



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; font-weight: bold;">Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i></p> <p>Licence Number <input style="width: 300px;" type="text" value="76643622"/></p> <p>Check applicable type of propane operations.</p> <p> <input checked="" type="checkbox"/> Cylinder             <input checked="" 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; font-weight: bold;">For Office Use Only</p> <div style="background-color: black; width: 100%; height: 80px; margin-top: 10px;"></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.**

<p><b>A</b> Company Name <input style="width: 500px;" type="text" value="Little Beaver Variety"/></p> <p>Operator Name (if different from above) <input style="width: 500px;" type="text"/></p> <p>Telephone No. <input style="width: 100px;" type="text" value="(519)652-0977"/> Fax No. <input style="width: 100px;" type="text" value="(519)652-0977"/> E-mail <input style="width: 150px;" type="text" value="Reem04@rogers.com"/></p>	<p>Ontario Corporation No., if applicable <input style="width: 100px;" type="text"/></p>
<p><b>B</b> Street No. <input style="width: 50px;" type="text" value="11548"/> Street Name / 911 Number / Address, if applicable <input style="width: 400px;" type="text" value="Longwoods Road"/></p> <p>Town / City or Township / County <input style="width: 300px;" type="text" value="Delaware"/> Province <input style="width: 50px;" type="text" value="ON"/> Postal Code <input style="width: 100px;" type="text" value="N0L 1E0"/></p>	
<p><b>C</b> Street No. <input style="width: 50px;" type="text"/> Street Name / 911 Number / Address, if applicable <input style="width: 400px;" type="text" value="General Delivery"/></p> <p>Town / City or Township / County <input style="width: 300px;" type="text" value="Delaware"/> Province <input style="width: 50px;" type="text" value="ON"/> Postal Code <input style="width: 100px;" type="text" value="N0L 1E0"/></p>	
<p><b>D</b> Location of facility.</p> <p>Street No. <input style="width: 50px;" type="text" value="11548"/> Street Name / 911 Number / Address, if applicable <input style="width: 300px;" type="text" value="Longwoods Road"/></p> <p>Nearest Major Intersection <input style="width: 300px;" type="text" value="Longwoods Road/Gideon Drive"/></p> <p>Town / City or Township / County <input style="width: 300px;" type="text" value="Delaware"/> Province <input style="width: 50px;" type="text" value="ON"/> Postal Code <input style="width: 100px;" type="text" value="N0L 1E0"/></p>	

<p>Name of Licence Holder <input style="width: 500px;" type="text" value="Little Beaver Variety"/></p> <p>Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). <input style="width: 400px;" type="text" value="Ali Aladdine"/></p> <p>Municipality (or municipalities if the facility or its hazard distance touches multiple borders) <input style="width: 500px;" type="text" value="The Municipality of Middlesex Centre"/></p>	<p>ROT type <input style="width: 100px;" type="text" value="100-01"/></p>
<p>Hours of operation. <div style="background-color: black; width: 100%; height: 60px; margin-top: 5px;"></div></p>	

**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.**

<p>Printname</p> <p>Name of Licence Holder <input style="width: 150px;" type="text" value="Ali Aladdine"/></p> <p>Name of Senior Management person as defined in the Regulation holding the Record of Training <input style="width: 150px;" type="text" value="Ali Aladdine"/></p>	<p>Signature </p>	<p>Date (dd-mm-yyyy)</p> <p><input style="width: 100px;" type="text" value="31-05-2011"/></p>
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**SECTION A: GENERAL INFORMATION (cont'd)**

Indicate the year the facility was established.

Unknown 2006

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

None

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>20J81-205</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: 2000 USWG      Portable: 116 USWG      Mobile: 0



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Name of person completing this form (please print) <u>Ali Aladdine</u>	Official Title <u>Owner</u>	
Signature 	Telephone No. <u>(519)652-0977</u>	Date (dd-mm-yyyy) <u>31-05-2011</u>



