



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; font-size: small;">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 <u>000075644726</u></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 style="font-size: x-small;">Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p style="text-align: center; font-weight: bold;">For Office Use Only</p> <div style="background-color: black; width: 100%; height: 100%; min-height: 100px;"></div>
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**SECTION A: GENERAL INFORMATION**

<p><b>A</b> Company Name <u>TST Solutions LP</u> Ontario Corporation No., if applicable</p>			
<p>Operator Name (if different from above) <u>TST Overland Express</u></p>			
Telephone No. <u>905-625-7500</u>	Fax No. <u>905-602-8895</u>	E-mail	
<p><b>B</b> Street No. <u>5200</u> Street Name / 911 Number / Address, if applicable <u>Maingate Drive</u></p>			
Town / City or Township / County <u>Mississauga</u>		Province <u>On</u>	Postal Code <u>L4W 1G5</u>
<p>Mailing address if different from above.</p>			
<p><b>C</b> Street No. <u>same</u> Street Name / 911 Number / Address, if applicable</p>			
Town / City or Township / County		Province <u>On</u>	Postal Code
<p><b>Information on Container Refill Centre or Filling Plant</b></p>			
<p>Location of facility.</p>			
<b>D</b> Street No. <u>5200</u>	Street Name / 911 Number / Address, if applicable <u>Maingate Drive</u>	Nearest Major Intersection <u>Eglinton Ave W &amp; 403</u>	
Town / City or Township / County <u>Mississauga</u>		Province <u>On</u>	Postal Code <u>L4W 1G5</u>
<p>Name of Licence Holder <u>TST Solutions LP</u></p>			
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). <u>Frank Paglia</u>			ROT type <u>PTI 100-8 Cert. # 92897 (PP0-3)</u>
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) <u>Corporation of the city of Mississauga</u>			
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>TST Solutions LP</u>		<u>FEB 17 2017</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Frank Paglia</u>		



