



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.

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> Licence Number <u>000076639504</u> 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.	For Office Use Only
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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>502076 ON LTD Canco/One Stop</u>		<u>000502076</u>	
Operator Name (if different from above)			
Telephone No.	Fax No.	E-mail	
<u>8078253268</u>		<u>canco712terracebay@cancoptroleum.ca</u>	
B Street No. <u>17</u> Street Name / 911 Number / Address, if applicable <u>Trans Canada Highway</u>			
Town / City or Township / County		Province	Postal Code
<u>Terrace Bay</u>		<u>Ontario</u>	<u>P0T2W0</u>
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.		
Street No.	Street Name / 911 Number / Address, if applicable	Nearest Major Intersection
D <u>17</u>	<u>Trans Canada Highway</u>	
Town / City or Township / County		Province
<u>Terrace Bay</u>		<u>Ontario</u>
		Postal Code
		<u>P0T2W0</u>

Name of Licence Holder	
<u>Kavya Nailwal</u>	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).	
<u>Kavya Nailwal</u>	
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)	
<u>Township of Terrace bay</u>	
Hours of operation.	
Monday: <u>Daylight</u> am <u>Only</u> pm	Friday: <u>Daylight</u> am <u>Only</u> pm
Tuesday: <u>Daylight</u> am <u>Only</u> pm	Saturday: <u>Daylight</u> am <u>Only</u> pm
Wednesday: <u>Daylight</u> am <u>Only</u> pm	Sunday: <u>Daylight</u> am <u>Only</u> pm
Thursday: <u>Daylight</u> am <u>Only</u> pm	Holiday: <u>Daylight</u> am <u>Only</u> pm

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>Kavya Nailwal</u>		<u>02/04/2026</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Kavya Nailwal</u>		<u>02/04/2026</u>

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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) SARJEANT PROPANE			For Office Use - Party No.	
Street No. 3014	Street Name / 911 Number / Address, if applicable ARTHUR ST, WEST			
Town / City or Township / Country THUNDER BAY			Province ONTARIO	Postal Code P7C4V1
Telephone No. 18079392568 X 401	Fax No.	Contact Name BEN CARLSON		
E-mail BCARLSON@SARJEANTS.COM				

Name of Propane Transporter. If same as above, please check box. ☒			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 None		Capacity stored off-site, in USWG 0	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) Kanya Nailwal		Official Title Store Manager	
S [Redacted]	Telephone No. 416-500-1059	Date (dd-mmm-yyyy) 02-04-2026	



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SECTION A: GENERAL INFORMATION (cont'd)

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

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

	PSIG	Serial Number
Tank 1:	250	5592537
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: 0 Mobile: _____

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Name of person completing this form (please print)	Official Title	
Kavya Nailwal	Store Manager.	
Signature	Telephone No.	Date (dd-mmm-yyyy)
[Redacted]	416-500-1059	02-04-2026

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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 25000L STORAGE UNDERGROUND TANKS

1000 GAL PROPANE TANK FOR BUILDING HEATING

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

A-B-C-D.2- at islands for pumps

1-LOCATED AT PROPANE DISPENSING TANK

1-LOCATED IN STORE

1-LOCATED IN THE SHOP

List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

FUSIBLE LINK ON ISC-ISOLATION VALVE BETWEEN THE TANK &THE DOWNSTREAM PROPANE DISPENSING EQUIPMENT.

POWER SUPPLY BREAKER INSIDE GAS BARBUILDING.THIS CUTS ALL POWER TO PROPANE SYSTEM IE SHUTS DOWN PUMPS AND CLOSES SOLENOID VALVE.

Maintenance and testing schedule for fire protection controls and devices.

