



Technical Standards and Safety Authority  
 14th Floor, Empire Tower  
 1300 Bloor Street West  
 Toronto, Ontario M6H 1Z7  
 Tel: 416-231-4900  
 Customer Service: 1-877-637-8777

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 portable propane storage capacity of 5,000 USWG or less.

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 equipment:

Cylinder  Motor Fuel  Filling Plant  Cash Register

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: Caledonia Transportation Licence/Company Registration Number: 944622  
 Operator Name (if different from above):

B) Telephone: 905-692-4485 Fax No:  E-mail: cbn.caledonia@bellnet.ca

C) Street No: 175 Street Name (if different from above): Swayze Road  
 Town / City or Township / County: Binbrook Canada Province: ON Postal Code: L0R 1C0  
 Mailing address (if different from above):

D) Street No: Box 2009 Street Name (if different from above):   
 Town / City or Township / County: Caledonia Province: ON Postal Code: N3W 2G6

E) Information on Container Refill Centre or Filling Plant  
 Location of facility:   
 Street No:  Street Name (if different from above):   
 Town / City or Township / County:  Province:  Postal Code:

Name of Licensee: Tim Towck  
 Name of Risk Management person as defined in the regulation (the holder of the licence) (R.M.): Tim Towck R.M. type:   
 Municipality (or municipalities if the facility is located in multiple municipalities): Glanbrook  
 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.

Name of Licensee: Tim Towck Signature: [Signature] Date (YYYY-MM-DD): 29/06/2013  
 Name of Risk Management person as defined in the Regulation (holder of the licence): Tim Towck



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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.

