



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;   
 • 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:

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 0076585215-C

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.

Company Name ACE AUTOMOTIVE Ontario Corporation No., if applicable 777775

Operator Name (if different from above) \_\_\_\_\_

Telephone No. 8076234968 Fax No. 8076233099 E-mail seijay@yahoo.com

**B** Street No. 113 Street Name / 911 Number / Address, if applicable Leith Street

Town / City or Township / County THUNDER BAY Province ONTARIO Postal Code P7C1M7

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. 113 Street Name / 911 Number / Address, if applicable LEITH ST Nearest Major Intersection \_\_\_\_\_

Town / City or Township / County THUNDER BAY Province ONTARIO Postal Code P7C1M7

Name of Licence Holder ACE AUTOMOTIVE

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). JALJIT SEKHON ROT type PPO-3

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) CITY OF THUNDER BAY

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>SEIJA SEKHON</u>		<u>21-12-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>JALJIT SEKHON</u>		



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

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

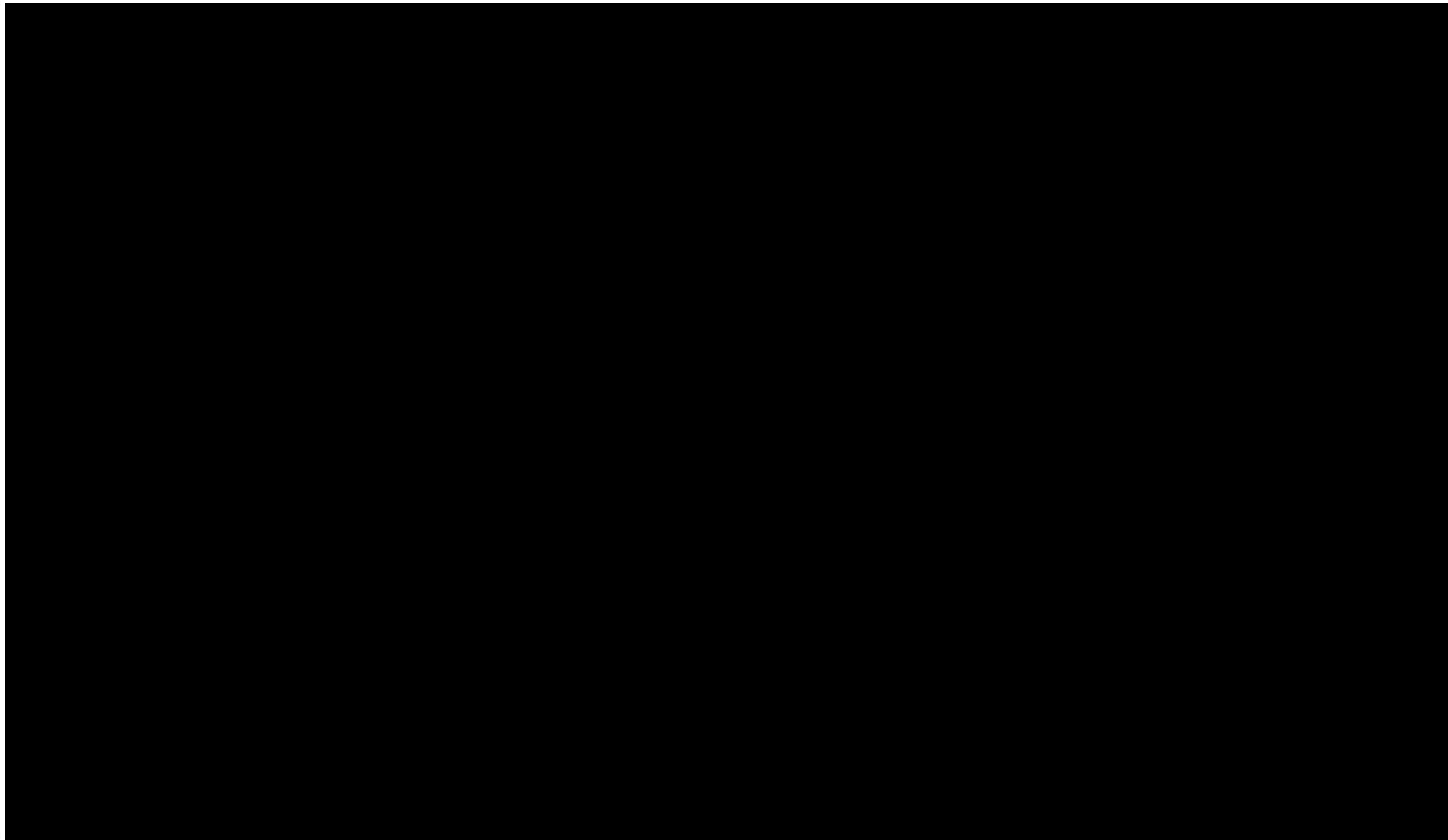
Indicate the year the facility was established.      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.  
1996