MAINTAINCE & TESTING IS UNDERTAKEN BY SARJEANT PROPANE ACC TO SARJEANT STANDARD MAINTAINCE

1. PUMPS -PUMPS EVERY 3 MONTHS ,CHECK BELTS MONTHLY IE GREASE PUMPS EVERY 6 MONTHS

2.ISC VALVE-TEST FOR CLOSER EVERY 6 MONTHS

3.STORAGE TANK RELIEF VALVE-INSPECTED EVERY 5 YEARS ,REPLACEMENT SCHEDULE AS PER PROVIDED REGULATION

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Name of person completing this form (please print) <i>Kavza Nailwal</i>	Official Title <i>Store Manager</i>	
Signature 	Telephone No. <i>416-500-1059</i>	Date (dd-mmm-yyyy) <i>02/04/2026</i>



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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>KAVYA NAILWAL</u>	For Office Use - Party No.	Name <u>KAVYA NAILWAL</u>	For Office Use - Party No.
Official Title <u>STORE MANAGER</u>		Official Title <u>STORE MANAGER</u>	
Telephone No. <u>4165001059</u>	Fax No.	Cell No. <u>4165001059</u>	Fax No.
E-mail <u>CANCO712TERRACEBAY@CANCOPETROLEUM.CA</u>		E-mail <u>CANCO712TERRACEBAY@CANCOPETROLEUM.CA</u>	
Role and responsibilities in emergency <u>CO ORDINATE SITE RESPONSE PLAN</u>		Role and responsibilities in emergency <u>CO ORDINATE SITE RESPONSE PLAN</u>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <u>JASSVINDER</u>	For Office Use - Party No.	Name <u>KAVYA NAILWAL</u>	For Office Use - Party No.
Official Title <u>PROPANE /GAS ATTENDANT</u>		Official Title <u>STORE MANAGER</u>	
Telephone No. <u>4373663262</u>	Fax No.	Telephone No. <u>4165001059</u>	Fax No.
E-mail <u>CANCO712TERRACEBAY@CANCOPETROLEUM.CA</u>		E-mail <u>CANCO712TERRACEBAY@CANCOPETROLEUM.CA</u>	
Role and responsibilities in emergency <u>CO ORDINATE SITE RESPONSE PLAN</u>		Role and responsibilities in emergency <u>CO ORDINATE SITE RESPONSE PLAN</u>	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <u>RYAN BOLAN</u>	For Office Use - Party No.	Name <u>BEN CARLSON</u>	For Office Use - Party No.
Official Title <u>FIRE CHIEF</u>	E-mail <u>.FIRE@TERRACEBAY.CA</u>	Official Title <u>MARKET MANAGER</u>	E-mail <u>BCARLSON@SARJEANTS.COM</u>
Telephone No. <u>8078253554</u>	Fax No. <u>8078259576</u>	Telephone No. <u>8079392568 X 401</u>	Fax No.
Role and responsibilities in emergency <u>CO ORDINATE SITE RESPONSE PLAN/ ADVISE ON FIRE SERVICE RESPONSE .LAISE WITH POLICE SERVICE</u>		Role and responsibilities in emergency <u>PROVIDE TRAINING AND SUPPLY PROPANE</u>	
Fire Services Address <u>8 RADISSION AVE, TERRACEBAY, ONTARIO, P0T2W0</u>		Propane Supplier Address <u>3014 ARTHUR ST, WEST, THUNDERBAY, P7C4V1</u>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <u>PAUL TONIN</u>	For Office Use - Party No.	Name <u>JON HALL</u>	For Office Use - Party No.
Official Title <u>DEPUTY FIRE CHIEF</u>	E-mail <u>DEPUTYFIRE@TERRACEBAY.CA</u>	Official Title <u>CAO</u>	
Telephone No. <u>8077082063</u>	Fax No. <u>8078259576</u>	Telephone No. <u>8078253315 X7108</u>	Fax No.
Role and responsibilities in emergency <u>CO ORDINATE SITE RESPONSE PLAN/ADVISE ON FIRE SERVICE RESPONSE WHEN KEY CONTACT IS NOT AVAILABLE .LAISE WITH POLICE</u>		E-mail <u>CAO@TERRACEBAY.CA</u>	
Fire Services Address <u>8 RADDISON AVE, TERRACE BAY, ONTARIO, P0T2W0</u>		Municipality Name and Address <u>TOWNSHIP OF TERRACE BAY</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>Kavya Nailwal</u>	Official Title <u>Store Manager</u>
Signature 	Telephone No. <u>416-500-1059</u>
	Date (dd-mmm-yyyy) <u>02-04-2026</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.

