



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Tel: 416.734.3300
 Fax: 416.231.4078
 Customer Service: 1.877.682.8772
 propane@tssa.org
 www.tssa.org

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 [REDACTED]</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%;"></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.

A Company Name	Corporation No.
7739524 Canada LTD	16637261
Operator Name (if different from above) O/A Canadian Tire (Store #4111)	
Telephone No.	Fax No.
905-793-4800 x223	
E-mail Victoria.Hedley@cantirestore.ca	
B Street No.	Street Name / 911 Number / Address, if applicable
10	Great Lakes Drive
Town / City or Township / County	Province
Brampton	ON
	Postal Code
	L6R 2K7
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.	Street Name / 911 Number / Address, if applicable	Nearest Major Intersection
Town / City or Township / County	Province	Postal Code

Name of Licence Holder	Jerome Taylor	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).	Shameer Mohammad	PPO-3
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)	Brampton (Region of Peel)	
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.

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Name of Licence Holder	[REDACTED]	Date (dd-mm-yyyy)
Name of Senior Management person holding the Record of Training	Shameer Mohammad	10-01-2025



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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.
 2000

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

	PSIG	Serial Number
Tank1:	300	20382-55
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: 2000 Portable: Mobile:

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Name of person completing this form (please print) Jerome Taylor	Official Title President/Owner	
Signature 	Telephone No. 519-796-1403	Date (dd-mmm-yyyy) 10-01-2025



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) SUPERIOR PROPANE - ONT REGION		For Office Use - Party No.	
Street No. 251	Street Name / 911 Number / Address, if applicable WOODLAWN RD W UNIT 217		
Town / City or Township / Country GUELPH		Province ON	Postal Code N1H 8J1
Telephone No. 1 877-873-7467	Fax No. 519-826-7766	Contact Name MIKE MULLINS	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
SUPERIOR PROPANE -GUELPH PROPANE BULK PLANT			
Street No. 7022	Street Name / 911 Number / Address, if applicable WELLINGTON RD 124		
Town / City or Township / Country GUELPH		Province ON	Postal Code N1H 8J1
Telephone No. 519-831-6564	Fax No.	Contact Name JASON SWAN	
E-mail SWANJ@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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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.
 WASTE OIL TANK 5000L WASTE COOLANT TANK(1200L) IN BACK OF COMPOUND. FACING GREAT LAKES DR.

3 OXYGEN TANKS. 3 ACETLYNE TANKS UNDER STAIRS CHAINED TO WALL

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

8LBS FIRE EXTINGUISHER AT FILLING STATION

7 LBS FIRE EXTINGUISHER LOCATED BY MAIN DOOR AT FRONT OF SHOP IN BAYS 2,5,10,13 AND 16

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 ISC VALVE BETWEEN TANK AND DOWN STREAM PROPANE DISPENSER PUMP SHUT OFF AT PROPANE STATION TO SHUT OFF POWER TO PUMP ISC INTERLOCK CABEL THAT CUTS POWER WHEN THE DOOR IS CLOSED. ELECTIRCAL SHUT OFF SWITCH AT BAY 7.

EMERGENCY FIRE PULL ALARM AT BAY 7

Maintenance and testing schedule for fire protection controls and devices.

DONE YEARLY WITH ANNUAL INSPECTION. COMPLETED BY SUPERIOR PROPANE

FIRE EXTINGUISHERS/ FIRE & LIFE SAFETY INSPECTIONS DONE YEARLY IN ACCORDANCE WIHT ONTARIO FIRE REGULATIONS.

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Name of person completing this form (please print) JEROME TAYLOR	Official Title PRESIDENT
Signature 	Telephone No. 519 796 1403
	Date (dd-mmm-yyyy) 10-01-2025