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

Indicate the year the facility was established.  
1989

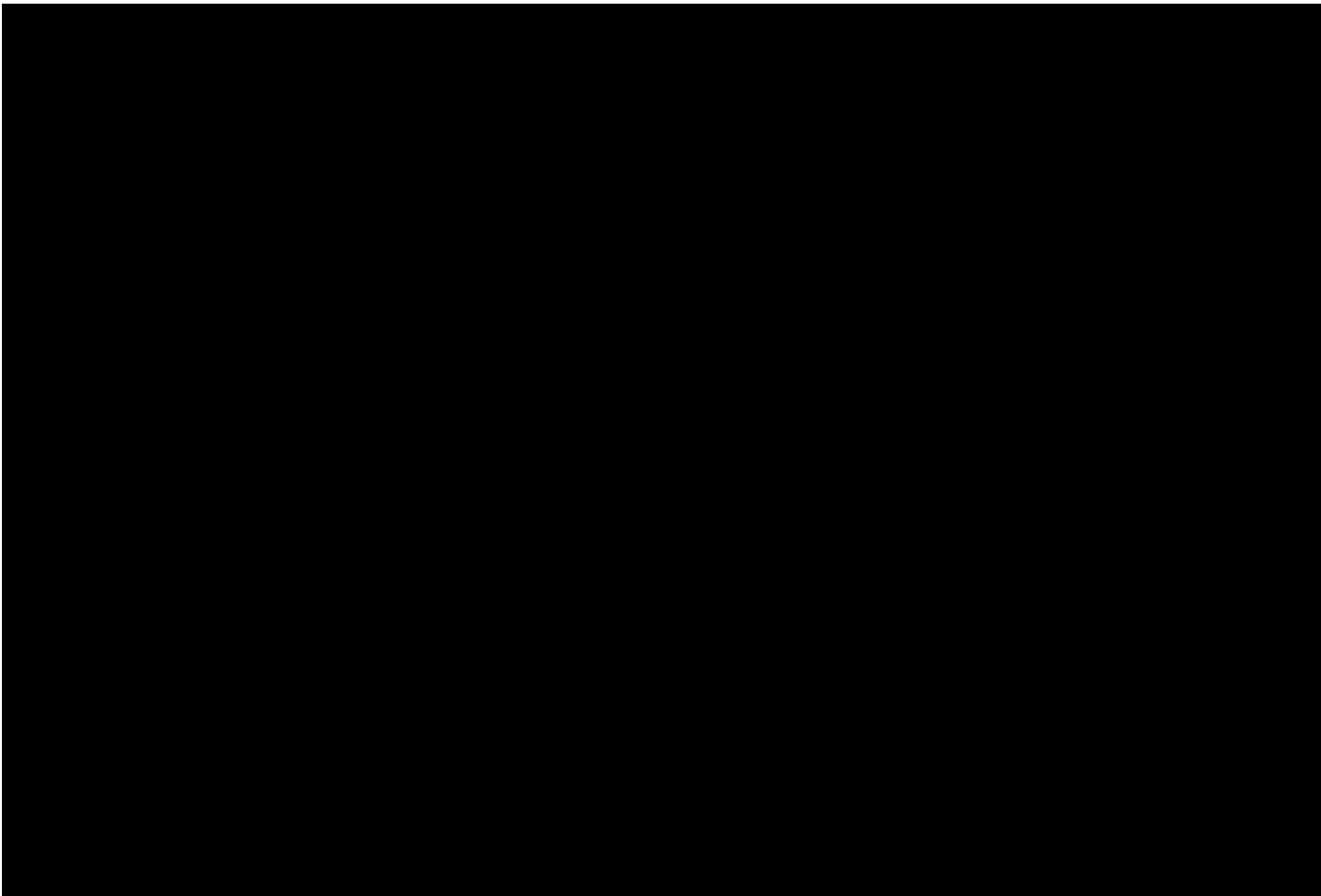
Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.  
2009

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

	PSIG	Serial Number
Tank1:	250	5.439376
Tank2:	_____	_____
Tank3:	_____	_____

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

Fixed: 1750      Portable: 663.2      Mobile: 0



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Name of person completing this form (please print) Steve Ostres	Official Title Operation Manager
Signature 	Telephone No. 905-624-7035
	Date (dd-mm-yyyy) MAY 17 7 2012



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

Activity Information

Name of Propane Supplier(s) Superior Propane - Regional Operation Centre		For Office Use - Party No. [REDACTED]	
Street No. 251	Street Name / 911 Number / Address, if applicable Woodland Road East Unit 217		
Town / City or Township / Country Guelph		Province On	Postal Code N1H 8J1
Telephone No. 877-873-7467	Fax No. 519-836-7766	Contact Name Bruce Graham	
E-mail grahamb@superiorpropane.com			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No. [REDACTED]	
Superior Propane			
Street No. 7022	Street Name / 911 Number / Address, if applicable Wellington Road 124 s		
Town / City or Township / Country Guelph		Province On	Postal Code N1H 6L3
Telephone No. 519-831-6564	Fax No. 519-836-7766	Contact Name Chris Van Herkens	
E-mail vanherkensc@superiorpropane			

Off-site Cylinder and/or Mobile Storage None	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) Steve Ostres	Official Title Operations Manager	
Signature 	Telephone No. 905-624-7035	Date (dd-mm-yyyy) 04/17/2012





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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.

Various classes of DG - mostly small quantities - class 3,8,9. Max amounts vary from day to day-generally cross docked for transportation purposes only.

Consumer products only - eg. Windshield washer fluid, antifreeze, motor oil, lubricant spray cans etc. Max amount: w/w fluid,a/f,- totes are stored outside,

Motor Oil- mainly stored inside in large drums and containers.

