



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

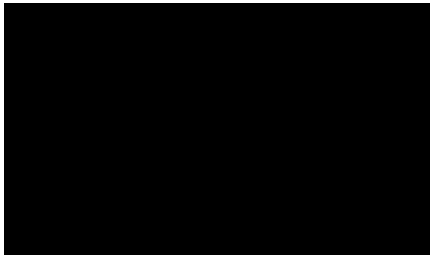
Failure to fully complete this form may result in rejection.
Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 0033665001-8

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 Lynhurst Variety and Snack Bar Ontario Corporation No., if applicable _____

Operator Name (if different from above) Sam and Camelia Ghattas

Telephone No. 519-633-0002 Fax No. 519-633-0002 E-mail cougarlover53@yahoo.ca

Street No. 191 Street Name / 911 Number / Address, if applicable Crescent Avenue (10090 Wellington Road 911 Number)

Town / City or Township / County Saint Thomas/ Elgin County Province Ontario Postal Code N5P 2K8

Mailing address if different from above.

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.

Street No. 191 Street Name / 911 Number / Address, if applicable Crescent Avenue (10090 Wellington Road 911 Number) Nearest Major Intersection Saint George Street @ Wellington Road

Town / City or Township / County Saint Thomas Elgin County Province Ontario Postal Code N5P 2K8

Name of Licence Holder Sam Ghattas

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

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Central Elgin and Southwold Township

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 Licence Holder <u>Sam Ghattas</u>	Print name	Signature	Date (dd-mm-yyyy) <u>07-09-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Chad Ghattas</u>		Signature	Date (dd-mm-yyyy) <u>07-09-2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

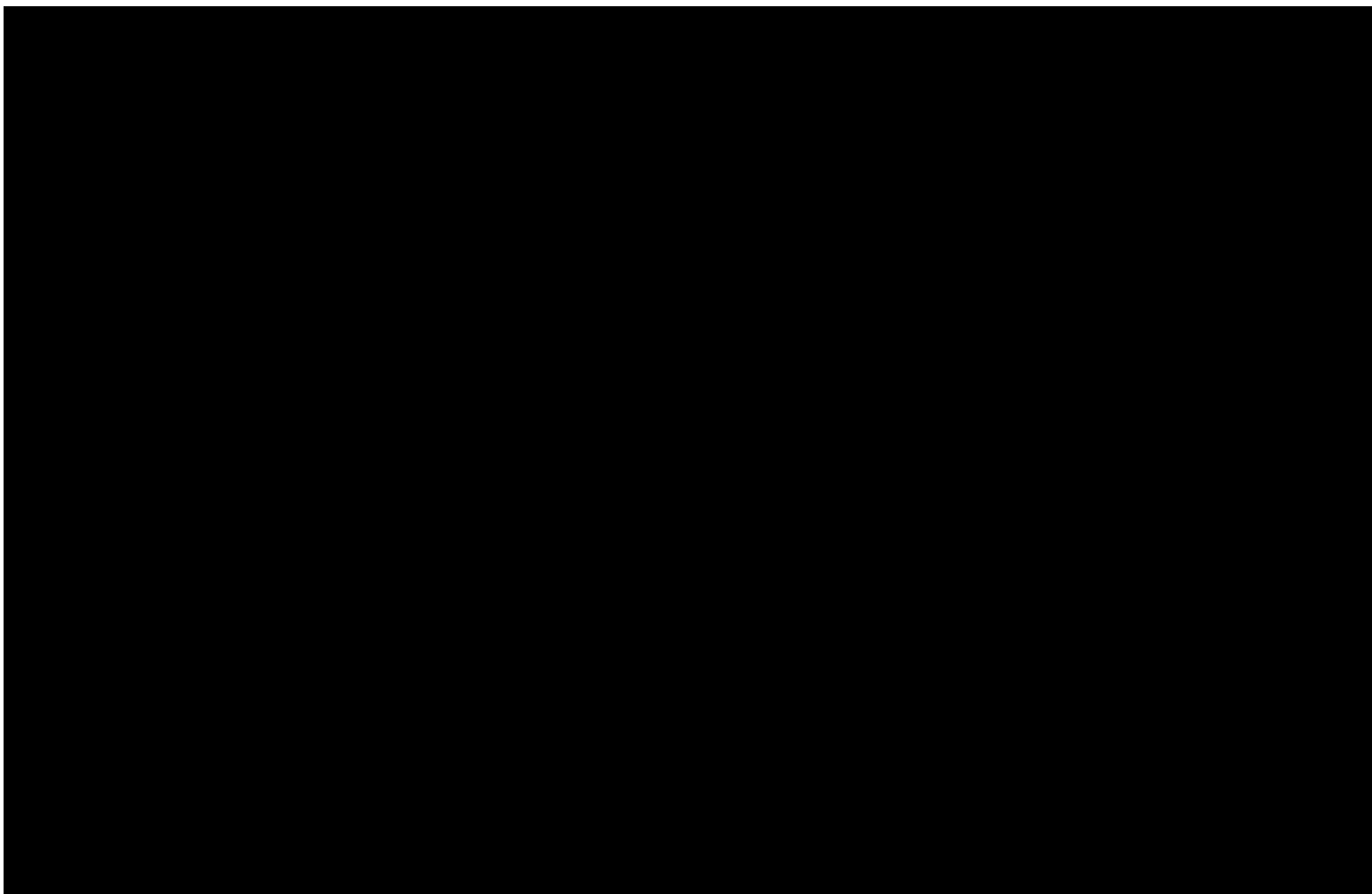
Indicate the year the facility was established. 1990 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank 1:	<u>250 PSIG</u>	<u>5.829653</u>
Tank 2:	_____	_____
Tank 3:	_____	_____