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact				5. Facility 24-Hour Contact Person			
Name SHAMEER MOHAMMAD		For Office Use - Party No.		Name KEVIN LAWRENCE		For Office Use - Party No.	
Official Title SERVICE MANAGER				Official Title STORE MANAGER			
Telephone No. 647-534-6220		Fax No. 905-793-3943		Cell No. 905-699-6436		Fax No. 905-793-3943	
E-mail SHAMEER.MOHAMMAD@CANTIRESTORE.CA				E-mail KEVIN.LAWRENCE@CANTIRESTORE.CA			
Role and responsibilities in emergency COORDINATE RSMP AND ENSURE SAFETY OF ALL PERSONNEL. COORDINATE SITE RESPONSE				Role and responsibilities in emergency COORDINATE RSMP AND ENSURE SAFETY OF ALL PERSONNEL. COORDINATE SITE RESPONSE			
2. Facility Contact Personnel - Alternate Contact				6. Name of Facility Manager			
Name KEVIN LAWRENCE		For Office Use - Party No.		Name JEROME TAYLOR		For Office Use - Party No.	
Official Title STORE MANAGER				Official Title DEALER/OWNER			
Telephone No. 905-699-6436		Fax No. 905-793-3943		Telephone No. 51-796-1403		Fax No. 905-793-3943	
E-mail KEVIN.LAWRENCE@CANTIRESTORE.CA				E-mail JEROME.TAYLOR@CANTIRESTORE.CA			
Role and responsibilities in emergency COORDINATE RSMP AND ENSURE SAFETY OF ALL PERSONNEL. COORDINATE SITE RESPONSE. IF MAIN CONTACT NOT AVAILABLE				Role and responsibilities in emergency OWNER OF THE STORE AND THIRD CONTACT IF FIRST TWO ARE NOT AVAILABLE TO COORDINATE RESPONSE AND RSMP			
3. Local Fire Services - Key Contact				7. Propane Supplier Key Contact Person			
Name CHANTELLE COSGROVE-WELSH		For Office Use - Party No.		Name Superior Propane Hotline		For Office Use - Party No.	
Official Title FIRE PREVENTION DIVISION CHIEF		E-mail chantelle.cosgrove@brampton.ca		Official Title		E-mail N/A	
Telephone No. 416-795-0855		Fax No. 905-874-2727		Telephone No. 1-877-873-7467		Fax No. N/A	
Role and responsibilities in emergency Fire Prevention				Role and responsibilities in emergency Identify and dispatch superior and/or ERAC emergency response personnel as required.			
Fire Services Address 425 Chrysler Drive Brampton, Ontario L6S 6G3				Propane Supplier Address 251 WOODLAWN RD W UNIT 217, GUELPH, ON, N1H 8J1			
4. Local Fire Services - Alternate Contact				8. Municipal Contact			
Name ANDREW VON HOLT		For Office Use - Party No.		Name Brampton Emergency Management office		For Office Use - Party No.	
Official Title DEPUTY FIRE CHEIF		E-mail Andrew.vanholt@brampton.ca		Official Title Emergency Management Office			
Telephone No. 905-874-2741		Fax No. 905-874-2727		Telephone No. 311		Fax No.	
Role and responsibilities in emergency Fire Prevention				E-mail bemo@brampton.ca			
Fire Services Address 425 Chrysler Drive Brampton, Ontario L6S 6G3				Municipality Name and Address Corporation of the City of Brampton 2 Wellington Street West Brampton, ON L6Y 4R2			

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Name of person completing this form (Print name)		Official Title	
JEROME TAYLOR		PRESIDENT	
Signature		Telephone No.	Date (dd-mmm-yyyy)
		519-796-1403	10-01-2025



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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.

ALL ON DUTY MANAGERS HAVE BEEN TRAINED TO EXECUTE RSMP DURING OPERATING HOURS

NO SMOKING SIGNS POSTED AT PROPANE STATION

NO MECHANICAL REPAIRS TO ANY EQUIPMENT OR CARS INCLUDING BATTERY CHARGING TAKE PLACE WITHING 20FT OF PROPANE FILLING STATION.

EMERGENCY SHUT OFF LOCATED ON LEFT WALL BY MAN DOOR ENTERANCE 2 FT IN FROM DOOR. IT IS EASILY ACCESSIBLE WITH NO OBSTUCTIONS IN FRONT OF IT.

