



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

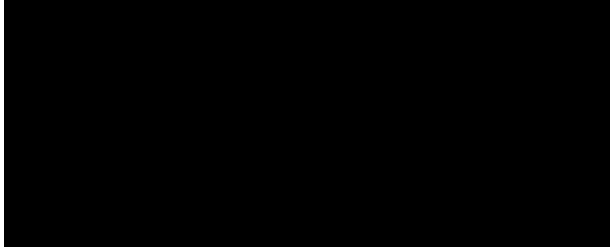
This Level 1 RSMP applies to:   
 • a facility with a total propane storage capacity of 5,000 USWG or less; or  
 • a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

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

Licence Number 0034172001-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 Grandview Gas Bar & Variety 1964887 Ontario Corporation No., if applicable 609710 Ont. Inc.

Operator Name (if different from above) Manjit Sing Bali

Telephone No. 519-846-0231 Fax No. 519-846-0231 E-mail manjitelora@gmail.com

Street No. 139 Street Name / 911 Number / Address, if applicable Mill Street East

Town / City or Township / County Elora Province Ontario Postal Code N0B 1S0

Mailing address if different from above.

Street No. Same 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.

Street No. 139 Street Name / 911 Number / Address, if applicable Mill Street East Nearest Major Intersection Metcalfe Street & Mill Street East

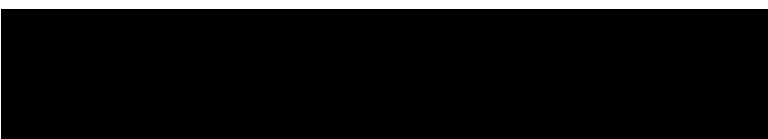
Town / City or Township / County Elora Province Ontario Postal Code N0B 1S0

Name of Licence Holder Manjit Sing Bali

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type PTI 100-8

Manjit Sing Bali

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

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 <u>Manjit Sing Bali</u>	Date (dd-mm-yyyy) <u>29-11-11</u>
Name of Licence Holder <u>Manjit Sing Bali</u>		
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Manjit Sing Bali</u>		



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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.

