



Technical Standards and Safety Authority
 www.issa.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 exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

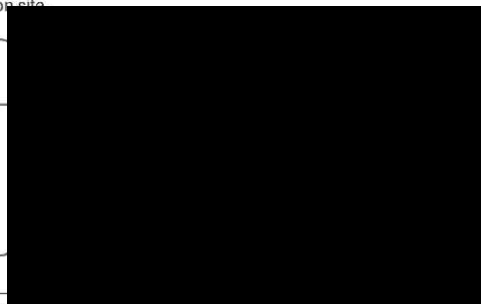
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number

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 COLBORNE OPS AND CONVENIENCE Corporation No. 2456899
 Operator Name (if different from above) _____

Telephone No. (905) 355-5450 Fax No. _____ E-mail FLIND THAYA@HOTMAIL.COM

B Street No. 109 Street Name / 911 Number / Address, if applicable KING STREET EAST P.O. BOX - 961
 Town / City or Township / County COLBORNE Province ONT Postal Code K0K 1S0

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. 109 Street Name / 911 Number / Address, if applicable KING STREET EAST Nearest Major Intersection KING ST. / BLOOR AVE
 Town / City or Township / County COLBORNE Province ONT Postal Code K0K 1S0

Name of Licence Holder _____

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

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

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.

Printname	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>THAYA PARAN</u>	<u>[Signature]</u>	<u>07/07/2015</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>MARIE</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 2008 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. NONE

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>6J81-14</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: 0 Mobile: 0

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Name of person completing this form (please print) <u>THAYAPARAN</u>		Official Title <u>OWNER</u>	
Signature <u>[Signature]</u>		Telephone No. <u>(905) 355-5050</u>	Date (dd-mmm-yyyy) <u>07/07/2015</u>



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

Name of Propane Supplier(s) <i>SUPERIOR PROPANE</i>		For Office Use - Party No.	
Street No. <i>686A</i>	Street Name / 911 Number / Address, if applicable <i>DUNDAS W RR #2</i>		
Town / City or Township / Country <i>BELLEVEILLE</i>		Province	Postal Code
Telephone No. <i>(613) 920-1339</i>	Fax No. <i>(613) 962-6117</i>	Contact Name <i>SHAWN MOVSTEIN</i>	
E-mail <i>SHAWN - MOVSTEIN @ SUPERIOR PROPANE . COM</i>			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		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	
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 <i>[Signature]</i>	Telephone No. <i>(905) 355-5050</i>	Date (dd-mmm-yyyy) <i>07/07/2015</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.

Gas
Diesel
Propane

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

- Fire Extinguisher at propane tank
- Emergency Shut-off
- Instructions marked.

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.

Alarm system.
Auto-shut-off Device.

Maintenance and testing schedule for fire protection controls and devices.

- every month propane supplies maintenance and test.

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Signature <i>[Signature]</i>	Telephone No. <i>(905) 355-5050</i>	Date (dd-mmm-yyyy) <i>07/07/2015</i>