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

ABC Fire extinguisher

1- 1 - ABC fire extinguisher located at the Propane Dispenser. 4- Office & Buildings are protected by a wet Line Sprinkler system monitored by alarm

2- 1- ABC fire extinguisher located at terminal office,basement,dock 5- Fire extinguisher through out facility as per fire code

3- 2- ABC fire extinguisher located at maintenance facility mounted outside

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.

1- Fusible link on ISC - isolation valve between the tank and the downstream propane dispensing equipment.

2. Power supply breaker inside the main building. This cuts all power to the propane system - shuts down pump; closes solenoid valve.

3- E-Stop located 15 metres from the propane tank (recently updated). This cuts the electrical to the solenoid stopping the flow of propane

Maintenance and testing schedule for fire protection controls and devices.

Maintenance and testing is undertaken by Superior Propane according to Superior 's Maintenance Standards. Schedule for key equipment is:

1- Pumps - (pumps every 3 months; pump motor: check belts monthly; grease pump every 6 months).

2- ISC valve (test for closure every 6 months).

3- Storage tank Relief Valves - inspected every 2 years; replacement schedule as per provincial regulations.

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Signature 	Telephone No. 905-624-7035
	Date (dd-mm-yyyy) JUN 12 7 2012



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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 <b>Steve Ostres</b>	For Office Use - Party No. [REDACTED]	Name <b>Highway Dispatch</b>	For Office Use - Party No. [REDACTED]
Official Title <b>Operations Manager</b>		Official Title <b>Central Dispatch</b>	
Telephone No. <b>905-624-7035</b>	Fax No. <b>905-624-7062</b>	Cell No. <b>1-800-565-5903</b>	Fax No. <b>905-624-7852</b>
E-mail <b>sostres@tstoverland.com</b>		E-mail <b>cdispatch@tstoverland.com</b>	
Role and responsibilities in emergency <b>Co-ordinate site response plan (ERP)</b>		Role and responsibilities in emergency <b>Co-ordinate site response plan (ERP)</b>	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name <b>Neil McLean</b>	For Office Use - Party No. [REDACTED]	Name <b>Neil McLean</b>	For Office Use - Party No. [REDACTED]
Official Title <b>Transportation Centre Manager</b>		Official Title <b>Transportation Centre Manager</b>	
Telephone No. <b>905-624-7045</b>	Fax No. <b>905-624-7062</b>	Telephone No. <b>905-624-7045</b>	Fax No. <b>905-624-7062</b>
E-mail <b>nmclean@tstoverland.com</b>		E-mail <b>nmclean@tstoverland.com</b>	
Role and responsibilities in emergency <b>Co-ordinate site response plan (ERP)</b>		Role and responsibilities in emergency <b>Co-ordinate site response plan (ERP)</b>	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name <b>John McDougall</b>	For Office Use - Party No. [REDACTED]	Name <b>Superior Propane Hot Line</b>	For Office Use - Party No. [REDACTED]
Official Title <b>Fire Chief</b>		Official Title	
Telephone No. <b>905-615-3750</b>	Fax No. <b>905-615-4579</b>	Telephone No. <b>877-873-7467</b>	Fax No. <b>N/A</b>
E-mail <b>john.mcdougall@mississauga.ca</b>		E-mail <b>n/a</b>	
Role and responsibilities in emergency <b>Coordinate emergency response / advise on Fire Service Response. Liaise with police services.</b>		Role and responsibilities in emergency <b>Identify and dispatch Superior Propane and or LPGERC emergency response personnel as required</b>	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name <b>Greg Laing</b>	For Office Use - Party No. [REDACTED]	Name <b>Crystal Greer</b>	For Office Use - Party No. [REDACTED]
Official Title <b>Fire Prevention Officer Deputy Chief</b>		Official Title <b>Director Legislative Services</b>	
Telephone No. <b>905-615-3754</b>	Fax No. <b>905-896-3773</b>	Telephone No. <b>905-615-3200 x 5419</b>	Fax No. <b>905-615-4181</b>
E-mail <b>greg.laing@mississauga.ca</b>		E-mail <b>crystal.greer@mississauga</b>	
Role and responsibilities in emergency <b>Coordinate emergency response when key contact is not available and Liaise with police services.</b>		Municipality <b>Corporation of the city of Mississauga</b>	