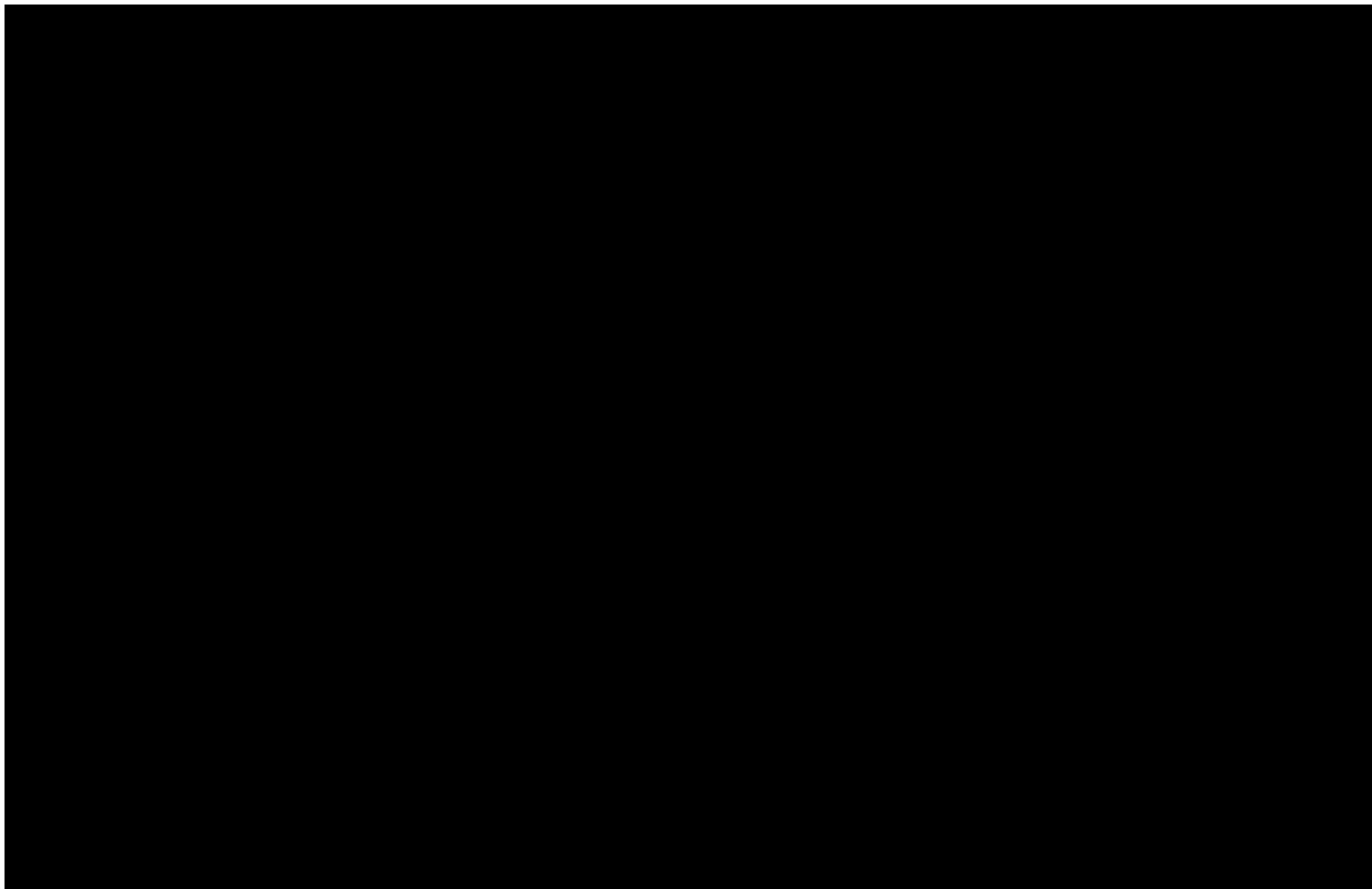
1985 None

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

	PSIG	Serial Number
Tank1:	250	5-795278
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: N/A      Mobile: N/A



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Name of person completing this form (please print) <u>Manjit Sing Bali</u>	Official Title <u>Owner/Operator</u>	
Signature 	Telephone No. <u>519-846-0231</u>	Date (dd-mm-yyyy) <u>20-11-11</u>



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**Level 1 Risk and Safety Management Plan (RSMP)**  
**Technical Standards and Safety Act**  
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**SECTION A: GENERAL INFORMATION (cont'd)**  
Activity Information

<b>Name of Propane Supplier(s)</b> Primemax Energy Inc			
Street No. 2558	Street Name / 911 Number / Address, if applicable Cedar Creek Road		
Town / City or Township / Country Ayr		Province Ontario	Postal Code NOB 1E0
Telephone No. 519-740-8209	Fax No. 519-740-1015	Contact Name Rod Recoskie	
E-mail rrecoskie@primemaxenergy.com			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input checked="" type="checkbox"/>			
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			

<b>Off-site Cylinder and/or Mobile Storage</b> None	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
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) Manjit Sing Bali	Official Title Owner/Operator
Signature <i>Manjit Sing Bali</i>	Telephone No. 519-846-0231
	Date (dd-mm-yyyy) 29-11-11



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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.

12 - 1 L 5W20, 12 - 1 L 10W30, 12 - 1L 5W40, 12 - 1L Diesel Fuel Conditioner, 12 - 1L Brake Fluid, 12 - 1L 2 Cycle Outboard Engine Oil,  
12 - 1L Dekron III ATF, 12 - 1L Fuel Injection Treatment, 12 -1L Gas Line Antifreeze, 50 X 1g Windshield Washer Fluid  
2 x 25000 L - Regular Gasoline tank, 1 x 15000 L - Diesel tank

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

3 dry chemical fire extinguishers  
3 - No Smoking Signs around propane tank  
Electrical emergency shut off  
See site map for locations

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.

Fusible link on pull chain. If propane transfer system is exposed to fire, the link will melt and the tank valve will automatically close.  
Excess flow valve will automatically close if propane flow exceeds maximum flow rate of 50 gallons per minute.

Maintenance and testing schedule for fire protection controls and devices.

