



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



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.

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: 000076646190

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.

For Office Use Only

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: SAUNDERS AUTO SERVICE LTD. Ontario Corporation No., if applicable

Operator Name (if different from above)

Telephone No. 519 461-0698 Fax No. 519 461-0602 E-mail Address SAUNDERS AUTO PARTS @ SMIT. CA.

Street No. 18743 Street Name, Lot / Concession No. EBENEZER DRIVE, RR #1

Town / City or Township / County THORN HILL Province ON. Postal Code L0N 2P0

Mailing address if different from above.

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.

Street No. 16743 Street Name, Lot / Concession No. EBENEZER DRIVE Nearest major intersection EBENEZER DR. + FULLERTON ROAD

Town / City or Township / County THORN HILL Province ON Postal Code N0M 2P0

Name of Licence Holder STEVE SAUNDERS.

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

STEVE SAUNDERS

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

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.

Name of Licence Holder	Print name <u>STEVE SAUNDERS.</u>	Signature <u>[Signature]</u>	Date (dd-mm-yyyy) <u>2.7/12/11</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>Steve Saunders</u>	<u>[Signature]</u>	<u>2.7/12/11</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 1960 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 1999

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

	PSIG	Serial Number
Tank1:	<u>0.50</u>	<u>720-96</u>
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: 1000 Portable: 59 USWG Mobile: 0

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

Name of person completing this form (please print) <u>STEVE SNOWLES</u>	Official Title <u>MANAGER</u>
Signature <u>[Signature]</u>	Telephone No. <u>519 462-0888</u>
	Date (dd-mm-yyyy) <u>25/12/14</u>



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SECTION A: GENERAL INFORMATION (cont'd)
Activity Information

Name of Propane Supplier(s) <i>SPARKING'S</i>		For Office Use - Party No. [REDACTED]	
Street No. <i>87998</i>	Street Name Lot / Concession No. <i>10NDON ROAD.</i>		
Town / City or Township / Country <i>BLYTH</i>		Province <i>ON</i>	Postal Code <i>N8H 1A0</i>
Telephone No. <i>800 361-7007</i>	Fax No. <i>519 523-9130</i>	Contact Name <i>RANDY BESTER.</i>	
E-mail <i>INFO@SPARKING'S.COM</i>			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No. [REDACTED]	
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	Capacity stored off-site, in USWG	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	

Note: Customer storage is not considered off-site storage.

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Name of person completing this form (please print) <i>Steve Spence</i>	Official Title <i>Owner</i>	
Signature <i>[Signature]</i>	Telephone No. <i>519 461-0300</i>	Date (d-mm-yyyy) <i>25/10/11</i>



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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.

WE HAVE 2 DIESEL TANKS, 1 IS 1300L CAPACITY, THE OTHER IS 1360L CAPACITY. BOTH TANKS ARE STEEL & CYLINDRICAL IN SHAPE. THE TANKS ARE LOCATED 29 FEET SOUTH OF PROpane TANK

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

6 PORTABLE FIRE EXTINGUISHERS, (1) ON SOUTH OUTSIDE WALL OF MAIN REPAIR SHOP, (2) INSIDE REPAIR SHOP, (3) IN MAIN OFFICE BUILDING

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.

WE HAVE EMERGENCY SHUT OFF SWITCH ON SOUTH OUTSIDE WALL OF MAIN SHOP SHUT OFF SWITCH IN MAIN SHOP. THERE IS FUSIBLE LINK AT SWITCH ON PROPANE TANK. IN CASE OF A PROPANE LEAK FROM RILL HOSE, THE OUTSIDE SWITCH IS TO TURN PUMP OFF.

Maintenance and testing schedule for fire protection controls and devices.

ONCE A YEAR A FIRE EXTINGUISHER COMPANY INSPECTS ALL EXTINGUISHERS ~~AND~~ ~~ARE~~ ~~ALL~~ ARE INSPECTED IN JANUARY.

