



Technical Standards and Safety Authority  
345 Carlingview Drive  
Toronto, Ontario M9W 6N9  
Tel: 416.734.3300  
Fax: 416.231.4078  
Customer Service: 1.877.682.8772  
propanelicensing@tssa.org  
www.tssa.org

**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.

RECEIVED  
Feb 5, 2025  
J.

<b>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></b>		<b>For Office Use Only</b>     
<b>Licence Number</b>		
Check applicable type of propane operations. <input checked="" type="checkbox"/> Cylinder <input checked="" type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Keylock		
Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.		

**SECTION A: GENERAL INFORMATION**

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

<b>A</b> Company Name McDougall Energy Inc		Corporation No. 1000129013
Operator Name (if different from above) 		
Telephone No. 1-800-465-0910	Fax No. 	E-mail info@mcDougallcorp.com
<b>B</b> Street No. 421		
Street Name / 911 Number / Address, if applicable Bay St Suite 301		
Town / City or Township / County Sault Ste. Marie	Province Ontario	Postal Code P6A 1X3
Mailing address if different from above.		
<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. 100	Street Name / 911 Number / Address, if applicable Laforest Road	Nearest Major Intersection Laforest Rd and HWY 655
Town / City or Township / County Timmins	Province Ontario	Postal Code P4P 7C7
Name of Licence Holder Mark A. Basaraba		
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Mark A. Basaraba		
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Timmins, Ontario		
Hours of operation. Monday: Tuesday: Wednesday: Thursday:		

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		Date (dd-mm-yyyy)
Name of Licence Holder	Mark A. Basaraba	18-01-2025
Name of Senior Management person as defined in the Regulation holding the Record of Training	Mark A. Basaraba	18-01-2025



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

Indicate the year the facility was established.

2018

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 psi	324-19
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: 1999 uswg      Portable: 3000 uswg      Mobile: n/a

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Name of person completing this form (please print)

Official Title

Operations Manager

Telephone No.

705-360-3755

Date (dd-mmm-yyyy)

18-01-2025





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

Activity Information

Name of Propane Supplier(s) McDougall Energy Inc.		For Office Use - Party No.	
Street No. 421	Street Name / 911 Number / Address, if applicable Bay St. Suite 301		
Town / City or Township / Country Timmins		Province ON	Postal Code P6A 1X3
Telephone No. 1-800-465-0910	Fax No.	Contact Name Mark A. Basaraba	
E-mail markbasaraba@mcdougallenergy.com			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		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	
E-mail			

Off-site Cylinder and/or Mobile Storage N/A		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) Mark A. Basaraba		Official Title Operations Manager
[Redacted Signature]		Date (dd-mmm-yyyy) 18-01-2025
Telephone No. 705-360-3755		



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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.

N/A out side The main building does contain Lubes

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

20 lb ABC Fire Extinguishers

E-Stops Emergency Shut Off ( 1 inside/1 outside )

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.

Fuseable Links ( melts in case of a fire )

Camera monitoring ( can keep an eye on safe practices )

24 hour emergency service ( fast response time )

Maintenance and testing schedule for fire protection controls and devices.

Monthly inspections and yearly for fire exstinguishers

as per manufacture direction , ONTARIO FIRE CODE + NFPA-10

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Name of person completing this form (please print)

Mark A. Basaraba

Official Title

Operations Manager

Telephone No.

705-360-3755

Date (dd-mm-yyyy)

18-01-2025





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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 Mark A. Basaraba	For Office Use - Party No.
Official Title Operations Manager	
Telephone No. 705-360-3755	Fax No.
E-mail markbasaraba@mcdougallenergy.com	
Role and responsibilities in emergency Mutual Aid and first point of contact along with 911.	

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

Name Mark A. Basaraba	For Office Use - Party No.
Official Title Operations Manager	
Cell No. 705-360-3755	Fax No.
E-mail markbasaraba@mcdougallenergy.com	
Role and responsibilities in emergency First point of contact after 911.	

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

Name Cody Corrigan	For Office Use - Party No.
Official Title Propane Dispatch	
Telephone No. 705-465-5499	Fax No.
E-mail codycorrigan@mcdougallenergy.com	
Role and responsibilities in emergency	

**6. Name of Facility Manager**

Name Mark A. Basaraba	For Office Use - Party No.
Official Title Operations Manager	
Telephone No. 705-360-3755	Fax No.
E-mail markbasaraba@mcdougallenergy.com	
Role and responsibilities in emergency First point of contact after 911.	

