



Technical Standards and Safety Authority  
 www.tssa.org  
 14th Floor - Centre Tower  
 3300 Bloor Street West  
 Toronto Ontario M8X 2X4  
 Fax: 416.231.4078  
 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 greater than 5,000 USWG and no more than 500 USWG of portable propane storage capacity

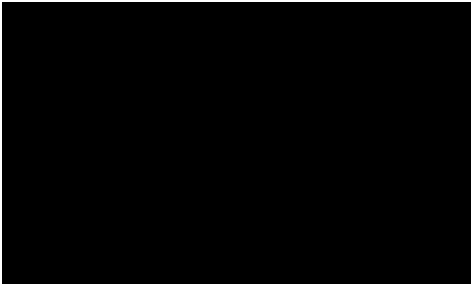
Failure to fully complete this form may result in rejection.  
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 000236350

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.

**A** Company Name H.A Robbins Automotive Industries Inc Corporation No. \_\_\_\_\_

Operator Name (if different from above) Harold Robbins

Telephone No. 905-451-6060 Fax No. 905-451-8084 E-mail hrobbins@on.aibn.com

**B** Street No. 499 Street Name / 911 Number / Address, if applicable Main Street South, Unit 199

Town / City or Township / County Brampton Province Ontario Postal Code L6Y 1N7

Mailing address if different from above.

**C** Street No. \_\_\_\_\_ Street Name / 911 Number / Address, if applicable \_\_\_\_\_

Town / City or Township / County \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Information on Container Refill Centre or Filling Plant**

**D** Location of facility.

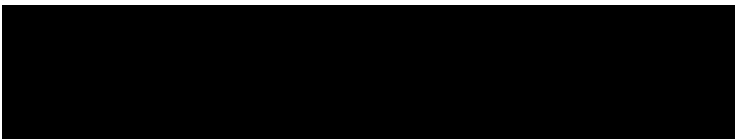
Street No. 499 Street Name / 911 Number / Address, if applicable Main Street South, Unit 199 Nearest Major Intersection Highway 10 and Steeles Ave West

Town / City or Township / County Brampton Province Ontario Postal Code L6Y 1N7

Name of Licence Holder H.A Robbins Automotive Industries Inc

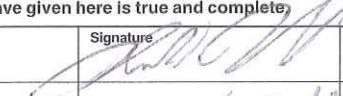

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Harold Robbins ROT type \_\_\_\_\_

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) 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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Print name	Signature	Date (dd-mmm-yyyy)
Name of Licence Holder <u>Harold Robbins</u>		<u>13-Jan-2015</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Harold Robbins</u>		<u>13-Jan-2015</u>



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

Indicate the year the facility was established. <u>2001</u>	Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
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Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>5563257</u>
Tank 2:	_____	_____
Tank 3:	_____	_____

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

Fixed: 2000      Portable: 418      Mobile: n/a

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Name of person completing this form (please print) <u>Maria De Santis</u>	Official Title <u>Human Resource Manager</u>	
Signature 	Telephone No. <u>905-451-6060 x226</u>	Date (dd-mmm-yyyy) <u>03-Jan-2015</u>



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

Activity Information

<b>Name of Propane Supplier(s)</b> Superior Propane - Ontario Regional Operation Center			For Office Use - Party No.		
Street No. 251	Street Name / 911 Number / Address, if applicable Woodlawn Rd West, Unit 217				
Town / City or Township / Country Guelph			Province Ontario	Postal Code N1H 8J1	
Telephone No. 1-877-873-7467	Fax No. 1-519-836-7766	Contact Name Mike Mullins			
E-mail mullinsm@superiorpropane.com					

<b>Name of Propane Transporter.</b> If same as above, please check box. <input type="checkbox"/>			For Office Use - Party No.		
Superior Propane					
Street No. 7022	Street Name / 911 Number / Address, if applicable Wellington Road, 124S				
Town / City or Township / Country Guelph			Province Ontario	Postal Code N0B 1C0	
Telephone No. 1-519-831-6564	Fax No.	Contact Name Jason Swan			
E-mail swanj@superiorpropane.com					

<b>Off-site Cylinder and/or Mobile Storage</b>		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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Signature 		Telephone No. 905-451-6060 ext 226	Date (dd-mmm-yyyy) 03-Jan-2015



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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.

