



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.

<p style="text-align: center; font-weight: bold; font-size: small;">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></p> <p>Licence Number <input style="width: 80%;" type="text" value="000076648992"/></p> <p>Check applicable type of propane operations.</p> <p> <input checked="" type="checkbox"/> Cylinder <input type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Keylock </p> <p style="font-size: x-small;">Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p style="text-align: center; font-weight: bold; font-size: small;">For Office Use Only</p> <div style="border: 1px solid black; height: 80px; width: 100%; background-color: black;"></div>
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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	Ontario Corporation No., if applicable
CHARRON WAREHOUSING INC.	10092 7235 RP001
Operator Name (if different from above)	
Telephone No.	Fax No.
5193524401	5193524402
E-mail	
psowers@charrongroup.com	
B Street No.	Street Name / 911 Number / Address, if applicable
123	Byng Avenue
Town / City or Township / County	Province
CHATHAM	ONTARIO
Postal Code	
N7M 6C6	
Mailing address if different from above.	
C Street No.	Street Name / 911 Number / Address, if applicable
SAME	
Town / City or Township / County	Province
Postal Code	

Information on Container Refill Centre or Filling Plant		
Location of facility.		
D Street No.	Street Name / 911 Number / Address, if applicable	Nearest Major Intersection
123	BYNG AVENUE	RICHMOND & BYNG
Town / City or Township / County	Province	Postal Code
CHATHAM	ONTARIO	N7M 6C6

Name of Licence Holder	
CHARRON WAREHOUSING	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).	ROT type
BILL CHARRON #69922	PPO-3
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)	
CHATHAM KENT	
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.

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>PATRICIA SOWERS</u>		23/08/2011
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>BILL CHARRON</u>		23/08/2011



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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	C-0469-65789	1000 uswg
Tank 2:			
Tank 3:			
Total Fixed Capacity:			1000 uswg

B. Portable Storage

Cylinder Size	Capacity in USWG	Quantity	Total Capacity 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		
Total Cylinder Capacity		Line A	0

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Capacity in USWG
Total Tank Capacity		Line B

Total Portable Capacity. Line A plus Line B: 0

C. Mobile Tanks

Type	Tank Size In USWG	Quantity	Total Capacity in USWG
Tankers			
Cargo Liners			
Total Mobile Tank Capacity			0

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. Tim Charron		Official Title	
Signature 		Telephone No.	Date (dd-mmm-yyyy) 16-JAN-2017



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Technical Standards and Safety Act
Propane Storage and Handling Regulation

SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) DOWLER KARN PROPANE		For Office Use - Party No. [REDACTED]	
Street No. 24151	Street Name / 911 Number / Address, if applicable ST. CLAIR ROAD		
Town / City or Township / Country CHATHAM		Province ONTARIO	Postal Code N7M 5J2
Telephone No. 5193520110	Fax No.	Contact Name DOUG COOPER	
E-mail dcooper@dowlerkarn.com			

Name of Propane Transporter. If same as above, please check box. <input checked="" 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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Name of person completing this form (please print) patricia sowers		Official Title A. Manager	
Signature 		Telephone No. 519-352-8970 #224	Date (dd-mm-yyyy) 03/08/2011



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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.

Oil Furnace holds 13, 626 ltrs

SEE APPENDIX 1 FOR COMPLETE LIST

SEE APPENDIX 1.5 FOR LOCATIONS

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

IN HOUSE FIRE EXTINGUISHERS

FIRE HYDRANTS AT FRONT & BACK OF BUILDING SEE APPENDIX 1.5 AND 3

IN HOUSE WATER

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.

FIRE ALARM SYSTEM

OUTSIDE PROPANE SHUT OFF

NATURAL GAS SHUT OFF

Maintenance and testing schedule for fire protection controls and devices.

MONTHLY EXTINGUISHERS ARE CHECKED & INSPECTED & INSPECTED

ANNUAL FIRE PANEL INSPECTION TESTED

ANNUAL FIRE DRILL AND REVIEW

	<u>Checked</u>	<u>Inspected</u>	<u>Test</u>
Extinguishers	Bi-Monthly	Bi-Monthly	Annual
Fire Panel System			Annual

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) PATRICIA SOWERS	Official Title A. MANAGER	
Signature 	Telephone No. 519-352-8970 EXT 224	Date (dd-mm-yyyy) 03/08/2011