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

Activity Information

<b>Name of Propane Supplier(s)</b> Superior Propane - Ontario Regional Operations Centre			For Office Use - Party No. 	
Street No. 251	Street Name / 911 Number / Address, if applicable Woodlawn Road West, Unit 217			
Town / City or Township / Country Guelph			Province Ontario	Postal Code N1H 8J1
Telephone No. 1-877-873-7467	Fax No. 519-836-7766	Contact Name 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 - Strathroy				
Street No. 29495	Street Name / 911 Number / Address, if applicable Centre Road			
Town / City or Township / Country Strathroy			Province ON	Postal Code N7G 3H7
Telephone No. (519)401-1095	Fax No.	Contact Name Mike Mullins		
E-mail mullinsm@superiorpropane.com				

<b>Off-site Cylinder and/or Mobile Storage</b> None		Capacity stored off-site, in USWG	For Office Use - Party No.
Street No. / Street Name / 911 Number / Address, if applicable			
Town / City or Township / Country		Province	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) Kelly Almey	Official Title Risk & Safety Coordinator, Superior Propane	
Signature 	Telephone No. (905)285-2480 x 5549	Date (dd-mm-yyyy) 31-05-2011



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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.

Gasoline- 4 Underground storage units, 23,855 litres each, Max.Total 95,420litres

Diesel- 1 Above ground horizontal storage unite - 5000 litres

An MSDS for gasoline has been provided herein.

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

Fire extinguisher type - dry chemical

Fire Extinguishers are located close to the gas pumps, at the diesel pump, at the propane filling station, and inside 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.

1. Fusible link on ISC valve - isolation valve between the tank and the downstream propane dispensing equipment.
2. Emergency stop push button - mounted on a post near the propane tank. This shuts down the pump and closes a solenoid valve upstream of hoses.
3. Power supply breaker inside the gas bar building. This cuts all power to the propane system - shuts down pump; closes solenoid valve.

Maintenance and testing schedule for fire protection controls and devices.

Maintenance and testing is undertaken by Superior Propane according to Superior Propane's Maintenance Standard. Schedule for key equipment is:

1. Pumps (Pump every 3 months; Pump Motor: check belts monthly; grease motor every 6 months)
2. ISC Valves (test for closure every 6 months)
3. Storage tank Relief Valves - inspect every 2 years; replacement schedule as per provincial regulations.

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

1. Contacts for Emergency Response

**1. Facility Contact Personnel - Key Contact**

Name Ali Aladdine	For Office Use - Party No.
Official Title Owner	
Telephone No. (519)652-0977	Fax No. (519)652-0977
E-mail reem04@rogers.com	
Role and responsibilities in emergency Coordinate site response	

**5. Facility 24-Hour Contact Person**

Name Ali Aladdine	For Office Use - Party No.
Official Title Owner	
Cell No. (519)639-3980	Fax No. (519)652-0977
E-mail Reem04@rogers.com	
Role and responsibilities in emergency Coordinate site response	

**2. Facility Contact Personnel - Alternate Contact**

Name Safullah Sadat	For Office Use - Party No.
Official Title Assistant	
Telephone No. (519)471-0005	Fax No.
E-mail N/A	
Role and responsibilities in emergency Coordinate site response if agent unavailable.	

**6. Name of Facility Manager**

Name Ali Aladdine	For Office Use - Party No.
Official Title Owner	
Telephone No. (519)652-0977	Fax No. (519)652-0977
E-mail Reem04@rogers.com	
Role and responsibilities in emergency Coordinate site response	

**3. Local Fire Services - Key Contact**

Name Wayne Shipley	For Office Use - Party No.
Official Title Fire Chief	
Telephone No. (519)666-0190 ext 239	Fax No. N/A
E-mail shipley@middlesexcentre.on.ca	
Role and responsibilities in emergency Coordinate/advise on Middlesex Fire Service response. Liaise with police.	

**7. Propane Supplier Key Contact Person**

Name Superior Propane Hotline	For Office Use - Party No.
Official Title	
Telephone No. 1-877-873-7467	Fax No.
E-mail	
Role and responsibilities in emergency Identify and dispatch Superior Propane and or LPERGC emergency response personnel as required.	

**4. Local Fire Services - Alternate Contact**

Name Shannon Leitch	For Office Use - Party No.
Official Title Fire & Emergency Services Coordinator	
Telephone No. (519)666-0190 ext 266	Fax No. N/A
E-mail lietchs@middlesexcentre.on.ca	
Role and responsibilities in emergency Alternate - Coordinate/advise on Middlesex Fire Service Response. Liaise with police.	

