



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;"><b>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</b></p> <p><b>Licence Number</b> <input style="width: 300px;" type="text" value="0076505726-C"/></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;"><b>For Office Use Only</b></p> <div style="border: 1px solid black; height: 80px; width: 100%; background-color: black;"></div>
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**SECTION A: GENERAL INFORMATION**

The Undersigned applies to TSSA for a review for an RSMP under Ontario's Technical Standards and Safety Act, Propane Storage and Handling Regulation.

<b>A</b> Company Name	Ontario Corporation No., if applicable		
A. J. Ersser Holdings Ltd.			
Operator Name (if different from above)			
Tony Ersser			
Telephone No.	Fax No.	E-mail	
519-376-5220	519-376-9807	tonyersser@gmail.com	
<b>B</b> Street No.	Street Name / 911 Number / Address, if applicable		
1605	16th Street East		
Town / City or Township / County		Province	Postal Code
Owen Sound		Ontario	N4K 5N3
<b>Mailing address if different from above.</b>			
<b>C</b> Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / County		Province	Postal Code

<b>Information on Container Refill Centre or Filling Plant</b>			
Location of facility.			
<b>D</b> Street No.	Street Name / 911 Number / Address, if applicable		Nearest Major Intersection
1605	16th Street East		HWY 26 & HWY 6
Town / City or Township / County		Province	Postal Code
Owen Sound		Ontario	N4K 5N3

Name of Licence Holder	
A. J. Ersser Holdings Ltd.	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).	ROT type
Tony Ersser	100-08
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)	
Owen Sound	
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.**

<b>Printname</b>	<b>Signature</b>	<b>Date (dd-mm-yyyy)</b>
Name of Licence Holder <u>TONY ERSSER</u>		SEP 26 2011
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>TONY ERSSER</u>		



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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)**

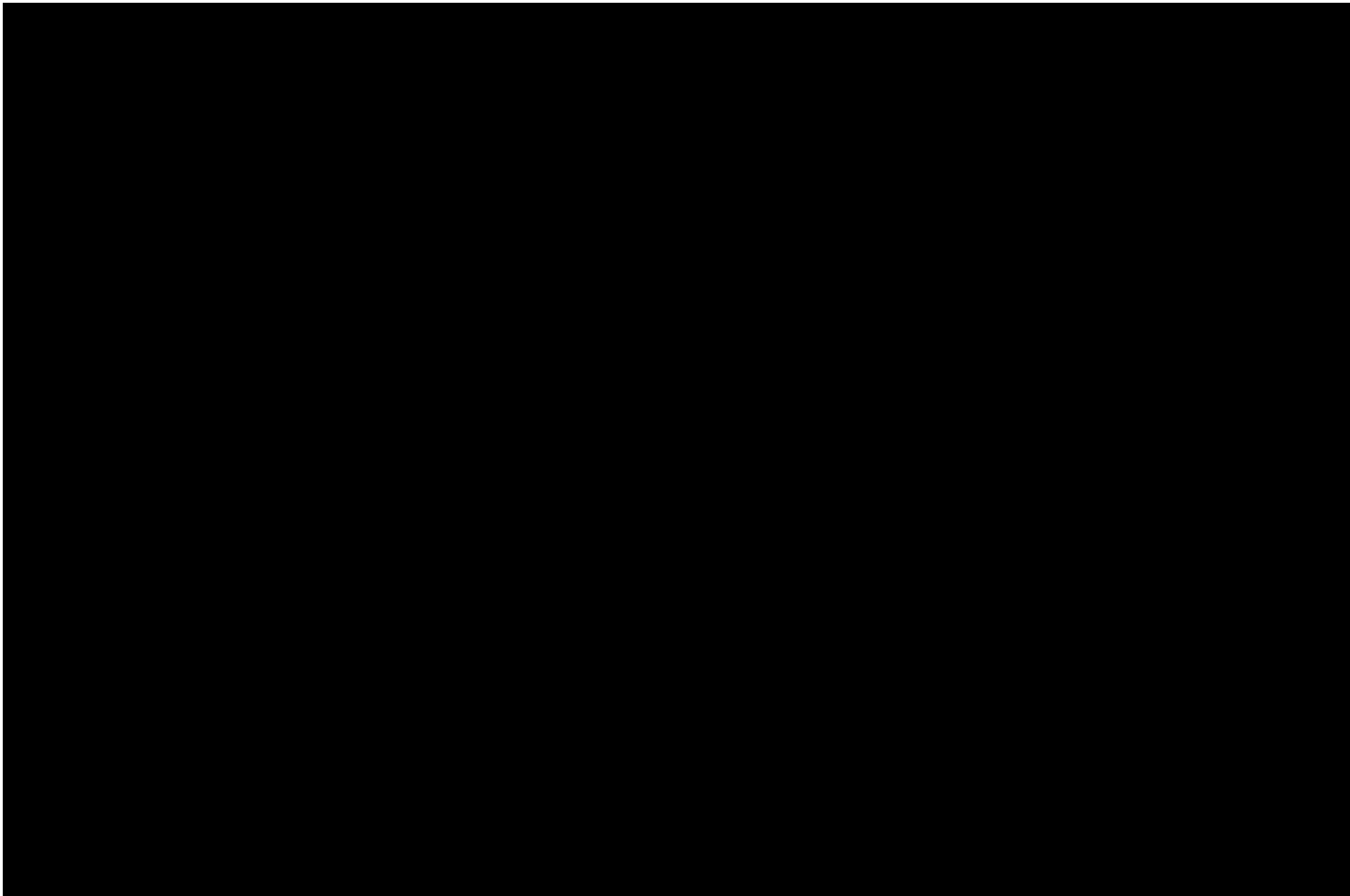
Indicate the year the facility was established. 1997  
Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank1:	250	20J82-112
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      Portable: 700      Mobile:



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Name of person completing this form (please print) <i>NORM PRATT</i>	Official Title <i>MANAGER</i>	
Signature <i>[Signature]</i>	Telephone No. <i>519-376-5220</i>	Date (dd-mm-yyyy) <i>DEC 12/2011</i>



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**SECTION A: GENERAL INFORMATION (cont'd)**

Activity Information

<b>Name of Propane Supplier(s)</b>			For Office Use - Party No.		
Superior Propane - Ontario Regional Operations Centre					
Street No.	Street Name / 911 Number / Address, if applicable				
251	Woodlawn Road West, Unit 217				
Town / City or Township / Country			Province	Postal Code	
Guelph			Ontario	N1H 8J1	
Telephone No.	Fax No.	Contact Name			
1-877-873-7467	519-836-7766	Mike Mullins			
E-mail					
mullinsm@superiorpropane.com					

<b>Name of Propane Transporter.</b> If same as above, please check box. <input type="checkbox"/>			For Office Use - Party No.		
Superior Propane - Owen Sound					
Street No.	Street Name / 911 Number / Address, if applicable				
718020 R.R.5	Highway 6 Fire #718020 R.R.5				
Town / City or Township / Country			Province	Postal Code	
Owen Sound			Ontario	N4K 5N7	
Telephone No.	Fax No.	Contact Name			
1-877-873-7467	519-836-7766	Mike Mullins			
E-mail					
mullinsm@superiorpropane.com					

<b>Off-site Cylinder and/or Mobile Storage</b>		Capacity stored off-site, in USWG	For Office Use - Party No.
none			
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

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

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Name of person completing this form (please print)		Official Title	
LORM PRATT		MANAGER	
Signature	Telephone No.	Date (dd-mm-yyyy)	
	519-876-9220	DEC. 12/2011	





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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.