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

	PSIG	Serial Number
Tank1:	250	5779670
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: 2000 USWG      Portable: \_\_\_\_\_      Mobile: \_\_\_\_\_



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Name of person completing this form (please print)		Official Title	
SEIJA SEKHON		MANAGER	
Signature		Telephone No.	Date (dd-mm-yyyy)
		8076234968	15/12/11



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) <b>Superior Propane - Prairie Regional Operations Centre</b>			
Street No. <b>140</b>	Street Name / 911 Number / Address, if applicable <b>Bonny Avenue</b>		
Town / City or Township / Country <b>Winnipeg</b>		Province <b>MB</b>	Postal Code <b>R3P 1C2</b>
Telephone No. <b>1-877-873-7467</b>	Fax No. <b>N/A</b>	Contact Name <b>Bruce Johnson</b>	
E-mail <b>johnsbru@superiorpropane.com</b>			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>			
<b>Superior Propane - Thunder Bay Distribution Plant</b>			
Street No. <b>3014</b>	Street Name / 911 Number / Address, if applicable <b>Arthur Street West</b>		
Town / City or Township / Country <b>Thunder Bay</b>		Province <b>ON</b>	Postal Code <b>P7B 6T8</b>
Telephone No. <b>1-877-873-7467</b>	Fax No. <b>N/A</b>	Contact Name <b>Phill Eddy</b>	
E-mail <b>eddyph@superiorpropane.com</b>			

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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Name of person completing this form (please print) <b>PHIL EDDY</b>	Official Title <b>FIELD OPERATIONS MANAGER</b>	
Signature 	Telephone No. <b>807-626-1793</b>	Date (dd-mm-yyyy) <b>07/02/2010</b>



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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.

Small Acetylene, and propane tanks located inside building, stored according to regulations inside the garage.

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

As per included site map and photos and details in Appendix A, Fire extinguishers are found beside the propane dispenser as well as within the building.

Water is accessible from the tap outside the building as per the diagram. The building is both protected by a hard wired monitored fire alarm system, and also by sprinkler system throughout the entire building. A fire hydrant is found directly across the street.

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.

As per Appendix B, the photos and directions for all the fire protection controls are described and demonstrated in detail.

Maintenance and testing schedule for fire protection controls and devices.

The maintenance and testing schedule for fire protection controls and devices is included in Appendix C

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Name of person completing this form (please print) Seija Sekhon	Official Title Manager	
Signature 	Telephone No. 807-623-4968	Date (dd-mm-yyyy) 12/21/2011



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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 Jaljit Sekhon	For Office Use - Party No.	Name Jaljit Sekhon	For Office Use - Party No.
Official Title Owner		Official Title Owner	
Telephone No. 807-624-7642	Fax No. 807-623-3099	Cell No. 624-7642	Fax No. 623-3099
E-mail seijay@yahoo.com		E-mail seijay@yahoo.com	
Role and responsibilities in emergency facilitator		Role and responsibilities in emergency facilitator	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Rob Shaw	For Office Use - Party No.	Name Jaljit Sekhon	For Office Use - Party No.
Official Title MANAGER		Official Title Owner	
Telephone No. 807-986-3641	Fax No. 807-623-3099	Telephone No. 624-7642	Fax No.
E-mail seijay@yahoo.com		E-mail seijay@yahoo.com	
Role and responsibilities in emergency facilitator		Role and responsibilities in emergency owner	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Brian Berringer	For Office Use - Party No.	Name Phil Eddy	For Office Use - Party No.
Official Title Director/Fire Prevention	E-mail bberringer@thunderbay.ca	Official Title	E-mail
Telephone No. 807-625-2650	Fax No. 807-623-4545	Telephone No. 1-807-628-6393	Fax No.
Role and responsibilities in emergency enforcement and investigation		Role and responsibilities in emergency supplier	
Fire Services Address 330 Vickers St, Thunder Bay, Ont		Propane Supplier Address 3014 Arthur St W	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Terry Hanchar	For Office Use - Party No.	Name John Hannam	
Official Title Captain/Fire Prevention	E-mail thanchar@thunderbay.ca	Official Title Municipal Clerk	
Telephone No. 807-625-3617	Fax No. 807-623-4545	Telephone No. 807-625-2238	Fax No.
Role and responsibilities in emergency enforcement/investigation		E-mail jhannam@thunderbay.ca	
Fire Services Address 330 Vickers St, Thunder Bay, Ont		Municipality Name and Address 500 Donald St E, Thunder Bay, Ont P7C 5K4	

