



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.

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>	For Office Use Only <div style="background-color: black; width: 100%; height: 80px;"></div>
Licence Number 0076449958	
Check applicable type of propane operations. <input checked="" type="checkbox"/> Cylinder <input type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> 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 CPM RENTAL	Ontario Corporation No., if applicable BUSINESS ID # 211192331
Operator Name (if different from above) <div style="border: 1px solid black; height: 20px;"></div>	
Telephone No. 705-362-7128	Fax No. 705-372-1464
E-mail CPMRENTALS@HOTMAIL.COM	
B Street No. 1	Street Name / 911 Number / Address, if applicable LABELLE AVE.
Town / City or Township / County HEARST	Province ON
Postal Code POL 1N0	
Mailing address if different from above.	
C Street No. <div style="border: 1px solid black; height: 20px;"></div>	Street Name / 911 Number / Address, if applicable P.O. BOX 1568
Town / City or Township / County HEARST	Province ON
Postal Code POL 1N0	
Information on Container Refill Centre or Filling Plant	
Location of facility.	
D Street No. 1	Street Name / 911 Number / Address, if applicable LABELLE AVE.
Town / City or Township / County HEARST	Nearest Major Intersection HWY 11 WEST
Province ON	Postal Code POL 1N0
Name of Licence Holder CPM RENTAL	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). MARCEL GOSSELIN	ROT type 100-08
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) HEARST	
Hours of operation. <div style="background-color: black; width: 100%; height: 50px;"></div>	

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 Name of Licence Holder CPM RENTAL	Signature marcel Gosselin	Date (dd-mm-yyyy) 04-10-2012
Name of Senior Management person as defined in the Regulation holding the Record of Training MARCEL GOSSELIN	marcel Gosselin	04-10-2012



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SECTION A: GENERAL INFORMATION (cont'd)

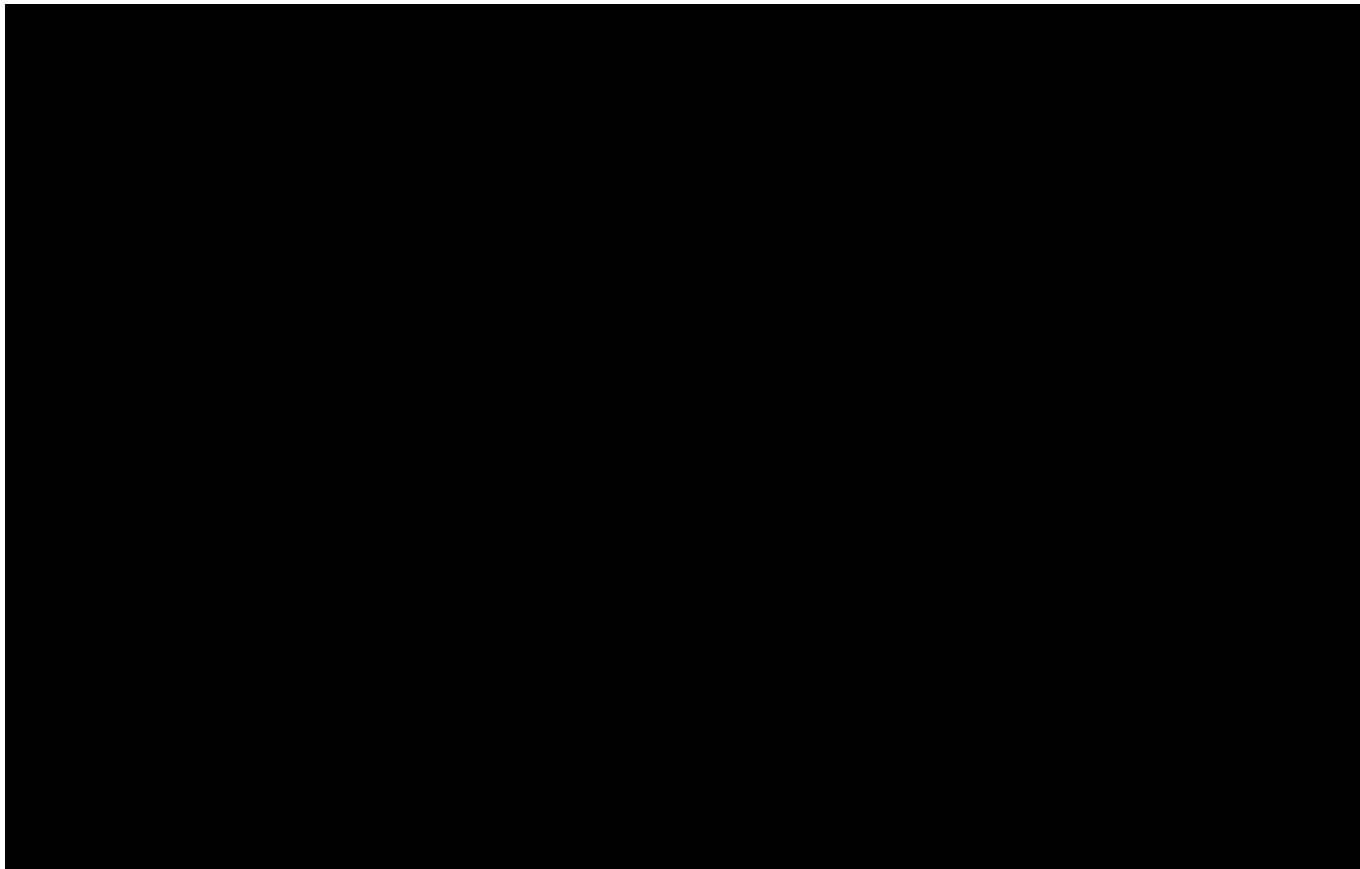
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
1995 N/A

