY RD</u> City: <u>GARES LANDING</u> Province <u>ONT</u> Postal Code <u>K0G 2E0</u>		X			<u>9</u> 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 _____	X				<u>0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> 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>ERIK NIELSEN</u>	Official Title <u>OWNER</u>
Signature 	Telephone No. <u>905-342-2537</u> Date (dd-mm-yyyy) <u>08 06 11</u>



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)
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SECTION C: SUBMISSIONS (cont'd)

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

Portable Storage Additional Information Sheet

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

Tanks Stored On-site Not Connected for Use

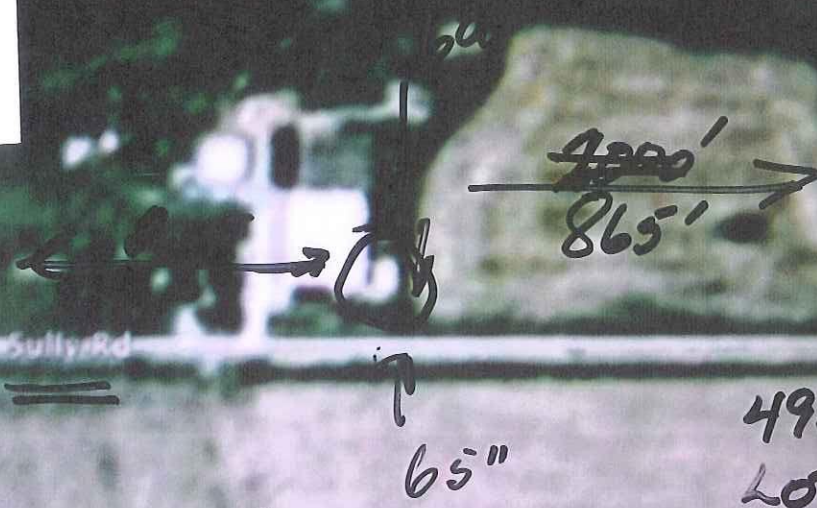
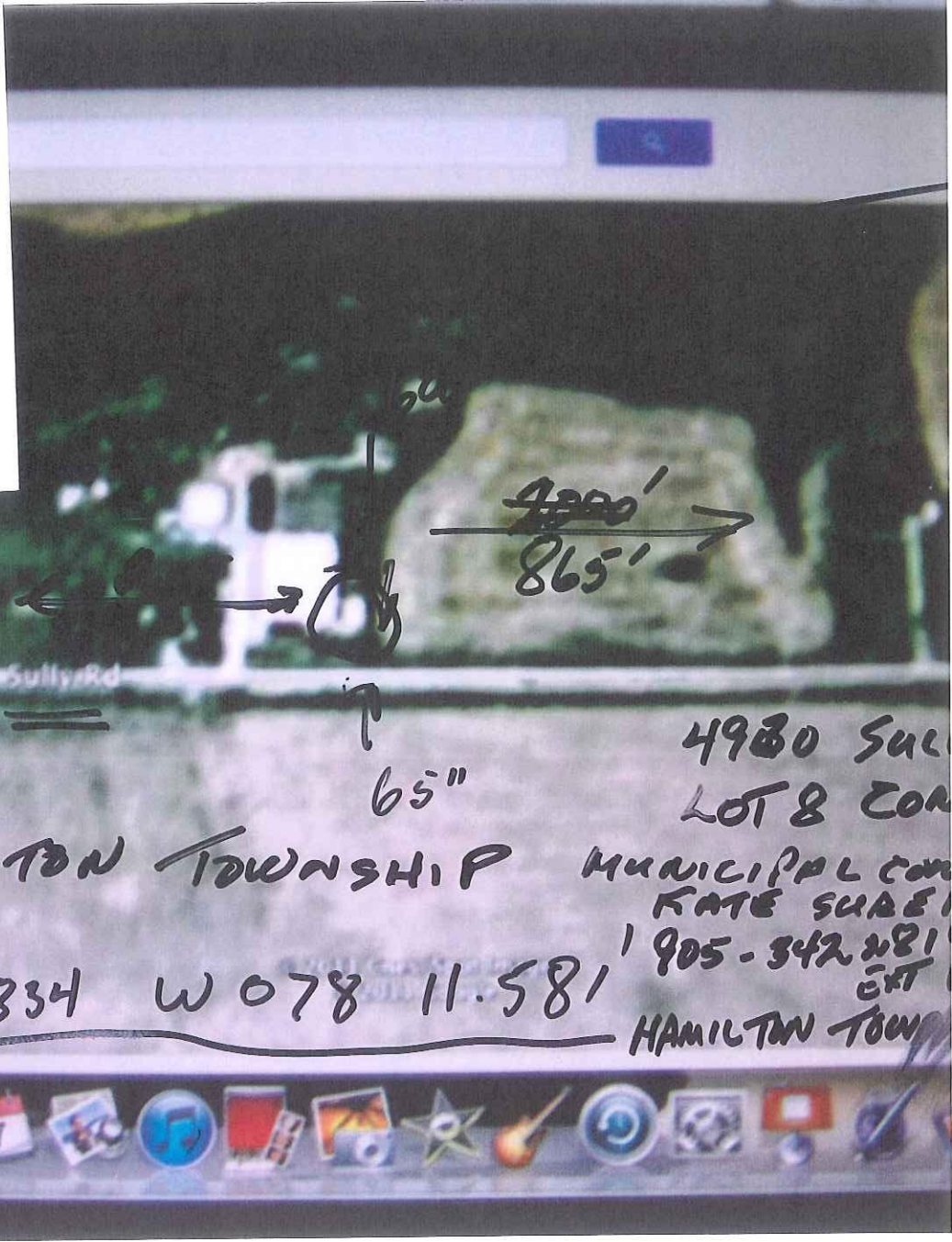
Tank Size In USWG	Quantity	Total Volume in USWG
	NONE	
Total Tank Capacity		