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Name of person completing this form (please print) SEIJA SEKHON	Official Title Manager
Signature 	Telephone No. 8076234968
	Date (dd-mm-yyyy) 21-12-2011



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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.

As per Appendix A and B

[Large empty area with horizontal lines for describing additional safety measures]

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Signature 	Telephone No. 8076234968	Date (dd-mm-yyyy) 21-12-2011



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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) ongoing to all staff on site	Print Name of Training Provider: Handling Propane, Filling auto propane-full training to new staff
	Print Name of Instructor: Jaljit Sekhon
Training Date (dd-mm-yyyy) Nov 22 2011	Print Name of Training Provider: Three year re-training on Filling auto propane to previous staff
	Print Name of Instructor: Jaljit Sekhon
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) ongoing to all staff on site	Print Name of Training Provider: Handling propane, filling auto propane
	Print Name of Instructor: Jaljit Sekhon
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) 28/11/2010	Print Name of Training Provider: train the trainer taken by Jaljit Sekhon
	Print Name of Instructor: Bill Bird
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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	Date (dd-mm-yyyy) 21-12-2011



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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) All new staff	Print Name of Training Provider: Handling Propane, Filling Auto Propane
	Print Name of Instructor: Jaljit Sekhon
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) Nov 22, 2012	Print Name of Training Provider: JHSC reviews all procedures and signs, trains on changes
	Print Name of Instructor: Seija Sekhon and all JHSC members
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) Ongoing to all staff	Print Name of Training Provider: Ongoing retraining of all staff on any updates/changes to propane handling/filling
	Print Name of Instructor: Jaljit Sekhon
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) SEIJA SEKHON	Official Title Manager
Signature 	Telephone No. 8076234968
	Date (dd-mm-yyyy) 21-12-2011





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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).

*As per worksite emergency plan*

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).

*As per worksite emergency plan*

**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).

*As per worksite emergency plan*

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

*Staffed 24 hours daily/ 365 days per year*

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

*Senior management holds responsibility for all communication as per worksite emergency plan.*

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

*Usually staff member or owner, Jaljit Sekhon, is located either at the site or within 10 minutes.*

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Name of person completing this form (please print) <i>SEIJA SEKHON</i>	Official Title <i>Manager</i>	
Signature 	Telephone No. <i>8076234968</i>	Date (dd-mm-yyyy) <i>21-12-2011</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.

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 type="checkbox"/>            | <input type="checkbox"/> N/A |
| 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"/> N/A |
| 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"/> N/A |
| 9. Is the schedule of maintenance and testing activities retained on site?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |

NOT TANKS FILLED

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>50m</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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Signature 	Telephone No. 8076234968	Date (dd-mm-yyyy) 21-12-2011



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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 comment*

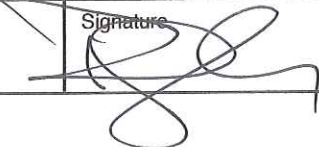
**To be completed by the Licence Holder**

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.