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

	PSIG	Serial Number
Tank 1:	250	1260-95
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 USWG Portable: 2191.5 USWG Mobile: N/A



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Name of person completing this form (please print) MARCEL GOSSELIN	Official Title PART-OWNER
Signature Marcel Gosselin	Telephone No. Date (dd-mm-yyyy) 705-362-7128 04-10-2012



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) NASCO PROPANE		For Office Use - Party No. [REDACTED]	
Street No. 290	Street Name / 911 Number / Address, if applicable RAILWAY STREET		
Town / City or Township / Country TIMMINS		Province ON	Postal Code P4N 7E3
Telephone No. 705-264-5213	Fax No. 705-264-6979	Contact Name MARK BASARABA	
E-mail MARK@NASCOPROPANE.COM			

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 / 911 Number / Address, if applicable		
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 / 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 marcel Gosselin	Telephone No. 705-362-7128	Date (dd-mm-yyyy) 04-10-2012



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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.

N/A

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

20 LB ABC FIRE EXTINGUISHER

E STOP SWITCH AT 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.

ISC VALVE INSTALLED ON THE BOTTOM OF THE PROPANE DISPENSER AND A FUSEABLE LINK LOCATED ON THE CABLE TO THE ISC VALVE.

Maintenance and testing schedule for fire protection controls and devices.

INSPECTION IS DONE MONTHLY

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Signature marcel Gosselin	Telephone No. 705-362-7128 Date (dd-mm-yyyy) 04-10-2012



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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 MARCEL GOSSELIN	For Office Use - Party No.	Name MARCEL GOSSELIN	For Office Use - Party No.
Official Title CO-OWNER OPERATOR		Official Title CO-OWNER	
Telephone No. 705-362-7128	Fax No. 705-372-1464	Cell No. 705-372-5260	Fax No. 705-372-1464
E-mail CPMRENTALS@HOTMAIL.COM		E-mail CPMRENTALS@HOTMAIL.COM	
Role and responsibilities in emergency MUTUAL AID		Role and responsibilities in emergency MUTUAL AID	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name STEVE GOSSELIN	For Office Use - Party No.	Name STEVE GOSSELIN	For Office Use - Party No.
Official Title MANAGER		Official Title MANAGER	
Telephone No. 705-362-7128	Fax No. 705-372-1464	Telephone No. 705-362-7128	Fax No. 705-372-1464
E-mail N/A		E-mail N/A	
Role and responsibilities in emergency MUTUAL AID		Role and responsibilities in emergency MUTUAL AID	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name MARC DUFRESNE	For Office Use - Party No.	Name MARK BASARABA	For Office Use - Party No.
Official Title FIRE CHIEF	E-mail MDUFRESNE@HEARST.CA	Official Title MANAGER	E-mail MARK@NASCOPROPANE.COM
Telephone No. 705-372-2822	Fax No. 705-362-5902	Telephone No. 705-264-5213	Fax No. 705-264-6979
Role and responsibilities in emergency FIRE CHIEF		Role and responsibilities in emergency MUTUAL AID	
Fire Services Address 1100 FRONT STREET		Propane Supplier Address 290 RAILWAY STREET, TIMMINS ON	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name MARC LECOURS	For Office Use - Party No.	Name CLAUDE LAFHAMME	For Office Use - Party No.
Official Title DEPUTY CHIEF	E-mail MARC.LECOURS@QUEENSMOT	Official Title CAO	
Telephone No.	Fax No.	Telephone No. 705-372-2817	Fax No. 705-362-5902
Role and responsibilities in emergency FIRE BOSS		E-mail CLAFLAMME@HEARST.CA	
Fire Services Address MARC.LECOURS@QUEENSMOTEL.CA (email)		Municipality Name and Address HEARST	