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 334 USWG ?? Portable: N/A Mobile: N/A



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Name of person completing this form (please print) <u>Chad Ghattas</u>		Official Title <u>Manager</u>
Signature 	Telephone No. <u>519-633-0002</u>	Date (dd-mm-yyyy) <u>07-09-2011</u>



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

Name of Propane Supplier(s) Dowler Karn Limited		[Redacted]	
Street No. 43841	Street Name / 911 Number / Address, if applicable Talbot Line		
Town / City or Township / Country RR#3 Saint Thomas		Province Ontario	Postal Code N5P 3S7
Telephone No. 519-633-3810	Fax No. 519-631-4755	Contact Name Dave Karn	
E-mail davekarn@dowlerkarn.com			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		[Redacted]	
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 N/A	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		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) Chad Ghattas	Official Title Manager
Signature 	Telephone No. 519-633-0002
	Date (dd-mm-yyyy) 07-09-2011



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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.

Regular Unleaded fiberglass tank 45 400 L (underground)

Supreme Unleaded fiberglass tank 22 700 L (underground)

Low Sulphur Diesel fiberglass tank 22 700 L (underground)

334 USWG Propane tank (above ground)

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

(1) 10 BC fire extinguisher Propane Cylinder Fill area (1) 5 BC fire at cash register inside area

(1) 5 BC fire extinguisher Propane Vehicle Re-Fill area (1) 5 BC fire extinguisher kitchen area

(2) 10 BC fire extinguishers Gasoline Island one on each island (2) 5 BC fire extinguisher each exit (2 exits)

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.

Emergency shut-off propane (panel outside) ISC shut-off

Emergency shut-off propane (stock room panel marked)

Alarm - direct response to fire, police ambulance 911

Phone to call 911

Maintenance and testing schedule for fire protection controls and devices.

See attached sheet (receipt)

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Signature 	Telephone No. 519-633-0002
	Date (dd-mm-yyyy) 07-09-2011