Oxygen Cylinders max. volume 488 cu. ft. located in auto service garage

Acetylene Cylinders max. volume 7.48 cu. metres located in auto service garage

Argon Cylinder max volume 50 cu. ft. located in auto service garage

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

Fire extinguishers located at the following locations ( all have easy access)

Propane filling station Garage entrance across from propane filling station

Centre of the Service Centre Garage

Door between Service Centre Garage and entrance to main store

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 ISC valve, shuts propane supply to dispensing equipment

ISC interlock cable with cabinet door, ISC valve closes when door is closed Emergency shut off switch on outside east wall of Service Centre

Emergency switch located inside east wall of Service Centre

Pump shut off switch located in propane filling station cabinet Fire pull stations located in Service Centre Garage

Maintenance and testing schedule for fire protection controls and devices.

Maintenance inspection and testing completed annually by Superior Propane on all components of Propane Filling Station as per code requirements

Maintenance inspection and testing completed annually by Georgian Bay Fire and Safety on fire extinguishers and sprinkler systems as per code requirements

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Name of person completing this form (please print)	Official Title	
<i>NORM PRATT</i>	<i>MANAGER</i>	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>[Signature]</i>	<i>519-376-5220</i>	<i>DEC. 12/2011</i>



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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 Tony Ersser	For Office Use - Party No.	Name Tony Ersser	For Office Use - Party No.
Official Title Dealer		Official Title Dealer	
Telephone No. 519-376-5220	Fax No. 519-376-9807	Cell No.	Fax No. 519-376-9807
E-mail tonyersser@gmail.com		E-mail tonyersser@gmail.com	
Role and responsibilities in emergency Coordinate site response.		Role and responsibilities in emergency Coordinate site response.	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Norm Pratt	For Office Use - Party No.	Name Tony Ersser	For Office Use - Party No.
Official Title Manager		Official Title Dealer	
Telephone No. 519-376-5220	Fax No. 519-376-9807	Telephone No. 519-376-5220	Fax No. 519-376-9807
E-mail npratt077@gmail.com		E-mail tonyersser@gmail.com	
Role and responsibilities in emergency Coordinate site response if Dealer not available.		Role and responsibilities in emergency Coordinate site response.	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Ed Nowak	For Office Use - Party No.	Name Superior Propane Hotline	For Office Use - Party No.
Official Title Fire Chief		Official Title	
Telephone No. 519-376-4440	Fax No. 519-372-0757	Telephone No. 1-877-873-7467	Fax No.
E-mail enowak@owensound.ca		E-mail	
Role and responsibilities in emergency CEMC Coordinator of Emergency Command		Role and responsibilities in emergency Identify and dispatch Superior Propane emergency response personnel as required	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Tom Potter	For Office Use - Party No.	Name Ruth Coursey	For Office Use - Party No.
Official Title Fire Prevention Officer		Official Title City Manager	
Telephone No. 519-376-4440	Fax No. 519-372-0757	Telephone No. 519-376-4440 ext.1210	Fax No. 519-371-0511
E-mail tpotter@owensound.ca		E-mail rcoursey@owensound.ca	
Role and responsibilities in emergency Assistant Coordinator of Emergency Command		Municipality City of Owen Sound	

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Signature <i>[Signature]</i>	Telephone No. <i>519-376-5220</i>
	Date (dd-mm-yyyy) <i>9/26/2011</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.

None

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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) none	Print Name of Training Provider:
	Print Name of Instructor:
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) none	Print Name of Training Provider:
	Print Name of Instructor:
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) 12-05-2011	Print Name of Training Provider: Propane Training Institute
	Print Name of Instructor: Bird, William H. (T254-11958)
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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Signature <i>[Signature]</i>	Telephone No. <i>519-376-5220</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) Q1 2012	Print Name of Training Provider: Norm Pratt
	Print Name of Instructor: Norm Pratt
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) Q1 2012	Print Name of Training Provider: Norm Pratt
	Print Name of Instructor: Norm Pratt
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) Q1 2012	Print Name of Training Provider: Propane Training Institute
	Print Name of Instructor: To be Confirmed
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) <i>NORM PRATT</i>	Official Title <i>MAJOR</i>
Signature 	Telephone No. <i>519-376-5220</i>
	Date (dd-mm-yyyy) <i>DEC. 12/2011</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).  
The duty manager will contact the emergency services by calling 911 and will provide warnings outlined in the "Propane Emergency Response Procedures" placard attached. The duty manager will make announcements over the public address system requesting occupants to leave the building if required.