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

Name Berny Stansa	For Office Use - Party No.
Official Title Fire Chief	E-mail berny.stansa@timmins.ca
Telephone No. 705-360-2626 x 4082	Fax No.
Role and responsibilities in emergency Mutual aid	

**7. Propane Supplier Key Contact Person**

Name Mark A. Basaraba	For Office Use - Party No.
Official Title Operations Manager	E-mail
Telephone No. 705 360 3755	Fax No.
Role and responsibilities in emergency Mutual aid	

Fire Services Address  
133 Cedar St. S Timmins, ON P4N 2G9

Propane Supplier Address  
100 laforest Rd

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

Name Scott Atkinson	For Office Use - Party No.
Official Title Deputy	E-mail scott.atkinson@timmins.ca
Telephone No. 705-360-2626 x 4089	Fax No.
Role and responsibilities in emergency Mutual aid	

**8. Municipal Contact**

Name David Landers	For Office Use - Party No.
Official Title CAO	
Telephone No. 705-360-2600 Ext. 2215	Fax No. (705) 360-2678
E-mail david.land@timmins.ca	

Fire Services Address  
133 Cedar St. S Timmins, ON P4N 2G9

Municipality Name and Address  
City of Timmins 220 Algonquin Blvd. E Timmins, ON P4N 1B3

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Mark A. Basaraba

Official Title

Operations Manager

Telephone No.

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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.

Full Functioning Camera system, In the event the yard attendant or employee notice a situation during filling a tank they have access to two estops one inside the building and one out side the building. All employees who transfer propane are trained with the PTI Training courses.

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	Telephone No. 705-360-3755
	Date (dd-mmm-yyyy) 18-01-2025





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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-mmm-yyyy)	Print Name of Training Provider: McDougall Energy Inc.
01-NOV-2025	Print Name of Instructor: Mark A. Basaraba
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy)	Print Name of Training Provider: McDougall Energy Inc.
01-NOV-2025	Print Name of Instructor: Mark A. Basaraba
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-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-mmm-yyyy)	Print Name of Training Provider: McDougall Energy Inc.
01-NOV-2025	Print Name of Instructor: Mark A. Basaraba
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Mark A. Basaraba	Operations Manager
	Telephone No.
	05-360-3755
	Date (dd-mmm-yyyy)
	18-01=2025



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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-mmm-yyyy) 01-NOV-2024	Print Name of Training Provider: McDougall Energy Inc.
	Print Name of Instructor: Mark A. Basaraba
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) 01-NOV-2024	Print Name of Training Provider: McDougall Energy Inc.
	Print Name of Instructor: Mark A. Basaraba
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-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-mmm-yyyy) 01-NOV-2024	Print Name of Training Provider: McDougall Energy Inc.
	Print Name of Instructor: Mark A. Basaraba
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-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).

Mark A. Basaraba or designate will give the warnings to all staff and notify emergency services by calling 911

All employees will meet at the muster point for a head count

Public notification will be given as guided by emergency personnel

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).

All employees will be accounted for with a head count to make sure that there are no missing persons at the designated muster point

Wait directing from emergency personnel

**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).

At first sign of an emergency situation Mark Basaraba or designate will place the call to 911 and confirm ETA and relay to all parties involved.

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

The fire department will call Mark A. Basaraba who will act as liason for site entry. The property can be accessed from the south gate

a key will also be issued to the Timmins Fire Department

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

The continual flow of information will be provided via cell phone and other electronic communications as needed.

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

Fifteen minutes based on road conditions. example snow storms and traffic

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Mark A. Basaraba

Official Title

Operations Manager

Telephone No.

705-360-3755

Date (dd-mmm-yyyy)

18-01-2025



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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 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>90 m from dry hydrant</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>4.5 km city hydrant</u>	

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	Date (dd-mmm-yyyy) 18-01-2025





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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:

Fire services will be attending the site for full orientation once tank is installed in place.

**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-mmm-yyyy)

**LOCAL FIRE SERVICES**

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

BERNY STANSA

Print name

Local Fire Services Name TIMMINS FIRE DEPT.