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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 Chad Ghattas	[Redacted]	Name Chad Ghattas	For Office Use - Party No.
Official Title Manager		Official Title Manager	
Telephone No. 519-637-5820	Fax No.	Cell No. 519-670-8547	Fax No.
E-mail cougarlover53@yahoo.ca		E-mail cougarlover53@yahoo.ca	
Role and responsibilities in emergency Key contact, shut-offs if needed, keys to open up facility, trained in event of evacuation and to direct what operations needed in event of emergency		Role and responsibilities in emergency Same as key contact, also to call 911 in event of emergency. To contact supplier and notify the key contact at the site	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Sam Ghattas and Camelia Ghattas	For Office Use - Party No.	Name Chad Ghattas	For Office Use - Party No.
Official Title Owners		Official Title Manager	
Telephone No. 519-633-7215	Fax No.	Telephone No. 519-633-0002	Fax No. 519-633-0002
E-mail		E-mail cougarlover53@yahoo.ca	
Role and responsibilities in emergency Secondary emergency contact, when Chad not available. Evacuation of site if needed, shut-off panels if needed, to call 911 if needed, open site		Role and responsibilities in emergency same as facility and key contact 24hour	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Don Crocker Central Elgin Fire Department	For Office Use - Party No.	Name Dave Karn	For Office Use - Party No.
Official Title Fire Chief	E-mail dcrocker@centralelgin.org	Official Title Director	E-mail davekarn@dowlerkarn.com
Telephone No. 519-631-4860 ext249	Fax No. 519-631-4036	Telephone No. 519-631-3810	Fax No. 519-631-4755
Role and responsibilities in emergency To take information about site and to send out firefighters if needed and to report back to key contacts and evacuate area if needed		Role and responsibilities in emergency To take key information from key contacts and to send out response team to contain leak and recover product if needed.	
Fire Services Address 9538 Yarmouth Centre Road, St. Thomas, Ontario, N5P 3S7		Propane Supplier Address 43841 Talbot Line RR#3 Saint Ontario, N5P 3S7	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Murray Decorte	For Office Use - Party No.	Name Don Leitch	[Redacted]
Official Title District Chief Yarmouth Center Station	E-mail mjdecorte@hotmail.com	Official Title CAO Clerk Central Elgin	
Telephone No. 519-617-0498	Fax No.	Telephone No. 519-631-4860 ext. 276	Fax No. 519-631-4036
Role and responsibilities in emergency To take information about site and to send out firefighters if needed and to report back to key contacts and evacuate area if needed. Report back to fire chief		E-mail dleitch@centralelgin.org	
Fire Services Address 9538 Yarmouth Centre Road, St. Thomas, Ontario, N5P 3S7		Municipality Name and Address Central Elgin 450 Sunset Drive, 1st Floor St. thomas, Ontario, N5R 5V1	

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Name of person completing this form (please print) Chad Ghattas	Official Title Manager
Signature 	Telephone No. 519-633-0002
	Date (dd-mm-yyyy) 07-09-2011



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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.

Propane safety measures in place to meet B149 gas code.

(1) extra fire extinguisher at propane refill area

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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) 30-06-2011	Print Name of Training Provider: Chad Ghattas
	Print Name of Instructor: Chad Ghattas
Training Date (dd-mm-yyyy) 31-08-2011	Print Name of Training Provider: Chad Ghattas
	Print Name of Instructor: Chad Ghattas
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) 30-06-2011	Print Name of Training Provider: Chad Ghattas
	Print Name of Instructor: Chad Ghattas
Training Date (dd-mm-yyyy) 31-08-2011	Print Name of Training Provider: Chad Ghattas
	Print Name of Instructor: Chad Ghattas
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) 30-06-2011	Print Name of Training Provider: Chad Ghattas
	Print Name of Instructor: Chad Ghattas
Training Date (dd-mm-yyyy) 31-08-2011	Print Name of Training Provider: Chad Ghattas
	Print Name of Instructor: Chad Ghattas
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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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) 31-01-2012	Print Name of Training Provider: Chad Ghattas
	Print Name of Instructor: Chad Ghattas
Target Date (dd-mm-yyyy) 30-06-2012	Print Name of Training Provider: Chad Ghattas
	Print Name of Instructor: Camelia Ghattas
Target Date (dd-mm-yyyy) 30-12-2012	Print Name of Training Provider: Chad Ghattas
	Print Name of Instructor: Shane Roy

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

Target Date (dd-mm-yyyy) 30-01-2012	Print Name of Training Provider: Chad Ghattas
	Print Name of Instructor: Chad Ghattas
Target Date (dd-mm-yyyy) 30-06-2012	Print Name of Training Provider: Chad Ghattas
	Print Name of Instructor: Camelia Ghattas
Target Date (dd-mm-yyyy) 30-12-2012	Print Name of Training Provider: Chad Ghattas
	Print Name of Instructor: Shane Roy

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

Target Date (dd-mm-yyyy) 30-01-2012	Print Name of Training Provider: Chad Ghattas
	Print Name of Instructor: Chad Ghattas
Target Date (dd-mm-yyyy) 30-06-2012	Print Name of Training Provider: Chad Ghattas
	Print Name of Instructor: Camelia Ghattas
Target Date (dd-mm-yyyy) 30-12-2012	Print Name of Training Provider: Chad Ghattas
	Print Name of Instructor: Shane Roy

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Name of person completing this form (please print) Chad Ghattas	Official Title Manager	
Signature 	Telephone No. 519-633-0002	Date (dd-mm-yyyy) 07-09-2011



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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).