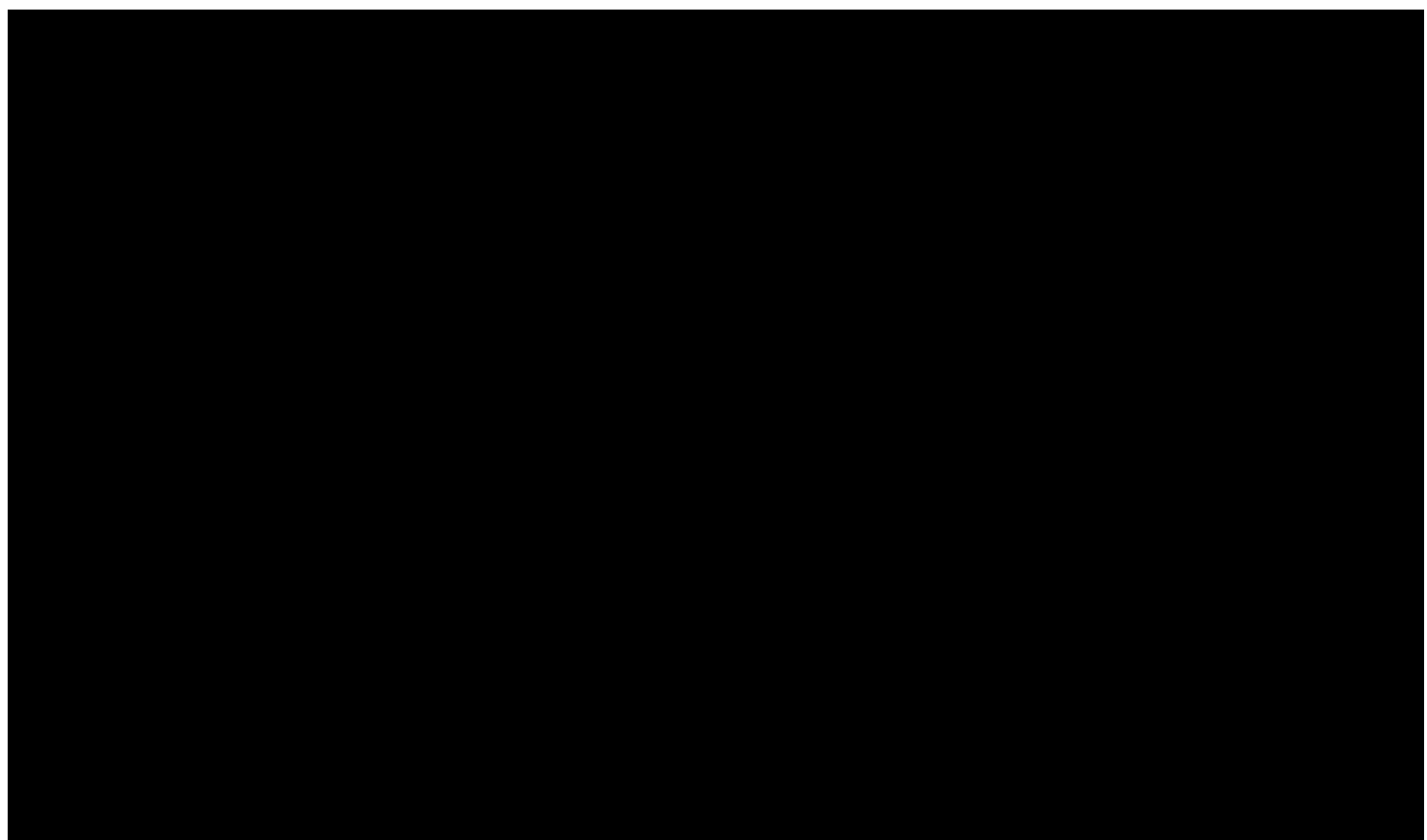
Not Yet established | N/A

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

	PSIG	Serial Number
Tank1:	250	450-6
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: 5000 | Portable: | Mobile:



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Name of person completing this form (please print) Kurtis Riesebosch	Official Title Office Manager.	
Signature Kurtis Riesebosch	Telephone No. 905-650-1503	Date (dd-mm-yyyy) 03/06/2013



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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)**  
Activity Information

Name of Propane Supplier(s) <i>Superior Propane (Smithville Yard)</i>			
Street No. <i>3089</i>	Street Name / 911 Number / Address, if applicable <i>Regional Rd 12</i>		
Town / City or Township / Country <i>Grimsby Ontario Canada</i>		Province <i>ON</i>	Postal Code <i>L0R1M0</i>
Telephone No. <i>(905) 945-5494</i>	Fax No. <i>(905) 945-0577</i>	Contact Name <i>Mac Sutherland</i>	
E-mail <i>sutherland@superiorpropane.com</i>			

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 <i>N/A</i>	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>Kurtis Riesebosch</i>	Telephone No. <i>905-650-1503</i>	Date (dd-mm-yyyy) <i>03/06/2013</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.

5000 Lt. and 2500 Lt. diesel tanks

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

- 11 fire extinguishers on site.
- 1 eye wash station.

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.

- E-stop on wall of building between two bay doors
- shut off at tank.
- Fusible link on ISC Valve
- fire extinguishers to be maintained in accordance with the Ontario fire Code O.Reg 213/07

Maintenance and testing schedule for fire protection controls and devices.

- dispenser system inspection by supplier annually
- daily hose check by operator.
- fire extinguisher checked monthly by operator and yearly by supplier.

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Signature Kurtis Riesebosch	Telephone No. 905-650-1503
	Date (dd-mm-yyyy) 03/06/2013.



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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 <i>Dan Presutti</i>	For Office Use - Party No.	Name <i>Dan Presutti</i>	For Office Use - Party No.
Official Title <i>Shop Manager</i>		Official Title <i>Shop Manager</i>	
Telephone No. <i>905-520-1779</i>	Fax No. <i>905-692-3306</i>	Cell No. <i>905-520-1779</i>	Fax No. <i>905-692-3306</i>
E-mail <i>dan.caledonia@bellnet.ca</i>		E-mail <i>dan.caledonia@bellnet.ca</i>	
Role and responsibilities in emergency <i>911 Contact</i>		Role and responsibilities in emergency	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name <i>Greg Tompson</i>	For Office Use - Party No.	Name <i>Dan Presutti</i>	For Office Use - Party No.
Official Title <i>Manager</i>		Official Title <i>Shop Manager</i>	
Telephone No. <i>289-244-4488</i>	Fax No. <i>same</i>	Telephone No. <i>905-520-1779</i>	Fax No. <i>905-692-3306</i>
E-mail <i>Greg.caledonia@bellnet.ca</i>		E-mail <i>dan.caledonia@bellnet.ca</i>	
Role and responsibilities in emergency		Role and responsibilities in emergency	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name <i>Rob Simonds</i>	For Office Use - Party No.	Name <i>Mac Sutherland</i>	For Office Use - Party No.
Official Title <i>Fire Chief</i>	E-mail <i>robsimonds@hamilton.ca</i>	Official Title <i>Market Manager</i>	E-mail <i>sutherlandm@superiorpropane.com</i>
Telephone No. <i>905-546-2424 x3346</i>	Fax No.	Telephone No. <i>905-979-1129</i>	Fax No. <i>905-945-0577</i>
Role and responsibilities in emergency <i>Liaise with Police. Coordinate/advise on Hamilton Fire Department Service Response</i>		Role and responsibilities in emergency <i>Emergency services adviser.</i>	
Fire Services Address <i>1227 Stonechurch Road East.</i>		Propane Supplier Address <i>3089 Regional Rd 12 Grimsby.</i>	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name <i>Dave Cunliffe</i>	For Office Use - Party No.	Name <i>Rose Caterini</i>	
Official Title <i>Deputy Fire Chief</i>	E-mail <i>dcunliffe@hamilton.ca</i>	Official Title <i>City Clerk</i>	
Telephone No. <i>905-546-2424 x3340</i>	Fax No.	Telephone No. <i>905-546-2424 x5409</i>	Fax No.
Role and responsibilities in emergency <i>Alternate - Coordinate/advise on Hamilton's Fire Department Response. Liaise with Police</i>		E-mail <i>rose.caterini@hamilton.ca</i>	
Fire Services Address <i>1227 Stonechurch Road East</i>		Municipality Name and Address <i>City of Hamilton 71 Main Street West Hamilton</i>	