Print name <i>Brian Berancker</i> Local Fire Services Name	Signature 	Date (dd-mm-yyyy) <i>12/01/12</i>
--	---	--------------------------------------

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Name of person completing this form (please print) <i>SEIJA SEKHON</i>	Official Title <i>MANAGER</i>		
Signature 	<table border="1"> <tr> <td data-bbox="893 1890 1250 1967">           Telephone No.  <i>807-623-4968</i> </td> <td data-bbox="1250 1890 1515 1967">           Date (dd-mm-yyyy)  <i>21-12-2011</i> </td> </tr> </table>	Telephone No. <i>807-623-4968</i>	Date (dd-mm-yyyy) <i>21-12-2011</i>
Telephone No. <i>807-623-4968</i>	Date (dd-mm-yyyy) <i>21-12-2011</i>		



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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) 21/12/2011	Capacity of single largest propane storagevessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: 3.5m	Right side property line: 4.2m
Rear: 8m	Left side property line: 12.3m
GPS coordinates of single largest vessel: 89.241608W X 48.38575 N	

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Signature 	Telephone No. 8076234968
	Date (dd-mm-yyyy) 21-12-2011



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**SECTION C: SUBMISSIONS (cont'd)**  
Applicant must include a Facility Site Plan and Map of Surrounding Area

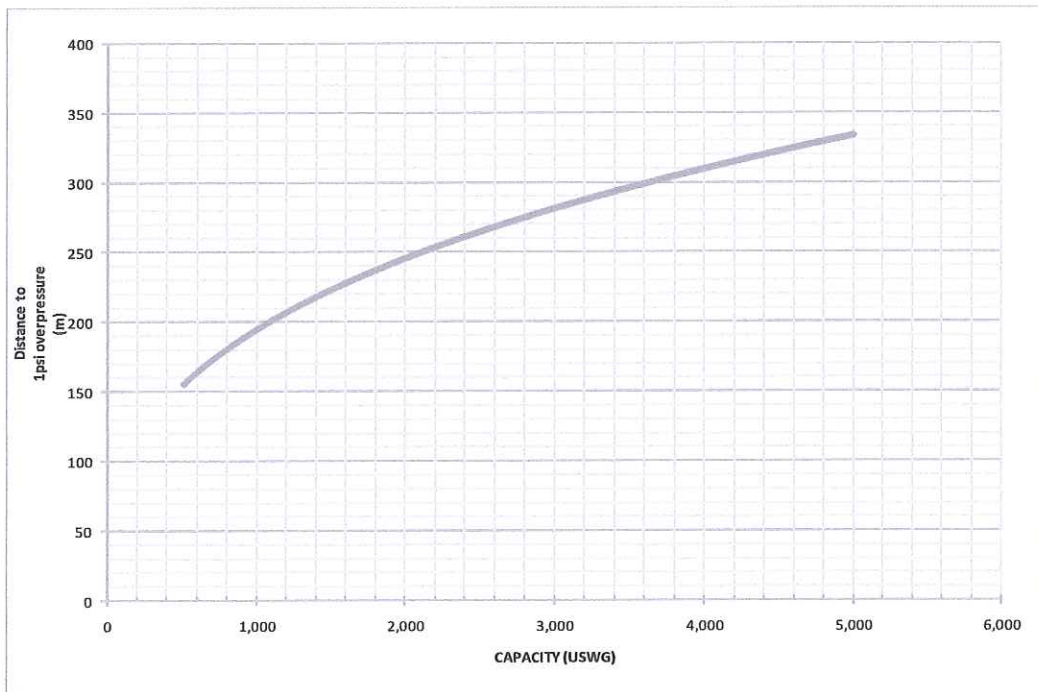
**Table 1: Distance Table**

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)**





**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: _____ Address: <u>201 Hardisty</u> City: <u>Thunder Bay</u> Province <u>Ontario</u> Postal Code <u>P7C 1M7</u>				x	<u>130</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]				x	<u>20</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>General Appliance</u> Address: <u>145 Simpson Street</u> City: <u>Thunder Bay</u> Province <u>Ontario</u> Postal Code <u>P7C1M7</u>				x	<u>33</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</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>SEIJA SEKHON</u>	Official Title <u>Manager</u>
Signature 	Telephone No. <u>8076234968</u> Date (dd-mm-yyyy) <u>21-12-2011</u>