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 SAUNDERS.	Official Title MANAGER.
Signature Steve Saunders	Telephone No. 519 461-0698
	Date (dd-mm-yyyy) 25/10/11



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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 STEVE SAUNDERS SAUNDERS.	For Office Use - Party No.	Name RON SAUNDERS.	For Office Use - Party No.
Official Title OWNER/MANAGER		Official Title OWNER/MANAGER	
Telephone No. 519 461-0698	Fax No. 519 461-0602	Cell No.	Fax No. 519 461-0602
E-mail STEVE.SAUNDERS@STANT-CA STEVE94@STANT-CA		E-mail RON.SAUNDERS@STANT-CA	
Role and responsibilities in emergency COORDINATOR		Role and responsibilities in emergency COORDINATOR	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name STEVE SAUNDERS.	For Office Use - Party No.	Name STEVE SAUNDERS.	For Office Use - Party No.
Official Title MANAGER		Official Title MANAGER	
Telephone No. 519 461-0698	Fax No. 519 461-0602	Telephone No. 519 461-0698	Fax No. 519 461-0602
E-mail STEVE94@STANT-CA		E-mail STEVE94@STANT-CA	
Role and responsibilities in emergency COORDINATOR		Role and responsibilities in emergency CO-ORDINATOR	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name RANDY KALAN	For Office Use - Party No.	Name RANDY BOSTER	For Office Use - Party No.
Official Title FIRE CHIEF		Official Title MANAGER	
Telephone No. 519 268-7334	Fax No. 519 268-3928	Telephone No. 800 561-7727	Fax No. 519 523-9130
E-mail RKALAN@THAMESCENTRE.ON.CA		E-mail GRB@SPARLING.COM	
Role and responsibilities in emergency MAIN COORDINATOR IN EMERGENCY		Role and responsibilities in emergency KEY CONTACT TO STANT ACTION PLAN ERAP #2-0225	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name FRANK ROYAKKIS	For Office Use - Party No.	Name BRANDON TINGLEY	Party No.
Official Title DISTRICT FIRE CHIEF FOR THAMES CENTRE		Official Title BI-LAW ENFORCEMENT OFFICER	
Telephone No. 519 268-7334	Fax No. 519 268-3928	Telephone No. 519 268-7334	Fax No. 519 268-3928
E-mail		E-mail	
Role and responsibilities in emergency ASSISTANT TO RANDY KALAN		Municipality THAMES CENTRE	

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Name of person completing this form (please print) STEVE SAUNDERS.	Official Title MANAGER
Signature Steve Saunders	Telephone No. 519 461-0698
	Date (dd-mm-yyyy) 25/10/11



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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.

- A SIGN IS AFFIXED TO THE DISPENSER THAT IDENTIFIES SPALLING PROpane AS THE SUPPLIER OF FUEL AS WELL AS THE 24/7 SPALLING'S PROpane EMERGENCY RESPONSE CONTACT NUMBER 1-888-780-7227
- THE MAIN BREAKER IS TURNED OFF WHEN THE BUSINESS IS NOT OPEN AND UNATTENDED.
- THERE ARE 5 ADDITIONAL FIRE EXTINGUISHERS LOCATED ON THE PREMISES.
- DISPENSER CABINET LOCKED WHEN CLOSED.

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 SANDERS		Official Title MANAGER.	
Signature <i>Steve Sanders</i>		Telephone No. 519 461-0698	Date (dd-mm-yyyy) 25/10/11



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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) July 20/11	Print Name of Training Provider: ED PLESSCHANT STEUR SAUNDERS.
	Print Name of Instructor: ED PLESSCHANT STEUR SAUNDERS.
Training Date (dd-mm-yyyy)	Print Name of Training Provider: BARRY MCDONALD
	Print Name of Instructor: BARRY MCDONALD
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) July 5/2011.	Print Name of Training Provider: STEUR SAUNDERS.
	Print Name of Instructor: STEUR SAUNDERS
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) JUNE 23/2011	Print Name of Training Provider: ED PLESSCHANT STEUR SAUNDERS
	Print Name of Instructor: ED PLESSCHANT STEUR SAUNDERS
Training Date (dd-mm-yyyy)	Print Name of Training Provider: BARRY MCDONALD
	Print Name of Instructor: BARRY MCDONALD
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) STEUR SAUNDERS.	Official Title MANAGER.
Signature Steuro Saunders.	Telephone No. 519 461-0698
	Date (dd-mm-yyyy) 25/10/11