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Signature marcel Gosselin	Telephone No. 705-362-7128
	Date (dd-mm-yyyy) 04-10-2012



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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.

N/A

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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) 02-10-2012	Print Name of Training Provider: NASCO PROPANE
	Print Name of Instructor: MARK BASARABA
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) 03-10-2012	Print Name of Training Provider: MARCEL GOSSELIN
	Print Name of Instructor: MARCEL GOSSELIN
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) 03-10-2012	Print Name of Training Provider: MARCEL GOSSELIN
	Print Name of Instructor: MARCEL GOSSELIN
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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Signature marcel Gosselin	Telephone No. 705-362-7128 Date (dd-mm-yyyy) 04-10-2012



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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) 15-08-2013	Print Name of Training Provider: NASCO PROPANE
	Print Name of Instructor: MARK BASARABA
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) 16-08-13	Print Name of Training Provider: MARCEL GOSSELIN
	Print Name of Instructor: MARCEL GOSSELIN
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) 16-08-13	Print Name of Training Provider: MARCEL GOSSELIN
	Print Name of Instructor: MARCEL GOSSELIN
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) MARCEL GOSSELIN	Official Title PART-OWNER
Signature <i>marcel Gosselin</i>	Telephone No. 705-362-7128 Date (dd-mm-yyyy) 04-10-2012



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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).

MARCEL GOSSELIN OR DESIGNATED STAFF WILL NOTIFY FIRE DEPARTMENT BY CALLING 9-1-1 AND ALERTING ALL OTHER STAFF.

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).

MARCEL WILL ALARM PERSONEL AND MEET AT THE PROPERTY.

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).

CONTACT 911 BY TELEPHONE AND REACH THE PROVIDER BY TELEPHONE. WAIT FOR ASSISTANCE.

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

BY TELEPHONE

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

BY TELEPHONE

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

MARCEL CAN BE CONTACTED ON CELLPHONE AT 705-372-5260 & WILL RESPONSE ON MINIMAL TIME TO SITE.

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Signature marcel Gosselin	Telephone No. 705-362-7128 Date (dd-mm-yyyy) 04-10-2012



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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.

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 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 checked="" 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 type="checkbox"/>	<input checked="" 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>50 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>N/A</u>	

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Name of person completing this form (please print) <u>MARCEL GOSSELIN</u>	Official Title <u>PART-DOWNER</u>	
Signature <u>marcel Gosselin</u>	Telephone No. <u>705-362-7128</u>	Date (dd-mm-yyyy) <u>04-10-2012</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

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:

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-mm-yyyy)

LOCAL FIRE SERVICES

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

Harvest Fire Dept <small>Print name</small> Local Fire Services Name	 <small>Signature</small>	Oct 09 / 2012 <small>Date (dd-mm-yyyy)</small>
--	------------------------------	---

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Signature 	Telephone No. 705-362-7128	Date (dd-mm-yyyy) 04-10-2012



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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) 04-04-2012	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 22 FT	6.7
Rear: 80 FT	24.3
Right side property line: 35 FT	10.6
Left side property line: 35 FT	10.6
GPS coordinates of single largest vessel: 49°41'33.16"N 83° 41'44.35"W	