Fusible link and tank annually inspected by supplier -Third party annual inspection of fire extinguishers  
Fire extinguishers are inspected monthly by staff - Scales checked yearly  
Owner performs a daily inspection

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Signature 	Telephone No. 519-846-0231	Date (dd-mm-yyyy) 29-11-11



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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 Manjit Sing Bali		Name Manjit Sing Bali	
Official Title Owner		Official Title Owner	
Telephone No. 519-846-0231	Fax No. 519-846-0231	Cell No. None	Fax No. 519-846-0231
E-mail manjitelora@gmail.com		E-mail manjitelora@gmail.com	
Role and responsibilities in emergency First Responder. See Supervisor responsibilities in Schedule "1" for complete list.		Role and responsibilities in emergency First Responder. See Supervisor responsibilities in Schedule "1" for complete list.	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Atamjit Sing Bali		Name Manjit Sing Bali	
Official Title Owner		Official Title Owner	
Telephone No. 519-821-4152	Fax No. None	Telephone No. 519-846-0231	Fax No. 519-846-0231
E-mail None		E-mail manjitelora@gmail.com	
Role and responsibilities in emergency Act as alternate first responder with same responsibilities as above.		Role and responsibilities in emergency Act as alternate first responder with same responsibilities as above.	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Brad Patton	For Office Use - Party No.	Name Rod Recoskie	For Office Use - Party No.
Official Title Fire Chief	E-mail bpatton@centrewellington.ca	Official Title Operations Manager	E-mail rrecoskie@primemaxenergy.com
Telephone No. 519-843-1950	Fax No. 519-843-8801	Telephone No. 519-740-8209	Fax No. 519-740-1015
Role and responsibilities in emergency Coordinate Emergency Response		Role and responsibilities in emergency Proceed to site if required - Contact if ERAP is required	
Fire Services Address Fire Services Admin Office 250 Queen St. W., Fergus, Ontario N1M 1S8		Propane Supplier Address 2558 Cedar Creek Road Ayr, Ontario N0B 1E0, Canada	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Tom Mulvey	For Office Use - Party No.	Name Michael Wood	
Official Title Public Safety Officer	E-mail tmulvey@centrewellington.ca	Official Title CAO	
Telephone No. 519-843-1950	Fax No. 519-843-8801	Telephone No. 519-846-9691 ext 234	Fax No. 519-846-2825
Role and responsibilities in emergency Coordinate Emergency Response if Fire Chief not available.		E-mail mwood@centrewellington.ca	
Fire Services Address Fire Services Admin Office 250 Queen St. W., Fergus, Ontario N1M 1S8		Municipality Name and Address Township of Centre Wellington, 1 MacDonald Square, Elora, Ontario N0B 1S0	

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Signature <i>Manjit Sing Bali</i>	Telephone No. 519-846-0231
	Date (dd-mm-yyyy) 29-11-11





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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) 04-11-2011	Print Name of Training Provider: <u>Beatty Petroleum Consulting Inc.</u>
	Print Name of Instructor: <u>Lisa Lindsay</u>
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) 18-11-2011	Print Name of Training Provider: <u>Grandview Gas Bar &amp; Variety</u>
	Print Name of Instructor: <u>Majit Sing Bali</u>
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) 18-11-2011	Print Name of Training Provider: <u>Grandview Gas Bar &amp; Variety</u>
	Print Name of Instructor: <u>Majit Sing Bali</u>
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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Name of person completing this form (please print) <u>Manjit Sing Bali</u>	Official Title <u>Owner/Operator</u>
Signature <u>Manjit Sing Bali</u>	Telephone No. <u>519-846-0231</u>
	Date (dd-mm-yyyy) <u>29-11-11</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-mm-yyyy) 04-11-2012	Print Name of Training Provider: Grandview Gas Bar & Variety
	Print Name of Instructor: Majit Sing Bali
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) 18-11-2012	Print Name of Training Provider: Grandview Gas Bar & Variety
	Print Name of Instructor: Majit Sing Bali
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) 18-11-2012	Print Name of Training Provider: Grandview Gas Bar & Variety
	Print Name of Instructor: Majit Sing Bali
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) Manjit Sing Bali	Official Title Owner/Operator
Signature <i>Manjit Sing Bali</i>	Telephone No. 519-846-0231
	Date (dd-mm-yyyy) 29-11-11





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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).

See "Schedule 1"

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).

See "Schedule 1"

**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).

See "Schedule 1"

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

Fire departments are outfitted with bolt cutters to remove the lock on cabinet.

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

See "Schedule 1"

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

Manjit Sing Bali lives on site.

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Signature 		Telephone No. 519-846-0231	Date (dd-mm-yyyy) 29-11-11



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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>80 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>                          |                          |

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Name of person completing this form (please print) Manjit Sing Bali	Official Title Owner/Operator	
Signature <i>Manjit Bali</i>	Telephone No. 519-846-0231	Date (dd-mm-yyyy) 24-11-11



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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.