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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) <i>JULY 2012</i>	Print Name of Training Provider: <i>STEVE SAUNDERS</i>
	Print Name of Instructor: <i>STEVE SAUNDERS</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) <i>JULY 2012</i>	Print Name of Training Provider: <i>STEVE SAUNDERS</i>
	Print Name of Instructor: <i>STEVE SAUNDERS</i>
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) <i>JULY 2012</i>	Print Name of Training Provider: <i>STEVE SAUNDERS</i>
	Print Name of Instructor: <i>STEVE SAUNDERS</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) <i>STEVE SAUNDERS</i>	Official Title <i>MANAGER</i>
Signature <i>Steve Saunders</i>	Telephone No. <i>579 461-0698</i> Date (dd-mm-yyyy) <i>25/10/11</i>



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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 LICENCE HOLDER WILL GIVE WARNING TO EMPLOYEES & CUSTOMERS IMMEDIATELY BY VERBAL COMMAND TO EVACUATE THE PREMISES.

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).

LICENCE HOLDER WILL TELL ALL EMPLOYEE & CUSTOMERS TO EVACUATE THE PROPERTY IMMEDIATELY AND PROCEED TO THE HOUSE UP THE ROAD THAT IS OUTSIDE OF EXPLOSION ZONE THEN CALL APPROPRIATE AUTHORITIES.

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 I'M OUTSIDE THE DANGER ZONE I WILL ^{MAKE} A CALL TO BE PLACED TO 911 FIRST THEN TO SPARKING PROPANE.

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

THE FRONT PARKING LOT IS OPEN FOR EASY ACCESS TO GET CLOSE TO FIRE.

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

THROUGH EMAIL OR MAIL CORRESPONDENCE

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

20 - 30 MINUTES.

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Name of person completing this form (please print)	Official Title	
STEVE SAUNDERS	MANAGER	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Steve Saunders</i>	579 461-0698	25/10/11



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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.

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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Is there adequate night lighting at the site? | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? | <input type="checkbox"/> | <input type="checkbox"/> NOT APPLICABLE |
| 6. Are weighing systems validated for accuracy? | <input type="checkbox"/> | <input type="checkbox"/> NOT APPLICABLE |
| 7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)? | <input type="checkbox"/> | <input type="checkbox"/> NOT APPLICABLE |
| 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 type="checkbox"/> | <input type="checkbox"/> NOT APPLICABLE |
| 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 type="checkbox"/> | <input checked="" 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>11,980 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>11,980 m</u> |

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Name of person completing this form (please print) STEVE SANDERS	Official Title MANAGER
Signature <i>Steve Sanders</i>	Telephone No. 579 961-0698 Date (dd-mm-yyyy) 25/10/11



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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:

- No issues or concerns found.

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 THAMES CENTRE FIRE DEPARTMENT Local Fire Services Name CHIEF RANJAY KANA	Signature <i>R. Kana</i>	Date (dd-mm-yyyy) 08/11/2011
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Name of person completing this form (please print) STEVE SAUNDERS	Official Title MANAGER
Signature <i>Steve Saunders</i>	Telephone No. 519 461-0698
	Date (dd-mm-yyyy) 08/11/11



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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) <i>SEPT 18/2011</i>	Capacity of single largest propane storage vessel (USWG) <i>1000</i>
Tank setback coordinates. Indicate placement on the map.	
Front: <i>56 M NORTH</i>	Right side property line: <i>404 M WEST</i>
Rear: <i>258 M SOUTH</i>	Left side property line: <i>280 M EAST</i>
GPS coordinates of single largest vessel: <i>43° 10' 37.12" N 81° 11' 58.18" W ELEV 1029 FT.</i>	

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Name of person completing this form (please print) <i>STEVE STUNDERS</i>	Official Title <i>MANAGER</i>
Signature <i>Steve Stunders</i>	Telephone No. <i>519 461-0698</i> Date (dd-mm-yyyy) <i>25/10/11</i>



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SECTION C: SUBMISSIONS (cont'd)