**8. Municipal Contact**

Name Michelle Smibert	For Office Use - Party No.
Official Title CAO	
Telephone No. (519)666-0190 ext 266	Fax No. (519)666-0271
E-mail clerktreasurer@visitmachin.com	
Municipality Municipality of Middlesex	

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	Date (dd-mm-yyyy) 31-05-2011



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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.

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)	Print Name of Training Provider: none
	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)	Print Name of Training Provider: none
	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) Expires 19/01/2012	Print Name of Training Provider: Propane Training Institute	PLEASE NOTE - a ROT is valid for 3 years
	Print Name of Instructor: Unknown	
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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**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) Q4 (2011)	Print Name of Training Provider: Superior Propane or Other	PLEASE NOTE - the course content is currently being developed by the TSSA with the intention that it and its provider will be ready to deliver this training in the fourth quarter of this year
	Print Name of Instructor: to be arranged	
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) Q4 (2011)	Print Name of Training Provider: Key site contact to train staff
	Print Name of Instructor: to be arranged
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) 8-03-2011	Print Name of Training Provider: FSN Training	
	Print Name of Instructor: Joe McLeod	
Target Date (dd-mm-yyyy) as required	Print Name of Training Provider: Superior Propane, FSN, or Other	PLEASE NOTE - a ROT is valid for 3 years
	Print Name of Instructor: TBA	
Target 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)**

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 operator or alternate will contact emergency services by calling 911 and will provide warnings outlined in the attached "Propane Emergency Response Procedures" placard (to be posted on site and part of the employee training). If it is safe to do so this could involve advising neighbours to evacuate.  
The owner/operator may also contact Superior Propane via the emergency number identified in the ERP.

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).  
The owner/operator or alternate should first follow the actions in the ERP provided herein. Staged evacuation, if the release of propane cannot be stopped by cutting electrical power may be required. The initial muster location will be on Longwoods Road, at least 80 m from the site and away from a dispensing cloud. Subsequent evacuation instructions potentially up to the Hazard Distance to be provided by municipal emergency responders.

**Communication with Emergency Response Authorities**

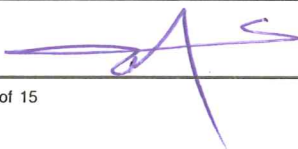
Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).  
When the system is operational, a ROT person will be on duty and be in the propane tank area. This person will be able to visually ascertain any abnormal/accident events and implement the appropriate ER actions including notifying emergency responders. When the system is not in operation, the ISC valve (main isolation valve) is closed, and the propane system is unattended but shut down. Any accidents involving the propane tank during such times will require the intervention of random, nearby individuals or store staff.

Describe provisions for fire department entry when there are no operations or staffing at the propane site.  
The propane tank system is located in a wide open area that is easily accessible by Longwoods Road and York Street.

Describe how the licence holder will ensure continual flow of updated information to authorities.  
The critical information required from the license holder is how to shut the system down and the fill level in the tank (if known).  
Fill level is relevant from a time-to-BLEVE perspective (a near empty tank will BLEVE sooner than a full tank if there is fire impingement on the tank).  
This information will be provided to the authorities by agent - Ali Aladdine.

How long will it take the facility liaison person to respond to the site.  
Approximately 12 Minutes from key contact's home

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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 type="checkbox"/>	<input checked="" 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>20 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>N/A</u>	

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

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

8. Licence holder and local Fire Services Review

**To be completed by the Local Fire Services**

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes

No



If not, please explain (e.g., no fire services).

Fire services comments, if any:

**To be completed by the Licence Holder**

In response to the above comments, the following action(s) is required:

The licence holder will respond to the Local Fire Services comments by: \_\_\_\_\_  
(dd-mm-yyyy)

**LOCAL FIRE SERVICES**

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

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name		

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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:

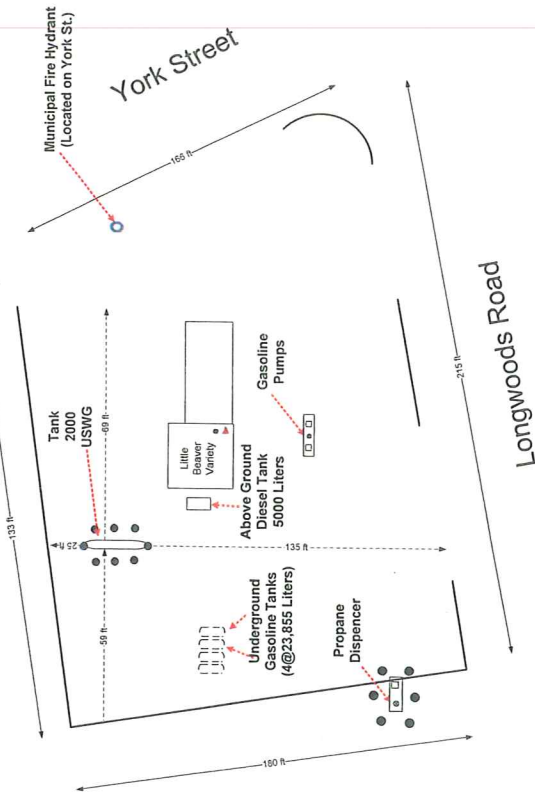
7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as 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**

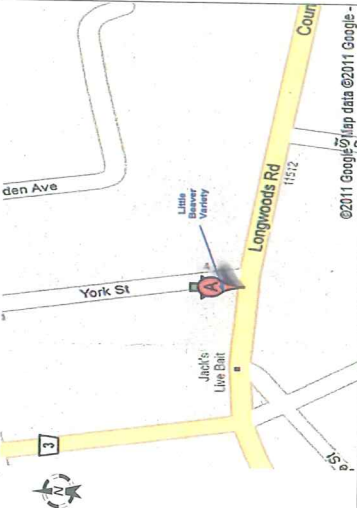
Date Map Prepared (dd-mm-yyyy) 31-05-2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: <u>135 ft.</u>	Right side property line: <u>69 ft.</u>
Rear: <u>25 ft.</u>	Left side property line: <u>59 ft.</u>
GPS coordinates of single largest vessel: <u>Lat. 42.9077 Long. -81.4198</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) Ali Aladdine	Official Title Owner	
Signature 	Telephone No. (519)652-0977	Date (dd-mm-yyyy) 31-05-2011



Key Plan:



Notes:

1. Tank distances to property lines:

Property Line Setbacks	Distance
East (Right Side)	69 ft
South (Front Side)	135 ft
West (Left Side)	59 ft
North (Back Side)	25 ft

2. Fire Extinguisher



3. Egress/Fire Access Route:  
Site is wide open, egress/access points from Longwoods Road and York Street

4. E-Stop



**Superior Propane Ltd.**

Title: **Site Plan**  
**Little Beaver Variety**  
11548 Longwoods Road, Delaware, On, N0L 1E0

11548 Longwoods Road  
Conc D BF Part Lot 5 Plan 47 Part Lot 15, 20, 21  
RP-34R 1536 Part 1

Drawn by: L. Forget

Checked by: C. Britskey

Date: May 11, 2011

Rev 0



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<p><b>Location of Propane Storage Tank</b></p> <p>Demarcated by in center of circle</p>	<p><b>Property Lines and Setbacks</b></p> <p>Property Lines and Setbacks shown on Site Plan</p>	<p><b>Map of Surrounding Area</b></p> <p>Little Beaver Variety                  11548 Longwoods Rd, Delaware, Ontario                  Conc. D BF Part Lot 5                  Plan 47 Part Lot 1520                  21. RP-34R 1536 Part 1</p>
<p><b>Capacity of Propane Storage Tank</b></p> <p>Capacity of Propane Tank = 2000 USWG</p>	<p><b>Municipality (ies) within the 1 psi overpressure circle</b></p> <p>Middlesex County</p>	
<p><b>GPS Co-ordinates of Propane Storage tank</b></p> <p>S Co-ordinates = 42.9078, -81.4203</p>	<p><b>Municipal Contact</b></p> <p>Michelle Smibert                  Chief Administrative Officer, Municipality of Middlesex,                  Tel: (519)666-0190 ext 226 Fax: (519)666-0271</p>	<p>Drawn by: L. Forget Date: May 16<sup>th</sup> 2011</p>
<p><b>Radial Distance to 1 psi overpressure</b></p> <p>Radial Distance by circle centred on tank: radial distance = 246 m</p>		