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Signature marcel Gosselin	Telephone No. 705-362-7128
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SECTION C: SUBMISSIONS (cont'd)

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

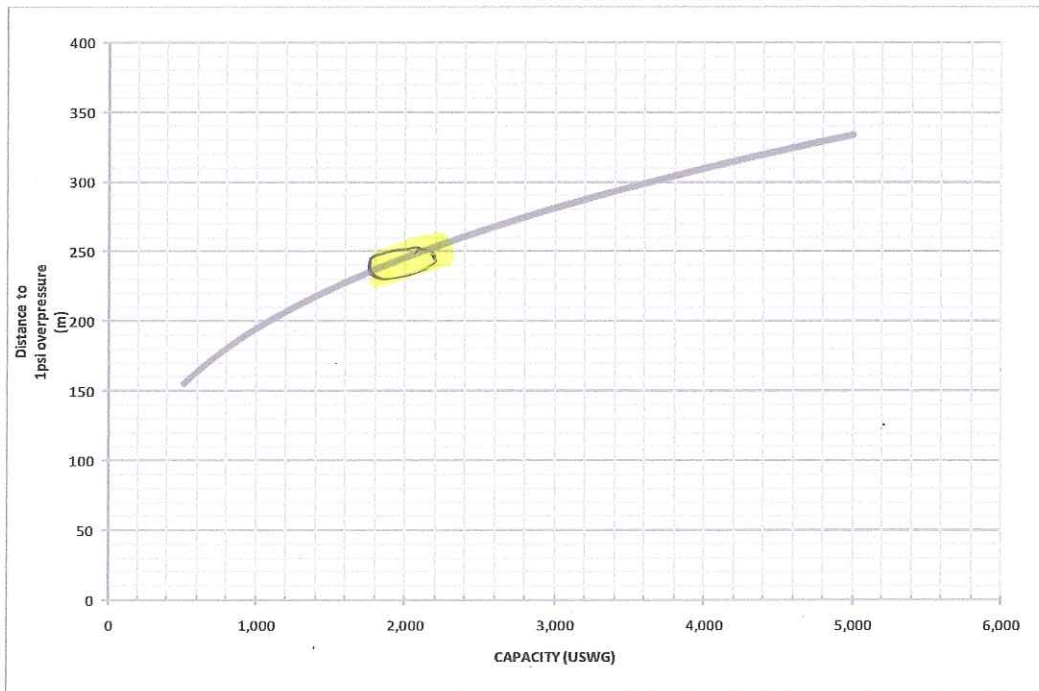
Table 1: Distance Table

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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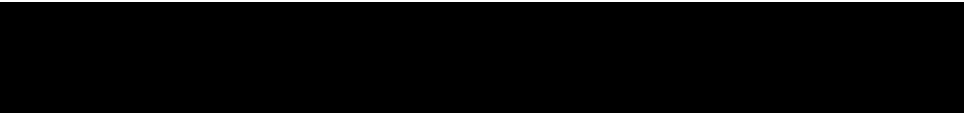
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SECTION C: SUBMISSIONS (cont'd)

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>JEAN'S DIESEL</u> Address: <u>1697 HWY 11 WEST</u> City: <u>HEARST</u> Province <u>ON</u> Postal Code <u>POL 1N0</u>		X			<u>50</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. 		X			<u>181</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>HUSKY PLUS</u> Address: <u>1565 FRONT ST.</u> City: <u>HEARST</u> Province <u>ON</u> Postal Code <u>POL 1N0</u>		X			<u>774</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>VILLA MOTEL</u> Address: <u>1605 HWY 11 WEST</u> City: <u>HEARST</u> Province <u>ON</u> Postal Code <u>POL 1N0</u>				X	<u>549</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>HOSPITAL</u> Address: <u>1405 EDWARD ST.</u> City: <u>HEARST</u> Province <u>ON</u> Postal Code <u>POL 1N0</u>					<u>1.34KM</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>FIRE DEPARTMENT</u> Address: <u>1100 FRONT ST.</u> City: <u>HEARST</u> Province <u>ON</u> Postal Code <u>POL 1N0</u>					<u>1.89KM</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>MARCEL GOSSELIN</u>	Official Title <u>PART-owner</u>
Signature <u>marcel Gosselin</u>	Telephone No. <u>705-362-7128</u> Date (dd-mm-yyyy) <u>04-10-2012</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