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Name of person completing this form (please print) <b>Steve Ostres</b>	Official Title <b>Operations Manager</b>
Signature 	Telephone No. <b>905-624-7035</b>
	Date (dd-mm-yyyy) <b>Feb 17 2012</b>





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

2. Additional Safety Measures

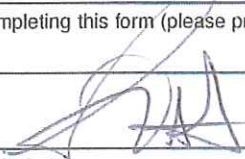
Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

E-stop located 15 metres from the propane tank, cutting power to the solenoid stopping the flow of propane in the event of an emergency. Recently upgraded

24 hour dispatch on duty Monday through Saturday, weekend security on premises during off hours. 24 contact person on call 24-7

Sprinkler System (siamese connection is at ground level on east side of the yard facing into Maingate Drive) The sprinkler system is monitored by buildings fire alarm.

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Signature 	Telephone No. 905-624-7035	Date (dd-mm-yyyy) FEB 17 2017



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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) None	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) None	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) 04-11-2010	Print Name of Training Provider: Propane Training Institute	Please Note - a ROT is valid for 3 years
	Print Name of Instructor: Toni Del Mei	
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) Q2-2012	Print Name of Training Provider: Superior Propane or Alternate	Please note: Canadian Propane Gas Association
	Print Name of Instructor: to be arranged	is currently developed the PTI 911-02 course
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	content and it and its provider is available to be
	Print Name of Instructor:	taught in the second quarter of 2012.
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) Q1-2012	Print Name of Training Provider: Key Contact to train staff
	Print Name of Instructor: to be arranged
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) Q2-2012	Print Name of Training Provider: Propane Training Institute	Please Note - a ROT is valid for 3 years
	Print Name of Instructor: Toni Del Mei	Owner to call if training is required in 2011
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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Signature 	Telephone No. 905-624-7035
	Date (dd-mm-yyyy) FEB 17 7 2012





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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).

The operator or Alternate will contact emergency services by calling 911 and will provide warnings outlined in the attached: "Propane Emergency Response Procedures" placard (to be posted on site and part of the employee training). If it is safe to do so this could involve advising neighbors to evacuate. The owner/operator may also contact Superior Propane via the emergency number identified in the ERP.

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 owner /operator or alternate should first follow the actions in the ERP provided herein. Stage evacuation, if the release of propane cannot be stopped by cutting electrical power may be required. Note a specific muster point is not advisable, since a propane plume can blow in any direction.

Actions will be taken by an on duty ROT person(s)

**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).

When the system is operational, a ROT person will be on duty and be in the propane tank area. This person will be able to visually ascertain any abnormal/ accident event and implement the appropriate emergency response actions. When the system is not in operation, the ISC valve (main isolation valve) is closed, and the propane system is unattended. Any accident involving the propane tank during such times will require the intervention of random, nearby individuals.

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

The propane tank system is located in a wide open area that is easily accessible.

The fire access routes are identified in the attached site plan.

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

The critical information required from the license holder is (a) how to shut the system down and (b) the fill level in the tank (if known)

Fill level is relevant from a time-to-BLEVE perspective (a near empty tank will BLEVE sooner than a full tank if there is a fire impingement on the tank).

This information will be provided to the authorities by site Operations Manager Steve Ostres or alternate.