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name <i>TOM MULVEY</i>	<i>[Signature]</i>	<i>19/12/2011</i>

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Name of person completing this form (please print) <i>Manjit Sing Bali</i>	Official Title <i>Owner/Operator</i>	Date (dd-mm-yyyy) <i>29-11-11</i>
Signature <i>[Signature]</i>	Telephone No. <i>519-846-0231</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 .

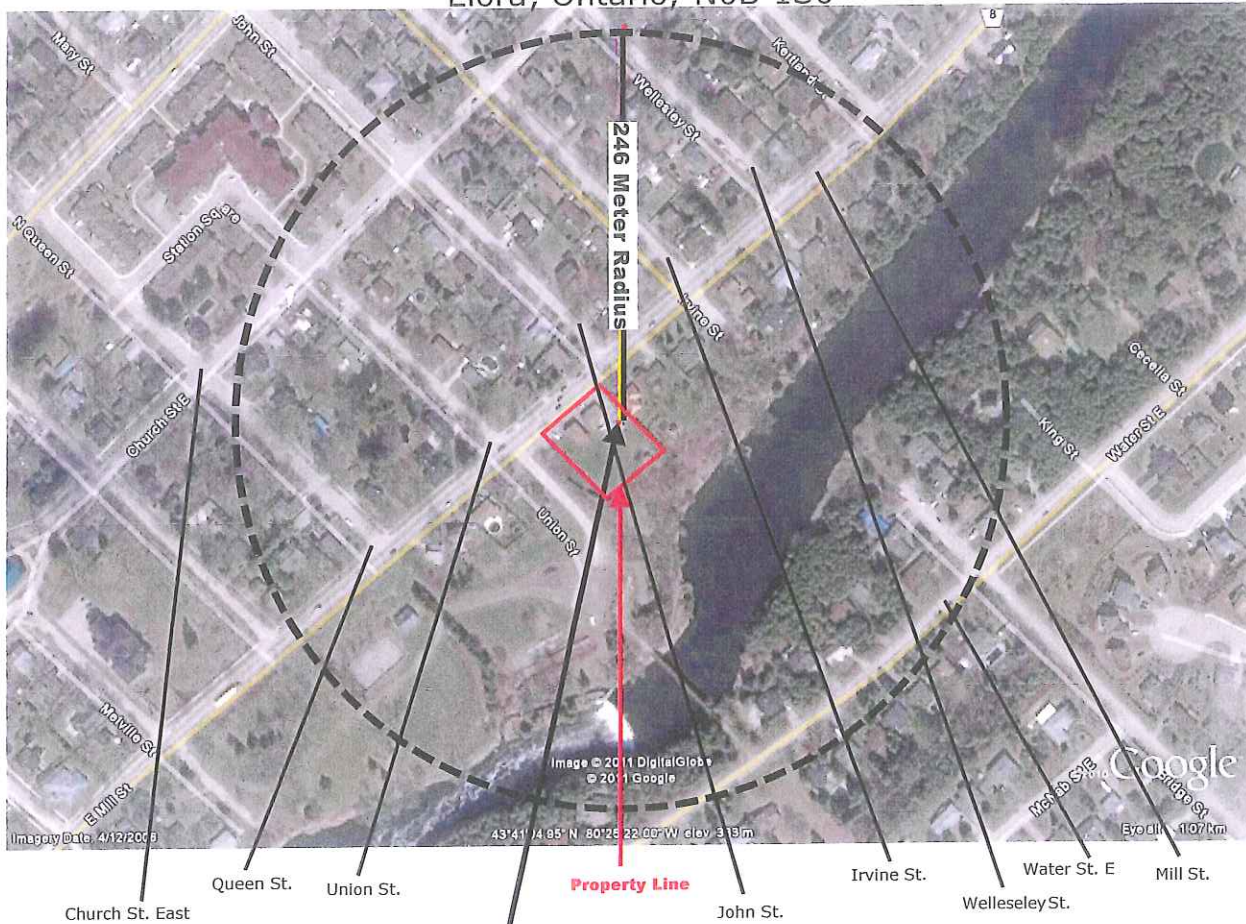
**Required Mapping Information from Updated Site Plan**