None

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Signature 	Telephone No. <i>416-500-1059</i>
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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) 09 JAN 2026	Print Name of Training Provider: TEAM SOLUTION
	Print Name of Instructor: JANEK MATERNICKIE
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) 1 JAN 2026	Print Name of Training Provider: CANCO 712
	Print Name of Instructor: Kavya Nailwal
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) 09 JAN 2026	Print Name of Training Provider: TEAM SOLUTION
	Print Name of Instructor: JANEK MATERNICKIE
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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Name of person completing this form (please print) Kavya Nailwal	Official Title Store Manager
Signature [Redacted]	Telephone No. 416-500-1059
	Date (dd-mmm-yyyy) 02-04-2026



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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)	Print Name of Training Provider: <u>Canco 712</u>
<u>01/01/2028</u>	Print Name of Instructor: <u>Kavya Nailwal</u>
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)	Print Name of Training Provider: <u>Canco 712</u>
<u>01/06/2026</u>	Print Name of Instructor: <u>Kavya Nailwal</u>
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)	Print Name of Training Provider: <u>SEAJEANT PROPANE</u>
<u>01/05/2026</u>	Print Name of Instructor:
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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<u>Kavya Nailwal</u>	<u>Store Manager</u>
Signature	Telephone No.
	<u>416-500-1059</u>
	Date (dd-mmm-yyyy)
	<u>02/04/2026</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.

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 the emergency services by calling 911 & will provide warning outlined in the attached propane emergency response procedures. Playcards to be posted on site & part of employee training. if it is state to do so this could involve advising neighbours to evacuate. the key contact / alternate may also contact sarjeants propane via emergency number identified in 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 key contact / alternate should first follow the action plan in ERP provided, stage evacuation if the release of propane cant be stopped by cutting electrical supply, note a specific muster point is not advisable, since a propane fumes can blow in any direction, action will be taken by on duty ROT person

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, ROT person will be on duty & in be in propane tank area. this person will be able to visually ascertain any accident event & implement appropriate emergency response, when system not in operation, isc valve is closed & propane system is unattended. any accident involving tanks during such time will require the intervention of random nearby individuals

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
the fire access routes are identified in the attached plan.

Describe how the licence holder will ensure continual flow of updated information to authorities.
the critical information required from the licence holder is (a) how to shut the system down & the fill level in the tank. all level is relevant from time to time perspective near empty tank will Bleve sooner than a full tank if there is a fire impingement on the tank the information is provided to the authority by key contact/alternate.

How long will it take the facility liaison person to respond to the site.
2-3 minutes to arrive at the facility in the event of emergency

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S [Redacted]	Telephone No. <i>416-500-1059</i>
	Date (dd-mmm-yyyy) <i>02-04-2026</i>



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

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

6. Building and Site Security and Procedures

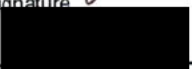
	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	☒	☐
2. Is there adequate night lighting at the site?	☒	☐
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	☒	☐
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?	☒	☐
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	☒	☐
6. Are weighing systems validated for accuracy?	☒	☐
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	☒	☐
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	☒	☐
9. Is the schedule of maintenance and testing activities retained on site?	☒	☐

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?	☒	☐
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	☒	☐
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	<u>127 M fir 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>n/a</u>	

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Signature 	Telephone No. <u>416-500-1059</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-mmm-yyyy)

LOCAL FIRE SERVICES

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

Print name

Date (dd-mmm-yyyy)

Local Fire Services Name

Ryan Bolan

14-11-2024

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Name of person completing this form (please print)

Official Title

Mukul Pradhan Kavza Nailani 02/04/2026

Store manager

Signature

Telephone No.