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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 PATSY SOWERS	For Office Use - Party No. [REDACTED]	Name BILL CHARRON	For Office Use - Party No.
Official Title A. MANAGER		Official Title MANAGER	
Telephone No. 519-352-8970 EXT 224	Fax No. 519-352-4402	Cell No. 519-360-0086	Fax No. 519-352-4402
E-mail psowers@charrongroup.com		E-mail bcharron@charrongroup.com	
Role and responsibilities in emergency SAFETY COORDINATOR		Role and responsibilities in emergency BUILDING ACCESS & FIRE DRILL MARSHAL	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name TIM CHARRON	For Office Use - Party No.	Name BILL CHARRON	For Office Use - Party No.
Official Title OPERATIONS MANAGER		Official Title MANAGER	
Telephone No. 519-352-8970 EXT 237	Fax No. 519-352-4402	Telephone No. 519-352-8970 EXT 236	Fax No. 519-352-4402
E-mail tcharron@charrongroup.com		E-mail bcharron@charrongroup.com	
Role and responsibilities in emergency Fire Drill Marshal & Facility Access		Role and responsibilities in emergency Fire Drill & After hours facility access	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Robert Crawford	For Office Use - Party No.	Name DOUG COOPER	For Office Use - Party No.
Official Title Fire Chief Cell 519-350-2954	E-mail bobc@chatham-kent.ca	Official Title BRAND MGR	E-mail dcooper@dowlerkarn.com
Telephone No. 519-352-8401 Ext 3400	Fax No. 519-352-8620	Telephone No. 519-351-8000	Fax No.
Role and responsibilities in emergency Review Emergency Plan		Role and responsibilities in emergency propane supplier	
Fire Services Address 5 Second Street, Chatham On N7M 5X2		Propane Supplier Address 24151 ST. CLAIR ROAD, CHATHAM ON	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name RAY STONE Cell#519-359-4426	For Office Use - Party No.	Name JUDY SMITH	For Office Use - Party No. [REDACTED]
Official Title ASSISTANT CHIEF	E-mail rays@chatham-kent.ca	Official Title CITY CLERK	
Telephone No. 519-352-8401 Ext.3416	Fax No. 519-352-8620	Telephone No. 519-352-8401	Fax No. 519-436-3237
Role and responsibilities in emergency REVIEW FIRE PLAN		E-mail judy.smith@chatham-kent.ca	
Fire Services Address 5 SECOND STREET, CHATHAM ON N7M 5X2		Municipality Name and Address MINICIPALITY OF CHATHAM KENT 315 KING STREET WEST, CHATHAM	

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) PATSY SOWERS	Official Title A. MANAGER
Signature 	Telephone No. 519352-8970 EXT 224
	Date (dd-mm-yyyy) 03/08//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.

[Large area with horizontal dashed lines for text entry]

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Name of person completing this form (please print)	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)



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Propane Storage and Handling Regulation

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) 28/10/2010	Print Name of Training Provider: IN HOUSE
	Print Name of Instructor: PATSY SOWERS
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) 28/10/2010	Print Name of Training Provider: IN HOUSE
	Print Name of Instructor: PATSY SOWERS
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) NOV 2008	Print Name of Training Provider: DOWLER KARN
	Print Name of Instructor: KEN HOOKER
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:

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) PATSY SOWERS	Official Title A. MANAGER
Signature 	Telephone No. 519-352-8970 EXT 224
	Date (dd-mm-yyyy) 03/08/2011



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Technical Standards and Safety Act
Propane Storage and Handling Regulation

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) OCT 2011	Print Name of Training Provider: IN HOUSE
	Print Name of Instructor: PATSY SOWERS
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) OCT 2011	Print Name of Training Provider: IN HOUSE
	Print Name of Instructor: PATSY SOWERS
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)	Print Name of Training Provider:
	Print Name of Instructor:
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:

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) PATSY SOWERS	Official Title A. MANAGER
Signature 	Telephone No. 519-352-8970 EXT 224
	Date (dd-mm-yyyy) 03/08/2011



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

EMERGENCY AND PREPAREDNESS RESPONSE PLAN

The licence holder will complete the Emergency and Preparedness Response Plan in consultation with the local Fire Services.

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.
Appendix 3

Appendix 1.5 Location

Description of fire and emergency equipment indicated on facility site map.
Fire hydrant at front & back of building (East & West side) see appendix 1 and 1.5

In house water

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.

Fire alarm system

Outside propane Shut Off

Natural Gas shut off

Maintenance and testing schedule for fire protection controls and devices.

Annual Fire Panel Inspection Tested

Extinguishers checked & inspected Monthly

Annual fire drill and review

Note: Extinguishers checked and inspected bi monthly. Fire Panel Tested Annually

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. Patsy Sowers	Official Title manager
Signature 	Telephone No. 519 352 8970 #224
	Date (dd-mm-yyyy) 01/10/2014



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Propane Storage and Handling Regulation

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 checked="" type="checkbox"/> |
| 7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)? | <input type="checkbox"/> | <input checked="" 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"/> |

All Filled tanks are on equipment.