1. Chad to call 911 in case of emergency. 2. Chad to warn all staff and customers to evacuate if necessary. 3. Chad to contact Dowler Karn after 911 contacted and will get updates from emergency personnel. (Dave Karn). 4. Chad to contact Central Elgin office and get reports back as needed. Camelia as secondary contact and Shane as third contact if and when Chad unavailable, both to follow protocol.

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).

1. Chad to call 911. 2. Chad to shut off all breaker panels(Propane and Gasoline). 3. Use fire extinguishers if needed and 4. to evacuate all staff and customers to North front grass of property. Camelia and Shane as secondary and third contacts respectively will also follow protocol if and when Chad unavailable.

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).

1. Staff to call 911. 2. Give details as to what has happened. 3. Use fire extinguishers if needed. 4. Any detection of any leak or fire to shut down all breaker panels. 5. Evacuate to designated safe area. 6. Contact supplier and Municipal office. All staff have been trained in the event of an emergency including all retail store staff.

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

Site can be entered by fire personnel. Emergency shutdown accessible and visible at fill site. West entrance door for Gasoline panel would be made accessible by fire personnel.

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

Upon annual review if issues, updates will follow.

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

Response time is two minutes from residence if any warnings or emergency has occurred.

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Name of person completing this form (please print) Chad Ghattas	Official Title Manager
Signature 	Telephone No. 519-633-0002
	Date (dd-mm-yyyy) 07-09-2011



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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.

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>51.7 m</u>
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only)		<u>NA</u>

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Name of person completing this form (please print) Chad Ghattas	Official Title Manager	
Signature 	Telephone No. 519-633-002	Date (dd-mm-yyyy) 07-09-2011



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

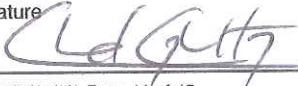
The licence holder will complete Section B in consultation with the local Fire Services.

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services	Yes	No
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: <u>18-10-2011</u>		
(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 <u>Don Crocker</u>		<u>18-10-2011</u>

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Name of person completing this form (please print) <u>Chad Ghattas</u>	Official Title <u>Manager</u>	
Signature 	Telephone No. <u>519-633-0002</u>	Date (dd-mm-yyyy) <u>07-09-2011</u>



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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) 15-09-2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 65.7m	Right side property line: 20.0m
Rear: 33.2m	Left side property line: 27.1m
GPS coordinates of single largest vessel:	42deg47'36.10"N -81deg12'34.79"W

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Name of person completing this form (please print) Chad Ghattas	Official Title Manager
Signature 	Telephone No. 519-633-0002
	Date (dd-mm-yyyy) 15-09-2011



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SECTION C: SUBMISSIONS (cont'd)