Application for Renewal of
Level 1 Propane Licence
Technical Standards and Safety Act
Propane Storage and Handling Regulation

CAPACITY INFORMATION

A. Fixed Tanks

	PSIG	Serial Number	Capacity
Tank 1:	250	1260-95	2191.5 USWG
Tank 2:			
Tank 3:			
Total Fixed Capacity:			2000 USWG

B. Portable Storage

Cylinder Size	Capacity in USWG	Quantity	Total Capacity in USWG
# 420	123.9	N/A	N/A
# 100	29.5	10	295.0
# 40	11.75	3	35.25
# 33.3	9.62	25	233.0
# 30	8.8	12	105.6
# 20	5.8	160	928.0
# 10	2.9	1	2.9
# 5	1.5	1	1.5
Total Cylinder Capacity		212 Line A	1601.25

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Capacity in USWG
2000 USWG	1	2000 USWG
Total Tank Capacity		2191.5 Line B

SAME AS A confirmed by phone on Aug. 29 (2014) 1:30pm

Total Portable Capacity. Line A plus Line B: ~~3792.75~~ 1601.25

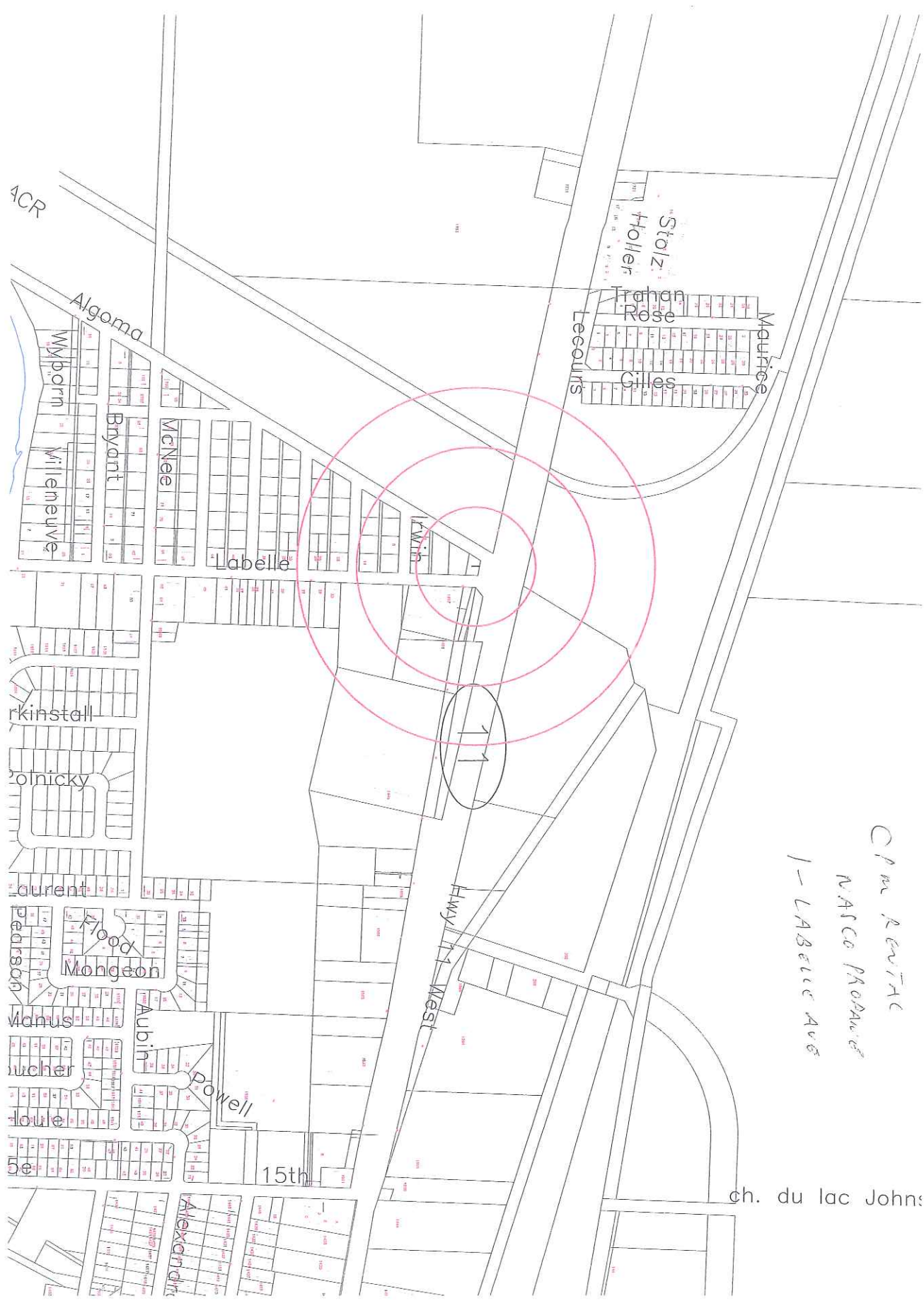
C. Mobile Tanks

Type	Tank Size In USWG	Quantity	Total Capacity in USWG
Tankers			
Cargo Liners			
Total Mobile Tank Capacity			N/A

You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.

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 of person completing this form. <i>marcel Gosselin</i>	Official Title <i>CO-OWNER</i>	
Signature <i>marcel Gosselin</i>	Telephone No. <i>705-362-7128</i>	Date (dd-mm-yyyy) <i>2008-2014</i>