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

Contact personal on duty 24-7, in the event of an emergency it would take a contact person 30 minutes to respond

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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>100 m fire hydrant</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>None</u>	

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

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

8. Licence holder and local Fire Services Review

<b>To be completed by the Local Fire Services</b>	<b>Yes</b>	<b>No</b>
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input type="checkbox"/>	<input type="checkbox"/>
If not, please explain (e.g., no fire services).		
Fire services comments, if any:		
<b>To be completed by the Licence Holder</b>		
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		

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Name of person completing this form (please print) Steve Ostres	Official Title Operations Manager	
Signature 	Telephone No. 905-624-7035	Date (dd-mm-yyyy) Feb 17 2012



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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 .

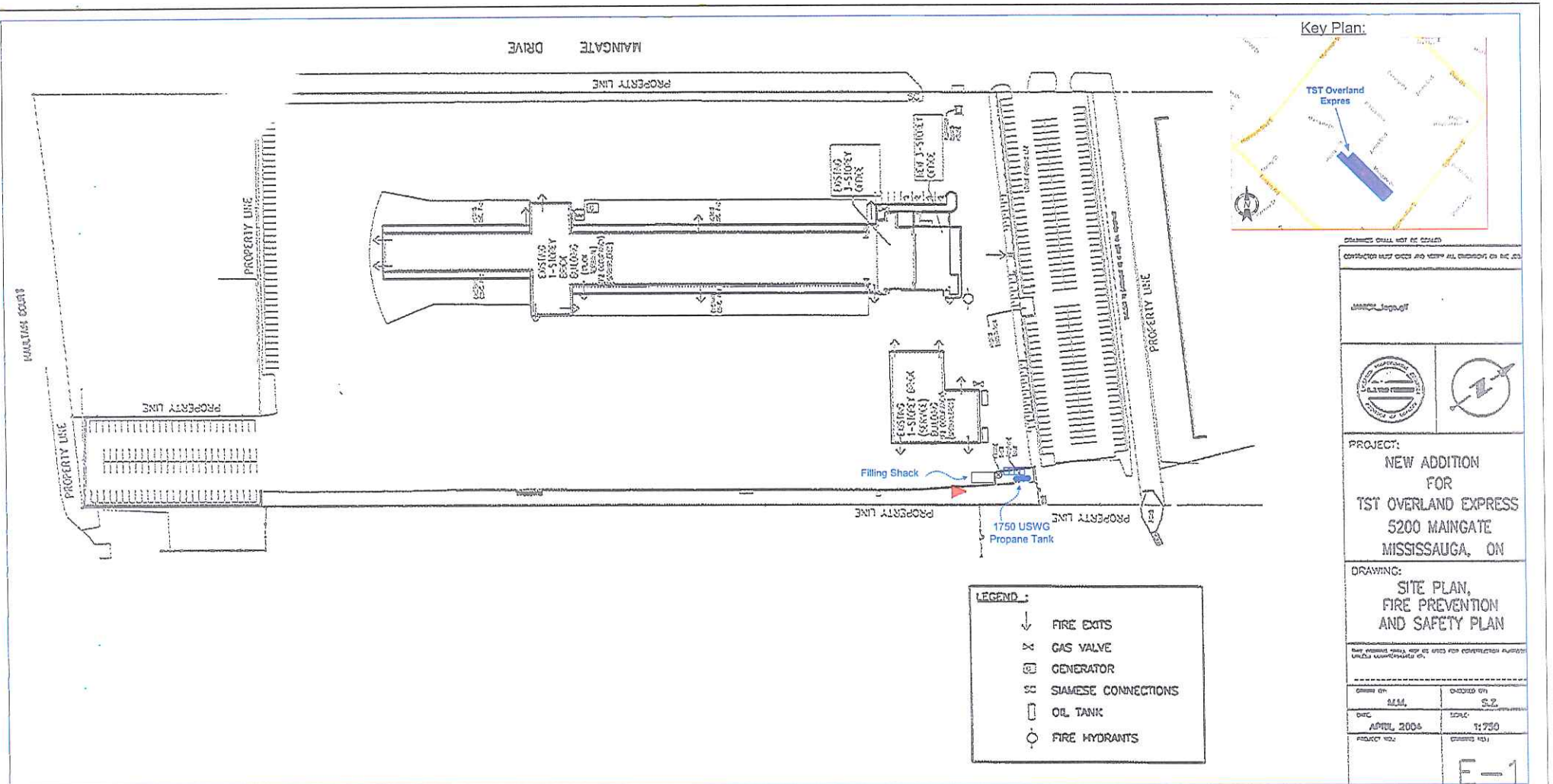
**Required Mapping Information from Updated Site Plan**