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

**WORKSHEET**

**Portable Storage Additional Information Worksheet**

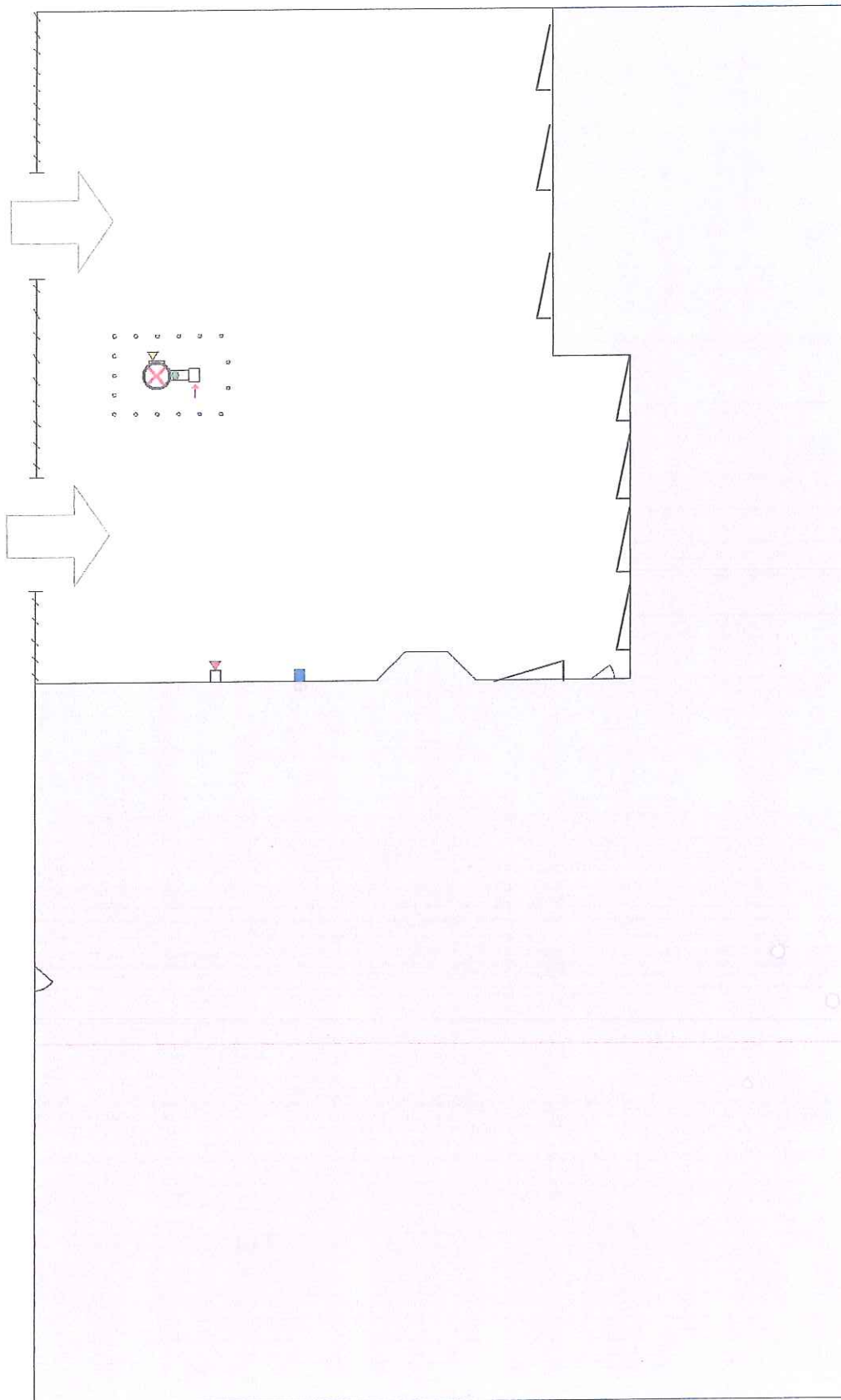
Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b> No cylinders filled at this site, No scales on site			

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












Tank Size in USWG	Quantity	Total Volume in USWG
<b>Total Tank Capacity</b> Own use only, no sales to customers, no filling of tanks at this site		

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

Appendix A Section 3: Site Plan for 113 Leith St,  
 Thunder bay  
 Maximum Volume: 2000 USWG Propane Tank



Legend

-  Fixed Storage Vessel
-  Permanent Structure
-  Barrier
-  Propane Dispenser
-  Emergency Shut Off Switch
-  Dispenser Disconnect Switch
-  Water Hose
-  Fire Extinguisher
-  Building Entrance
-  Chain Link Fence
-  Property Access Point

