



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;">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</p> <p>Licence Number <u>000173399</u></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>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p style="text-align: center;">For Office Use Only</p> <div style="background-color: black; width: 100px; height: 100px; margin: 10px auto;"></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.

Ontario Corporation No., if applicable

A	Company Name <u>2208242 ONT. FNC</u>	Ontario Corporation No., if applicable <u>SAME.</u>
	Operator Name (if different from above) <u>OLCO GAS BAR</u>	
	Telephone No. <u>416 967-6362</u>	Fax No. / E-mail <u>SAME.</u>
B	Street No. / Street Name / 911 Number / Address, if applicable <u>269 MOIRA ST. WEST</u>	
	Town / City or Township / County <u>Belleville</u>	Province / Postal Code <u>ONT / K8P5G7</u>
C	Mailing address if different from above.	
	Street No. / Street Name / 911 Number / Address, if applicable	
	Town / City or Township / County	Province / Postal Code
D	Information on Container Refill Centre or Filling Plant	
	Location of facility.	
	Street No. / Street Name / 911 Number / Address, if applicable <u>269 MOIRA ST. WEST</u>	Nearest Major Intersection <u>SIDNEY ST.</u>
	Town / City or Township / County <u>Belleville</u>	Province / Postal Code <u>ONT. / K8P5G7</u>
	Name of Licence Holder <u>NABIL AZIZ</u>	
	Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT) <u>NABIL AZIZ</u>	ROT type <u>PP0-3</u> <u>ISSUED BY: [Signature] 2/24/2010</u>
	Municipality (or municipalities if the facility or its hazard distance touches multiple borders) <u>CORP. CITY OF BELLEVILLE</u>	
	Hours of operation. <div style="background-color: black; width: 100%; height: 50px;"></div>	

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	Signature	Date (dd/mm/yyyy)
<u>NABIL AZIZ</u>	<u>[Signature]</u>	<u>30/05/2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training		
<u>NABIL AZIZ</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

