



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.

<p>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 <u>New</u></p> <p>Check applicable type of propane operations.</p> <p><input 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>For Office Use Only</p> <div style="border: 1px solid black; height: 80px;"></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.

Company Name		Corporation No.
A <u>Student Transportation of Canada Inc.</u>		<u>1001280850</u>
Operator Name (if different from above)		
<u>O/A Cook School Bus Lines</u>		
Telephone No.	Fax No.	E-mail
<u>705-726-7171</u>		<u>rkorens@ridestc.com</u>

Street No.		Street Name / 911 Number / Address, if applicable	
B <u>229 Unit 6</u>		<u>Mapleview Drive East</u>	
Town / City or Township / County		Province	Postal Code
<u>Barrie</u>		<u>Ontario</u>	<u>L4N 0W5</u>

Mailing address if different from above.			
Street No.		Street Name / 911 Number / Address, if applicable	
C			
Town / City or Township / County		Province	Postal Code

Information on Container Refill Centre or Filling Plant

Location of facility.		
Street No.	Street Name / 911 Number / Address, if applicable	Nearest Major Intersection
D <u>139</u>	<u>Norpark Ave</u>	<u>Hwy 6 and Sligo Road</u>
Town / City or Township / County		Province
<u>Mount Forest</u>		<u>Ontario</u>
		Postal Code
		<u>N0G 2L0</u>

Name of Licence Holder	
<u>Student Transportation of Canada Inc.</u>	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).	
<u>Rick Koren</u>	
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)	
<u>Municipality of West Grey</u>	
Hours of operation:	
<div style="border: 1px solid black; width: 100px; height: 100px;"></div>	<div style="border: 1px solid black; width: 100px; height: 100px;"></div>

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Print name	Signature	Date (dd-mmm-yyyy)
Name of Licence Holder <u>Student Transportation Of Canada Inc.</u>	<div style="background-color: black; width: 100px; height: 100px;"></div>	
Name of Senior Management person as defined in the		
Regulation holding the Record of Training <u>Rick Koren</u>		<u>07-AUG-2025</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established.

2025

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: 265 psi

RNG Pro-Tech 37318A

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: 4330 USWG

Portable: N/A

Mobile: N/A

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Name of person completing this form (please print)	Official Title		
Rick Koren	General Manager		
Signature		Telephone No.	Date (dd-mmm-yyyy)
		365-366-5976	07-AUG-2025



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) Superior Propane			For Office Use - Party No.	
Street No. 700	Street Name / 911 Number / Address, if applicable Jamieson Parkway			
Town / City or Township / Country Cambridge			Province Ontario	Postal Code N3C 4N6
Telephone No. 9055162301	Fax No.	Contact Name Tom Amies		
E-mail amiest@superiorpropane.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	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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Signature		Telephone No. 365-366-5976	Date (dd-mmm-yyyy) 07-AUG-2025



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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.

There are three 420 lb propane cylinders for building heat on the west side of the building.

There are no other hazardous materials on site.

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

1 x 20 lb fire extinguisher at propane dispenser

One E-stop at dispenser, exterior mounted

One E-Stop on main building, exterior mounted

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.

Internal Safety Control (ISC) valves

Emergency shutdown button shuts off power to the pump

Fusible link on ISC valve melts and closes ISC valve in the event of a fire

Maintenance and testing schedule for fire protection controls and devices.

Fire extinguishers are inspected visually monthly

Propane tank and dispensing system including controls and safety equipment to be inspected annually by licensed propane fitter

Each time dispenser is used, operator to check for observable leaks

Facility inspection by TSSA to be completed as required.

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Signature		Telephone No. 365-366-5976	Date (dd-mmm-yyyy) 07-AUG-2025