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

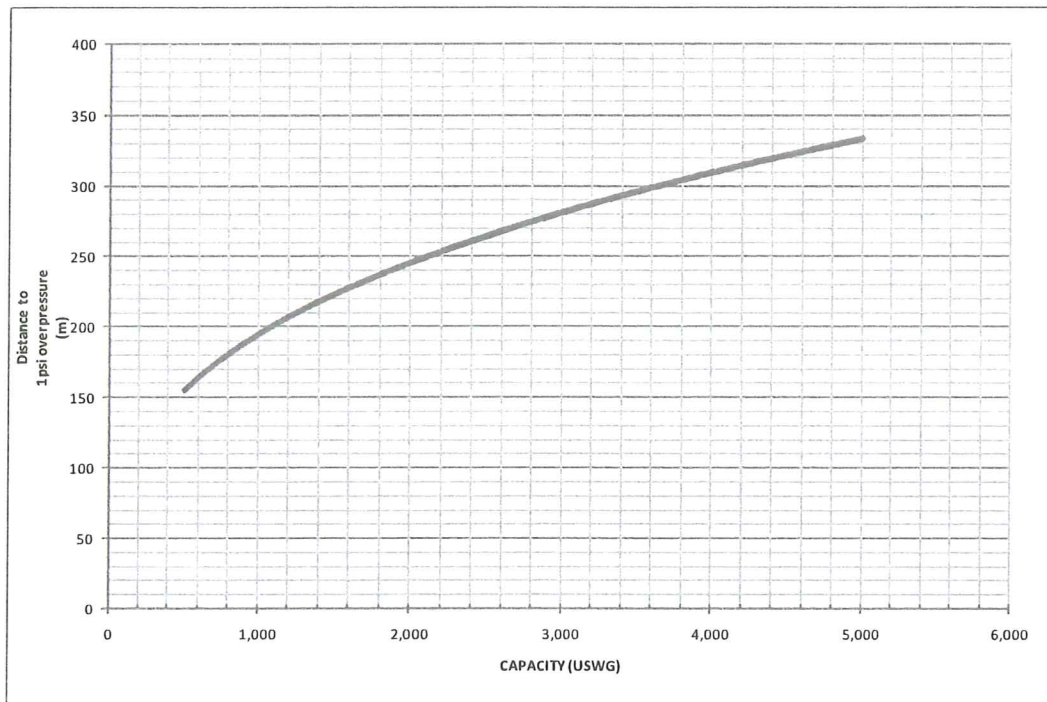
Table 1: Distance Table

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

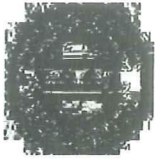
**Parameters:** Density of Propane is 0.5033 kg per litre @ 15 C  
 Assume all vessels are 80% full  
 1 gallon [US, liquid] = 0.003785411784 cubic meter  
 1 cubic metre = 264.17 USWG

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) Nothing completed on this page.		Official Title	
Signature 		Telephone No.	Date (dd-mm-yyyy)



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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				0 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____			X		8 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Various commercial - BJ's Country Market, Delaware Variety, Body Essence, Address: _____ City: _____ Province _____ Postal Code _____			x		40 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				0 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				0 m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: Firehall Address: _____ City: _____ Province _____ Postal Code _____		X			70 m

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

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Name of person completing this form (please print) Kelly Almey	Official Title Risk & Safety Coordinator, Superior Propane	
Signature 	Telephone No. (905) 285-2480 ext. 5549	Date (dd-mm-yyyy) 15-06-2011





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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	20	116 USWG
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			<b>116 USWG</b>

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

Tank Size In USWG	Quantity	Total Volume in USWG
2000 USWG	1	2000 USWG
<b>Total Tank Capacity</b>		

<b>Total Cylinder Capacity</b>	116 USWG
<b>Total Tank Capacity</b>	2000 USWG
<b>Total Portable Capacity</b>	116 USWG

**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) Ali Aladdine	Official Title Owner	
Signature 	Telephone No. (519)652-0977	Date (dd-mm-yyyy) 31-05-2011