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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 <i>P. THAYAPARAN</i>	For Office Use - Party No.	Name	For Office Use - Party No.
Official Title <i>OWNER</i>		Official Title <i>SAMP ASO 1</i>	
Telephone No. <i>(416) 825-1050</i>	Fax No.	Cell No.	Fax No.
E-mail <i>findthaya@hotmail.com</i>		E-mail	
Role and responsibilities in emergency <i>OWNER</i>		Role and responsibilities in emergency	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>K. MOHAN</i>	For Office Use - Party No.	Name	For Office Use - Party No.
Official Title <i>MANAGER</i>		Official Title <i>SAMP ASO 1</i>	
Telephone No. <i>(416) 355-5050</i>	Fax No.	Telephone No.	Fax No.
E-mail <i>Sivam 2007@yahoo.com</i>		E-mail	
Role and responsibilities in emergency <i>OWNER</i>		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>BRANDAN</i>	For Office Use - Party No.	Name <i>SHAWN Superior Propane</i>	For Office Use - Party No.
Official Title <i>FIRE CHIEF</i>	E-mail <i>brandon@cranaheltonship.ca</i>	Official Title <i>MARKETING MANAGER</i>	E-mail <i>shawn_musteta@superiorpropane.com</i>
Telephone No. <i>(905) 355-2821 Ex-225</i>	Fax No. <i>(905) 355-3430</i>	Telephone No. <i>(613) 920-1339</i>	Fax No. <i>(613) 942-6117</i>
Role and responsibilities in emergency <i>COMMAND</i>		Role and responsibilities in emergency <i>REPORT INCIDENT</i>	
Fire Services Address <i>1 TORONTO ST. P.O. BOX 357 COLBORNE</i>		Propane Supplier Address <i>620 DUNDAS ST BELLEVILLE</i>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>LARRY DADSON</i>	For Office Use - Party No.	Name <i>MARA CHATTERSON</i>	For Office Use - Party No.
Official Title <i>CHIEF FIRE PREVENTION</i>	E-mail <i>larry@cranaheltonship.ca</i>	Official Title <i>TREASURER</i>	
Telephone No. <i>(905) 355-2821</i>	Fax No. <i>(905) 355-3430</i>	Telephone No. <i>(905) 355-2821 Ex-225</i>	Fax No. <i>(905) 355-3430</i>
Role and responsibilities in emergency <i>COMMAND</i>		E-mail <i>mara@cranaheltonship.ca</i>	
Fire Services Address <i>1 TORONTO ST, P.O. BOX-357, COLBORNE</i>		Municipality Name and Address <i>1 TORONTO ST P.O. BOX-357, COLBORNE</i>	

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Signature <i>[Signature]</i>	Telephone No. <i>(905) 355-5050</i>
	Date (dd-mm-yyyy) <i>07/09/2015</i>



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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.

- Clean Tank Area
- Check tank, Nozzles, Accessories and tools.
- Check Fire Extinguishers.
- Check for Leaks

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Signature 		Telephone No. (905) 355-5050	Date (dd-mmm-yyyy) 07/07/2015



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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) <u>25/3/13</u> <u>28/07/15</u>	Print Name of Training Provider: <u>Promar Petroleum Inc</u>
	Print Name of Instructor: <u>JOHN BUCKLEY Mike MARTIN</u>
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:

③ Training on the facility's Emergency Management Procedures provided to staff.

Training Date (dd-mmm-yyyy) <u>28/07/15</u>	Print Name of Training Provider: <u>Promar Petroleum Inc</u>
	Print Name of Instructor: <u>Mike MARTIN</u>
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:

④ On-site specific training provided to certificate holders /persons with Records of Training.

Training Date (dd-mmm-yyyy) <u>28/07/15</u>	Print Name of Training Provider: <u>Promar Petroleum Inc</u>
	Print Name of Instructor: <u>Mike MARTIN</u>
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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Name of person completing this form (please print) <u>JAYIA PARAN</u>	Official Title <u>OWNER</u>
Signature <u>[Signature]</u>	Telephone No. <u>(905) 355-5050</u>
	Date (dd-mmm-yyyy) <u>07/07/2015</u>



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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) 11/11/15 TBD	Print Name of Training Provider: THAT PRODUCTIONS Promar Petroleum Inc
	Print Name of Instructor: MIKE MARTIN Mike MARTIN
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:


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

Target Date (dd-mmm-yyyy) TBD	Print Name of Training Provider: Promar Petroleum Inc
	Print Name of Instructor: MIKE MARTIN
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:

6 On-site specific training provided to certificate holders / persons with Records of Training.

Target Date (dd-mmm-yyyy) TBD	Print Name of Training Provider: Promar Petroleum Inc
	Print Name of Instructor: MIKE MARTIN
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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Name of person completing this form (please print) THAYAPARAN	Official Title OWNER
Signature 	Telephone No. (905) 355-5050 Date (dd-mmm-yyyy) 09/09/2015



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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.