Date (dd-mmm-yyyy)

20-01-2025

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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-mmm-yyyy) DEC-2024	Capacity of single largest propane storage vessel (USWG) 1999 uswg
Tank setback coordinates. Indicate placement on the map.	
Front: 194 ft	Right side property line: 290 ft
Rear: 31 ft	Left side property line: 108 ft
GPS coordinates of single largest vessel: 48°31'34.23"N 81°17'57.58"W	

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**SECTION C: SUBMISSIONS (cont'd)**

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

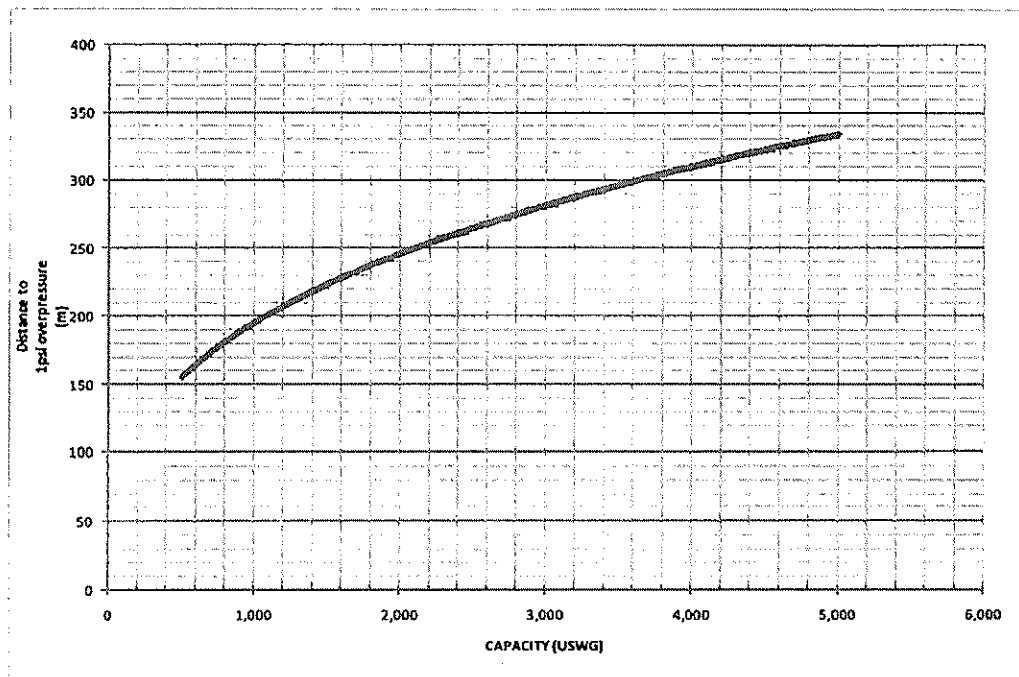
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

**Formula:**  $D = 16.94 \times (1.524 \times C)^{1/3}$   
D = Distance to overpressure of 1 psi (meters)  
C = Tank Total Capacity in USWG

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

Hazard Distance Chart (EPA-TNT model)





Technical Standards and Safety Authority  
345 Carlingview Drive  
Toronto, Ontario M9W 6N9  
Tel: 416.734.3300  
Fax: 416.231.4078  
Customer Service: 1.877.682.8772  
propanelicensing@tssa.org  
www.tssa.org

**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>Dome Building on McDougall Property</u> Address: <u>100 Laforest Road</u> City: <u>Timmins</u> Province <u>Ontario</u> Postal Code <u>P4P 1C7</u>		X			<u>142.29</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>OK Tire</u> Address: <u>100 Laforest Road</u> City: <u>Timmins</u> Province <u>Ontario</u> Postal Code <u>P4P 7C7</u>		X			<u>222.62</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> 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>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/A</u> 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>Mark A. Basaraba</u>	Official Title <u>Operations Manager</u>
Telephone No. <u>705-360-3755</u>	Date (dd-mmm-yyyy) <u>18-01-2025</u>





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**WORKSHEET**

**Portable Storage Additional Information Worksheet**

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	n/a	
# 100	29.5	50	1475
# 40	11.75	n/a	
# 33.3	9.62	20	192.4
# 30	8.8	20	176
# 20	5.8	20	116
# 10	2.9	n/a	
# 5	1.5	n/a	
Total Cylinder Capacity 1959.4			

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

Tank Size in USWG	Quantity	Total Volume in USWG
N/A	N/A	N/A
Total Tank Capacity N/A		

Total Cylinder Capacity	1959.4 USWG
Total Tank Capacity	N/A
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	1959.4 USWG

\*Information provided in this application is releasable under the Freedom of Information and Privacy Protection Act and may be disclosed upon request.