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

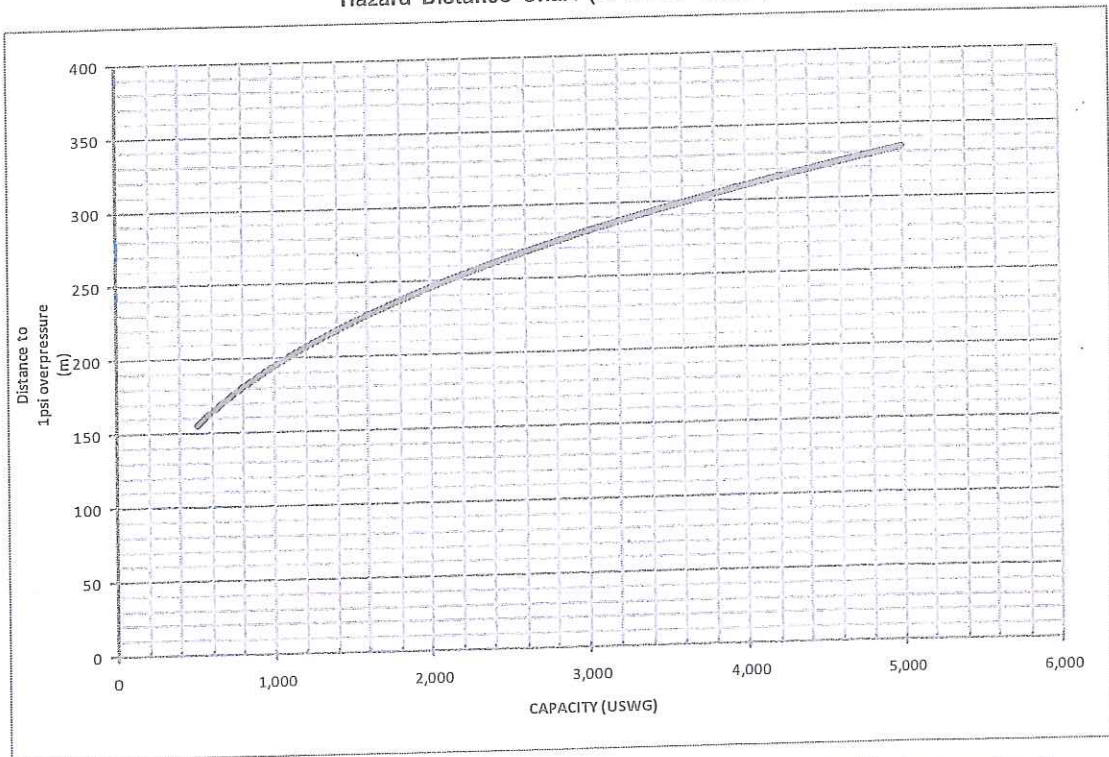
Table 1: Distance Table

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)



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

Name of person completing this form (please print) <i>Steve Spindler's</i>		Official Title <i>MANAGER</i>	
Signature <i>Steve Spindler's</i>		Telephone No. <i>579 461-0698</i>	Date (dd-mm-yyyy) <i>09/25/11</i>



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

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>STANWORTH AUTO SERVICE LTD.</u> Address: <u>16743 BRUNER DR. R2M</u> City: <u>THORNHILL</u> Province <u>ON</u> Postal Code <u>M0H 1P0</u>			X		<u>672</u> m
Residential buildings - detached single family dwellings, condominiums, and apartments. Name: <u>[REDACTED]</u> Address: <u>[REDACTED]</u> City: <u>[REDACTED]</u>			X		<u>35.8</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>NONE</u> Address: <u>NONE</u> Province _____ Postal Code _____ City: _____					<u>NONE</u> m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>NONE</u> Address: <u>NONE</u> Province _____ Postal Code _____ City: _____					<u>NONE</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>NONE</u> Address: <u>NONE</u> Province _____ Postal Code _____ City: _____					<u>NONE</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>NONE</u> Address: <u>NONE</u> Province _____ Postal Code _____ City: _____					<u>NONE</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.