Date Map Prepared (dd-mm-yyyy) 31 Oct 2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 112' 34.14m	Right side property line: 128' 39.01m
Rear: 86' 26.21m	Left side property line: 14' 4.27m
GPS coordinates of single largest vessel: 43°41'05.03"N 80°25'22.21"W	

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246 Meter Radius  
 Grandview Gas Bar and Variety  
 139 Mill Street East  
 Elora, Ontario, N0B 1S0

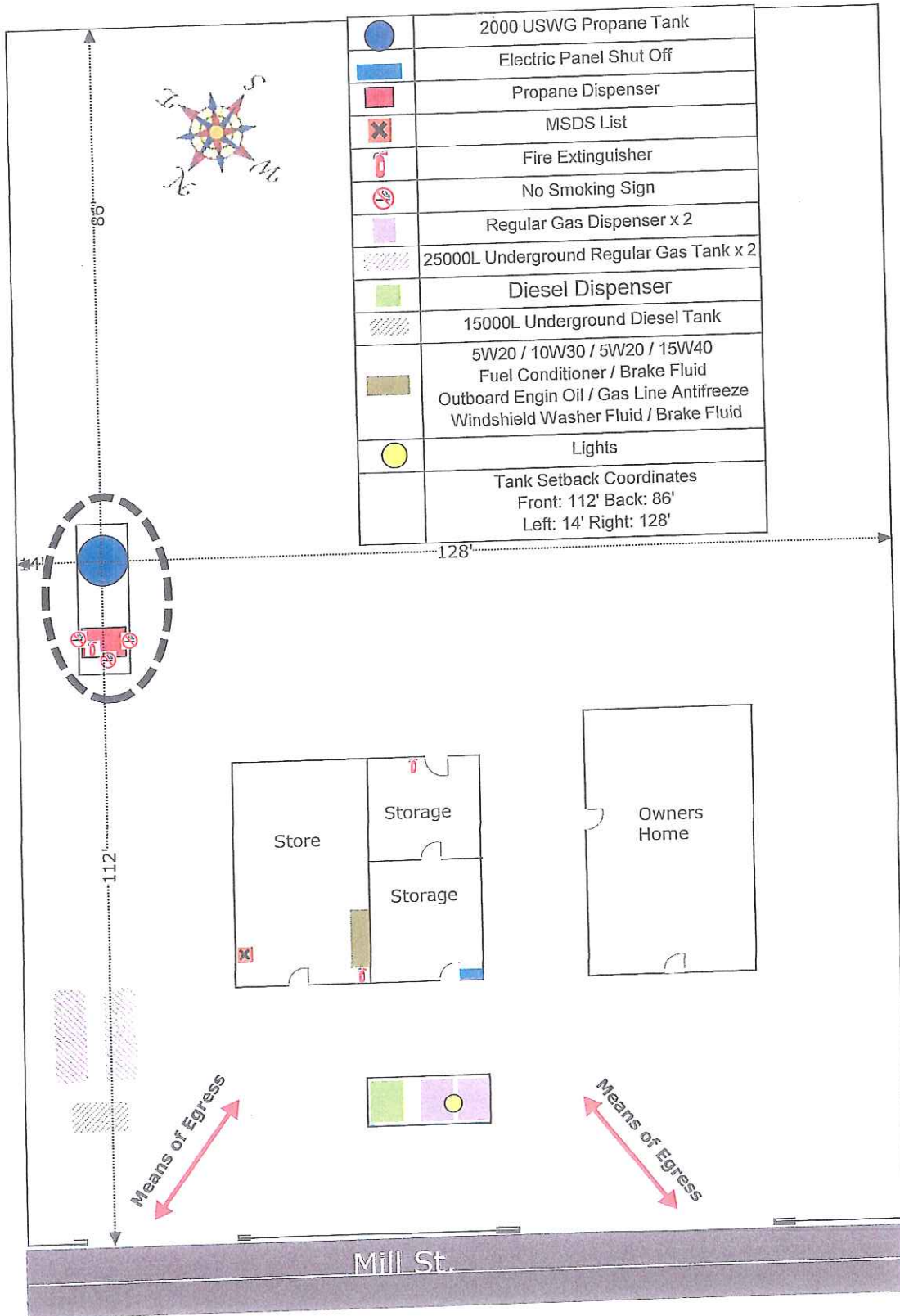


Location	139 Mill St. East, Elora, Ontario, N0B 1S0
Prepared	10 Nov 2011
Largest Tank	2000 USWG Vertical Propane Tank
Tank Set Backs	Front = 112' / Back = 86' Left = 14' / Right = 128'
Radius	246 Metre Radius
GPS Coordinates	43°41'05.03"N 80°25'22.21"W
Municipality 1	Township of Centre Wellington
CAO	Michael Wood
Address	1 MacDonald Square, Elora, Ontario, N0B 1S0
Phone	519-846-9691 Ext 234
FAX	519-846-2825
Municipality 2	Wellington County
CAO/Clerk	Scott Wilson
Address	74 Woolwich Street, Guelph, Ontario, N1H 3T9
Phone	519-837-2600 Ext 2330
FAX	519-837-1909

# Site Map

## Grandview Gas Bar and Variety

139 Mill Street E.  
Elora, Ontario, N0B 1S0





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**SECTION C: SUBMISSIONS (cont'd)**