Date (dd-mmm-yyyy)

250-304-4695

14-11-2024



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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)	Capacity of single largest propane storage vessel (USWG)
02/04/2026	2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 51.5M	Right side property line: 36.8M
Rear: 19.8M	Left side property line: 94.0M
GPS coordinates of single largest vessel: 48.784242-87.09538	

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)	Official Title	
Kavya Nailwal	Store Manager	
Signature	Telephone No.	Date (dd-mmm-yyyy)
[Redacted]	416 500 1059	02-04-2026



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

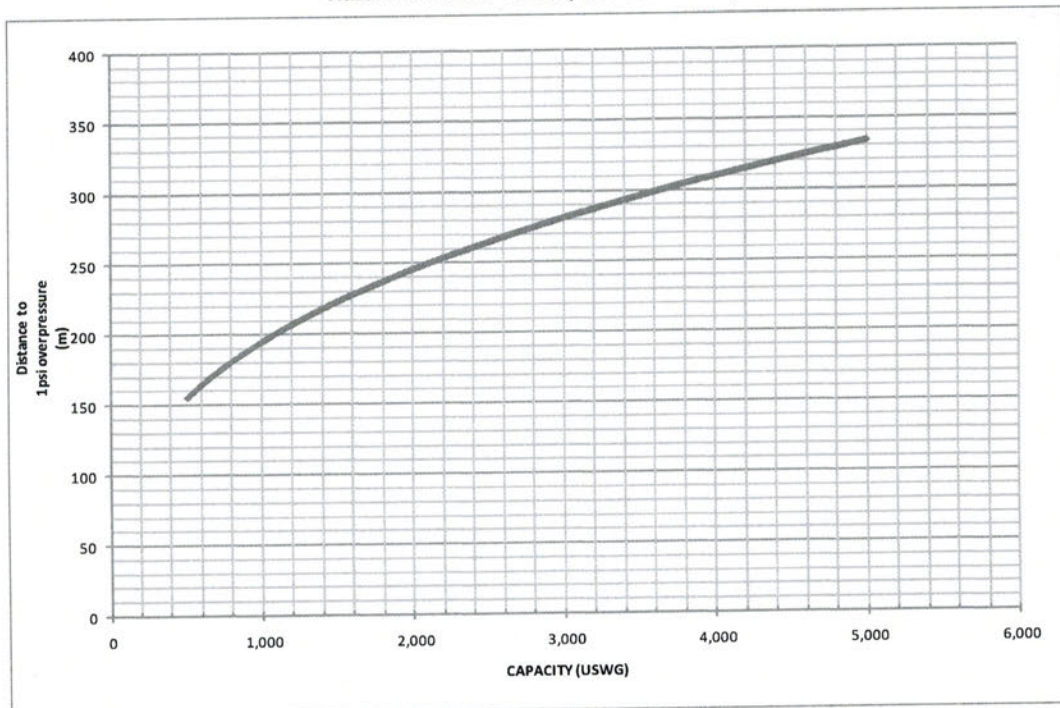
Table 1: Distance Table

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>N/a</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential buildings Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					<u>100</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Canco terrace bay</u> Address: <u>1151 highway 17</u> City: <u>terrace bay</u> Province <u>ontario</u> Postal Code <u>p0t2w0</u>					<u>16</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/a</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>N/a</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/a</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ 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>Kavga Nailwal</u>	Official Title <u>Store Manager</u>
Signature <u>[Signature]</u>	Telephone No. <u>416-500-1059</u>
	Date (dd-mmm-yyyy) <u>02-04-2026</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