Date Map Prepared (dd-mm-yyyy) 03-02-2012	Capacity of single largest propane storage vessel (USWG) 1750 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 296.4 m	Right side property line: 708.1 m
Rear: 18.1 m	Left side property line: 18.1 m
GPS coordinates of single largest vessel: 43.630261 -79.630368	

**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) Steve Ostres	Official Title Operations Manager
Signature 	Telephone No. 905-624-7035
	Date (dd-mm-yyyy) Feb 27 2012





DRAWING SHALL NOT BE COPIED  
CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS ON THE JOB

UNION Logo

PROJECT:  
NEW ADDITION  
FOR  
TST OVERLAND EXPRESS  
5200 MAINGATE  
MISSISSAUGA, ON

DRAWING:  
SITE PLAN,  
FIRE PREVENTION  
AND SAFETY PLAN

DATE: APRIL 2005  
SCALE: 1:750  
PROJECT NO. (000000 143)

DATE: APRIL 2005  
SCALE: 1:750  
PROJECT NO. (000000 143)

**LEGEND :**

- ↓ FIRE EXITS
- ⊗ GAS VALVE
- ⊠ GENERATOR
- ⊞ SIAMESE CONNECTIONS
- OIL TANK
- FIRE HYDRANTS

**FSN Training & Development**

**Site Plan**

TST Overland Express  
5200 Maingate Drive, Mississauga ON L4W 1G5

*Legal Description*  
CON 3 EHS PT LT 1 RP 43R22625 PTS 2 AND 3 PCL 19

Date: February 3, 2012 Edited by: L. Wills

**NOTE: Detailed Fire Plan attached**

Notes:

1. Tank distances to property lines:

Property Line Setbacks	Distance
Northeast	104.1 m
Northwest (Front)	296.4 m
Southeast	18.1 m
Southwest	708.1 m