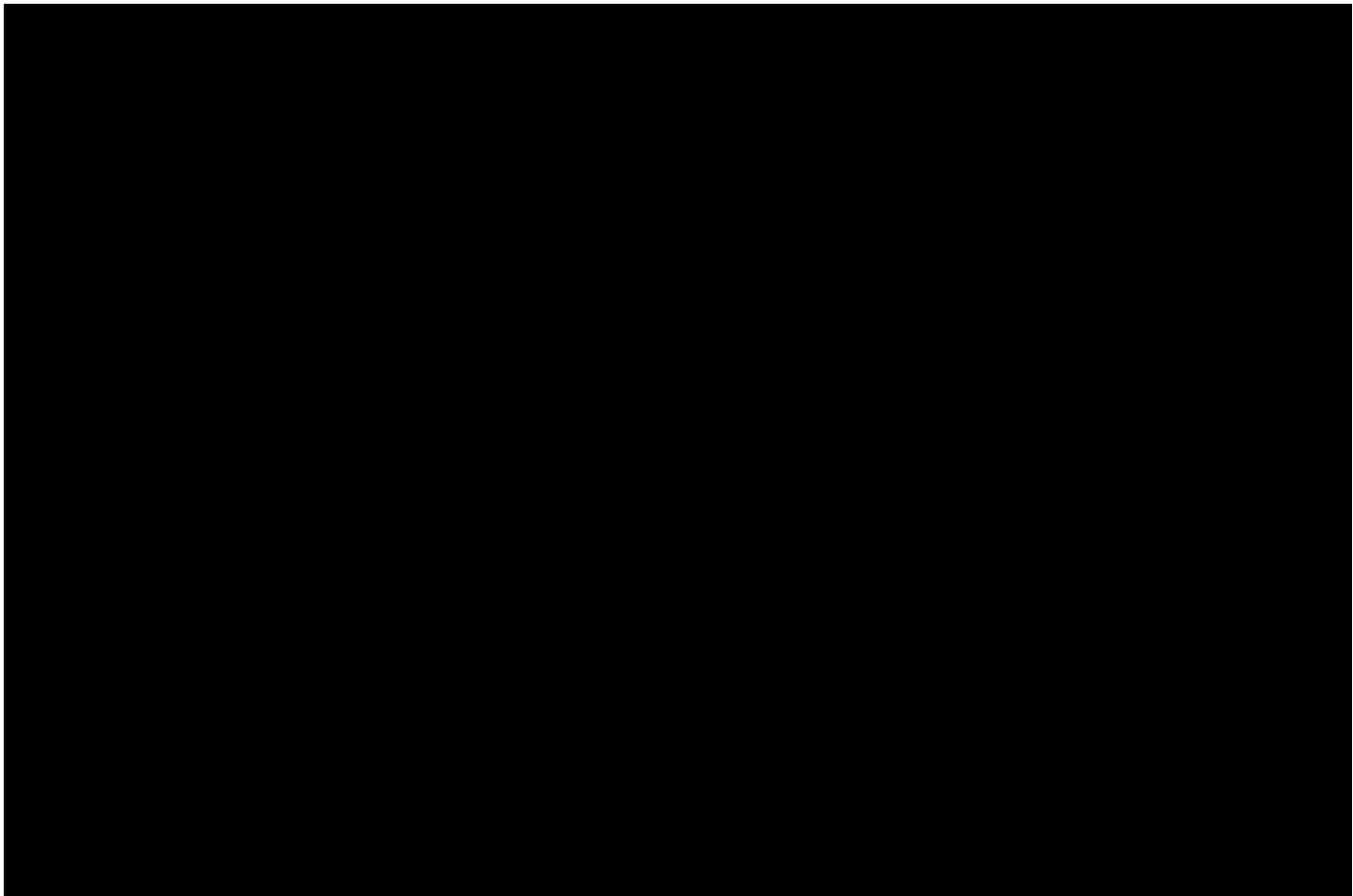
Indicate the year the facility was established. 1999 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. N/A

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

	PSIG	Serial Number
Tank1:	<u>250</u>	<u>3697</u>
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: 1 x 1000 USWG Portable: _____ Mobile: _____



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Name of person completing this form (please print) <u>NABIL AZIZ</u>		Official Title <u>OPERATOR - OWNER</u>	
Signature <u>Nabil Aziz</u>		Telephone No. <u>613 967-6362</u>	Date (dd-mm-yyyy) <u>30/05/2011</u>



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

Name of Propane Supplier(s) PRIME MAY ENERGY INC			For Office Use - Party No. [REDACTED]	
Street No. 2558	Street Name / 911 Number / Address, if applicable CEDAR CREEK ROAD			
Town / City or Township / Country AYR		Province ONT	Postal Code N0B 1E0	
Telephone No. 519 740-8209	Fax No. 519 740-4015	Contact Name MIKE TAYLOR		
E-mail m-taylor@PRIME MAY ENERGY.COM				

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			For Office Use - Party No. [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		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

Note: Customer storage is not considered off-site storage.

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) NABIL AZIZ	Official Title OPERATOR / OWNER	
Signature <i>Nabil Aziz</i>	Telephone No. 613 967-6362	Date (dd-mm-yyyy) 30/05/2011



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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.

1-36,000 LITRES - UNDERGROUND STORAGE - DIESEL FUEL
2-36,000 LITRE - UNDERGROUND STORAGE TANKS - GASOLINE
1-36,000 LITRE - UNDERGROUND STORAGE TANK - PROPANE

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

① 6-A B,C No K-46 9843

② 60-B,C No 011424C

③ 80-B,C No 218456C

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.

confirm one emergency shut down for gas
and one emergency shut down for propane.

Maintenance and testing schedule for fire protection controls and devices.

