



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: 0028762001-C

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

JULY 1

SECTION A: GENERAL INFORMATION

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

A Company Name: Sim Propane Ontario Corporation No., if applicable: _____

Operator Name (if different from above): _____

Telephone No. 519-542-5948 Fax No. _____ E-mail spropane@cogeco.net

B Street No. 5776 Street Name / 911 Number / Address, if applicable: Blackwell Sideroad

Town / City or Township / County: Sarnia Province: Ontario Postal Code: N7T 7H2

Mailing address if different from above:

C 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:

D Street No. 5776 Street Name / 911 Number / Address, if applicable: Blackwell Sideroad Nearest Major Intersection: Blackwell Sideroad and London Road

Town / City or Township / County: Sarnia Province: Ontario Postal Code: N7T 7H2

Name of Licence Holder: Sim Propane Limited

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Donald C Sim (ROT#4466 - expiry 1/25/2014) ROT type: PPO-3

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): Sarnia

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.

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder: <u>Sim Propane Limited</u>	<u>Donald C. Sim</u>	<u>6/29/2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training: <u>Donald C. Sim</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established.
1982

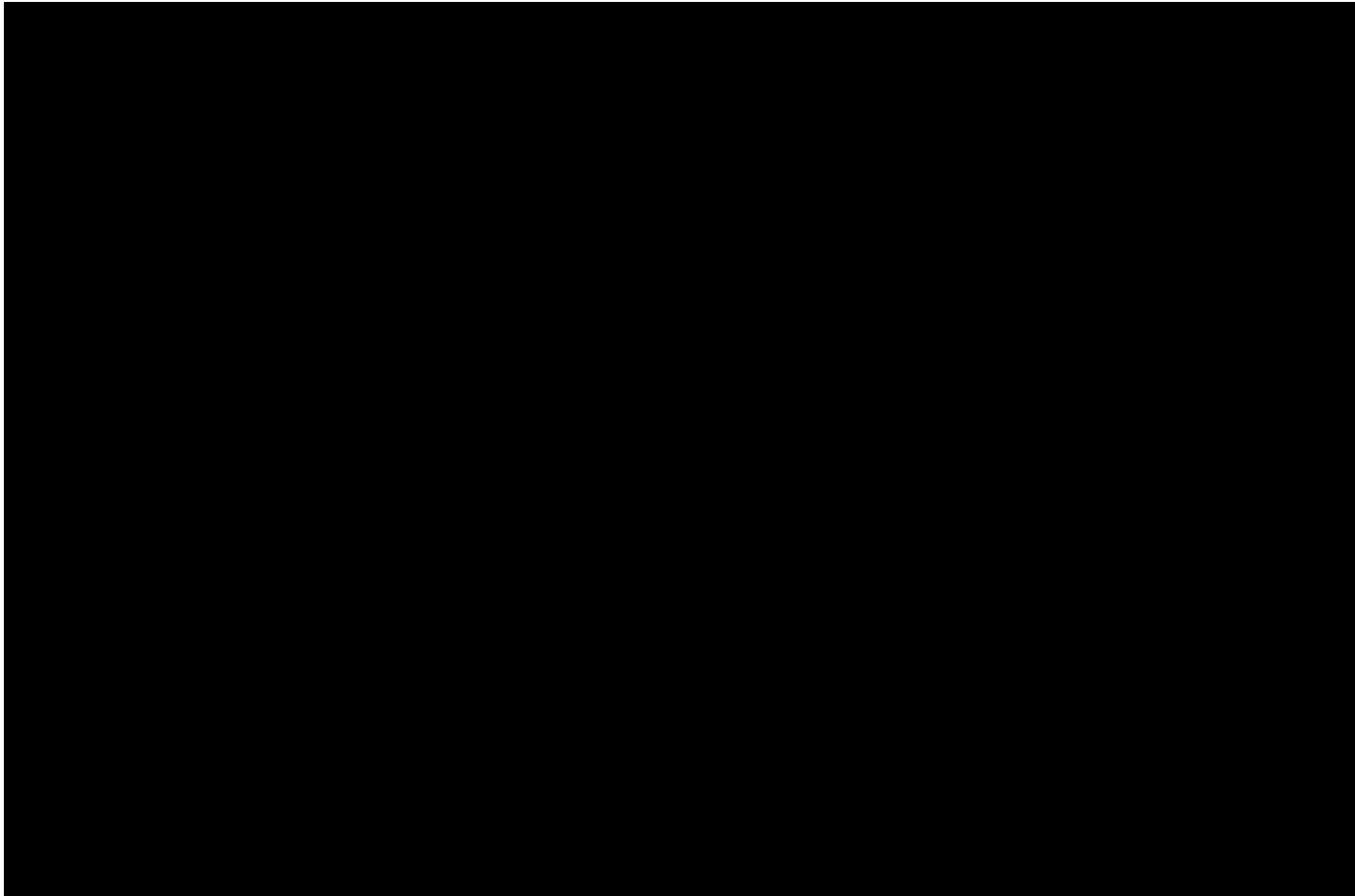
Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
n/a