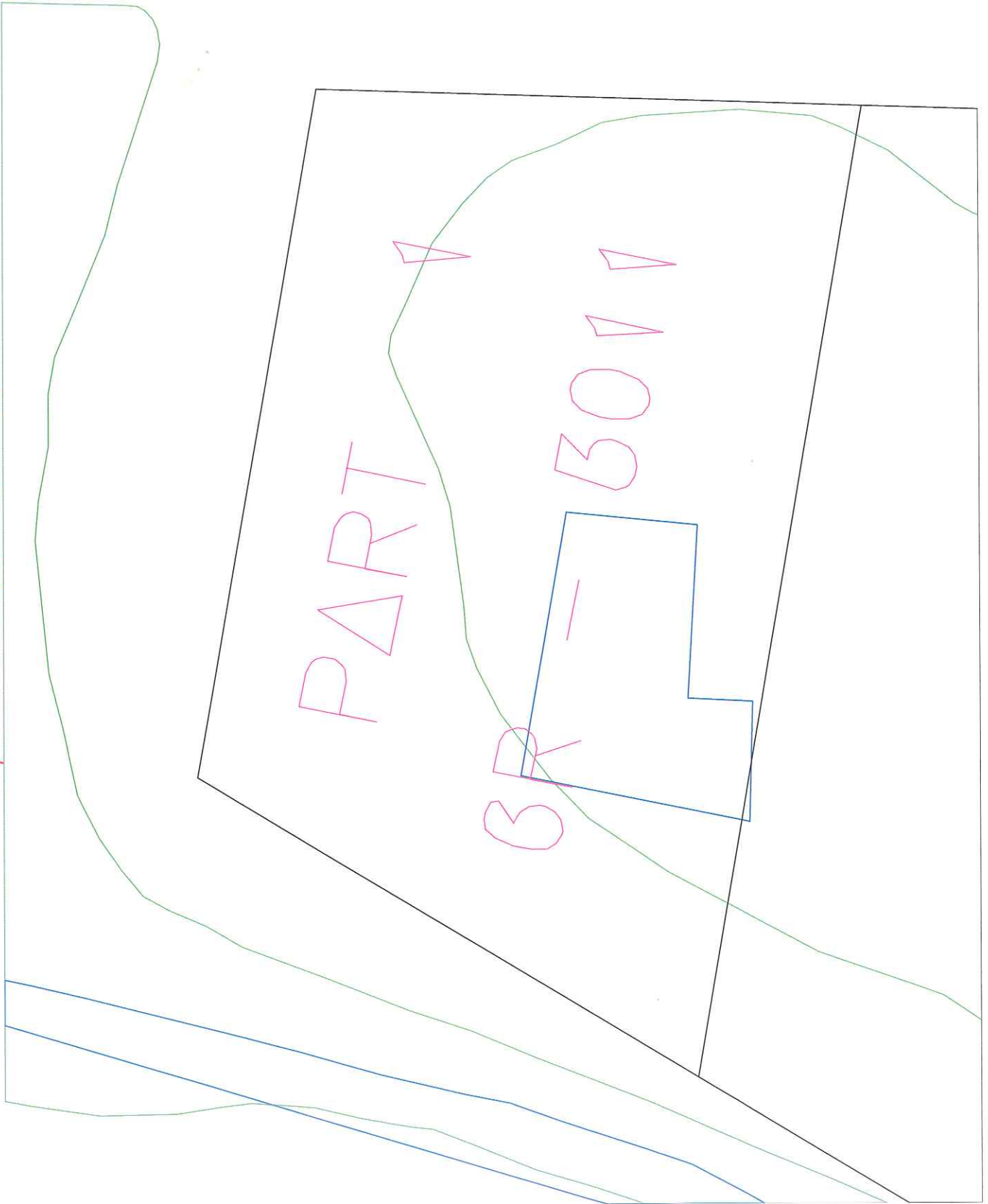


CPM REVUE
 NASCO PRODUIT
 1 - LABELLE AVS

ch. du lac Johns

9. Δ ∇ ∅ ●
LABELLE ST.

HWY 11 WEST



Primary Sub. Lotiss. primaire	Name and Mailing Address Nom et adresse postale	O T V	R E L	D R	F E	Tax Sup Dir	Location and Description Emplacement et description	School Boards Conseils scolaires	Tax Data Données fiscales		
0000 NI P001-0	GOSELIN PATRICK GOSELIN MARCEL P.O. BOX 1568 HEARST ON POL 1N0	O			N	EP	LABELLE AVE PLAN M51A LOTS 1,2 RP 6R3011 PART 1 PCLS 4649,6996CC IRREG 1.02AC 254.03FR	H 00 ES 01 FS 01	EP 01 FP 01 01 E	U/C R T C Q L SRA	CT N
0000 P001-0	MARTIN JOSEPH DONALD PO BOX 2977 HEARST ON POL 1N0	O	R		F	FP FP	8 IRWIN ST PLAN M51A LOTS 3,4 & 5 PCL 6481CC PT IRREG 28,213.00SF 269.00FR	H 00 ES 01 FS 01	EP 01 FP 01 01 E	U/C R T C Q L SRA	RT FP