Portable FIRE EXTINGUISHERS INSPECTED Annually by J & F Holdings System
Portable FIRE EXTINGUISHERS VISUALLY INSPECTED Monthly by J & F Holdings System
PROPANE SYSTEM INSPECTED 2x A YEAR - by J & F Holdings System
EMERGENCY SHUT OFF FOR PROPANE TESTED - by J & F Holdings System
EMERGENCY SHUT OFF FOR PROPANE INSPECTED - by J & F Holdings System

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Name of person completing this form (please print)	Official Title	
NABIL AZIZ	OPERATOR / OWNER	
Signature	Telephone No.	Date (dd-mm-yyyy)
Nabil Aziz	416 967 6362	30/05/2011



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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	NABIL AZIZ	Name	NABIL AZIZ
Official Title	OWNER / OPERATOR	Official Title	OWNER / OPERATOR
Telephone No.	413 967-6342	Cell No.	647-287-8612
Fax No.	413 967-6342	Fax No.	413 967-6342
E-mail	nabilsima@yahoo.ca	E-mail	nabilsima@yahoo.ca
Role and responsibilities in emergency	KEY CONTACT PERSON	Role and responsibilities in emergency	KEY CONTACT PERSON

2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name	AMANY TANIOUS	Name	NABIL AZIZ
Official Title		Official Title	OWNER - OPERATOR
Telephone No.	647-287-8612	Telephone No.	413 967-6342
Fax No.	413 967-6342	Fax No.	413 967-6342
E-mail	nabilsima@yahoo.ca	E-mail	nabilsima@yahoo.ca
Role and responsibilities in emergency		Role and responsibilities in emergency	Key Contact Person.

3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name	RHEAUME CHAPUT	Name	MIKE TAYLOR
Official Title	FIRE CHIEF	Official Title	GENERAL MGR - PRIME MAX ENERGY INC
Telephone No.	613 962-2010	Telephone No.	519 740-8209
Fax No.	413 968-7497	Fax No.	519 740-1015
E-mail	rchaput@city.belleville.on.ca	E-mail	mtaylor@primemaxenergy.com
Role and responsibilities in emergency	DIRECTOR OF EMERGENCY & FIRE SERVICES	Role and responsibilities in emergency	ADVICE & ASSISTANCE

4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name	DAVE Mac MULLEN	Name	RHEAUME CHAPUT
Official Title	SENIOR FIRE PREV. OFFICER	Official Title	FIRE CHIEF
Telephone No.	413 966-6929	Telephone No.	613 962-2010
Fax No.	413 968-7497	Fax No.	413 968-7497
E-mail	dmacmullen@city.belleville.on.ca	E-mail	rchaput@city.belleville.on.ca
Role and responsibilities in emergency	INVESTIGATION.	Municipality	Belleville - ONTARIO

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)	Nabil Aziz		Official Title	owner
Signature	Nabil Aziz		Telephone No.	613-967-6342
			Date (dd-mm-yyyy)	07/07/2011



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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.

- daily check of hoses on dispenser.
- delivery drivers monitor dispenser at time of delivery
- verbal notification
- call 911
- proceed to nearest exit
- electrical disconnected for entire building

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Name of person completing this form (please print)	Official Title	
<i>Nabil Aziz</i>	<i>Owner</i>	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Nabil Aziz</i>	<i>613-967-6362</i>	<i>30-05-11</i>



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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)	Print Name of Training Provider: <i>Primermax Energy Inc</i>
	Print Name of Instructor: <i>GARY ERASSE</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:

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider: <i>Deleo Bellucio</i>
	Print Name of Instructor: <i>Nabil Aziz</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:

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider: <i>Primermax Energy Inc</i>
	Print Name of Instructor: <i>GARY ERASSE</i>
Training Date (dd-mm-yyyy)	Print Name of Training Provider: <i>training for cyl filling</i>
	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) <i>Nabil Aziz</i>	Official Title <i>owner</i>
Signature <i>Nabil Aziz</i>	Telephone No. <i>613-967-6342</i>
	Date (dd-mm-yyyy) <i>30-05-11</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>July 2012</i>	Print Name of Training Provider: <i>Primemax Energy Inc</i>
	Print Name of Instructor: <i>GARY FROESE</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>July 2012</i>	Print Name of Training Provider: <i>Oleo Belleville</i>
	Print Name of Instructor: <i>Nabil AZIZ</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) <i>as required</i>	Print Name of Training Provider: <i>Primemax Energy Inc</i>
	Print Name of Instructor: <i>GARY FROESE</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider: <i>kgl filling training</i>
	Print Name of Instructor: <i>as required by staff</i>
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) <i>Nabil Aziz</i>	Official Title <i>owner</i>
Signature <i>Nabil Aziz</i>	Telephone No. <i>613-967-6342</i>
	Date (dd-mm-yyyy) <i>30-05-11</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).

as per emergency response plan operator will make call to authorities, then that surrounding neighbors including ensuring all patrons are moved to "safe area"

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).

Evacuation plan is part of emergency response plan. Operator is to ensure all patrons are moved to meeting place at time of incident

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).

Upon assessment of situations required for attendance by emergency response authorities, licence holder will contact authorities by phone, from nearby surrounding neighbors

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

Property is accessible 24 hrs a day no gates

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

through cell phone, email licence holder will update authorities during situations

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

2 minutes

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Name of person completing this form (please print)	Official Title	
<i>Wahid Aziz</i>	<i>owner</i>	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Wahid Aziz</i>	<i>613-967-6342</i>	<i>30-05-11</i>



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

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

6. Building and Site Security and Procedures

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| 1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there adequate night lighting at the site? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are weighing systems validated for accuracy? | <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only) | | <i>38 feet 10 meters</i> |
| 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) | | <i>38 feet N/A</i> |

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Name of person completing this form (please print) <i>Nabil Arz</i>	Official Title <i>owner</i>
Signature <i>Nabil Arz</i>	Telephone No. <i>613-967-6362</i>
	Date (dd-mm-yyyy) <i>30-05-11</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.

B. 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		

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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(a) 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)	Capacity of single largest propane storage vessel (USWG)
19/9/2011	1000
Tank setback coordinates. Indicate placement on the map.	
Front: 31.5m	Right side property line: 9.5m
Rear: 7.5m	Left side property line: 58.5m
GPS coordinates of single largest vessel: N 44°10'11" W 77°24'15"	

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Name of person completing this form (please print)	Official Title
Nabil Aziz	CSM
Signature	Telephone No. Date (dd-mm-yyyy)
Nabil Aziz	613-967-6368 30-05-2011