2 oxygen tanks and 3 acetelyne tanks near bay 10 (service center garage) waste coolant outside south side, waste oil outside west side of service center garage

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

3 fire extinguishers by propane tank - spare one by man door east side of service center, spare at service customer entrance doors.  
Fire extinguishers by bays 3, 8, 10, 17 inside service center garage

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. Fuseable link on ISC valve propane tank
2. Shut off switch at propane station
3. Electrical shut off in bay #1
4. ISC valve interlock cable

Maintenance and testing schedule for fire protection controls and devices.

Superior Propane performs a yearly inspection as well as Tyco inspects the fire extinguisher on a monthly basis

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Signature 	Telephone No. 905-451-6060 ext 226	Date (dd-mmm-yyyy) 03-Jan-2015



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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 <a href="#">Harold Robbins</a>	For Office Use - Party No.	Name <a href="#">Harold Robbins</a>	For Office Use - Party No.
Official Title <a href="#">Dealer/Owner</a>		Official Title <a href="#">Dealer/Owner</a>	
Telephone No. <a href="#">905-451-6060 x222</a>	Fax No. <a href="#">905-451-8084</a>	Cell No. <a href="#">647-296-7610</a>	Fax No.
E-mail <a href="mailto:hrobbins@on.aibn.com">hrobbins@on.aibn.com</a>		E-mail <a href="mailto:hrobbins@on.aibn.com">hrobbins@on.aibn.com</a>	
Role and responsibilities in emergency <a href="#">Coordinates site response</a>		Role and responsibilities in emergency <a href="#">Coordinates site response</a>	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name <a href="#">Clifford Dias</a>	For Office Use - Party No.	Name <a href="#">Mike Mizzen</a>	For Office Use - Party No.
Official Title <a href="#">Service Manager</a>		Official Title <a href="#">General Manager</a>	
Telephone No. <a href="#">905-451-6060</a>	Fax No.	Telephone No. <a href="#">905-451-6060 x229</a>	Fax No.
E-mail <a href="mailto:clifford.dias@cantire10.ca">clifford.dias@cantire10.ca</a>		E-mail <a href="mailto:mizzen@on.aibn.com">mizzen@on.aibn.com</a>	
Role and responsibilities in emergency <a href="#">Facilitate response process</a>		Role and responsibilities in emergency <a href="#">Facilitate response process</a>	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name <a href="#">Dean Patterson</a>	For Office Use - Party No.	Name <a href="#">Superior Propane Hotline</a>	For Office Use - Party No.
Official Title <a href="#">Fire Prevention Office</a>	E-mail <a href="mailto:dean.patterson@brampton.ca">dean.patterson@brampton.ca</a>	Official Title	E-mail
Telephone No. <a href="#">905-874-2746</a>	Fax No. <a href="#">905-874-2735</a>	Telephone No. <a href="#">1-877-873-7467</a>	Fax No.
Role and responsibilities in emergency <a href="#">Fire Protection Officer</a>		Role and responsibilities in emergency	
Fire Services Address <a href="#">225 Central Park Drive, Brampton, Ontario, L6S 6H1</a>		Propane Supplier Address	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name <a href="#">Andrew Von Holt</a>	For Office Use - Party No.	Name <a href="#">Alain Normand</a>	For Office Use - Party No.
Official Title <a href="#">Division Chef-Fire Prevention</a>	E-mail	Official Title <a href="#">Manager Emergency Measures</a>	
Telephone No. <a href="#">905-874-2741</a>	Fax No. <a href="#">905-874-2735</a>	Telephone No. <a href="#">905-874-3360</a>	Fax No. <a href="#">905-874-2883</a>
Role and responsibilities in emergency <a href="#">Fire Prevention Chief</a>		E-mail <a href="mailto:alain.normand@brampton.ca">alain.normand@brampton.ca</a>	
Fire Services Address <a href="#">225 Central Park Drive, Brampton, Ontario, L6S 6H1</a>		Municipality Name and Address <a href="#">City Of Brampton, Region Of Peel</a>	