Scale:  $\frac{10 \text{ feet}}{3 \text{ meters}}$

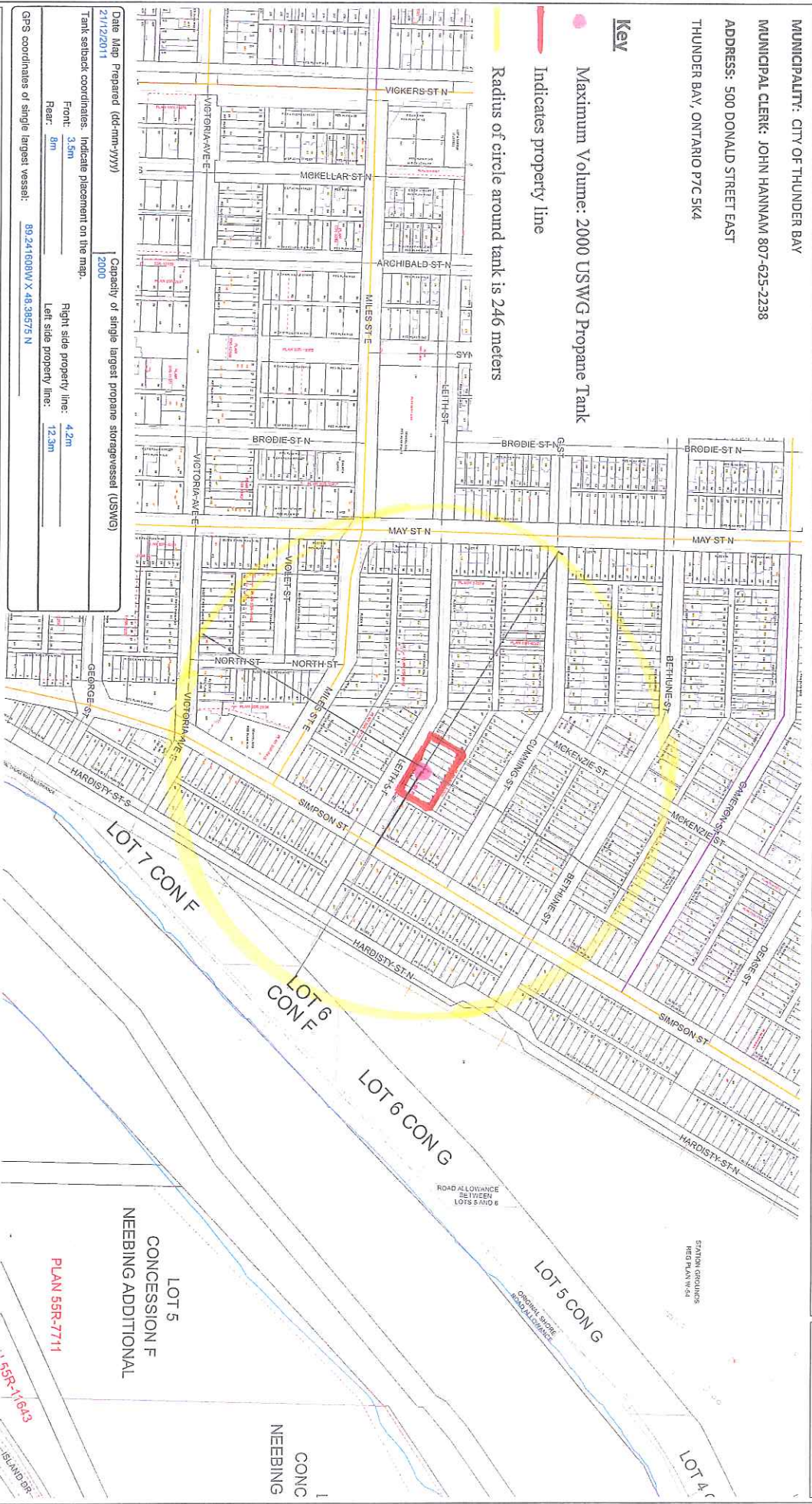


# 113 Leith St. Propane Tank

MUNICIPALITY: CITY OF THUNDER BAY  
 MUNICIPAL CLERK: JOHN HANNAM 807-625-2238  
 ADDRESS: 500 DONALD STREET EAST  
 THUNDER BAY, ONTARIO P7C 5K4