0000 P001-0	ROY NATHALIE MORIN ROY ALAIN 5 IRWIN ST PO BOX 303 HEARST ON POL 1N0	O	R		F	FS FS	LABELLE AVE W/S PLAN M51A LOTS 6 TO 9 PCL 5415CC IRREG 0.00SF 100.00FR	H 00 ES 01 FS 01	EP 01 FP 01 01 E	U/C R T C Q L SRA	RT FS
0000 P001-0	ROY NATHALIE MORIN ROY ALAIN 5 IRWIN ST PO BOX 303 HEARST ON POL 1N0	O	R		F	FS FS	18 LABELLE AVE PLAN M51A LOTS 10 TO 13 PCL 6482CC IRREG 0.00SF 100.00FR	H 00 ES 01 FS 01	EP 01 FP 01 01 E	U/C R T C Q L SRA	RT FS
0000 NI P001-0	PROULX DANIELLE DUBOIS LUC PO BOX 3144 HEARST ON POL 1N0	O	R		F	FS FS	ALGOMA ST WAY PLAN M51A LOTS 19 TO 22 PCL 12964 CC IRREG 1.68AC	H 00 ES 01 FS 01	EP 01 FP 01 01 E	U/C R T C Q L SRA	RT FS
0000 NI P001-0	COSSETTE-VEILLEUX SOPHIE VEILLEUX PIERRE 22 LABELLE AVE PO BOX 3187 HEARST ON POL 1N0	O			N	EP EP	22 LABELLE AVE PLAN M51A LOTS 14 TO 18 PCL 13105CC IRREG 1.19AC 100.00FR	H 00 ES 01 FS 01	EP 01 FP 01 01 E	U/C R T C Q L SRA	RT EP