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).

Action and warnings will be the responsibility of the duty manager as outlined in the "Propane Emergency Response Procedures" placard. The designated place is the car wash located across the parking lot. This area allows self evacuation as it is a wide open area.

**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).

The ROT trained person will be in visual contact with the station to visually ascertain any abnormal or accident situations and can invoke the emergency response procedure. When the system is not operating, the ISC valve is closed and during operating hours of the Service Centre staff are in visual contact with the station. When Service Centre is closed, the station would require the intervention of nearby individuals. During these times the station is locked down and powered off.

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

The propane tank and dispensing equipment is located in an open area of the store parking lot and is readily accessed.

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

By way of continued information flow from the duty manager to the authorities using portable phone technology. In the absence of this, relay of information via in-store radio technology to a store staff member informing the authorities via phone technology.

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

30 minutes

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Name of person completing this form (please print)	Official Title	
<i>NORM PRATT</i>	<i>MAJALZR</i>	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>[Signature]</i>	<i>519-376-5220</i>	<i>9/24/2011</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 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>15 METRES</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>10</u>	

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<i>NORM PRATT</i>	<i>MANAGER</i>	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>[Signature]</i>	<i>519-376-5220</i>	<i>9/26/2011</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:


**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 <b>OWEN SOUND FIRE &amp; EMERGENCY SERVICES</b> Local Fire Services Name	Signature  Norm Pratt, F.P.O.	Date (dd-mm-yyyy) 26/09/2011
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**Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.**

Name of person completing this form (please print) Norm Pratt	Official Title Manager	
Signature 	Telephone No. 519-376-5220	Date (dd-mm-yyyy) 9/26/2011





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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) 09/23/2010	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: 3 meters _____	Right side property line: 3 meters _____
Rear: 3 meters _____	Left side property line: 3 meters _____
GPS coordinates of single largest vessel: 44.574, -80.9146 _____	

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Name of person completing this form (please print) <i>Norm Pratt</i>	Official Title <i>Manager</i>
Signature <i>[Signature]</i>	Telephone No. <i>519-376-5220</i>
	Date (dd-mm-yyyy) <i>9/26/2011</i>



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Propane Storage and Handling Regulation