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

	PSIG	Serial Number
Tank 1:	250	1072-5
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: 1,000 uswg Portable: 6 cyl cage - 34.8 uswg Mobile: n/a



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Name of person completing this form (please print) David S Cooper	Official Title Manager
Signature 	Telephone No. 519-542-5948
	Date (dd-mm-yyyy) 28/6/2011



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

Name of Propane Supplier(s) Dowler-Karn Limited - Sarnia Branch				
Street No. 1494	Street Name / 911 Number / Address, if applicable Plank Road			
Town / City or Township / Country Sarnia			Province Ontario	Postal Code N7T 7H3
Telephone No. 519-336-8600	Fax No.	Contact Name Ken Hooker, Branch Manager		
E-mail ken.hooker@dowlerkarn.com				

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>				
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	Capacity stored off-site, in USWG n/a	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) David Cooper	Official Title Manager	
Signature 	Telephone No. 519-542-5948	Date (dd-mm-yyyy) 27-6-2011



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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.
Propane filling facility - no other hazardous materials onsite.

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

Fire Extinguishers at the dispenser and inside building.
Master Hydro shutoff inside the building accessible by staff.

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 links on tank as described under B-149 of the Ontario gas code - heat sensitive automatic closure valve - main valve spring closes when the link breaks, restricting flow of gases/liquid.

Maintenance and testing schedule for fire protection controls and devices.

Annual inspection of tank and emergency shut-off system as required per B-149 gas code - copy left on-site.
Annual inspection of fire extinguishers.
Daily visual inspection by operator opening facility prior to use.

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Name of person completing this form (please print) David Cooper	Official Title Manager	
Signature 	Telephone No. 519-542-5948	Date (dd-mm-yyyy) 29-6-2011



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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 David Cooper	For Office Use - Party No.	Name Donald Sim	For Office Use - Party No.
Official Title Operator		Official Title Owner-Operator	
Telephone No. 519-542-5948	Fax No.	Cell No. 519-381-6494	Fax No.
E-mail spropane@cogeco.net		E-mail spropane@cogeco.net	
Role and responsibilities in emergency Alert authorities / Confirm evacuation of employees and customers/ ensure emergency plan executed.		Role and responsibilities in emergency Alert authorities / Confirm evacuation of employees and customers / ensure emergency plan executed.	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Donald Sim	For Office Use - Party No.	Name David Cooper	For Office Use - Party No.
Official Title Owner-Operator		Official Title Operator	
Telephone No. 519-542-5948	Fax No.	Telephone No. 519-542-5948	Fax No.
E-mail spropane@cogeco.net		E-mail spropane@cogeco.net	
Role and responsibilities in emergency Alert authorities / Confirm evacuation of employees and customers / ensure emergency plan executed.		Role and responsibilities in emergency Alert authorities / Confirm evacuation of employees and customers / ensure emergency plan executed.	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Pat Cayen	For Office Use - Party No.	Name Ken Hooker	For Office Use - Party No.
Official Title Fire Chief		Official Title Branch Manager	
Telephone No. 519-332-1122	Fax No. 519-332-1376	Telephone No. 519-336-8600	Fax No. 519-337-8848
E-mail pat.cayen@sarnia.ca		E-mail kenhooker@dowlerkarn.com	
Role and responsibilities in emergency Coordination of municipal fire services and resources during an emergency.		Role and responsibilities in emergency Address any concerns. Alert support services as necessary (fire/police, emergency response personnel as required). Implement supplier ERP plan.	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Dave Potts	For Office Use - Party No.	Name Lloyd Fennell	
Official Title Fire Prevention Officer		Official Title City Manager	
Telephone No. 519-332-1122	Fax No.	Telephone No. 519-332-0330 ext 230	Fax No. 519-332-3995
E-mail dpotts@sarnia.ca		E-mail citymanager@sarnia.ca	
Role and responsibilities in emergency Coordination of municipal fire services and resources during an emergency.		Municipality Municipality of Sarnia	

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Signature 	Telephone No. 519-542-5948
	Date (dd-mm-yyyy) 29-6-2011



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2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

Facility has been built to code to adhere to all standards and regulations.