Total Cylinder Capacity	0
Total Tank Capacity	0
Total Portable Capacity	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) ERIK NIELSEN		Official Title OWNER	
Signature 		Telephone No. 905-342-2537	Date (dd-mm-yyyy) 08 06 11

VIKING NURSERY



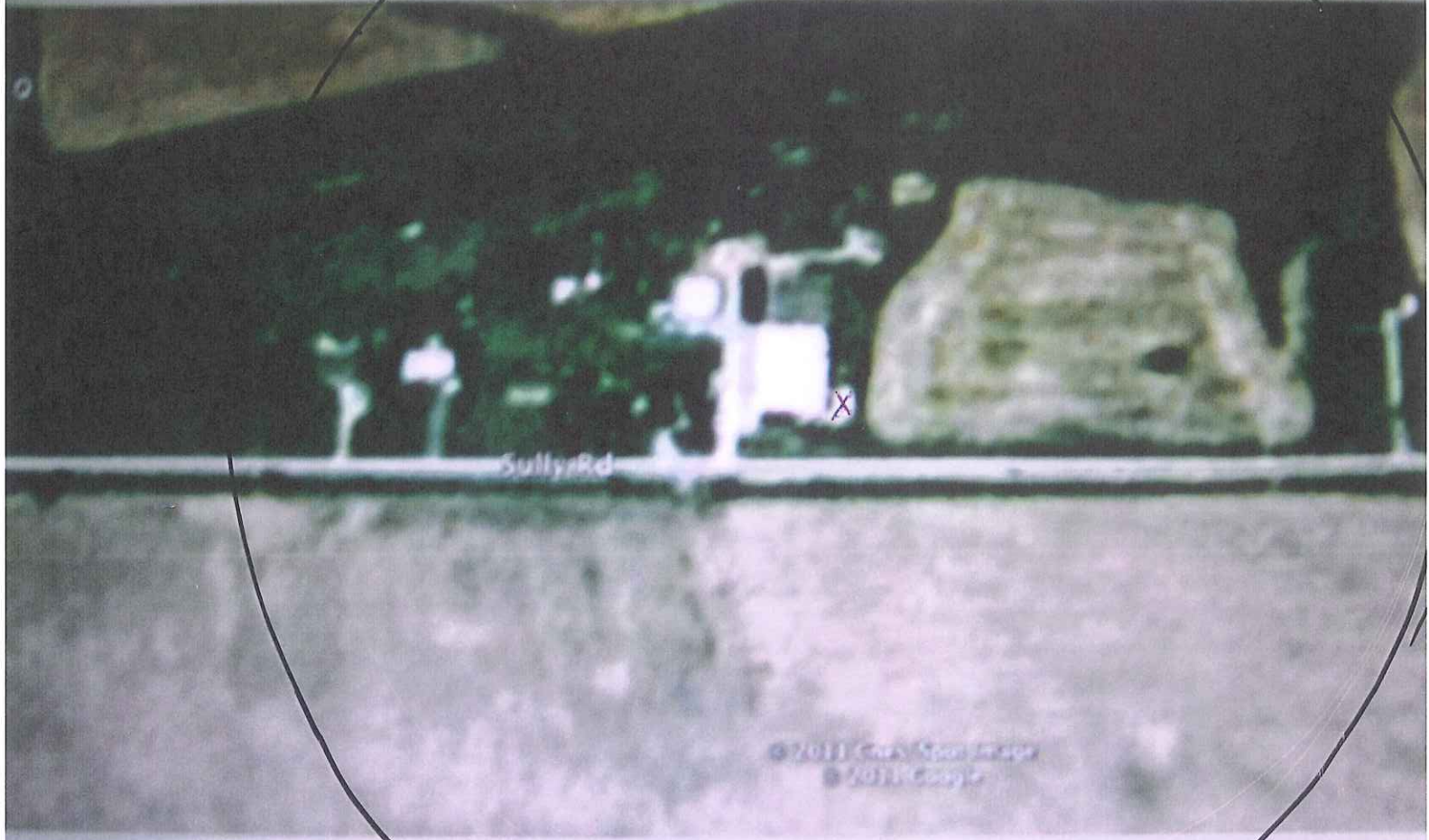
HAMILTON TOWNSHIP MUNICIPAL CORP
 KATE SUBE
 4980 SULLY
 LOT 8 CON
 905-342-281
 EST
 HAMILTON TOW