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

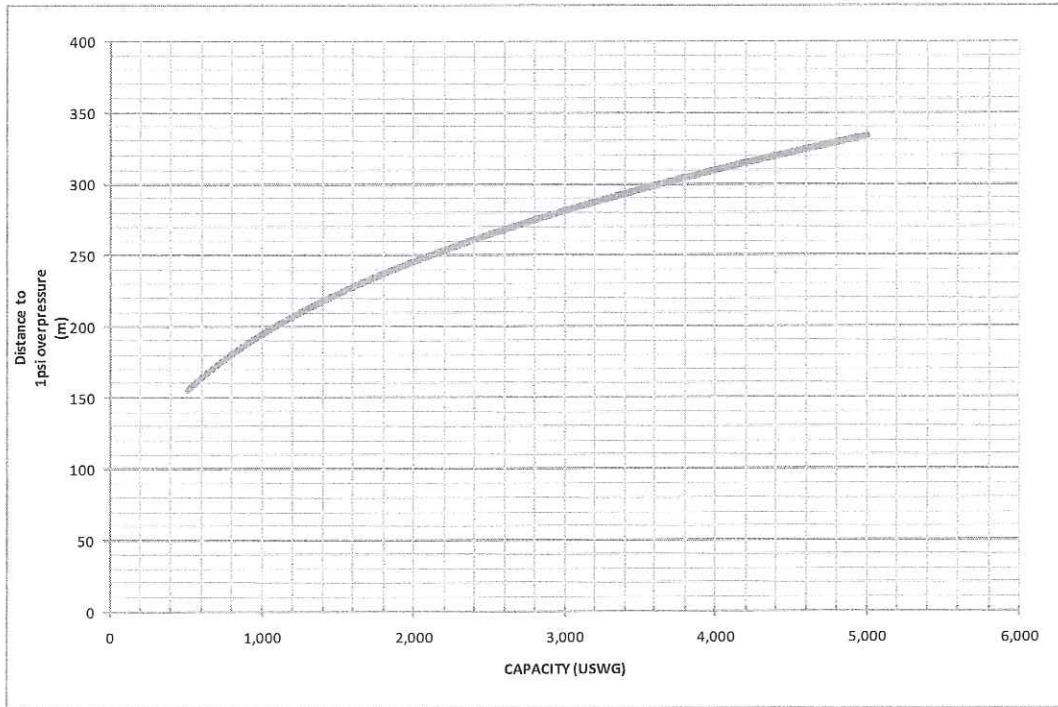
**Table 1: Distance Table**

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)**



**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>Norm Pratt</i>	Official Title <i>MANAGER</i>	
Signature <i>[Signature]</i>	Telephone No. <i>519-876-5220</i>	Date (dd-mm-yyyy) <i>9/26/2011</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: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Marks WorkWarehouse Store</u> Address: <u>1605 16th. St. West</u> City: <u>Owen Sound</u> Province <u>Ontario</u> Postal Code <u>N4K5N3</u>			x		<u>50</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>None</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>None</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>None</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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Name of person completing this form (please print) <u>NORM PRATT</u>	Official Title <u>MANAGER</u>
Signature <u>[Signature]</u>	Telephone No. <u>519-376-5220</u>
	Date (dd-mm-yyyy) <u>DEC 12/2011</u>





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**Level 1 Risk and Safety Management Plan (RSMP)**  
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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		
# 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>	

