



Technical Standards and Safety Authority
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Pre-Installation Site Checksheet for Propane Filling Plant or Container Refill Centre

Technical Standards and Safety Act
 Propane Storage and Handling Regulation

Please submit completed application and supporting documentation by mail, fax, or email (in pdf format).

Installation Type:

- New Retail Filling Plant
 Modification * Private

Container Refill Centre:

- Cylinder Fill
 Motor Fill
 Key/Cardlock

Licence Number (if previously licensed):

* Please specify details of modification:

A. LICENCE HOLDER INFORMATION

Person or Company Name:		Corporation No.	
Street Name / 911 Number/Address, if applicable:			
Unit/Suite:	PO Box:		
City/Town:	Province:	Postal Code:	
Telephone No.:	Fax No.:	Cell No.:	
Email:			
Print Name of Contact Person:		Signature of Contact Person:	

B. FILLING PLANT OR CONTAINER REFILL CENTRE INFORMATION

Person or Company Name:		Corporation No.	
Street Name / 911 Number/Address, if applicable:			
Unit/Suite:	PO Box:		
City/Town:	Province:	Postal Code:	
Telephone No.:	Fax No.:	Cell No.:	
Email:		Print Name of Contact Person:	

C. PROPANE SUPPLIER

Person or Company Name:		Corporation No.	
Street Name / 911 Number/Address, if applicable:			
Unit/Suite:	PO Box:		
City/Town:	Province:	Postal Code:	
Telephone No.:	Fax No.:	Cell No.:	
Email:		Print Name of Contact Person:	

D. TANK INFORMATION

Tanks	#1	#2	#3
Year Manufactured			
Installation Date			
OIN or CRN			
Serial No.			
Capacity and Units			
Horizontal/Vertical			
Pressure Rating (psig)			

E. INSERT THE DISTANCE FROM THE TANKS TO THE FOLLOWING:

Nearest Property Lines	Underground Fuel Tanks
Drain, Catch Basin, Ditch	Sewer or Openings
Ignition Sources	Concrete or Masonry Walls
Non-concrete or Non-masonry Walls	Main Rail Line
Cylinder Storage Areas	Flammable Liquid/NG Storage Area
Building Openings	Gas/Diesel/ NATG Dispensers

Is Tank Protection Required? Type?

Dispenser Operation Mode? Attended Unattended

Have you attached Municipal Approval?

Are 3 Sets of Drawings Attached? P. Eng. Approved?

Does Site Comply with Standard No. 9?

Have you attached the Risk and Safety Management Plan (RSMP)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you provided the local Fire Services with an opportunity to review the Level 1 RSMP?.....	<input type="checkbox"/>	<input type="checkbox"/>
Has the local Fire Services approved Level 2 RSMP?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you attached the insurance certificate?.....	<input type="checkbox"/>	<input type="checkbox"/>

Date completed (dd-mmm-yyyy): _____

Note: It is illegal to use an appliance, equipment, or work for its intended purpose unless it is approved. Please note that this approval may be revoked or suspended if the relevant review and inspection fees are not paid in full.

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