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).

- Call Fire Department.
- Call Management - who is on Emergency contact.

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).

- Same as above.
- Shut Power off, Gas Pumps, Propane Tank.
- Evacuate Area.
- Meet in Safe Area.

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).

- Call 911
- Call alternate contacts.
- get info from Fire Department instruction.

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

- No Entry refused
- Open Access all time - No Gates


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

- will come to site.
- Help the Authorities on site.

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

30 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)		<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>50 m</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:

N/A

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.

Local Fire Services Name	Print name Brandon Northrup	Signature 	Date (dd-mmm-yyyy) 06-07-2015
--------------------------	--------------------------------	---------------	----------------------------------

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) TAPYAPARAN	Official Title OWNER	Date (dd-mmm-yyyy) 07/07/2015
Signature 	Telephone No. (905) 355-5050	



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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)	Capacity of single largest propane storage vessel (USWG)
	2000
Tank setback coordinates. Indicate placement on the map.	
Front: 10.1m	Right side property line: 5m
Rear: 150m	Left side property line: 45m
GPS coordinates of single largest vessel: 44.007573 / 77.879130	

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TARAPARAN	OWNER	
Signature	Telephone No.	Date (dd-mmm-yyyy)
	(905) 355-5050	09/09/2015



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SECTION C: SUBMISSIONS (cont'd)