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Signature <i>David Cooper</i>	Telephone No. 519-542-5948	Date (dd-mm-yyyy) 29-6-2011



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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) As required every 3 yrs.per ROT	Print Name of Training Provider: OPA (PPO-3)
	Print Name of Instructor: Ken Hooker, certified OPA instructor (Dowler-Karn Ltd.)
Training Date (dd-mm-yyyy) June 2011	Print Name of Training Provider: Inhouse training - Materials provided by Dowler-Karn
	Print Name of Instructor: David Cooper
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) June 2011	Print Name of Training Provider: Inhouse training
	Print Name of Instructor: David Cooper
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) Variable (per PPO-3 expiries)	Print Name of Training Provider: OPA (PPO-3)
	Print Name of Instructor: Ken Hooker
Training Date (dd-mm-yyyy) June 2011	Print Name of Training Provider: Inhouse training
	Print Name of Instructor: David Cooper
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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	Date (dd-mm-yyyy) 29-6-2011



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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) 1/30/2012	Print Name of Training Provider: <i>Inhouse</i>
	Print Name of Instructor: <i>David Cooper</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) 1/30/2012	Print Name of Training Provider: <i>Annual refresher (Inhouse)</i>
	Print Name of Instructor: <i>David Cooper</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) 1/30/2012	Print Name of Training Provider: <i>Annual refresher (Inhouse)</i>
	Print Name of Instructor: <i>David Cooper</i>
Target Date (dd-mm-yyyy) <i>ROT update - @ 3 yr. expiry date</i>	Print Name of Training Provider: <i>OPA (PPO-3)</i>
	Print Name of Instructor: <i>Ken Hooker</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>David Cooper</i>	Official Title <i>Manager</i>
Signature <i>David Cooper</i>	Telephone No. <i>519-542-5948</i>
	Date (dd-mm-yyyy) <i>29-6-2011</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).
Staff member operating the dispenser and front counter will be the point person for emergencies in the event that David Cooper isn't present. Warning will be given verbally to all staff and customers in the event of an emergency per reference in ERP. All other communications will be through emergency response personnel once on site.

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).
In the event that a warning has been issued, the authorities will be contacted via 911 and all employees and customers evacuated to the front of the property bordering property on Blackwell side road opposite the tank. The hydro shutoff will be activated prior to leaving the building to ensure that power to the dispenser has been halted, stopping the flow of propane. Details are noted in the ERP attached.

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).
In the event of a suspected leak, spill, fire or explosion, the emergency coordinator is to immediately call 911 once employees and customers have been ushered to safety. All steps and details are listed in the ERP.

Describe provisions for fire department entry when there are no operations or staffing at the propane site.
All equipment is readily accessible outside the building, with the exception of the main hydro shutoff.

Describe how the licence holder will ensure continual flow of updated information to authorities.
In an emergency, this will be done via phone or cellphone until such time as they arrive. At that point, fire services will take over. In a proactive manner, Sim Propane will provide site and contact information along with a copy of their ERP to fire services when the RSMP is reviewed.

How long will it take the facility liaison person to respond to the site.
On average, 5 minutes from home (Don Sim)

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Signature 	Telephone No. 519-542-5948	Date (dd-mm-yyyy) 29-6-2011



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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 type="checkbox"/>	<input checked="" 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>96.7m</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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Name of person completing this form (please print) David Cooper	Official Title Manager
Signature 	Telephone No. 519-542-5948
	Date (dd-mm-yyyy) 29-(-)-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

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:

Contacted. Awaiting response to submission.

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) David Cooper	Official Title Manager	
Signature 	Telephone No. 519-542-5948	Date (dd-mm-yyyy) 29-6-2011



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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) 6/2/2011	Capacity of single largest propane storage vessel (USWG) 1,000 uswg
Tank setback coordinates. Indicate placement on the map.	
Front: <u>80.4m (blackwell road)</u>	Right side property line: <u>21.9m</u>
Rear: <u>98.2m</u>	Left side property line: <u>25.2m</u>
GPS coordinates of single largest vessel: <u>42deg58'57.41"N 82deg19'13.95"W</u>	

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SECTION C: SUBMISSIONS (cont'd)