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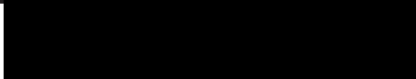
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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name <u>Shirley Hastie</u>	For Office Use - Party No.	Name <u>Shirley Hastie</u>	For Office Use - Party No.
Official Title <u>Location Manager</u>		Official Title <u>Location Manager</u>	
Telephone No. <u>519-323-9181</u>	Fax No. <u>N/A</u>	Cell No. <u>519-827-6551</u>	Fax No. <u>N/A</u>
E-mail <u>shastie@ridestc.com</u>		E-mail <u>shastie@ridestc.com</u>	
Role and responsibilities in emergency <u>Initiate Emergency Response Plan, alert employees, call 911 and act as liaison with emergency responders</u>		Role and responsibilities in emergency <u>Same as 1. Site liaison with emergency responders.</u>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <u>Rick Koren</u>	For Office Use - Party No.	Name <u>Shirley Hastie</u>	For Office Use - Party No.
Official Title <u>General Manager</u>		Official Title <u>Location Manager</u>	
Telephone No. <u>365-366-5976</u>	Fax No. <u>N/A</u>	Telephone No. <u>519-323-9181</u>	Fax No. <u>Cell No. 519-827-6551</u>
E-mail <u>rkoren@ridestc.com</u>		E-mail <u>shastie@ridestc.com</u>	
Role and responsibilities in emergency <u>Co-ordinate site response if key contact is unavailable. Liaison with emergency responders.</u>		Role and responsibilities in emergency <u>Same as 1. Site liaison with emergency responders.</u>	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <u>Phil Schwartz</u>	For Office Use - Party No.	Name <u>Superior Propane Hotline</u>	For Office Use - Party No.
Official Title <u>Fire Chief/CEMC</u>	E-mail <u>pschwartz@westgrey.com</u>	Official Title <u>Operator</u>	E-mail
Telephone No. <u>519-369-2505</u>	Fax No.	Telephone No. <u>1 (877) 873-7467</u>	Fax No.
Role and responsibilities in emergency <u>Coordinates incident response activities and assigns resources as required during emergencies.</u>		Role and responsibilities in emergency <u>Assist emergency responders as required. Identify and dispatch Superior Propane and/or ERAC emergency response personnel as required.</u>	
Fire Services Address <u>179 George Street, West Grey, ON, N0G 1R0</u>		Propane Supplier Address <u>Unit 102 - 700 Jamieson Parkway, Cambridge, ON N3C 4N6</u>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <u>Shawn Edwards</u>	For Office Use - Party No.	Name <u>Michele Harris</u>	For Office Use - Party No.
Official Title <u>Deputy Fire Chief</u>	E-mail <u>sedwards@westgrey.com</u>	Official Title <u>CAO</u>	
Telephone No. <u>519-369-2505</u>	Fax No.	Telephone No. <u>519-369-2200 EXT.222</u>	Fax No.
Role and responsibilities in emergency <u>Alternate contact will assist the Fire Chief in coordinating Fire Dept response and resources in the event of an emergency</u>		E-mail <u>cao@westgrey.com</u>	
Fire Services Address <u>179 George Street, West Grey, ON, N0G 1R0</u>		Municipality Name and Address <u>Municipality of West Grey, 402813 Grey Road 4, Durham, ON N0G 1R0</u>	

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Name of person completing this form (please print) <u>Rick Koren</u>		Official Title <u>General Manager</u>	
Signature 		Telephone No. <u>365-366-5976</u>	Date (dd-mmm-yyyy) <u>07-AUG-2025</u>



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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.

Emergency response assistance available through Superior Propane's contract with ERAC which provides emergency response advice, personnel, and equipment if necessary.

Internal Safety Control (ISC) valves are equipped with manual actuators and with fusible links that melt and closes ISC valve in the event of a fire.

ISC and other valves in closed position when unattended

The pumping equipment will be located within a locked cabinet underneath or adjacent to the propane tank. This will be locked and the system will be de-energized / the liquid withdrawal opening will be closed when not in operation.

Emergency shutdown button shuts off power to the pump

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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) New with commissioning	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: TBD
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) New with commissioning	Print Name of Training Provider: Cook School Bus Lines
	Print Name of Instructor: Safety Co-ordinator
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) New with commissioning	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: TBD
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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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) New with commissioning	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: TBD
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) New with commissioning	Print Name of Training Provider: Cook School Bus Lines
	Print Name of Instructor: Safety Co-ordinator
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) New with commissioning	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: TBD
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).

Operator on site will notify staff and individuals on site of the situation after pressing the ESD switch and closing ISC valve.

Staff and individuals will be asked to proceed to the Emergency Muster Point while Facility Manager/Alternate calls 911 and requests Fire Department response.

Facility's key contact will alert propane supplier's key contact who will activate ERAP (if necessary) and report to TSSA through Spills Action Center.

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).

Staff will hit the emergency shut off and announce a propane emergency.

If necessary, all employees and visitors will immediately vacate the building and premises and meet at the muster point.

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).

All employees are instructed and authorized to activate emergency response authorities by calling 9-1-1 upon occurrence of fire and/or significant leak.

The facility's key contact or designated representative is responsible for ensuring a continuous flow of information to the Fire Department as updates become available. In the event of an emergency, the person in charge at the time must be present to provide real-time updates.

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

The dispenser is accessible to fire department entry at all times with no fencing or gates present.

A fire extinguisher and emergency stop buttons located in the tank area are easily accessible at all times.

Additional emergency stop button is mounted on the exterior of the main building. Refer to Site Plan.

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

Key facility contact or manager will provide information to authorities via cell phone.


Fire Department will be invited for a full site review on an annual basis, with additional access provided for training and orientation upon request.

Site specific emergency procedures are reviewed annually with all employees.

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

Key Contact or Facility Manager will respond in approximately 20 minutes.

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Signature 	Telephone No. 365-366-5976	Date (dd-mmm-yyyy) 07-AUG-2025



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

6. Building and Site Security and Procedures

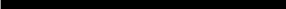
- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there adequate 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Are weighing systems validated for accuracy? | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" 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.