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

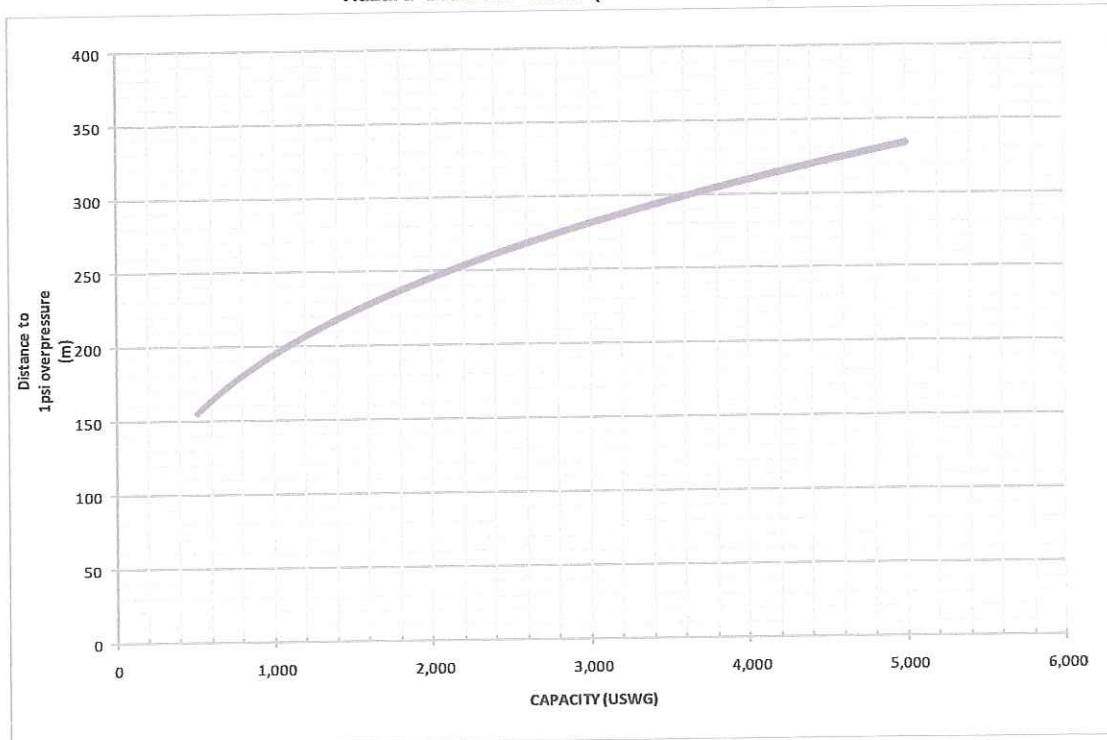
Table 1: Distance Table

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: <u>NA</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]				X	<u>57.2</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Lynhurst Variety and Snack Bar</u> Address: <u>191 Crescent Avenue</u> City: <u>Saint Thomas</u> Province <u>Ontario</u> Postal Code <u>N5P 2K8</u>		X			<u>11.0</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>NA</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>Lynhurst Dental</u> Address: <u>9817 Ford Road</u> City: <u>Saint Thomas</u> Province <u>Ontario</u> Postal Code <u>N5P 3T1</u>		X			<u>239.2</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>NA</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ 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>Chad Ghattas</u>	Official Title <u>Manager</u>
Signature 	Telephone No. <u>519-633-0002</u>
	Date (dd-mm-yyyy) <u>07-09-2011</u>



Technical Standards and Safety Authority
www.tssa.org

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Toronto Ontario M8X 2X4
Fax: 416.231.4078
Customer Service: 1.877.682.8772

2012 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	5.829653	1996 USWG
Tank 2:			
Tank 3:			
Total Fixed Capacity:			1996 USWG

B. Portable Storage

Cylinder Size	Capacity in USWG	Quantity	Total Capacity in USWG
# 420	123.9	0	0
# 100	29.5	1	29.5
# 40	11.75	0	0
# 33.3	9.62	0	0
# 30	8.8	1	8.8
# 20	5.8	10	58.0
# 10	2.9	1	2.9
# 5	1.5	1	1.5
Total Cylinder Capacity		Line A	100.7 USWG

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Capacity in USWG
334	1	334
Total Tank Capacity		Line B 334 USWG