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Name of person completing this form (please print) <a href="#">Maria De Santis</a>	Official Title <a href="#">Human Resource Manager</a>
Signature 	Telephone No. <a href="#">905-451-6060 ext 226</a>
	Date (dd-mmm-yyyy) <a href="#">03-Jan-2015</a>



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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 shut off, push button down and close solenoid valve up stream to dispensing hoses.

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Signature <i>M De Santis</i>	Telephone No. 905-451-6060 ext 226	Date (dd-mmm-yyyy) 03-Jan-2015



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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) 27-03-2014	Print Name of Training Provider: FSN
	Print Name of Instructor: David Kennedy
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
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) 27-03-2014	Print Name of Training Provider: FSN
	Print Name of Instructor: David Kennedy
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
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) 27-03-2014	Print Name of Training Provider: FSN
	Print Name of Instructor: David Kennedy
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
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) 04-07-2015	Print Name of Training Provider: FSN
	Print Name of Instructor:
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) 04-07-2015	Print Name of Training Provider: FSN
	Print Name of Instructor:
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) 04-07-2015	Print Name of Training Provider: FSN
	Print Name of Instructor:
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).  
ROT(Manager(s) on Duty) will contact emergency services calling 911. The manager on duty will evacuate the warehouse, service center and retail floor if needed.

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).

Actions and warnings will be taken by our ROT and/or Duty Manager if an evacuation is necessary.  
All staff will be advised to meet in the parking lot by the Tim Hortons.

**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).

Each day "opening" procedures are done for the propane station. If it is not operational it will be closed with signs stating that it is "closed" and superior propane will be contacted.

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

Our propane tank is in our parking lot and is very visible. The fire department will not have any problems accessing propane as it is adjacent to the incoming road.

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

Information on the gauge outside tank provides the authorities the key contacts as well as information is available within the store inquiring with Duty Manager.

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

Harold Robbins - 1 hours  
Mike Mizzen - 30 mins  
Jim Nairn - 20mins

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Signature 	Telephone No. 905-451-6060 ext 226
	Date (dd-mmm-yyyy) 03-Jan-2015





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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:

Please attached email for information

**To be completed by the Licence Holder**

In response to the above comments, the following:

The licence holder will respond to the Local Fire Services 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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Name of person completing this form (please print) Maria De Santis	Official Title Human Resource Manager	
Signature <i>CM De Santis</i>	Telephone No. 905-451-6060 ext 226	Date (dd-mmm-yyyy) 03-Jan-2015