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>60 METERS</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> |

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) PATSY SOWERS	Official Title A. MANAGER	
Signature 	Telephone No. 519-352-8970 EXT 224	Date (dd-mm-yyyy) 16/09/2011



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Level 1 Risk and Safety Management Plan (RSM) Technical Standards and Safety Authority
Propane Storage and Handling Regulation

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If not, please explain (e.g., no fire services).

Fire services comments, if any:

A COMMENT LETTER HAS BEEN SUBMITTED.

To be completed by the Licence Holder

In response to the above comments, the following action(s) is required:

Fire Dept's recommendations completed.

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.

Local Fire Services Name	Print name CHATHAM-KENT FIRE DEPARTMENT	Signature R Stone	Date (dd-mm-yyyy) SEPT 6/11
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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) Patsy Sowers	Official Title A. Mgr.
Signature P Sowers	Telephone No. 519-352-8970 # 224
	Date (dd-mm-yyyy) 16/09/2011



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Propane Storage and Handling Regulation

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) OCTOBER 2010	Capacity of single largest propane storage vessel (USWG) 2000 LTRS
Tank setback coordinates. Indicate placement on the map.	
Front: 47.02 M	Right side property line: 178.9M
Rear: 166.64 M	Left side property line: 176.74 M
GPS coordinates of single largest vessel: 42 23' 30.43"N 82 11' 24.78"W	

See Google earth pin point Appendix 2

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) PATSY SOWERS	Official Title A. MANAGER	
Signature <i>P. Sowers</i>	Telephone No. 519-352-8970 EXT 224	Date (dd-mm-yyyy) 23/08/2011



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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

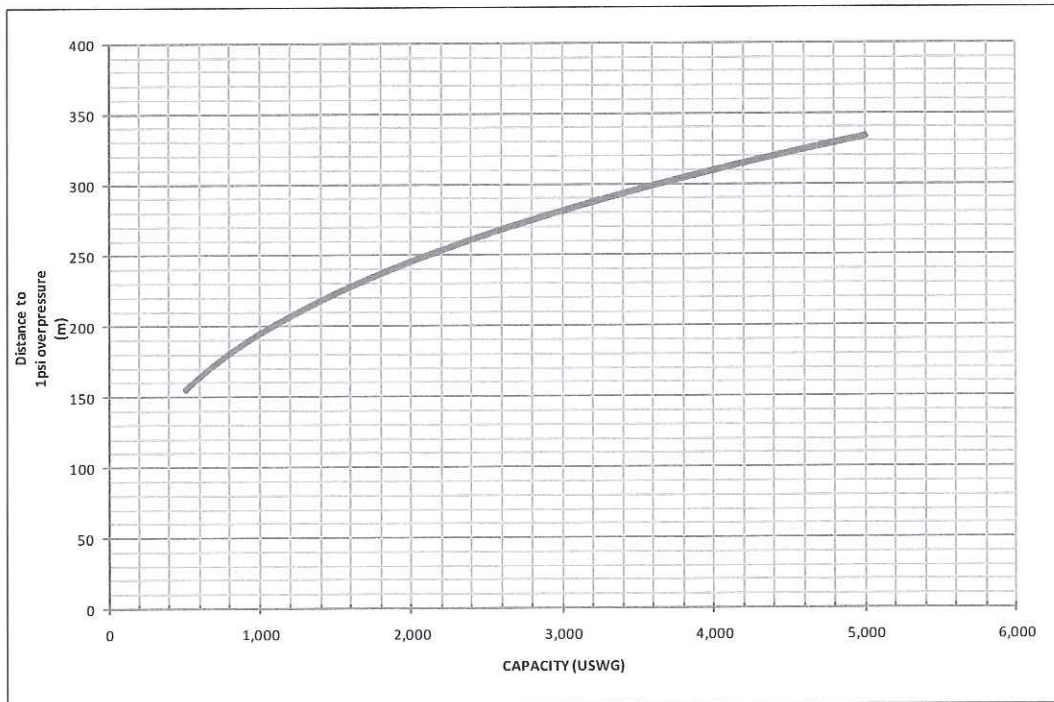
Formula: $D = 16.94 \times (1.524 \times C)^{1/3}$
 D = Distance to overpressure of 1 psi (meters)
 C = Tank Total Capacity in USWG

*16.94 (1.524 x 1000)^{1/3}
 16.94 (11.230)^{1/3}
 = 190.2385*

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

See Appendix 3+4

Hazard Distance Chart (EPA-TNT model)



P. Jones

519-352 8970

23/08/2011



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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: Lafarge Canada Inc Address: 170 Byng Avenue City: Chatham Province ON Postal Code N7M 3E2			x		100.32 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: n/a Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: n/a Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: Autotech - garage (car repairs) see appendix 5 for full list Address: 127 Byng Avenue 519 351 2226 City: Chatham Province ON Postal Code _____					86.52 m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: n/a Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: n/a Address: _____ City: _____ Province _____ Postal Code _____					_____ m

* For multi-unit buildings, count each unit as "1".