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

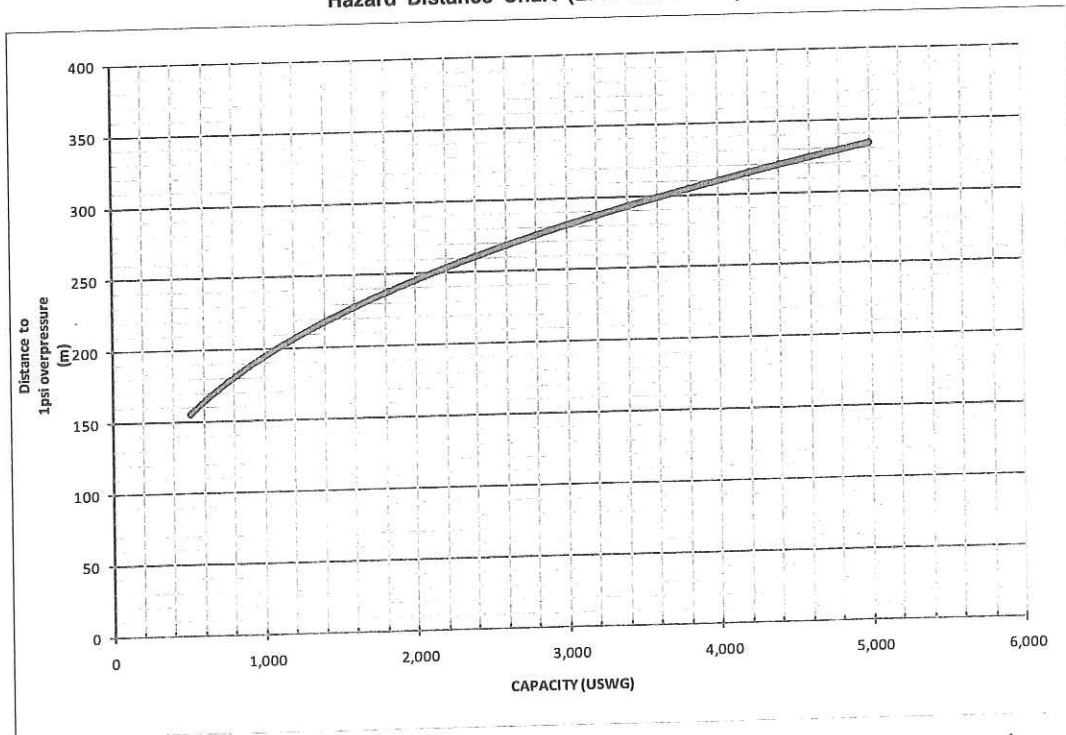
Table 1: Distance Table

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)



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) <i>Nabil Aziz</i>	Official Title <i>Owner</i>	
Signature <i>Nabil Aziz</i>	Telephone No. <i>613-967-6342</i>	Date (dd-mm-yyyy) <i>30-09-2011</i>



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
Customer Service: 1.877.682.8772

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

SECTION C: SUBMISSIONS (cont'd)

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

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential buildings units specifically permanent, single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____				X	147 m
Commercial building units specifically retail, restaurants, entertainment, medical, and service. Name: <u>FRA N Sidgely Inn</u> Address: <u>265 Markham St W</u> City: <u>Bellville</u> Province <u>ON</u> Postal Code <u>K6P 5G7</u>					29 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>Nalid Aziz</u>		Official Title	<u>owner</u>
Signature	<u>Nalid Aziz</u>		Telephone No.	<u>613-967-6362</u>
			Date (dd-mm-yyyy)	<u>30-05-11</u>



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SECTION C: SUBMISSIONS (cont'd)

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

Portable Storage Additional Information Sheet

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	12	69.6
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			69.6