LBP 445

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Signature <i>Kurtis Riesebosch</i>	Telephone No. <i>905-650-1503</i>
	Date (dd-mm-yyyy) <i>03/06/2013</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.

- Emergency plan and procedures
- emergency shut off for solenoid and pump power.
- daily inspection of the dispenser by staff.

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Signature Kurtis Riesebosch	Telephone No. 905-650-1503 Date (dd-mm-yyyy) 03/06/2013.



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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) <i>at installation.</i>	Print Name of Training Provider: <i>Caledonia Transportation.</i>
	Print Name of Instructor: <i>Dan Presutti.</i>
Training Date (dd-mm-yyyy) <i>yearly</i>	Print Name of Training Provider: <i>Caledonia Transportation.</i>
	Print Name of Instructor: <i>Dan Presutti.</i>
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) <i>at installation.</i>	Print Name of Training Provider: <i>Caledonia Transportation</i>
	Print Name of Instructor: <i>Dan Presutti.</i>
Training Date (dd-mm-yyyy) <i>yearly</i>	Print Name of Training Provider: <i>Caledonia Transportation.</i>
	Print Name of Instructor: <i>Dan Presutti.</i>
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) <i>as required.</i>	Print Name of Training Provider: <i>Fuel Safety Network</i>
	Print Name of Instructor: <i>Mike Forsah C.P.A. 100-02 auto propane re filling training.</i>
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) <i>03/06/2013.</i>





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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) <i>yearly</i>	Print Name of Training Provider: <i>Caledonia Transportation</i>
	Print Name of Instructor: <i>Dan Prosutti</i>
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) <i>yearly</i>	Print Name of Training Provider: <i>Caledonia Transportation.</i>
	Print Name of Instructor: <i>Dan Prosutti.</i>
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: <i>Fuel Safety Network</i>
	Print Name of Instructor: <i>Mike Farrah C.P.A. 100-02 auto propane re filling training.</i>
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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Signature <i>Kurtis Riesebosch</i>	Telephone No. <i>905-650-1503</i>
	Date (dd-mm-yyyy) <i>03/06/2013</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.

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).

Anyone whether a bus driver or inspector, mechanic will notify office.  
Office to call 911 in the event of propane emergency. Office then to contact managers  
Managers in consultation with fire department can further assess the danger and take  
additional actions as necessary

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).

Office to contact manager, communicate risk involved and take action.  
Manager will contact 911 to further assess situation. Everyone on site is told to  
go to muster point. If time allows, turn off main shut-off and breaker.

**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).

Office notified of a suspected problem, whether small or high risk a call  
is placed immediately to 911 as a precaution should the situation develop  
rapidly.

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

site is always accessible

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

The responding manager will be on onsite asap and will be available  
by phone to authorities to monitor situation.

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

15 minutes.

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Signature Kurtis Riesbosch	Telephone No. 905-650-1503
	Date (dd-mm-yyyy) 03/06/2013



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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 type="checkbox"/>            | <input type="checkbox"/> N/A |
| 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"/>     |

**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>N/A</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 <i>Kurtis Riesebosch</i>	Telephone No. <i>905-650-1503</i>	Date (dd-mm-yyyy) <i>03/06/2013.</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.