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

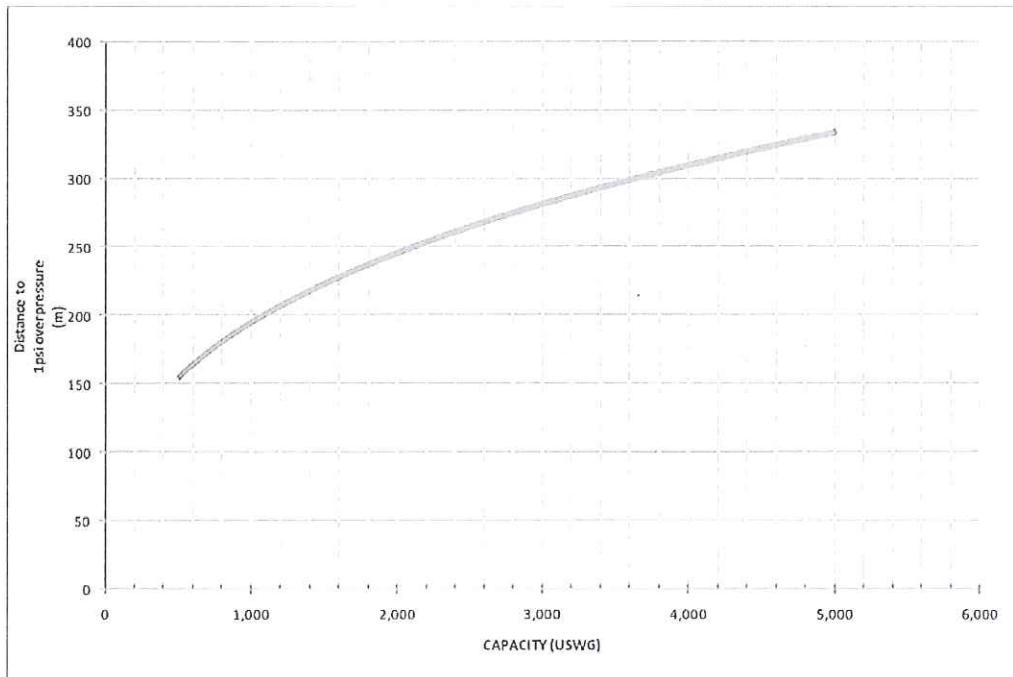
Table 1: Distance Table

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)



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SECTION C: SUBMISSIONS (cont'd)

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

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

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province <u>Ontario</u> Postal Code _____	x				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments [REDACTED]				x	<u>87.5</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Kern Ice / Water Supply</u> Address: <u>1804 London Line</u> City: <u>Sarnia</u> Province <u>Ontario</u> Postal Code <u>N7W 1A1</u>			x		<u>144</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>Sarnia Gospel Hall</u> Address: <u>1791 London Line</u> City: <u>Sarnia</u> Province <u>Ontario</u> Postal Code <u>N7T 7H7</u>		x			<u>122.9</u> 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".

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>David Cooper</u>	Official Title <u>Manager</u>
Signature 	Telephone No. <u>519-542-5948</u>
	Date (dd-mm-yyyy) <u>29-6-2011</u>



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4078
Customer Service: 1.877.682.8772

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:	_____	_____	_____
Tank 2:	_____	_____	_____
Tank 3:	_____	_____	_____
Total Fixed Capacity:			_____

B. Portable Storage

Cylinder Size	Capacity in USWG	Quantity	Total Capacity in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	50	290
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity		Line A	