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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-mmm-yyyy) 05-12-2024	Print Name of Training Provider: FSN PROVIDED MATERIAL
	Print Name of Instructor: Morley Raymer
Training Date (dd-mmm-yyyy) 05-12-2024	Print Name of Training Provider: FSN Training & Development Inc.
	Print Name of Instructor: Morley Raymer
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy) 19-06-2024	Print Name of Training Provider: FSN TRAINING DEVELOPMENT INC
	Print Name of Instructor: Rob DiGiuseppe
Training Date (dd-mmm-yyyy) 05-12-2024	Print Name of Training Provider: FSN Training & Development Inc.
	Print Name of Instructor: Morely Raymer
Training Date (dd-mmm-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-mmm-yyyy) 19-06-2024	Print Name of Training Provider: FSN TRAINING DEVELOPMENT INC
	Print Name of Instructor: Rob DiGiuseppe
Training Date (dd-mmm-yyyy) 05-12-2024	Print Name of Training Provider: FSN TRAINING DEVELOPMENT INC
	Print Name of Instructor: Morley Raymer
Training Date (dd-mmm-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-mmm-yyyy) 01/06/2025	Print Name of Training Provider: FSN TO PROVIDED MATERIAL
	Print Name of Instructor: Kevin Lawrence/ Shameer Mohammad
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) 01/06/2025	Print Name of Training Provider: FSN TO PROVIDED MATERIAL
	Print Name of Instructor: Kevin Lawrence/ Shameer Mohammad
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-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-mmm-yyyy) 01/06/2025	Print Name of Training Provider: FSN TO PROVIDED MATERIAL
	Print Name of Instructor: Kevin Lawrence/ Shameer Mohammad
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-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).

MANAGER ON DUTY WILL CONTACT EMERGENCY SERVICES BY CALLING 911
 THEN ENTIRE AREA WILL BE EVACUATED BY STAFF BY 2 WAY RADIO
 THEN THE GENERAL PUBLIC USING THE PAGING SYSTEM

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).

IN THE EVENT OF AN EMERGENCY, ALL STAFF AND GENERAL PUBLIC WILL BE INSTRUCTED TO MEET AT THE FAR END OF THE PARKING LOT DESIGNATED AREA UNDER THE SOUTH LARGE CANADIAN TIRE PYLON SIGN

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 SYSTEM IS IN OPERATION, AN ATTENDENT WILL BE PRESENT AT STATION. THIS ATTENDENT WILL BE ABLE TO VISUALLY SEE ANY ABNORMAL OPERATION AND/OR EVENTS. THIS ATTENDANT CAN IMPLIMENT ANY NECESSARY RESPONSE ACTIONS. WHEN STSTEM IS NOT IN USE, THE ISC VALVE IS CLOSED.

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

THE PROPANE SITE IS IN A LARGE PARKING LOT AND THE FIRE DEPARTMENT WILL HAVE NO DIFFICULTIES IN ACCESSING IT FROM BOVAIRD DRIVE OR GREAT LAKES DRIVE

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

ANY UPDATED INFORMATION WILL BE PASSED ONTO AUTHORITIES BY KEY PERSON ON SITE.

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

APPROX 20 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)		10M _____
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)		10M _____

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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:

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-mmm-yyyy)

LOCAL FIRE SERVICES

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

Print name	Signature	Date (dd-mmm-yyyy)
Local Fire Services Name		

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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-mmm-yyyy) 12-05-2009	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: 3M	Right side property line: 3M
Rear: 3M	Left side property line: 3M
GPS coordinates of single largest vessel:	43.7301 - 79.7627

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SECTION C: SUBMISSIONS (cont'd)