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

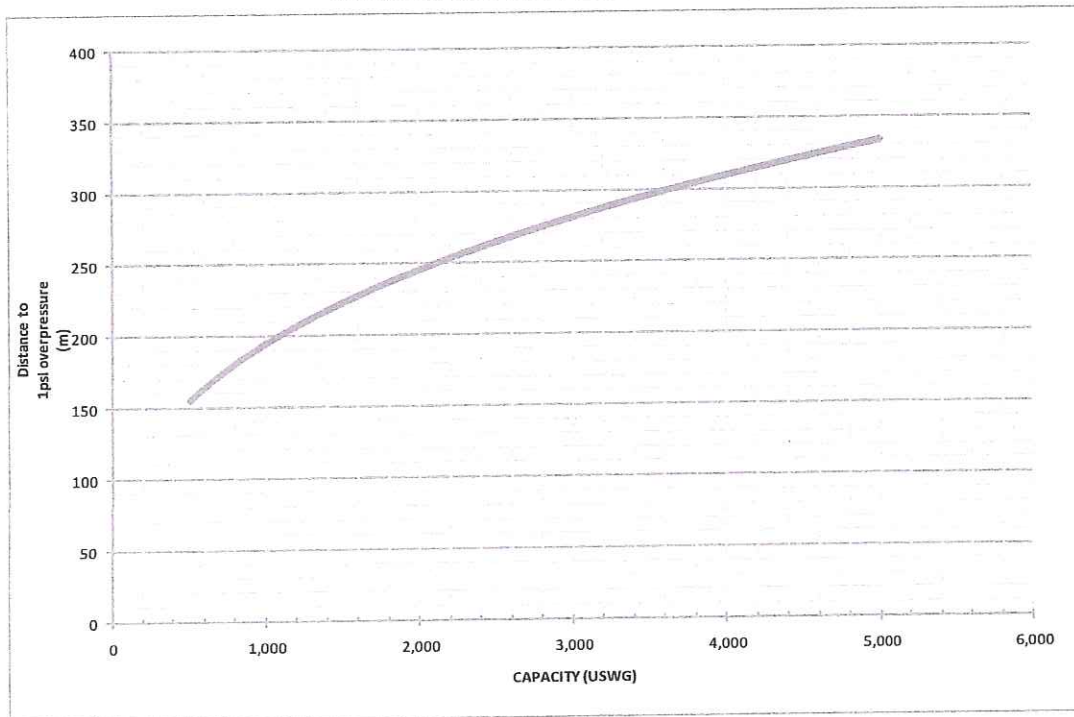
Table 1: Distance Table

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: <u>Bissell Park</u> Address: <u>127 East Mill Street</u> City: <u>Elora</u> Province <u>Ontario</u> Postal Code <u>N0B 1S0</u>		x			<u>166</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]				x	<u>9</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>None</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>None</u> Address: _____ City: _____ Province _____ Postal Code _____	x				<u>0</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>None</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>Manjit Sing Bali</u>	Official Title <u>Owner/Operator</u>
Signature <u>Manjit Bali</u>	Telephone No. <u>519-846-0231</u> Date (dd-mm-yyyy) <u>29-11-11</u>





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**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>			

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

Tank Size In USWG	Quantity	Total Volume in USWG
<b>Total Tank Capacity</b>		

<b>Total Cylinder Capacity</b>	None
<b>Total Tank Capacity</b>	None
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	None