Total Portable Capacity. Line A plus Line B: 434.7 USWG

C. Mobile Tanks

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

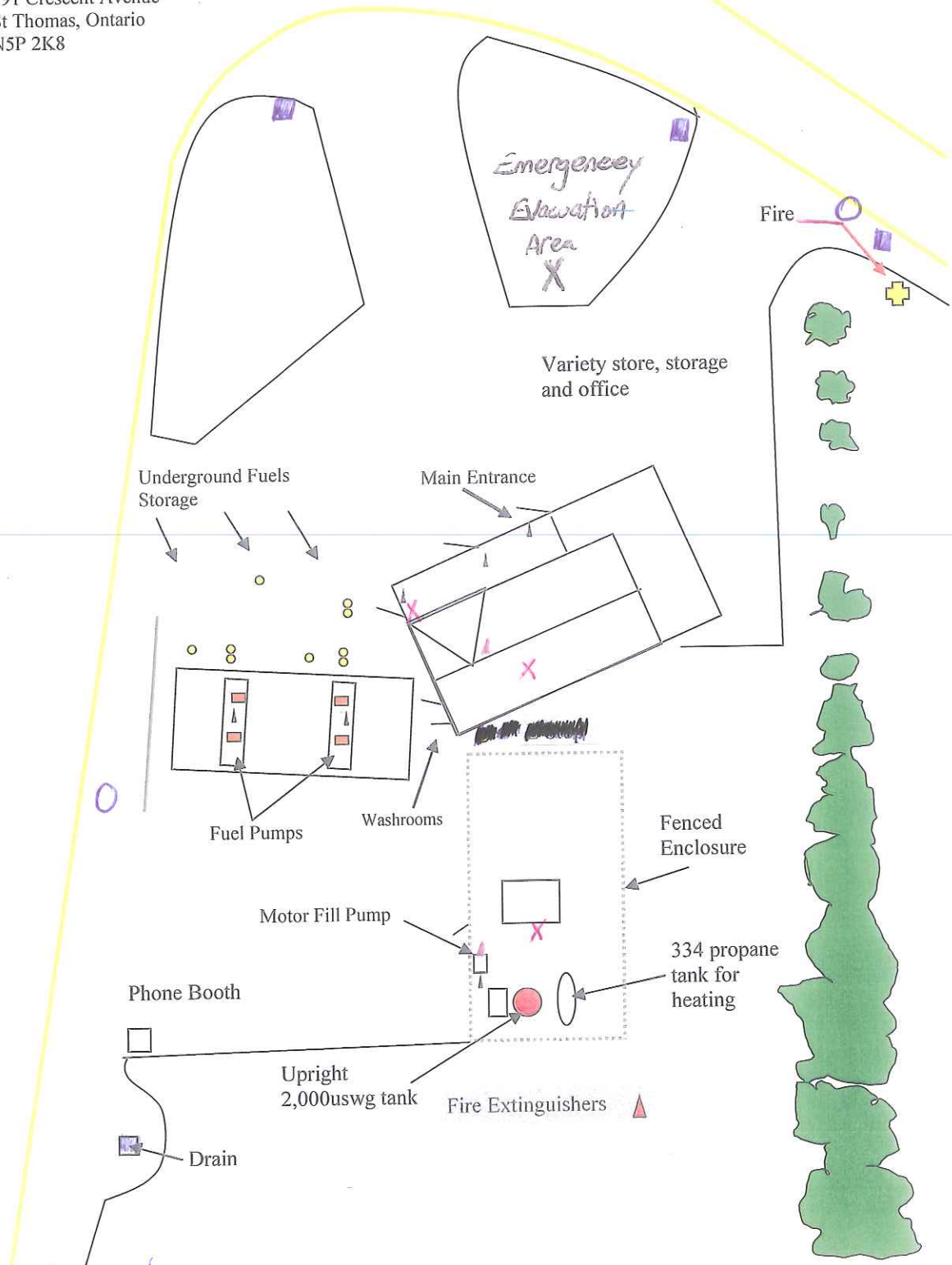
You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.

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. Chad Ghattas	Official Title Manager
Signature 	Telephone No. 519-633-0002
	Date (dd-mm-yyyy) (01-05-2012)