### Key

- Maximum Volume: 2000 USWG Propane Tank
- Indicates property line
- Radius of circle around tank is 246 meters



Date Map Prepared (dd-mm-yyyy) 21/12/2011  
 Capacity of single largest propane storage vessel (USWG) 2000  
 Tank setback coordinates: Indicate placement on the map.  
 Front: 3.5m Right side property line: 4.2m  
 Rear: 9m Left side property line: 12.3m  
 GPS coordinates of single largest vessel: 89.241608W X 48.38575 N

171.1 0 85.55 171.1 Meters  
 Published Date: December 7, 2011  
 Projection: UTM, Zone 18N Datum: NAD 83  
 1: 3,368

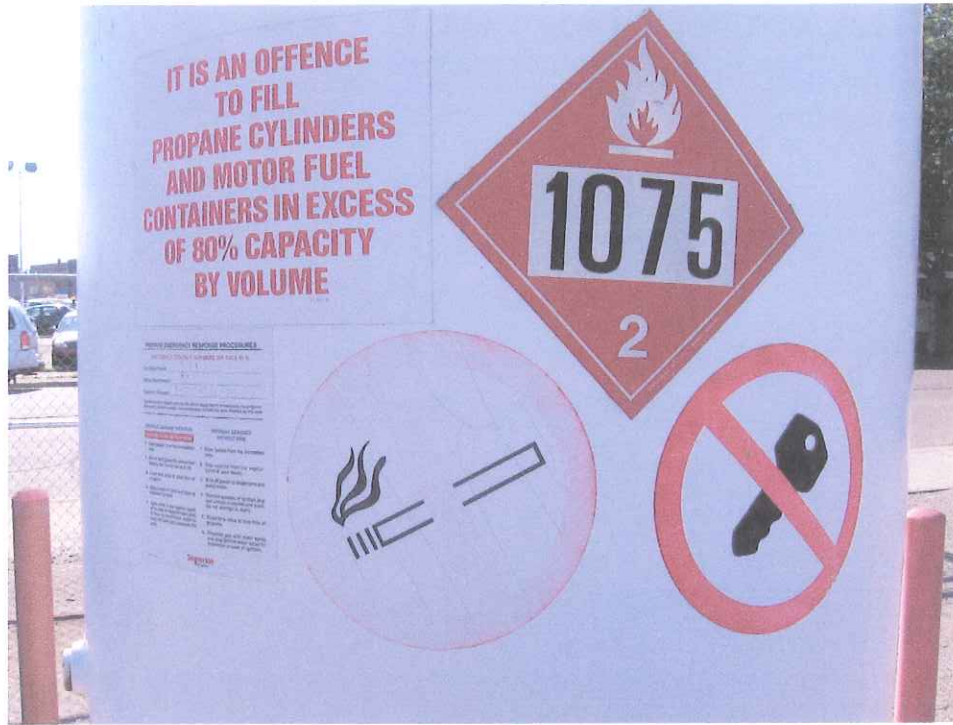
Disclaimer:  
 The information on this map is provided for general mapping purposes only. The Corporation of the City of Thunder Bay does not warrant the quality, accuracy or completeness of any information contained or depicted herein and that this information is provided "as is". The Corporation of the City of Thunder Bay will not be liable or held responsible for the use or misuse of information or material depicted on this map, or any loss or damage resulting therefrom.