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:

SEE ATTACHED APPENDIX '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-mm-yyyy)

**LOCAL FIRE SERVICES**

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

Print name <i>Frank Binnucci</i> Local Fire Services Name	Signature 	Date (dd-mm-yyyy) <i>May 20, 2013</i>
---	---	--

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Name of person completing this form (please print) <i>Kurtis Riesebosch</i>	Official Title <i>Office Manager</i>
Signature <i>Kurtis Riesebosch</i>	Telephone No. <i>905-650-1503</i> Date (dd-mm-yyyy) <i>18/06/2013</i>



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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:

*SEE ATTACHED APPENDIX '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-mm-yyyy)

**LOCAL FIRE SERVICES**

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

Print name <i>FRANK BITTENCOURT</i> Local Fire Services Name	Signature <i>[Signature]</i>	Date (dd-mm-yyyy) <i>May 20, 2013</i>
--	---------------------------------	--

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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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**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) <u>11/04/2013</u>	Capacity of single largest propane storage vessel (USWG) <u>5000</u>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>13 m</u>	Right side property line: <u>55 m</u>
Rear: <u>61 m</u>	Left side property line: <u>68 m</u>
GPS coordinates of single largest vessel: <u>N43°10.2094 W79°46.9746</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) <u>Kurtis Rieseboch</u>	Official Title <u>Office Manager</u>	
Signature <u>Kurtis Rieseboch</u>	Telephone No. <u>905-650-1503</u>	Date (dd-mm-yyyy) <u>03/06/2013</u>



Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X2X4  
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

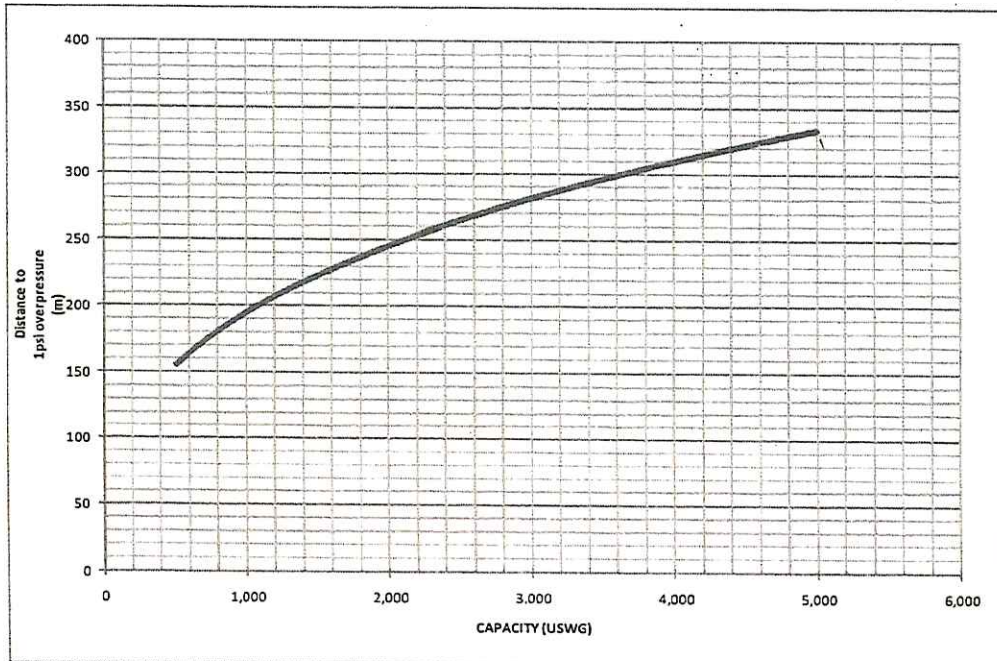
Table 1: Distance Table

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>Allaround Contracting inc.</u> Address: <u>175 Swayze Road</u> City: <u>Hannon</u> Province <u>ON</u> Postal Code <u>LOR 1P0</u>		X			<u>71</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Kato Clinic / Derek Motors / Auto Line Auto Glass / BK and S Wood Products.</u> Address: <u>151 Swayze Road</u> City: <u>Hannon</u> Province <u>ON</u> Postal Code <u>LOR 1P0</u>			X		<u>122</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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Name of person completing this form (please print) <u>Kurtis Riesebosch.</u>	Official Title <u>Office Manager.</u>	
Signature <u>Kurtis Riesebosch</u>	Telephone No. <u>905-650-1503</u>	Date (dd-mm-yyyy) <u>03/06/2013.</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