Tanks Stored On-site Not Connected for Use

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

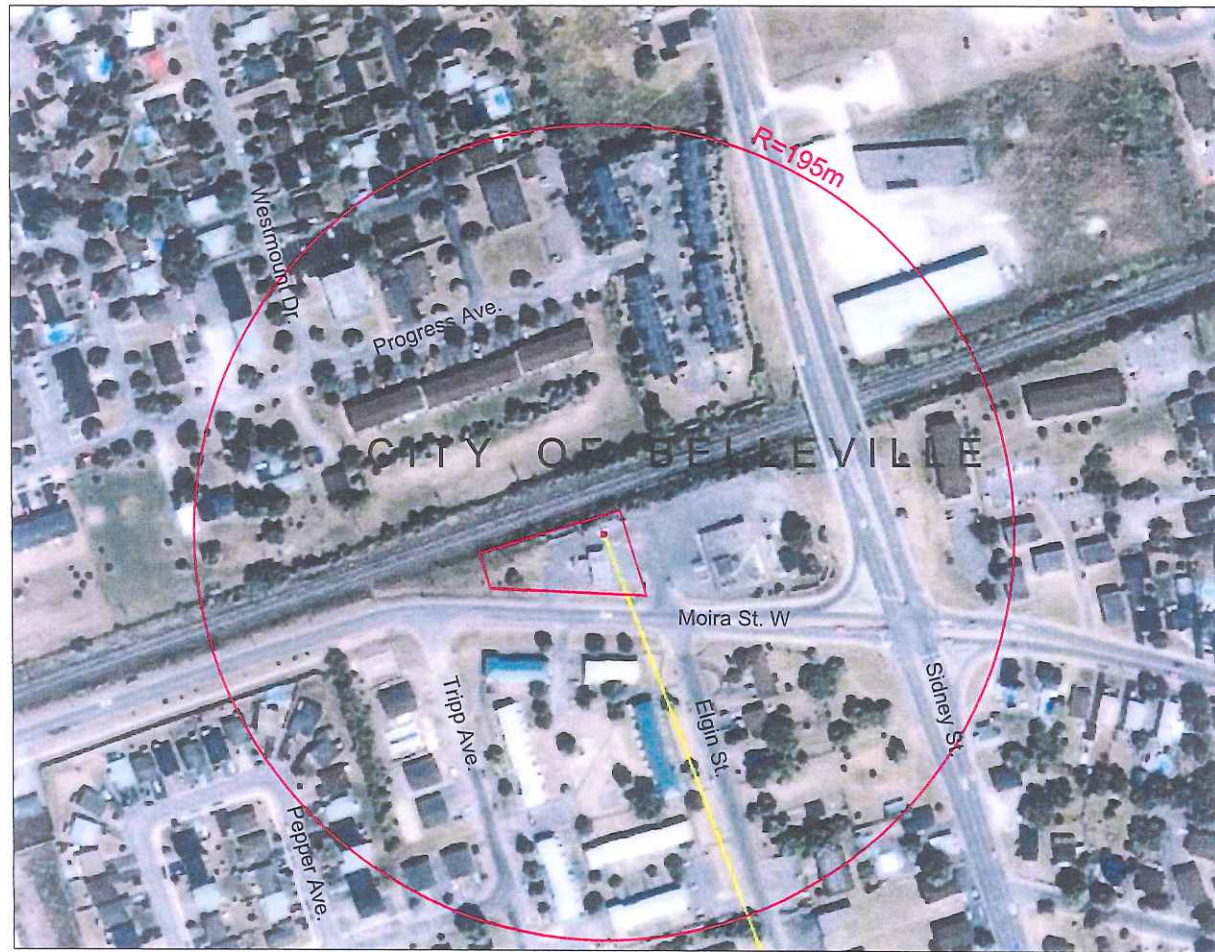
Total Cylinder Capacity	69.6
Total Tank Capacity	1000
Total Portable Capacity	

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) <i>Nabil Aziz</i>	Official Title <i>owner</i>	
Signature <i>Nabil Aziz</i>	Telephone No. <i>611-967-6362</i>	Date (dd-mm-yyyy) <i>30-05-11</i>

Map of Surrounding Area

269 Moira Street West, Belleville



Municipal Contact Information

NAME:	Rheume Chaput
TITLE:	Fire Chief
TELEPHONE No.:	613 962 2010
E-MAIL:	rchaput@city.belleville.on.ca
MUNICIPALITY:	City of Belleville

DATE MAP PREPARED: (19-09-2011)
 IMAGERY DATE: (7-19-2002)

CAPACITY OF SINGLE LARGEST PROPANE STORAGE VESSEL 1000USWG

TANK SETBACK COORDINATES.

FRONT:	<u>31.5m</u>	RIGHT SIDE PROPERTY LINE:	<u>9.5m</u>
BACK:	<u>7.5m</u>	LEFT SIDE PROPERTY LINE:	<u>58.5m</u>

GPS COORDINATES OF SINGLE LARGEST VESSEL N44°10'11" W77°24'15"