Notes  
 LOT 5  
 CONCESSION F  
 NEEDING ADDITIONAL  
 PLAN 55R-7711  
 CONC  
 NEEDING  
 PLAN 55R-11643

**APPENDIX B**



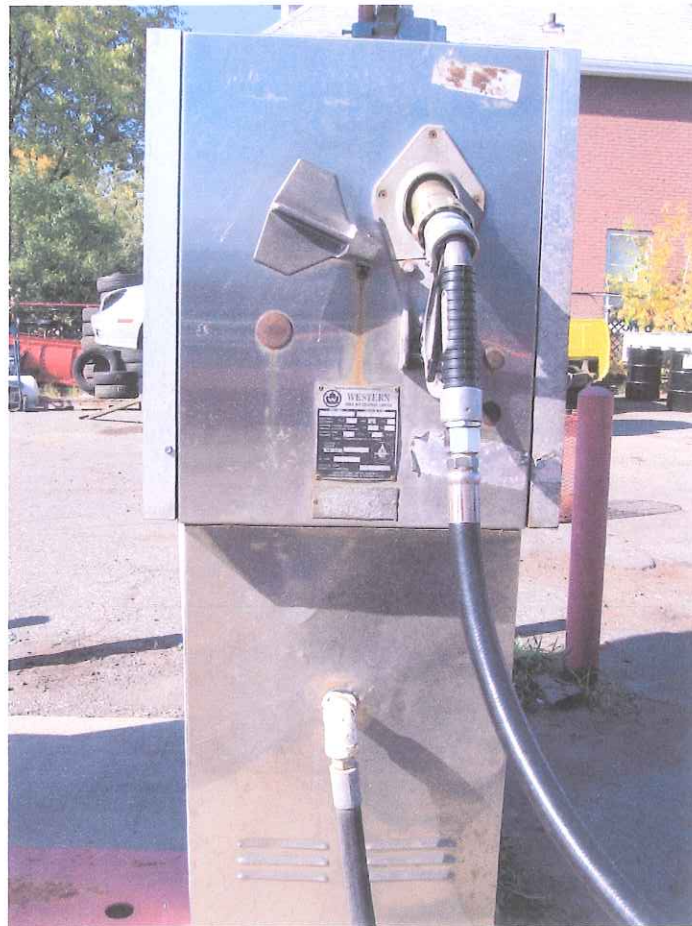
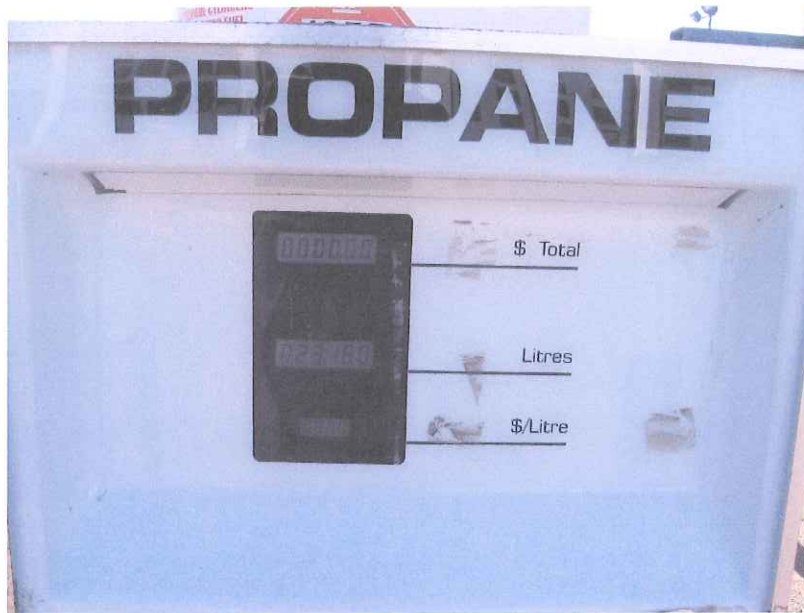
**Propane tank Safety Signage**  
**Propane tank barriers surrounding it**  
**Night Lighting for Propane fuel up with safety lights.**



Cautionary Signage located on the side of the Propane Dispenser and tank



Extra Fire Protection: **Fire Extinguisher** located next to Propane Dispenser.  
**Water Source** by garage door West side of building (can be used to cool tank etc.)



**Propane Dispenser:** Shut off switch is located next to the Nozzle hook. Needs to be on up-right position to be off.  
The hose has an **Automatic Shut off and quick de-coupler** located at the Pump end of the



**Propane Dispenser Disconnect Switch** located on West wall of main building, with signage pointing to it.

**To shut off**, remove bolt from the hole beside the OFF word on Left bottom of switch, move red lever to left, and replace the bolt into the hole at the ON word so that it can not be accidentally turned back on. This decreases the chances of a source of ignition at the tank and turns the power off to the tank in case it is not attended, so that it can not be used without supervision.



**Emergency Shut off Valve door on Propane Storage Tank  
In order to shut off propane to tank, lift lever up to release chain.**