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

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

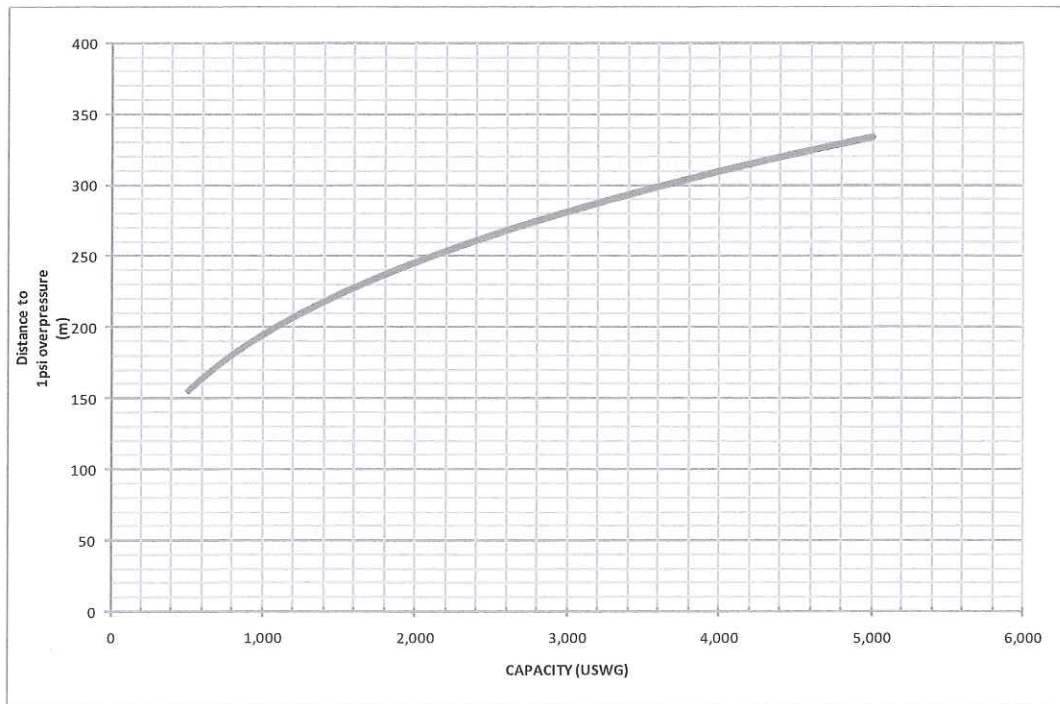
**Table 1: Distance Table**

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**

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) 13-Jan-2015	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: 71 metres	Right side property line: 273 metres
Rear: 96 metres	Left side property line: 216 metres
GPS coordinates of single largest vessel: 43.6671-79.7364	

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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: <u>Kiwanis Memorial Park</u> Address: <u>Steeles Ave East of Main Street</u> City: <u>Brampton</u> Province <u>ontario</u> Postal Code _____		x			<u>150</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments [Redacted]				x	<u>150</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Canadian Tire</u> Address: <u>499 Main Street South, Unit 199</u> City: <u>Brampton</u> Province <u>Ontario</u> Postal Code <u>L6Y 1N7</u>				x	<u>33</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m

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

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

Name of person completing this form (please print) <u>Maria De Santis</u>	Official Title <u>Human Resource Manager</u>
Signature <u>Maria De Santis</u>	Telephone No. <u>905-451-6060 ext 226</u>
	Date (dd-mmm-yyyy) <u>03-Jan-2015</u>



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X 2X4  
Fax: 416.231.4078  
Customer Service: 1.877.682.8772

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

**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	72 Cylinders	72cylinders x 5.8=418 gallons
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			

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

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

<b>Total Cylinder Capacity</b>	418
<b>Total Tank Capacity</b>	2000
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	0

**LEGEND**

- MANUAL PULL STATION
- WATER GONG
- EMERGENCY LIGHTING
- EXIT SIGN
- FIRE HOSE CABINET
- EXTINGUISHER
- HEAT DETECTOR
- SMOKE DETECTOR
- FIRE ALARM CONTROL PANEL
- FIRE ALARM ANNUNCIATOR PANEL
- GAS SHUT-OFF
- FIRE HYDRANT
- SIAMESE CONNECTION