Olco
 269 Moira Street West
 Belleville,

Ph. 613 966 2385

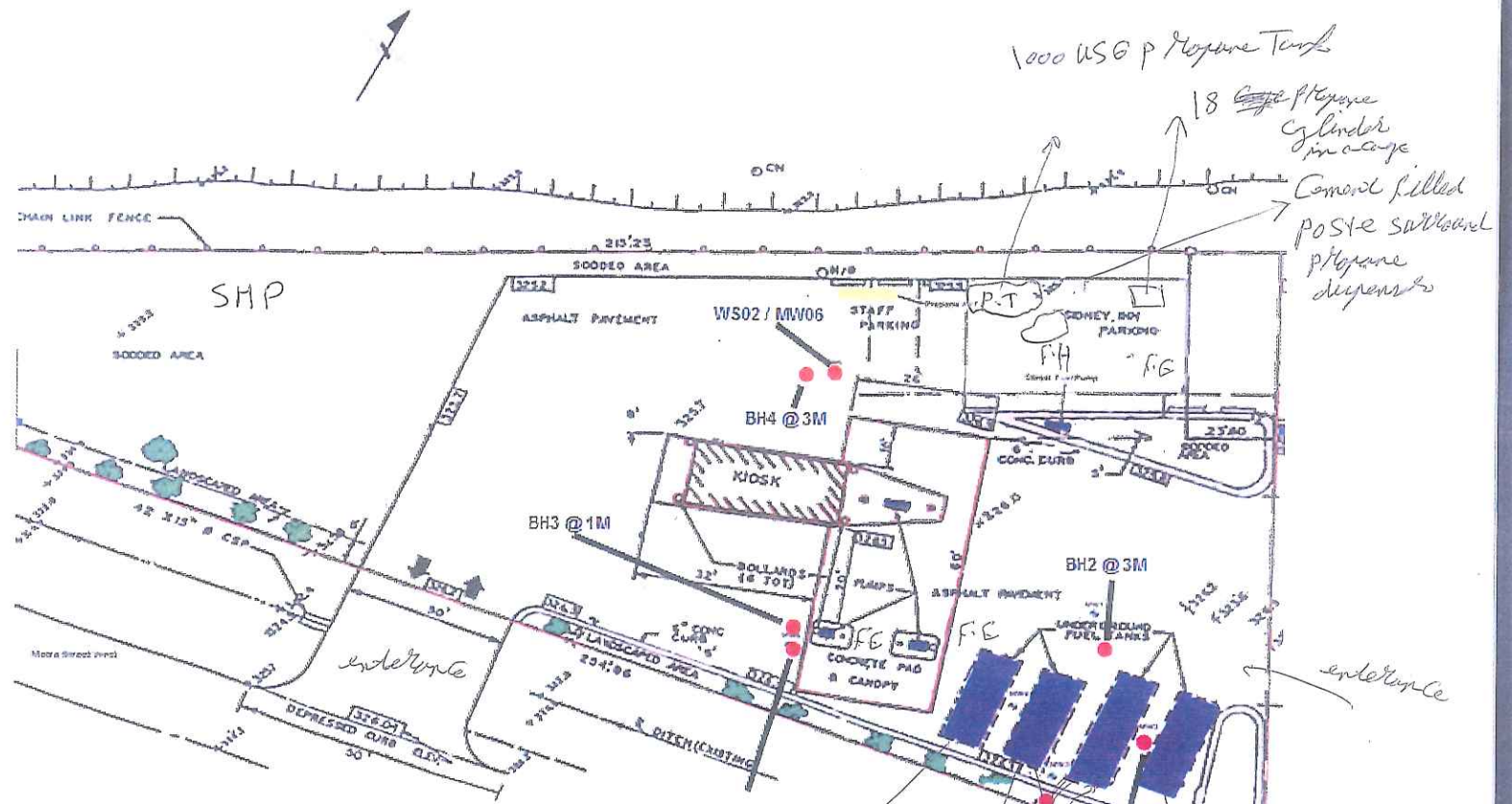



Figure 3: Site Investigations

- P.T : Propane Tank
- FE : Fire extinguisher
- ES : Emergency Stop
- FH : Fire Hydrant
- SMP :  Safe meeting place

Rubicon Environmental Inc.

Rubicon Job No: R51093
 Commercial Property 269
 Moira St W., Belleville,