Location : 1 Labelle Ave

Storage vessel: 2000 USWG

Customer: CPM Rental

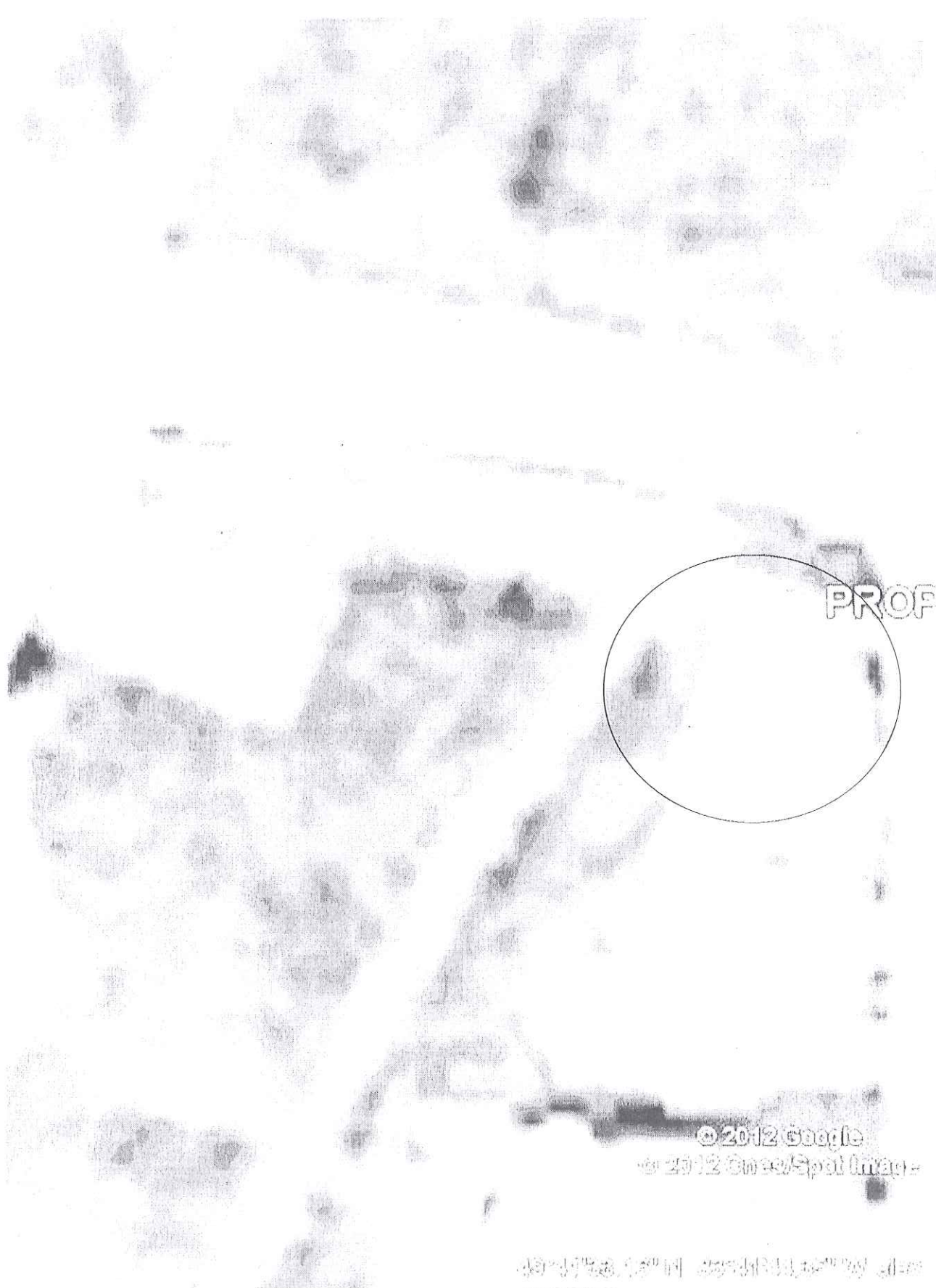
Radius: 125 ft

Tank Setbacks: 22 ft north, 35 ft east, 80 ft south, 35 ft west

GPS coordinates: Latitude 49.413316N Longitude 83.414435W

Municipality: Hearst, ON

Date prepared: Oct 3, 2012



PROPANE

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48°49'23.15"N 122°11'11.65"W Alt: 321m