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

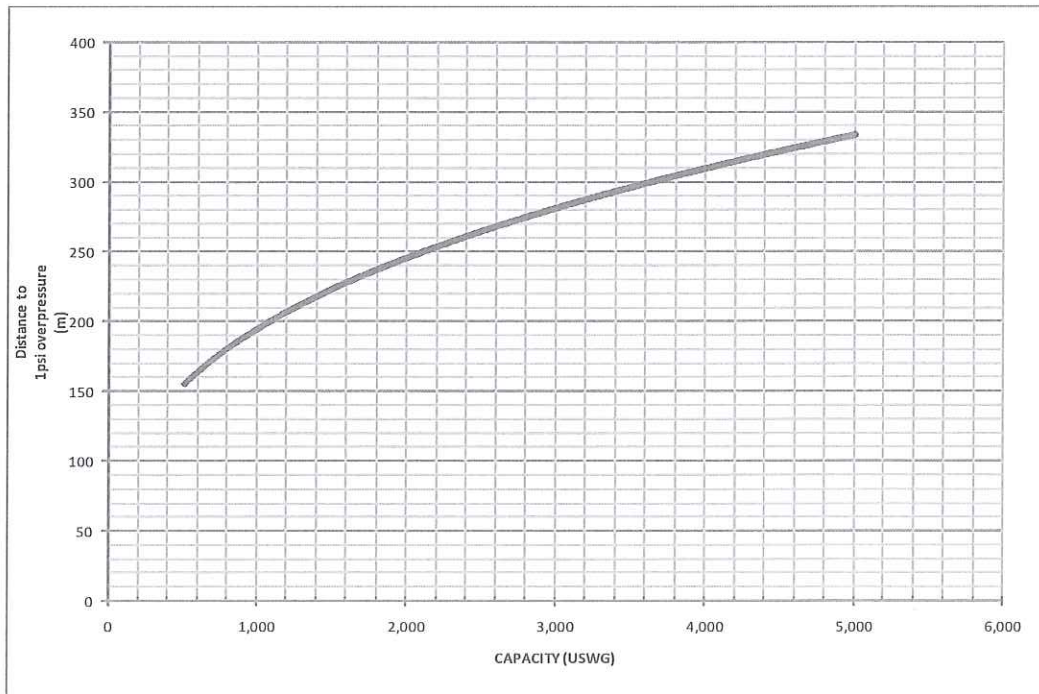
Table 1: Distance Table

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 (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>Caramah Public Library</u> Address: <u>6 King St E</u> City: <u>COLBORNE</u> Province <u>ON</u> Postal Code _____			X		<u>800</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____		1			<u>40</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>COLBORNE SCHOOL</u> Address: <u>401 - DIVISION ST</u> City: <u>COLBORNE</u> Province <u>ON</u> Postal Code <u>K0K 1S0</u>			X		<u>600</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>VIPER PIZZA</u> Address: <u>48 King St</u> City: <u>COLBORNE</u> Province <u>ON</u> Postal Code <u>K0K 1S0</u>			X		<u>10 km</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>COLBORNE EAST CAMP GROUND</u> Address: <u>253 BOULDER</u> City: <u>COLBORNE</u> Province <u>ON</u> Postal Code <u>K0K 2G0</u>			X		<u>550</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>Fire department</u> Address: <u>6 King St E</u> City: <u>COLBORNE</u> Province <u>ON</u> Postal Code <u>K0K 1S0</u>			X		<u>1000</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>THAYAPARAN</u>	Official Title <u>OWNER</u>
Signature 	Telephone No. <u>(905) 355-5050</u>
	Date (dd-mmm-yyyy) <u>07/07/2015</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	0	
# 100	29.5	0	
# 40	11.75	0	
# 33.3	9.62	0	
# 30	8.8	0	
# 20	5.8	0	
# 10	2.9	0	
# 5	1.5	0	
Total Cylinder Capacity			

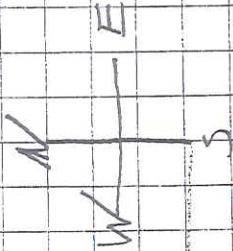
Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
0	0	0
Total Tank Capacity		

Total Cylinder Capacity	2000
Total Tank Capacity	0
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	0

Plot Plan

Do Not Scale



TOWN OF ORANGE
BUILDING DEPARTMENT
PLANS REVIEW

BY:

Becky Boustel

DATE:

April 10, 2002

No changes are to be made
without the written approval
of the C.B.O.
All work to comply with OBC

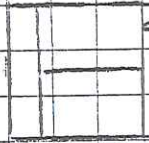
1204.35

31.58

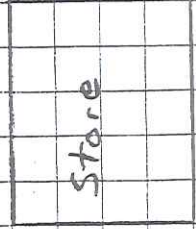
32'

70'

Proposed
2 Bay Car Wash



Store



180'

Propane



133.58

King St East

STREET VIEW

Cramah, ON



Northumbeland 2 © 2014 Google

* Municipal Contact - Marsha Radiciuan
Tel:- 905-355-2821

* Propane Capacity - 2000 Lt.

GPS co-ordinates



<https://www.google.ca/maps/place/109+King+St+E/@44.007271,-77.879224,3a,75y,333.56h,90t/data=!3m4!1e1!3m2!1sRTLBIbBc3bk1jUr7TKCag!2e0!4m2!3m1!1s0x89d6745200f68e93:0x73a23e9de8678e4>

* Location :-

109 King Street E, Colborne

* Municipality :-

Township of Cramah,
1- Toronto st, Colborne, ON,
P.O BOX 357 KOK 1S0.