2. Fire Extinguisher (see detailed attached)

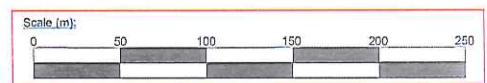


3. Egress/Fire Access Route:  
Egress/access points along Maingate Dr. and Haultain Ct.

4. E-Stop

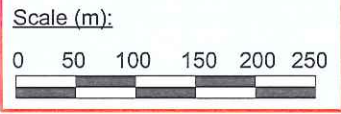
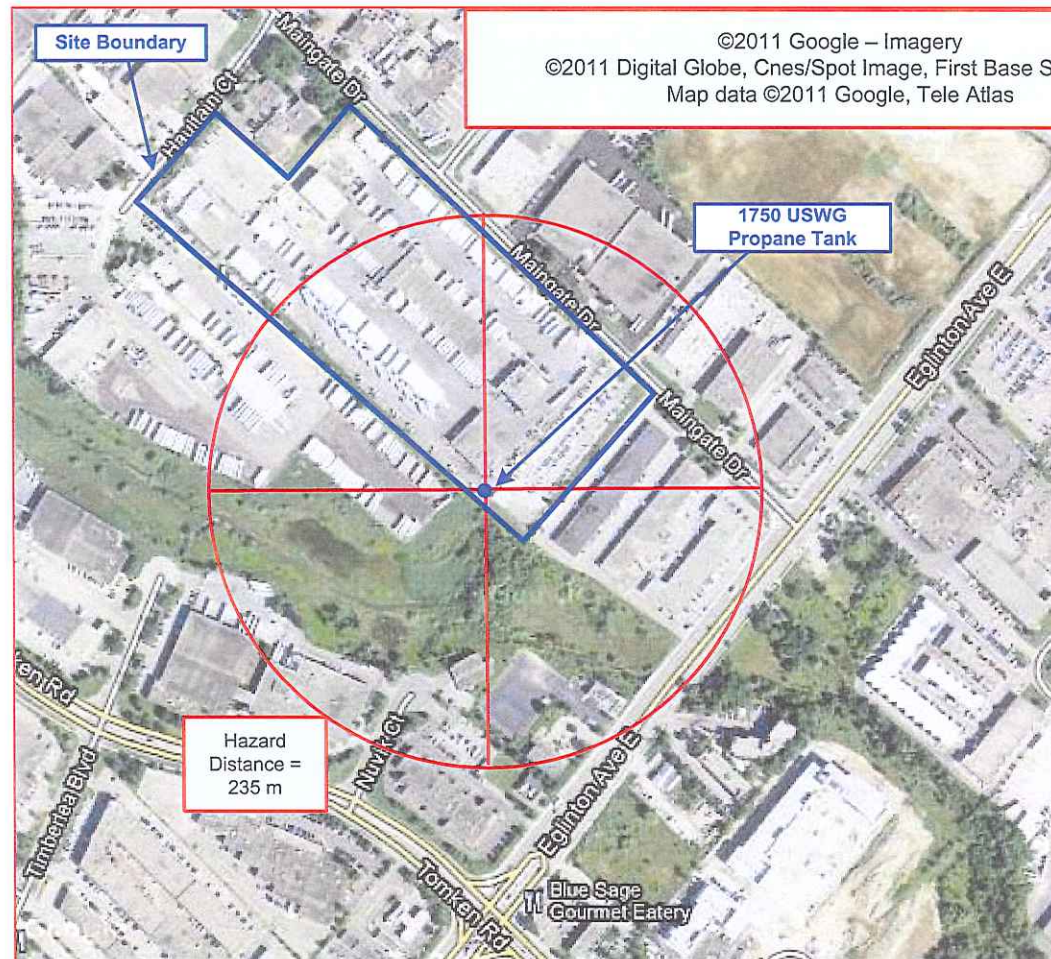


5. Propane Cylinder Storage Area





©2011 Google – Imagery  
 ©2011 Digital Globe, Cnes/Spot Image, First Base Solutions,  
 Map data ©2011 Google, Tele Atlas



**Setback Distances to Site Boundary**  
 Northeast: 104.1 m Southeast: 18.1 m  
 Northwest: 296.4 m Southwest: 708.1 m

**Municipality (ies) within the 1 psi overpressure circle:**  
 City of Mississauga

**Map of Surrounding Area**

**Capacity of Propane Storage Tank:**  
 Capacity of Propane Storage Tank = 1750 USWG

**Municipal Contact:**  
 Crystal Greer  
 Director Legislative Services, City of Mississauga  
 300 City Centre Drive, 2nd Floor, Mississauga,  
 Ontario, L5B 3C1  
 Tel: 905-615-3200 ext. 5419 Fax: 905-615-4181  
 email: crystal.greer@mississauga.ca

TST Solutions LP  
 5200 Maingate Dr., Mississauga, ON L4W 1G5  
Legal Description  
 CON 3 EHS PT LT 10 RP 43R22625 PTS 2 AND 3 PCL 19  
 City of Mississauga, Regional Municipality of Peel