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

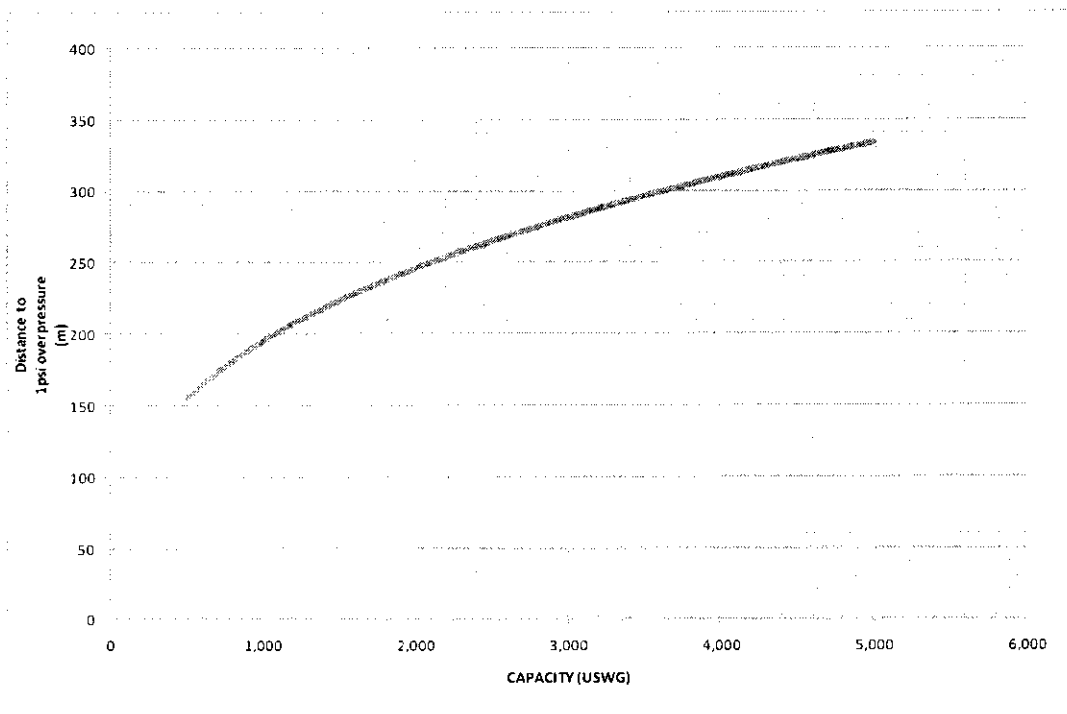
Table 1: Distance Table

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)





Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Tel: 416.734.3300
 Fax: 416.231.4078
 Customer Service: 1.877.682.8772
 propane@tssa.org
 www.tssa.org

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

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

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
[REDACTED] [REDACTED] [REDACTED] ON [REDACTED] 2K7					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: METRO GROCERY STORE Address: _____ 20 GREAT LAKES DRIVE City: _____ BRAMPTON Province ON Postal Code L6R 2K7					33 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ 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 (print) JEROME TAYLOR	Official Title PRESIDENT/OWNER
Signature [REDACTED]	Telephone No. 519-796-1403
	Date (dd-mmm-yyyy) 10-01-2025



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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		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	25	145
# 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
20	25	145
Total Tank Capacity		

Total Cylinder Capacity	
Total Tank Capacity	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	N/A

*Information provided in this application is releasable under the Freedom of Information and Privacy Protection Act and may be disclosed upon request.

Note:

The following fees are applicable only if there are changes to the most recent RSMP submission.

If this RSMP is for a new facility/License Holder Change, RSMP fees are charged as part of the initial application fee and the fees below do not apply.

If there are no changes to the RSMP, no RSMP fees are due.

FEES
(HST Registration No: 891131369)

Select	Service	Fee Type	Fee	HST	Total (Including HST)	Total Fees Due
	Risk Safety Management Plan (RSMP) - Changes to RSMP from prior year's submission					
<input type="checkbox"/>	Bulk Plant & Fill Sites - L1, <5,000 Gallons (includes review)	Flat*	\$ 223.50	\$ 29.06	\$ 252.56	
	Expedited Services**					
<input type="checkbox"/>	Expedited Engineering Services (Additional charge to engineering review per site application)	Flat	\$ 560.00	\$ 72.80	\$ 632.80	

Total Fees Due				
-----------------------	--	--	--	--

1

If paying by credit card, amount in Box 1 to be entered in TSSA Service Prepayment Portal

All required fees must be prepaid for application to be processed. Fees are non-refundable.
For payment options, see Payment Instructions

*Flat fees relating to engineering services or initial inspection may be subject to additional billing if engineering submissions are inadequate or require excessive engineering review/initial inspection time. Additional billing, if any, will be billed in 1/4 hour increments at the applicable hourly labour rate based on TSSA's posted fee schedule. All labour rates are per inspector or engineer.

****Expedited Services**

Expedited service fees are non-refundable

Expedited services places your application in an expedited service line.



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Email: customerservices@tssa.org
www.tssa.org

PAYMENT INSTRUCTIONS

TSSA use only	L #	CH #
WO # _____		

If paying by cheque, bank draft, money order, this form must accompany all applications submitted to TSSA. A separate payment form is required for each application. Please refer to our fee schedule posted on our website www.tssa.org. HST Registration No: 891131369.

Payment Options:

Credit Card - Click link below

TSSA Service Prepayment Portal

<https://forms.tssa.org/Payments/Service-Prepayment-Portal>

Cheque, Bank Draft or Money Order (payable to Technical Standards and Safety Authority)

Name of Applicant/Organization:

Telephone No:

Email Address:

Cheque/Bank Draft/Money Order #: _____

Mail payment along with a copy of your application to:

Attention: Accounts Receivable
Technical Standards and Safety Authority
345 Carlingview Drive
Toronto, Ontario M9W 6N9

If a copy of the application is not submitted with your payment, this will delay the processing of the application.

Dishonored Payments: A \$35 administration fee will apply for each returned item