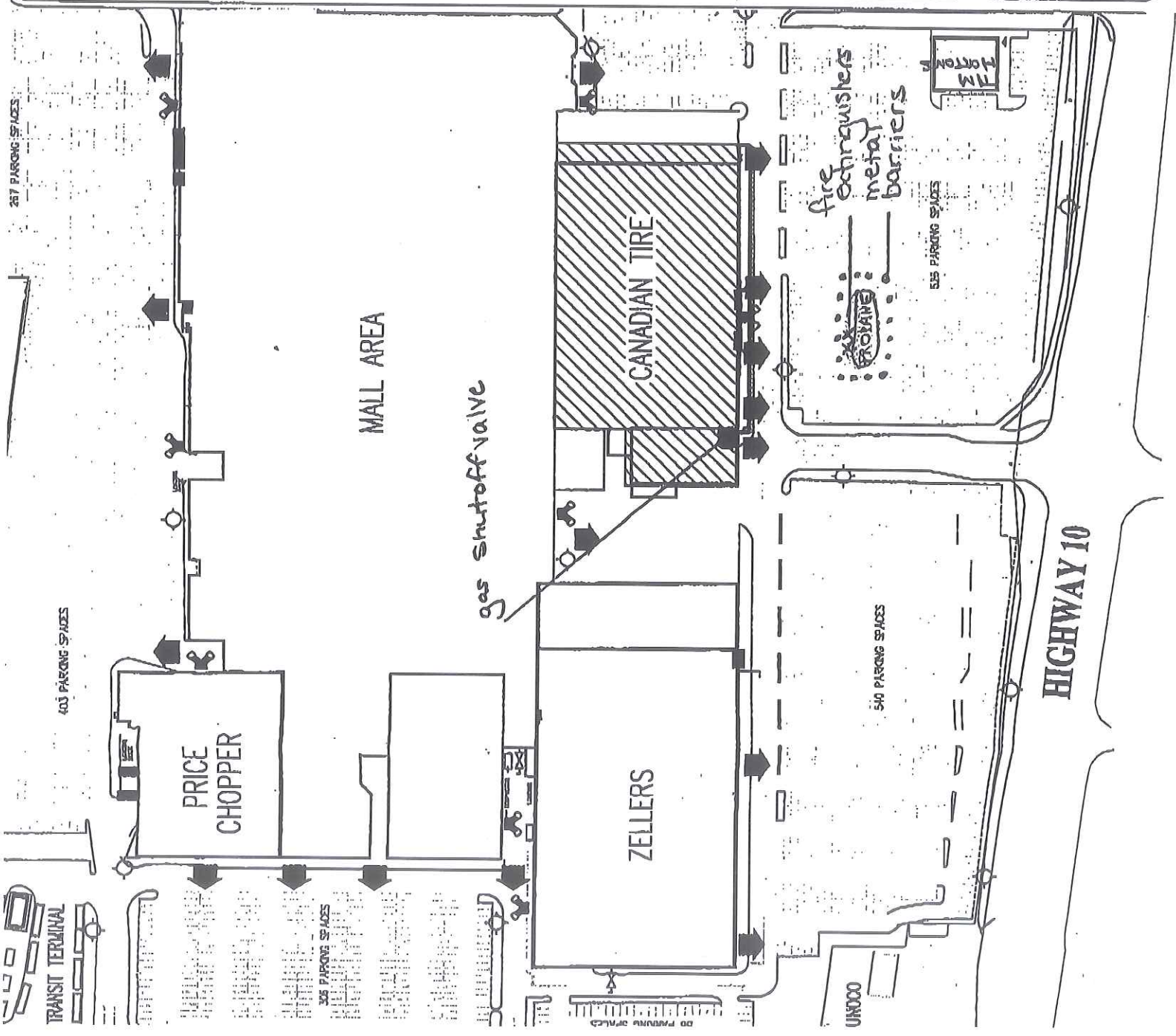
**FIREPOINT TECHNICAL SERVICES INC.**

6291 DORCHESTER  
Mississauga, Ontario  
PHONE: (905) 270-5577  
FAX: (905) 270-5577  
EMAIL: fire@firepoint.com

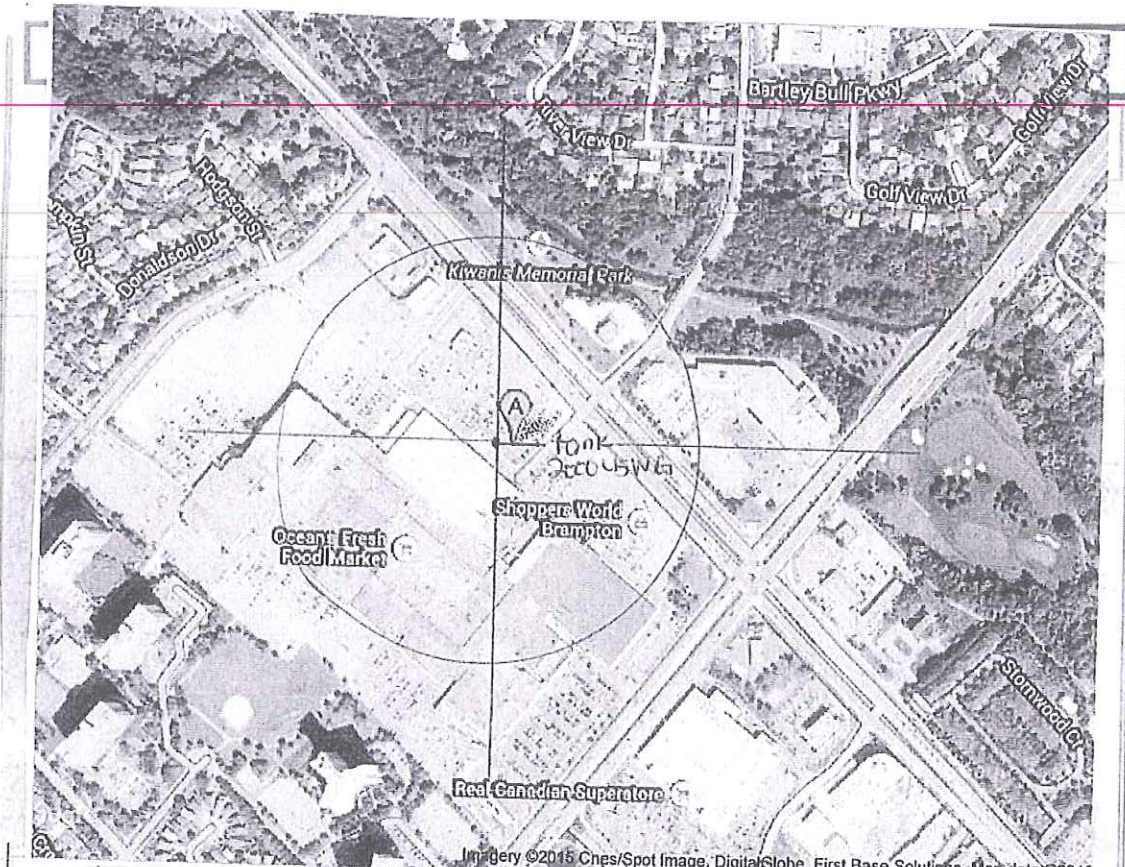
**PROJECT:**

499 MAIN ST. SOUTH  
BRAMPTON, ONTARIO

<b>TITLE</b>	<b>SITE PLAN</b>		
<b>DRAWN</b>	ADDES	<b>PROJECT NO.</b>	249R
<b>CHECKED</b>	RG	<b>DRAWING NO.</b>	
<b>SCALE</b>	N.T.S.		
<b>DATE</b>	05/24/2011	<b>OF</b>	<b>S</b>