- | | | | |
|----|--|-------------------------------------|-------------------------------------|
| 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>400m (by OPP bldg.)</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) | | |

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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-mmm-yyyy)

LOCAL FIRE SERVICES

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

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

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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.

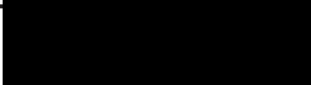
The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

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) <u>01-AUG-2025</u>	Capacity of single largest propane storage vessel (USWG) <u>4330 USWG</u>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>West: 35ft [10.7m]</u>	Right side property line: <u>South 131 ft [39.9 m]</u>
Rear: <u>East: 182ft [55.5m]</u>	Left side property line: <u>North: 253t [77.1 m]</u>
GPS coordinates of single largest vessel: <u>43.99055° ; -80.75114°</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) <u>Rick Koren</u>	Official Title <u>General Manager</u>	
Signature 	Telephone No. <u>365-366-5976</u>	Date (dd-mmm-yyyy) <u>07-AUG-2025</u>



Technical Standards and Safety Authority
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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

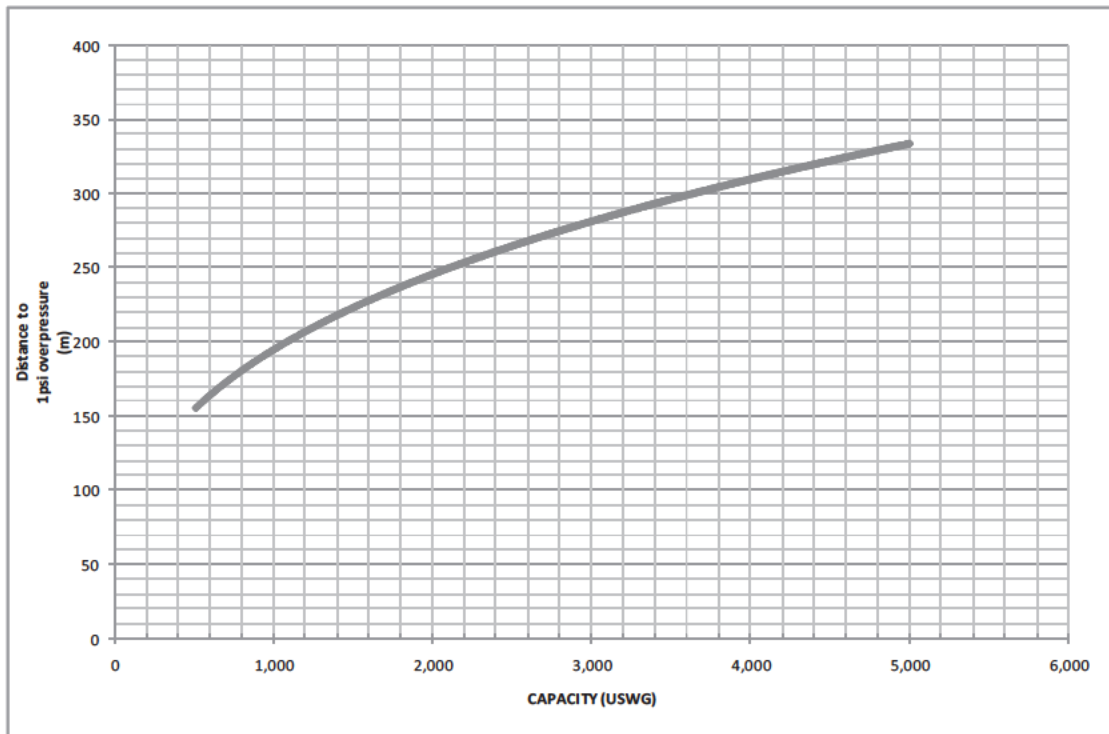
Table 1: Distance Table

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)





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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: <u>Dingwall Electric</u> Address: <u>3073 ON-144</u> City: <u>Chelmsford</u> Province <u>Ontario</u> Postal Code <u>P0M 1J0</u>				x	<u>90</u> m
<u>[REDACTED]</u> Single family dwelling <u>[REDACTED]</u> <u>[REDACTED]</u>			X		<u>138</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name <u>Quick Shine Auto Wash</u> Address: <u>127 Norpark Avenue</u> City: <u>Mount Forest</u> Province <u>Ontario</u> Postal Code <u>N0G 1R0</u>			X		<u>180</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>NONE</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>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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Name of person completing this form (please print) <u>Rick Koren</u>	Official Title <u>General Manager</u>
Signature <u>[REDACTED]</u>	Telephone No. <u>365-366-5976</u>
	Date (dd-mmm-yyyy) <u>07-AUG-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		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity 0			

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity 0		

Total Cylinder Capacity	0
Total Tank Capacity	0
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	0

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