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

Google

N

PROPANE TANK

S

W

E



Imagery ©2013 DigitalGlobe, USDA Farm Service Agency. Map data ©2013 Google

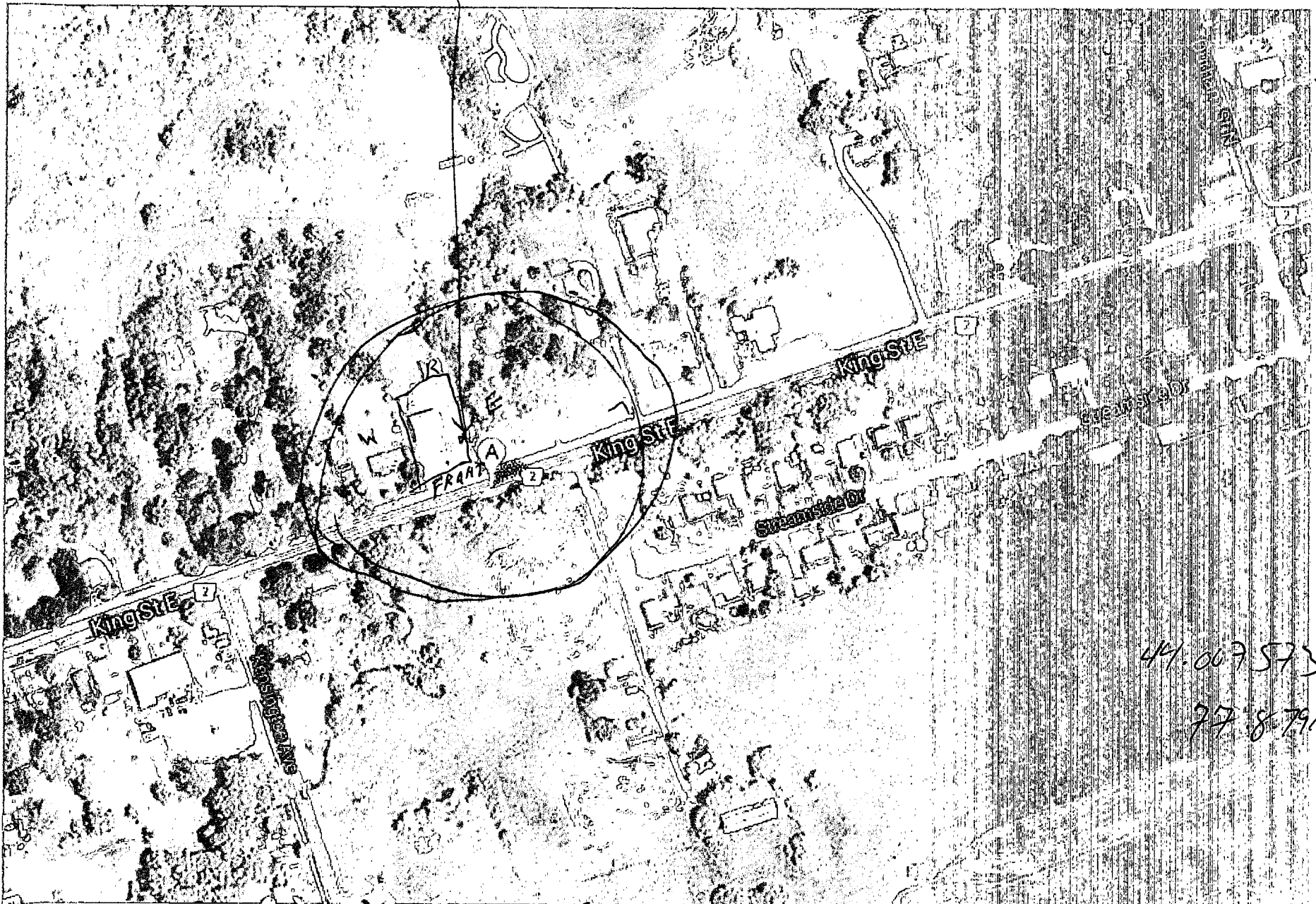
LOCATION: 109 KING STREET, COLBORNE.
 2000 USWG VERTICAL TANK
 TANK SETBACK - FRONT 20m / REAR 40m / EAST 5m / WEST 40m.
 RADIUS OF TANK 2.00m.
 MUNICIPALITY: CRAMAHE TOWNSHIP.
 CONTACT PERSON: MARSHA RUDICHAHN.
 ADDRESS: Township of CRAMAHE,
 1 - TORONTO ST, COLBORNE.
 P.O. BOX 357, K0K 1S0.

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

No Roads within 140 meters
Location - 109 King St E, Colborne.
Municipality - Township of Cramahe
1 - Toronto St, Colborne, ON.
P.O. Box 357, K0K 1S0

PROPANE TANK
CAPACITY - 2000

G



44-009573
77-8-79130