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. Patsy Sowers	Official Title Manager
Signature 	Telephone No. 519 352 8970
	Date (dd-mm-yyyy) 01/10/2014



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

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	14	134.68
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity 14 134.68			

Tanks Stored On-site Not Connected for Use

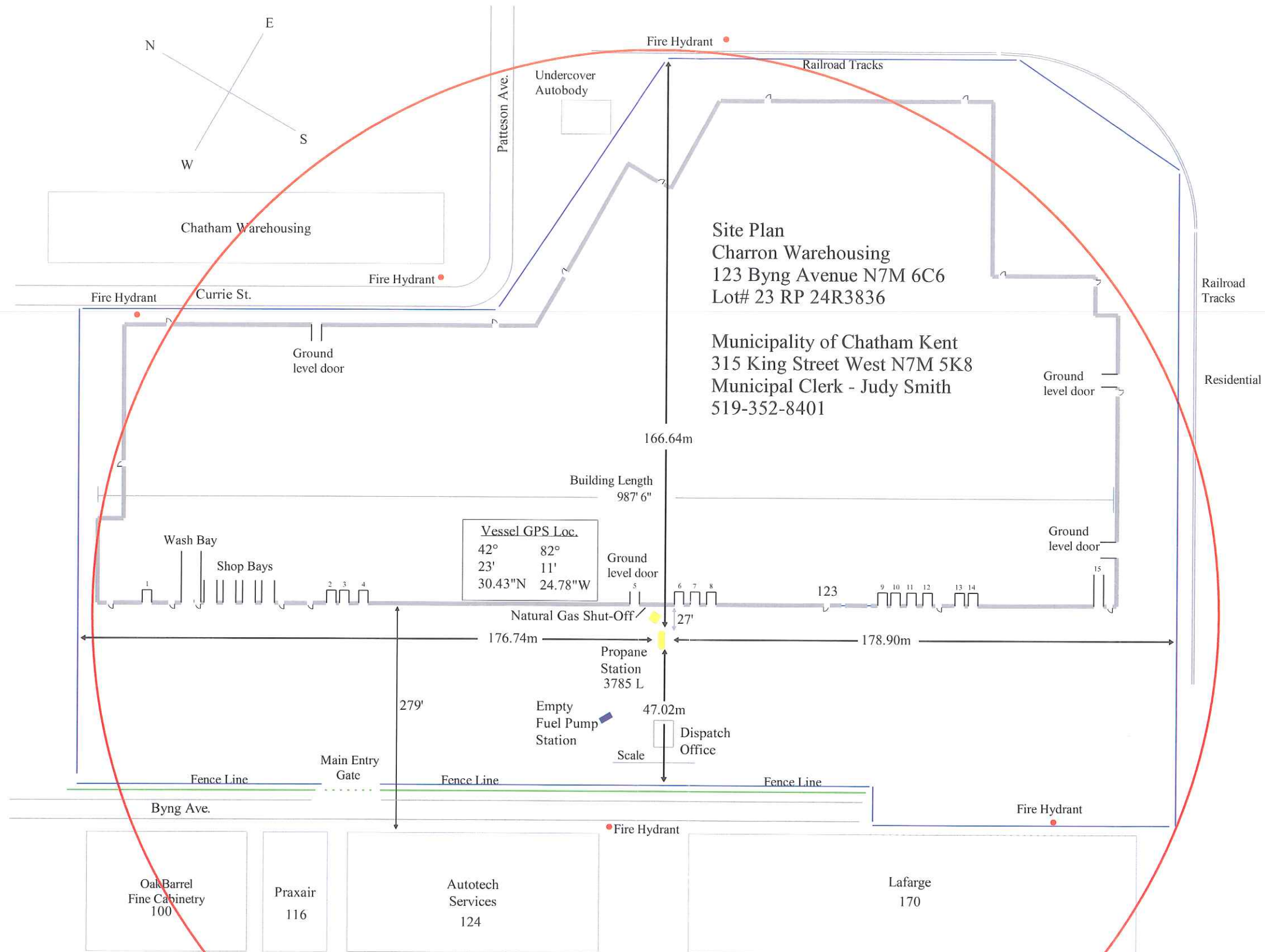
Tank Size In USWG	Quantity	Total Volume in USWG
1000	1	1000
Total Tank Capacity 1 1000 USWG		

Total Cylinder Capacity	134.68 USWG
Total Tank Capacity	1000 USWG
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	N/A

Patsy Sowers
P. Sowers

519-352-8970 #224

11/09/2011



Oct.2014

Appendix 1

Document # Site Plan 019192014

Empty Diesel Station



FIRE EXTINGUISHER & BUILDING LAYOUT