**Circular Distance to 1 psi overpressure:**  
 Denoted by circle centred on tank; radial distance = 235 m

Drawn by: L. Wills Date: January 12, 2012





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

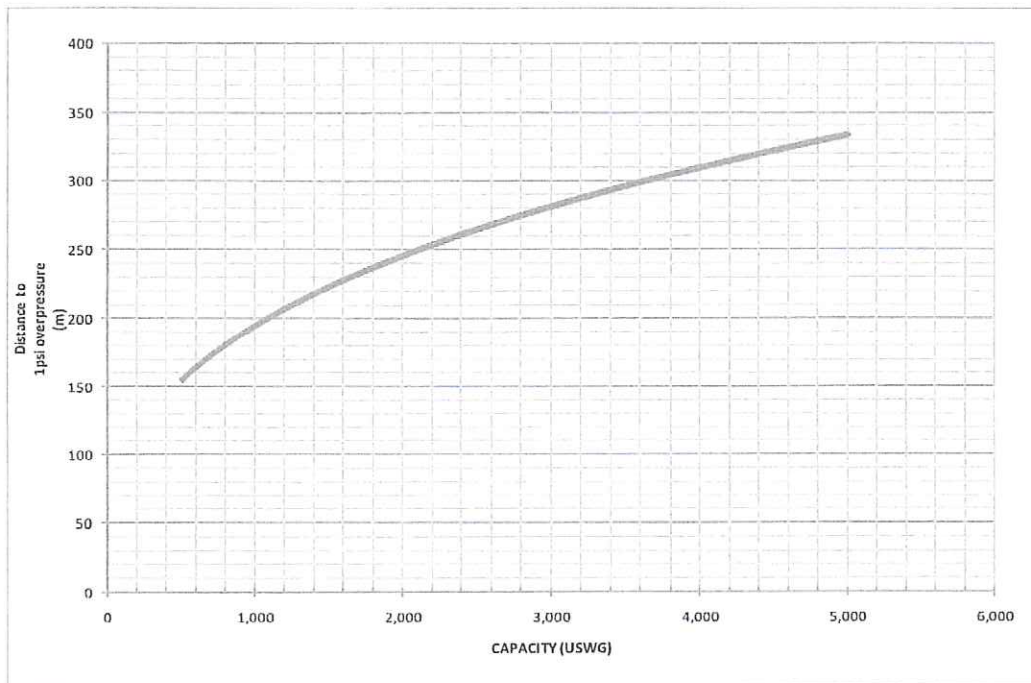
Table 1: Distance Table

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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Name of person completing this form (please print) Steve Ostres	Official Title Operations Manager
Signature 	Telephone No. 905-7035
	Date (dd-mm-yyyy) Feb 17 2017



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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

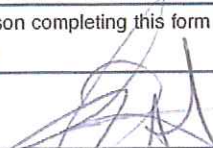
As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

**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>McCleary Industrial Construction</u> Address: <u>5115 Maingate Dr.</u> City: <u>Mississauga</u> Province <u>On</u> Postal Code <u>L4W 1G4</u>				x	<u>160</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>None</u> Address: _____ City: _____ Province <u>On</u> Postal Code _____	x				<u>0</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</u> m

\* For multi-unit buildings, count each unit as "1".

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Name of person completing this form (please print) <u>Steve Ostres</u>	Official Title <u>Operations Manager</u>
Signature 	Telephone No. <u>905-624-7035</u>
	Date (dd-mm-yyyy) <u>FEB 17 2017</u>





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*Technical Standards and Safety Act*  
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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	0	0
# 100	29.5	0	0
# 40	11.75	0	0
# 33.3	9.62	40	384.8
# 30	8.8	0	0
# 20	5.8	48	278.4
# 10	2.9	0	0
# 5	1.5	0	0
Total Cylinder Capacity			663.2

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	663.2
Total Tank Capacity	1750 USWG Propane refill tank
Total Portable Capacity	663.2

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Name of person completing this form (please print) Steve Ostres	Official Title Operations Manager	
Signature 	Telephone No. 905-7035	Date (dd-mm-yyyy) Feb 17 2012