Lynhurst Variety and Snack Bar
 191 Crescent Avenue
 St Thomas, Ontario
 N5P 2K8

FACILITY DRAWING

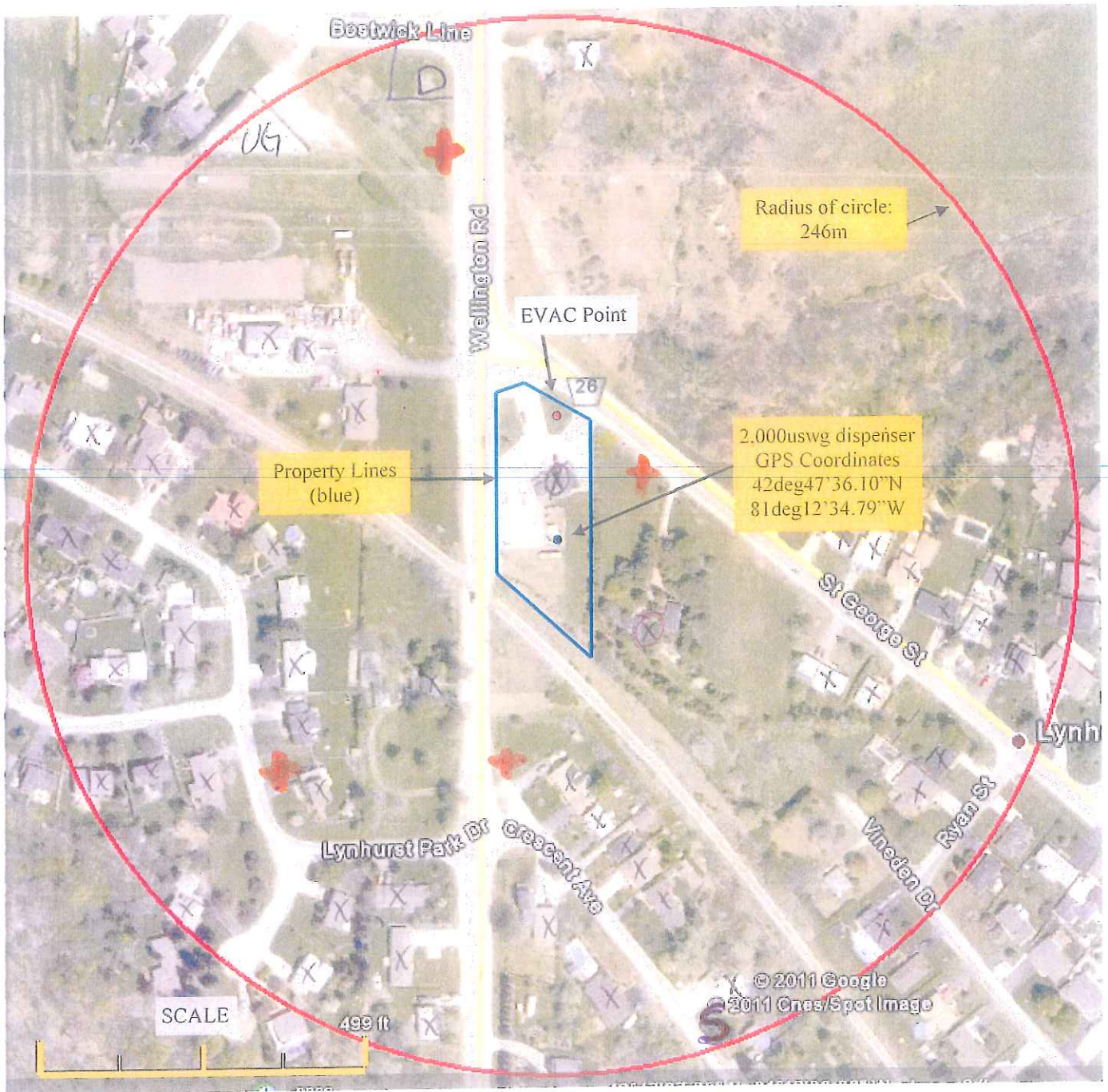


Legend

- - service manhole entry
- - drain
- ▲ - fire extinguisher
- X - emergency evacuation area

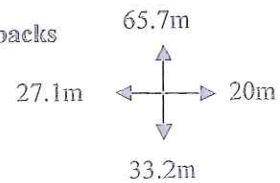
- + fire hydrant
- X emergency shutoffs panel marked
- underground storage tanks

Lynhurst Variety and Snack Bar
 191 Crescent Avenue
 St. Thomas, Ontario N5P 2K8



Municipality of Central Elgin
 Municipal Contact:
 Donald Leitch (CAO+ Clerk)
 519-631-4860 ext 276

Property Setbacks



Legend

- S** - sewage pumping station
- X** - dwellings
- (X)** - dwelling with commercial nearest propane
- (X)** - dwelling with residential nearest propane
- - Evacuation Point (Area)
- D** - Commercial Dental Clinic
- +** - fire hydrant
- UG** - underground distribution station