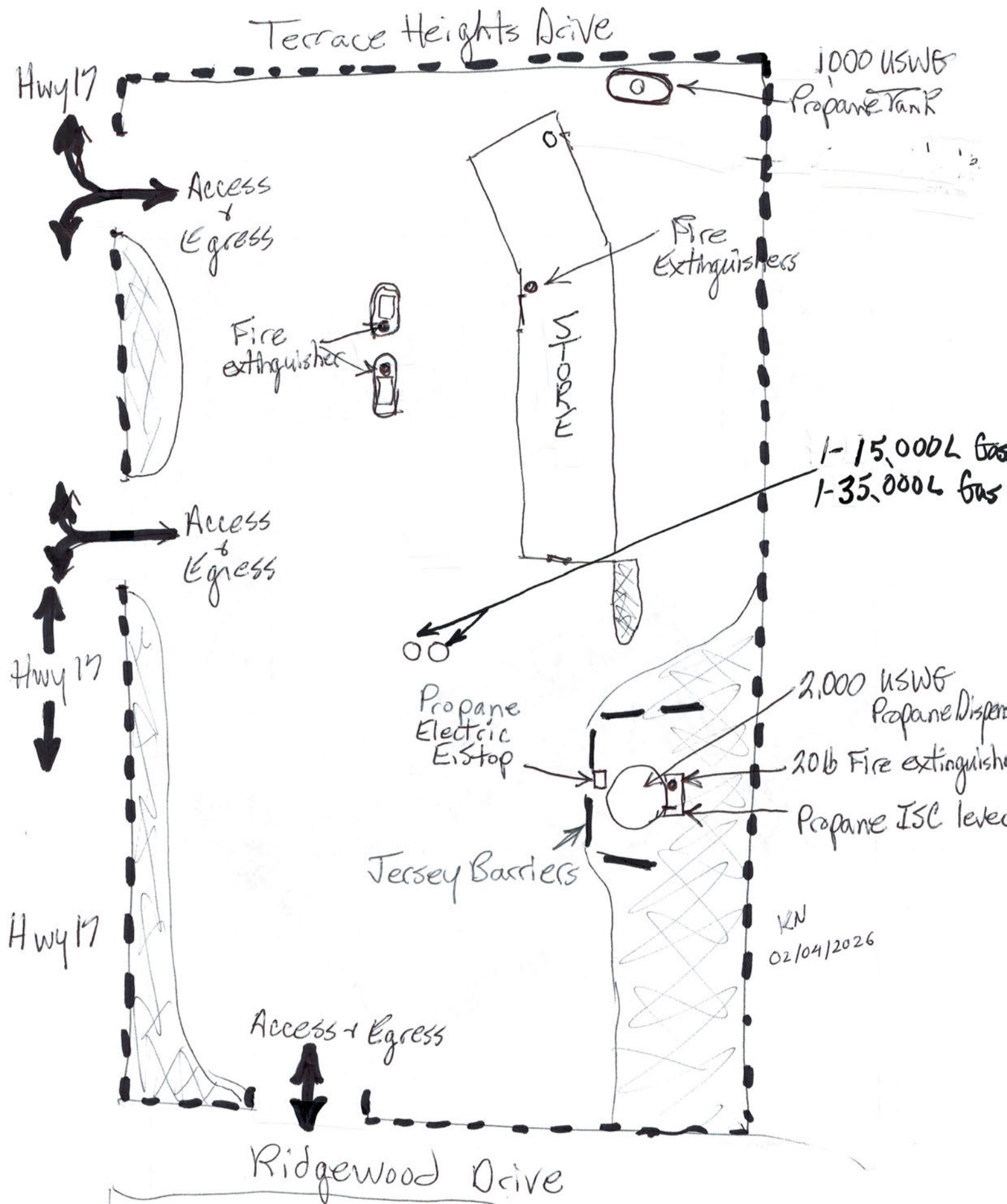
Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity 0		

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.

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Site Map.



Map of Surrounding Area.

Municipal Address: 1151 Hwy 17, Terrace Bay

POT 2W0

Hudson Dr.

Municipality present within the circle
Township of Terrace Bay
1 psi over pressure circle
246 m



Map prepared (dd-mm-yyyy) 02/01/2026

Capacity of single largest propane storage vessel (USWG) 2000 USWG

Setback coordinates. Indicate placement on the map.

Front: 51.5m Right side property line: 36.8m

Rear: 19.8m Left side property line: 94.0m

Coordinates of single largest vessel: 48.4842473 - 84.093388

Municipal Contact Name: John Hall For Office Use - Party No. _____

Official Title: CAP

Telephone No.: 807-825-3315 X 4108 Fax No. _____

Email: caoc@terracebay.ca

Municipality Name and Address: Township of Terrace Bay

Required Mapping Information from Updated Site Plan