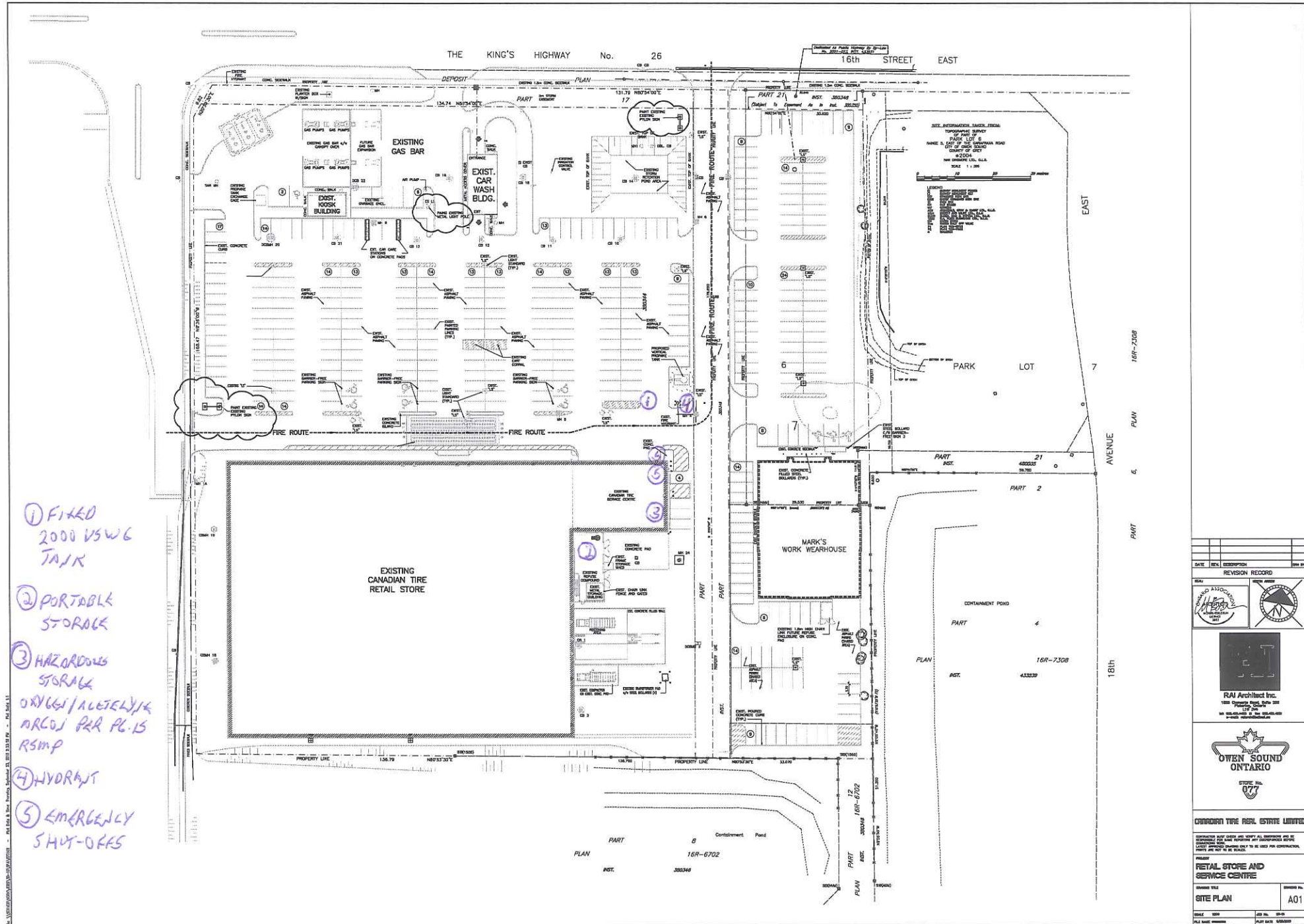
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Name of person completing this form (please print)	Official Title	
<i>NORM PRATT</i>	<i>MANAGER</i>	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>[Signature]</i>	<i>519-376-5220</i>	<i>9/26/2011</i>



Location of Propane Storage Tank: Demarcated by ● in centre of circle.	Note: Property Lines a setbacks shown on site plan.	<b>Map of Surrounding Area</b>  Canadian Tire - 1605 16th Street East  PT PARKLT 6 RANGE 5 EGR PL OWEN SOUND PT 2, 3, 4, 5, 6, 7, 10, 16, 17, 18, 19, 20, 21 & 34, 16R6702; S/T R380344; S/T R38188, R5322283, OWEN SOUND
Capacity of Propane Storage Tank: Capacity of Propane Storage Tank = 2000 USWG	Municipality (ies): within the 1 psi overpressure circle: The Municipality of Owen Sound	
GPS Coordinates of Propane Storage Tank: GPS Co-ordinates = 44.574, -80.9146	Municipal Contact: <i>RUTH COURSEY</i>	
Circular Distance to 1 psi overpressure: Denoted by circle centred on tank radial distance = 246 m		





- ① FIXED 2000 VSW6 TANK
- ② PORTABLE STORAGE
- ③ HAZARDOUS STORAGE  
OXYGEN/AACETYLENE  
ARCWJ PRR PG-15  
RSMF
- ④ HYDRANT
- ⑤ EMERGENCY SHUT-OFFS

DATE	REV.	DESCRIPTION	BY
REVISION RECORD			
 <b>RAI Architect Inc.</b> <small>1000 University Avenue, Suite 200        Toronto, Ontario M5G 1S1        All drawings are the property of RAI Architect Inc.</small>			
 <b>OWEN SOUND ONTARIO</b> <small>EST. 1977</small>			
<b>CANADIAN TIRE REAL ESTATE LIMITED</b> <small>INCORPORATED IN ONTARIO</small>			
<b>RETAIL STORE AND SERVICE CENTRE</b>			
<b>SITE PLAN</b>			<b>A01</b>