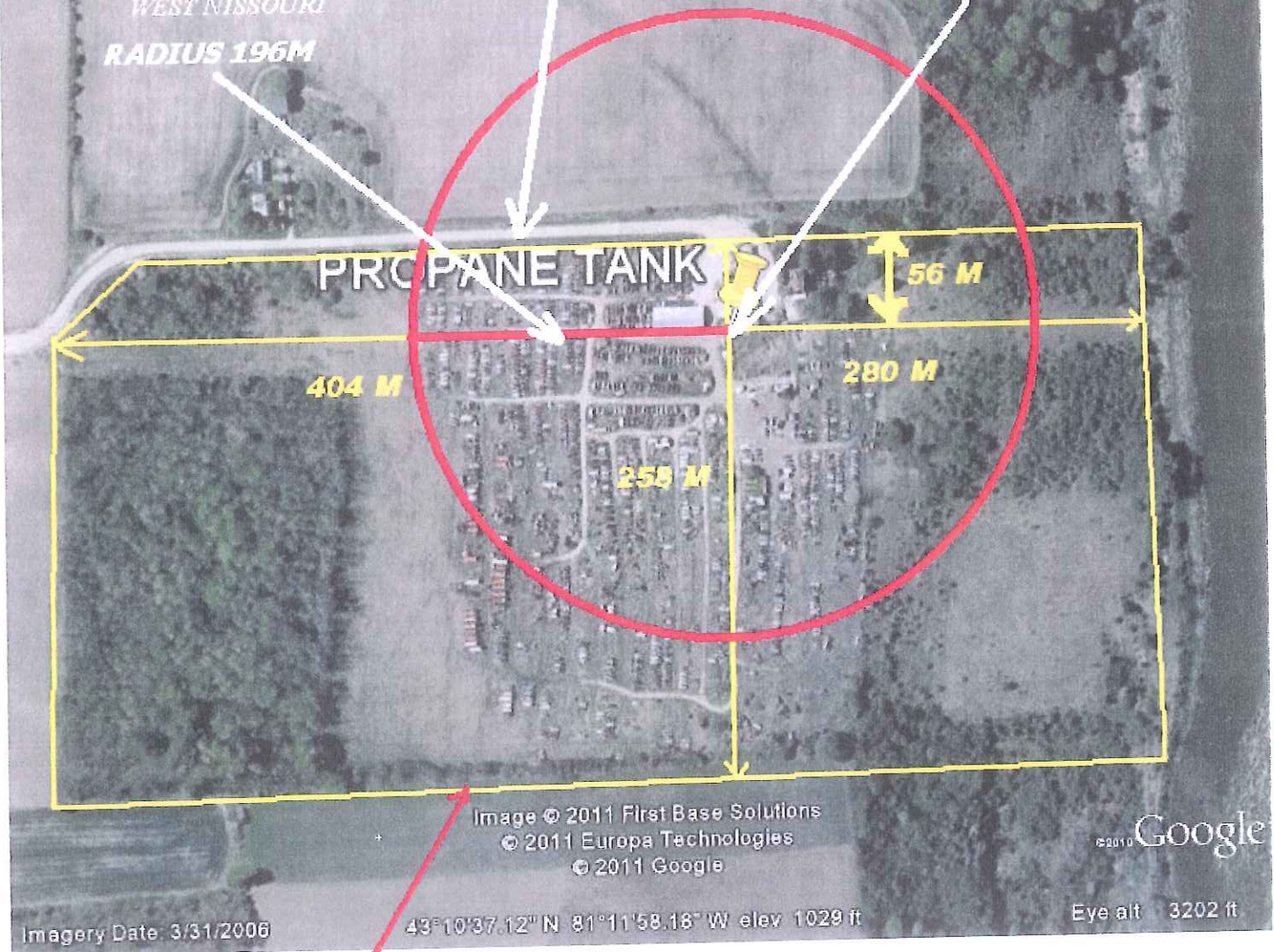
Name of person completing this form (please print) <u>STEPH SPENCER</u>	Official Title <u>Manager</u>	Date (dd-mm-yyyy) <u>12/27/11</u>
Signature <u>[Signature]</u>	Telephone No. <u>579 461-0626</u>	