MAP OF SURROUNDING AREA

Business Name: Canadian Tire - HA Robbins Automotive Industries Inc

Legal Description or Address: 499 Mam St South, Unit 199

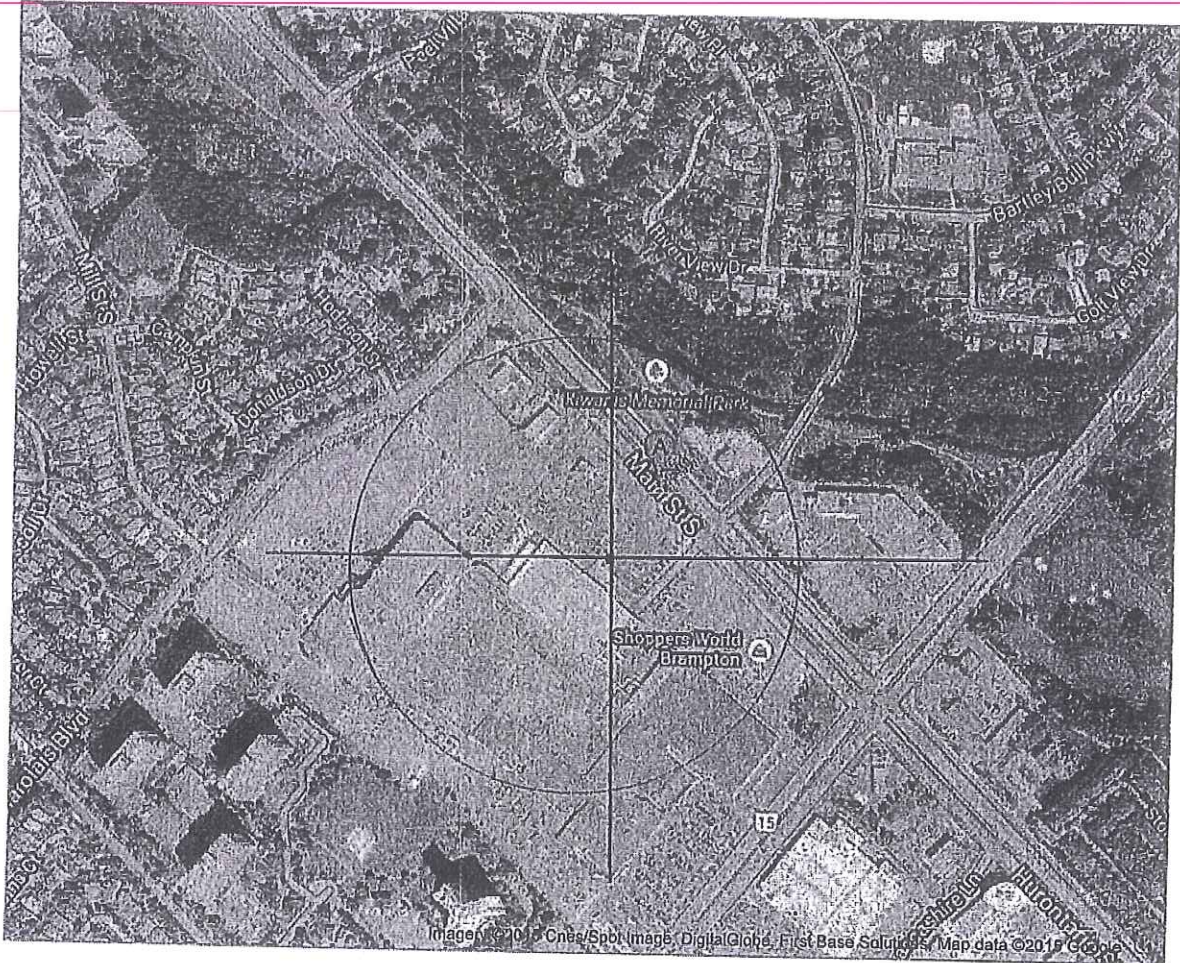
Tank Capacity: 200 USW GPS Co-ordinates: 43.6671, -79.7364 Hazard Distance: 246m

Tank Set back Distances: Property lines & setbacks shown on site plan.

Municipal Contact Name: Alan Normand - Mgr of Emergency Measure Office  
 Address: City of Brampton  
 Tele: 905-274-3360 After hrs 905-874-2111

Google

To see all the details that are visible on the screen, use the "Print" link next to the map.



Location of Propane Storage Tank: Demarcated by ● in centre of circle.	<b>Note: Property Lines &amp; setbacks shown on site plan.</b>
Capacity of Propane Storage Tank: Capacity of Propane Storage Tank = 2000 USWG	Municipality (ies): within the 1 psi overpressure circle: <b>The Municipality of Peel</b>
PS Coordinates of Propane Storage Tank: PS Co-ordinates = 43.6671, -79.7364	Municipal Contact: <b>Alain Normand</b> Manager of Emergency Measures Office 905 874 3360 City of Brampton Peel Region
Regular Distance to 1 psi overpressure: Demarcated by circle centred on tank radial distance = 246 m	After hours contact: 905 874 2111

**Map of Surrounding Area**

**Canadian Tire - 499 MAIN ST SOUTH**

**Legal Description: Please see attached**