Tanks Stored On-site Not Connected for Use

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

Total Portable Capacity. Line A plus Line B: 290 USWG

C. Mobile Tanks

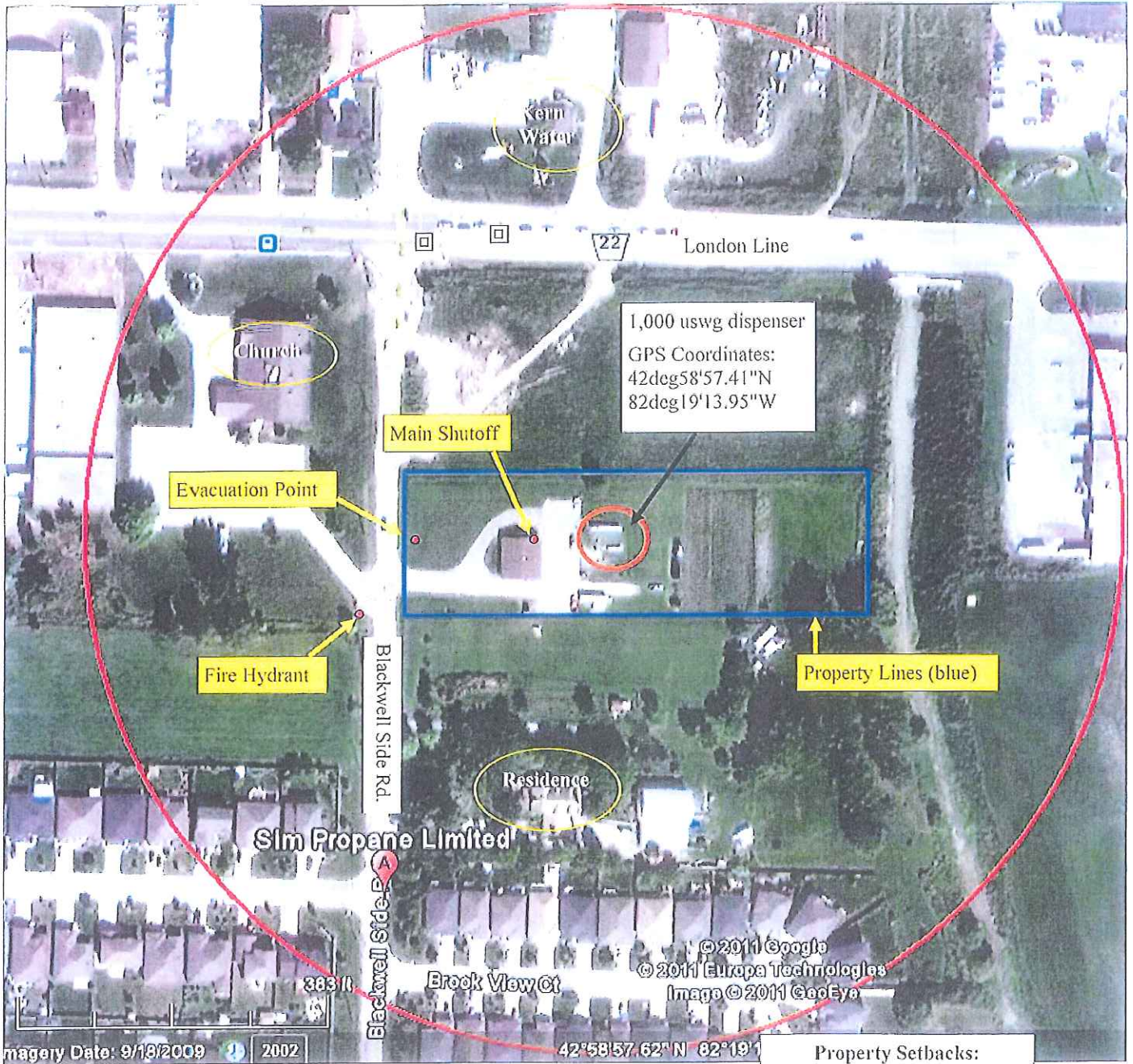
Type	Tank Size In USWG	Quantity	Total Capacity in USWG
Tankers			
Cargo Liners			
Total Mobile Tank Capacity			

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. <div style="font-size: 1.2em; font-family: cursive;">DAVID COOPER</div>	Official Title <div style="font-size: 1.2em; font-family: cursive;">OPERATIONS MANAGER</div>	
Signature <div style="font-size: 1.2em; font-family: cursive;">David Cooper</div>	Telephone No. <div style="font-size: 1.2em; font-family: cursive;">519-542-5948</div>	Date (dd-mm-yyyy) <div style="font-size: 1.2em; font-family: cursive;">01-02-2013</div>

SIM PROPANE

5776 Blackwell Side Road
 Sarnia, Ontario
 N7T 7H2



1,000 uswg dispenser
 GPS Coordinates:
 42deg58'57.41"N
 82deg19'13.95"W

Evacuation Point

Fire Hydrant

Main Shutoff

Property Lines (blue)

Sim Propane Limited

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 Image © 2011 GeoEye

Imagery Date: 9/18/2009 2002

42°58'57.62" N 82°19'13.95" W

Municipality of Sarnia
 City Manager: Lloyd Fennell
 citymanager@sarnia.ca
 519-332-0330 ext 230

Map Prepared :6/2/2011

Property Setbacks:	
Front	80.4m
Rear	98.2m
Right	21.9m
Left	25.2m

Sim Propane.
5776 Blackwell Side Road
Sarnia, Ontario N7T 7H2

Level 1 RSMP
Site Drawing