SAUNDERS AUTO SERVICE
16743 EBENEZER DRIVE, THORNDALE,
ONTARIO, N0M 2P0, CANADA

MUNICIPAL LOT 30 CONC 2
WEST NISSOURI

RADIUS 196M

THIS IS A 1000 USWG
HORIZONTAL PROPANE TANK



Imagery Date: 3/31/2006

43°10'37.12" N 81°11'58.18" W elev 1029 ft

Eye alt 3202 ft

16743 EBENEZER DRIVE THORNDALE, ONT, N0M 2P0

PROPERTY LINE

**TANK SETBACKS FROM PROPERTY LINES : 56M NORTH, 404M WEST,
280M EAST AND 258M SOUTH.**

GPS CO-ORDINATES 43°10'37.12" N 81°11'58.18" W elev 1029 ft

MUNICIPALITY : THAMES CENTRE

TOWN CLERK : MARGARET LEWIS mfewis@thamescentre.on.ca

ADDRESS : Municipality of Thames Centre

4305 Hamilton Rd, Dorchester,

ON Canada, N0L 1G3

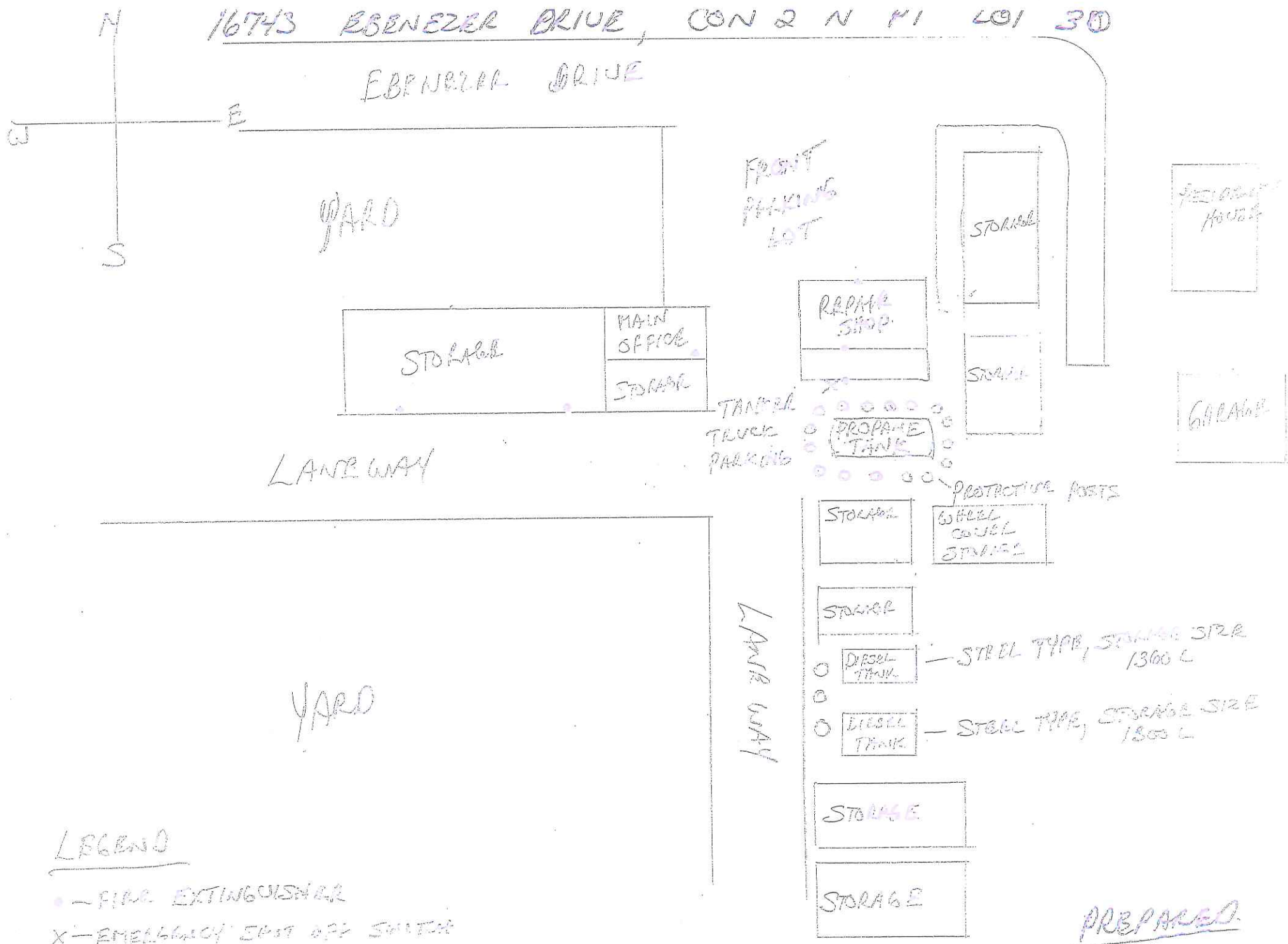
Ph (519) 268-7334

Toll Free (866) 425-7306

Fax (519) 268-3928

PREPARED JAN 9, 2012

16743 EBENEZER DRIVE, CON 2 N PI LOT 30



LEGEND

- - FIRE EXTINGUISHER
- X - EMERGENCY EXIT OFF SERVICE

PREPARED
OCT 24/2011