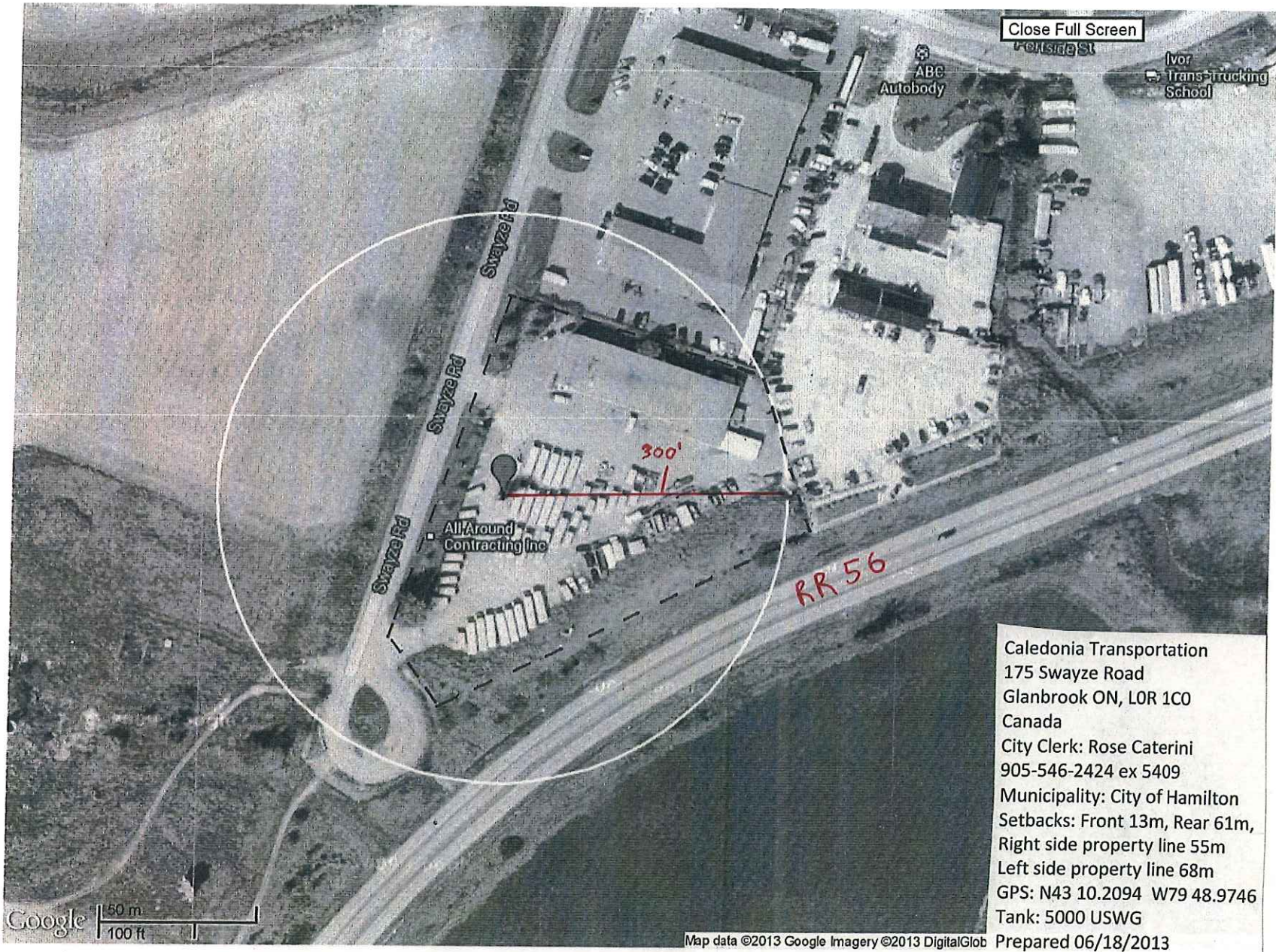
Tank Size In USWG	Quantity	Total Volume in USWG
<b>Total Tank Capacity</b>		

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









Caledonia Transportation  
175 Swayze Road  
Glanbrook ON, LOR 1C0  
Canada  
City Clerk: Rose Caterini  
905-546-2424 ex 5409  
Municipality: City of Hamilton  
Setbacks: Front 13m, Rear 61m,  
Right side property line 55m  
Left side property line 68m  
GPS: N43 10.2094 W79 48.9746  
Tank: 5000 USWG  
Prepared 06/18/2013