N44° 06.834 W 078 11.581



Google maps

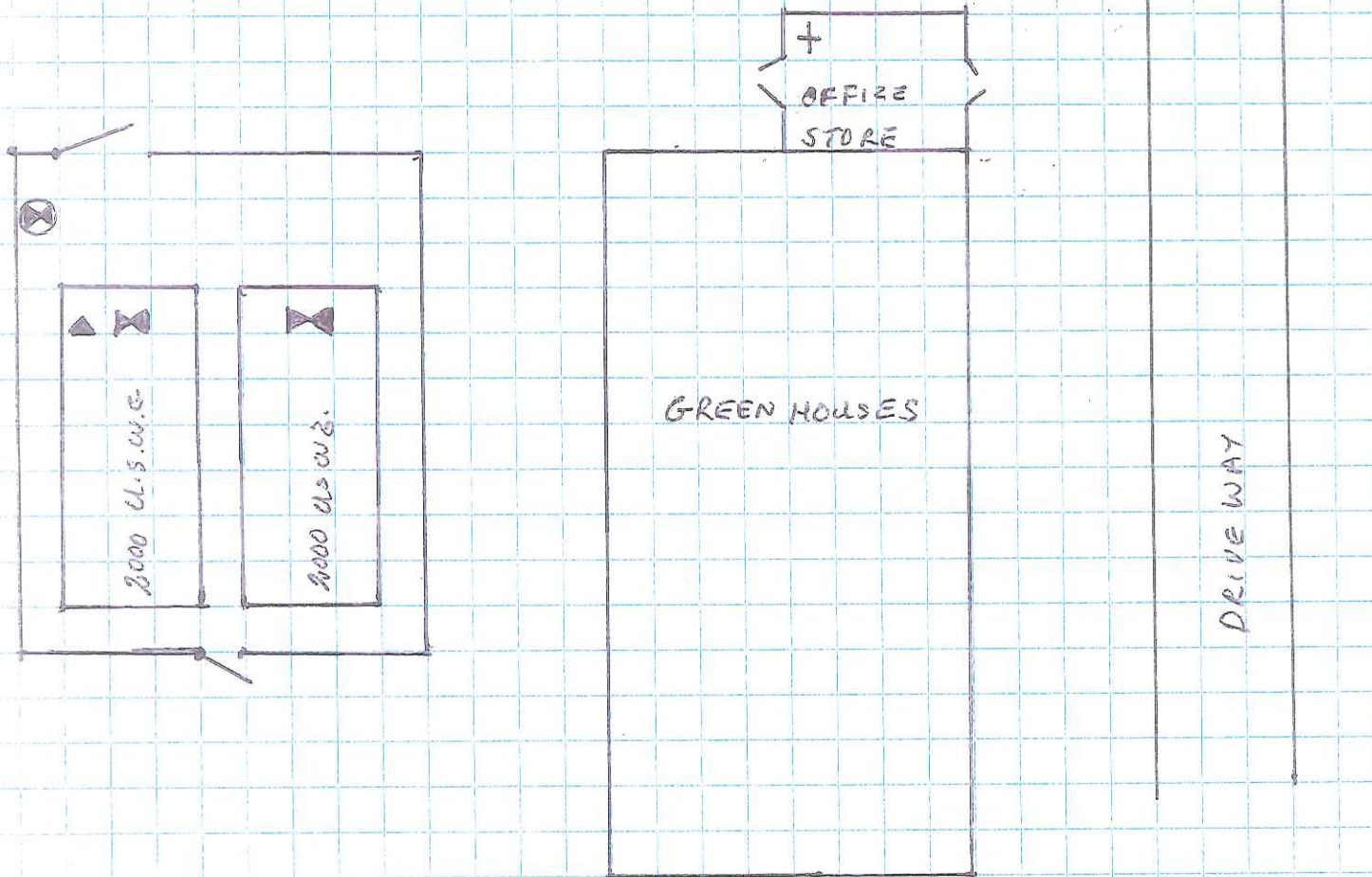
4930 SULLY RD



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SULLY RD



VIKING NURSERY LTD

HARWOOD ONT

LEGEND

▲ EMERG. SHUT OFF VALVE

⊗ FIRE EXTINGUISHER

⊞ PROPANE SHUT OFF VALVE

+ FIRST AID KIT

MPS. MAIN POWER SHUT OFF

⊗ DESIGNATED MEETING AREA