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 *Technical Standards and Safety Act*

For Office Use Only

Licence Number FS-LIC-55752

Check applicable type of propane operations.

☑ Cylinder ☐ Motor Fil ☐ Filling Plant ☐ 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.

A

Company Name: JOHN P. GOODLAD SALES INC. | Corporation No.: 333706-5

Operator Name (if different from above): CANADIAN TIRE 078

Telephone No.: 705-746-2133 | Fax No.: 705-746-5473 | E-mail: OFFICE@CT78.CA

B

Street No.: 30 | Street Name / 911 Number / Address, if applicable: PINE DRIVE

Town / City or Township / County: PARRY SOUND | Province: ONTARIO | Postal Code: P2A3B8

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. | Street Name / 911 Number / Address, if applicable | Nearest Major Intersection

Town / City or Township / County | Province | Postal Code

Name of Licence Holder: JOHN P. GOODLAD

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).: ADAM LECLAIRE

Municipality (or municipalities if the facilty or its hazard distance touches multiple borders): TOWNSHIP OF PARRY SOUND

Hours of operation.

M [redacted]
T
W
T

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.

Printname		Date (dd-mmm-yyyy)
Name of Licence Holder JOHN P. GOODLAD	[redacted]	19-05-2026
Name of Senior Management person as defined in the Regulation holding the Record of Training ADAM LECLAIRE		May 19/26

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Level 1 Risk and Safety Management Plan (RSMP)

Technical Standards and Safety Act
Propane Storage and Handling Regulation

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.
2001	NA

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

	PSIG	Serial Number
Tank 1:	250	14174
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: 5000 Portable: _____ Mobile: _____

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Name of person completing this form (please print)	Official Title	
Christine Graham	Office Manager	
Signature [redacted]	Telephone No.	Date (dd-mmm-yyyy)
	705-746-2133 Ext. 239	07-05-2026

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Level 1 Risk and Safety Management Plan (RSMP)

Technical Standards and Safety Act
Propane Storage and Handling Regulation

SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)			For Office Use - Party No.
SUPERIOR PROPANE			
Street No.	Street Name / 911 Number / Address, if applicable		
97	AIRPORT ROAD		
Town / City or Township / Country	Province	Postal Code	
PARRY SOUND	ONTARIO	P2A2W8	
Telephone No.	Fax No.	Contact Name	
1-877-873-7467		JIM HOUGHTON	
E-mail			

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	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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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

Description of fire and emergency equipment indicated on facility site map.
FIRE ALARM, SPRINKLER SYSTEM, EMERGENCY SHUT OFF VALVE

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.
FIRE ALARM RECEIVED AT SONITROL SECURITY SYSTEMS CENTRE. SONITROL TO NOTIFY FIRE DEPT AND GENERAL MANAGER.
SPRINKLER SYSTEM PRESENT WITH FLOW SWITCHES AND PRESSURE SWITCHES. AUTOMATIC SHUT OFF IN CASE OF EMERGENCY.

Maintenance and testing schedule for fire protection controls and devices.
MAINTENANCE, TESTING AND INSPECTIONS PERFORMED ANNUALLY AT MINIMUM.
LAST INSPECTION DATE MARCH 25, 2025. NEXT INSPECTION SCHEDULED FOR MAY 2026.

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Christine Graham	Office Manager	
Signature [redacted]	Telephone No.	Date (dd-mmm-yyyy)
	705-746-2133 Ext. 239	07-05-2026

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Level 1 Risk and Safety Management Plan (RSMP)

Technical Standards and Safety Act
Propane Storage and Handling Regulation

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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact

Name	For Office Use - Party No.
ADAM LECLAIRE	

Official Title: SEASONAL MANAGER

Telephone No.	Fax No.
705-746-2133 EXT 107	705-746-5473

E-mail: SEASONAL@CT78.CA

Role and responsibilities in emergency: ADVISE STAFF/CUSTOMERS, REPORT INCIDENT, FOLLOW DIRECTIONS OF FIRE DEPARTMENT.

2. Facility Contact Personnel - Alternate Contact

Name	For Office Use - Party No.
WINTER FISHER	

Official Title: FLOOR MANAGER

Telephone No.	Fax No.
705-746-2133 EXT 101	705-746-5473

E-mail: FLOORMGR@CT78.CA

Role and responsibilities in emergency: ADVISE STAFF/CUSTOMERS, REPORT INCIDENT, FOLLOW DIRECTIONS OF FIRE DEPARTMENT.

3. Local Fire Services - Key Contact

Name	For Office Use - Party No.
JOHN TUCK	

Official Title	E-mail
CAPT/FIRE PREVENTION OFFICER	jtuck@parrysound.ca

Telephone No.	Fax No.
705-746-2262 EXT 303	705-746-2377

Role and responsibilities in emergency: Manage Scene, firefighters

Fire Services Address: 4 CHURCH STREET, PARRY SOUND, ON, P2A 1Y3

4. Local Fire Services - Alternate Contact

Name	For Office Use - Party No.
Dave Thompson	

Official Title	E-mail
Fire Chief	jtuck@poarrysound.ca

Telephone No.	Fax No.
705-746-2262 ext.# 305	705-746-2377

Role and responsibilities in emergency: Control scene, mange firefighters and emergency

Fire Services Address: 4 CHURCH STREET, PARRY SOUND, ON P2A 1Y3

5. Facility 24-Hour Contact Person

Name	For Office Use - Party No.
ROB GRAHAM	

Official Title: GENERAL MANAGER

Cell No.	Fax No.
250-304-5616	

E-mail: GENERALMGR@CT78.CA

Role and responsibilities in emergency: ADVISE STAFF/CUSTOMERS, REPORT INCIDENT, FOLLOW DIRECTIONS OF FIRE DEPARTMENT.

6. Name of Facility Manager

Name	For Office Use - Party No.
ROB GRAHAM	

Official Title: GENERAL MANAGER

Telephone No.	Fax No.
705-746-2133 EXT 118	

E-mail: GENERALMGR@CT78.CA

Role and responsibilities in emergency: ADVISE STAFF/CUSTOMERS, REPORT INCIDENT, FOLLOW DIRECTIONS OF FIRE DEPARTMENT.

7. Propane Supplier Key Contact Person

Name	For Office Use - Party No.
JIM HOUGHTON	

Official Title	E-mail
SUPERIOR PROPANE	

Telephone No.	Fax No.
1-877-873-7467	

Role and responsibilities in emergency: SUPPLIER

Propane Supplier Address: 97 AIRPORT ROAD, PARRY SOUND ON, P2A2W8

8. Municipal Contact

Name	For Office Use - Party No.
Rebecca Johnson	

Official Title	Fax No.
Town Clerk	705-746-7461

Telephone No.	
705-746-2101 ext.# 220	

E-mail: rjohnson@parrysound,ca

Municipality Name and Address: Town of Parry Sound 52 Seguin Street, Parry Sound, Ontario P2A 1B4

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Christine Graham	Office Manager	
Signature [redacted]	Telephone No.	Date (dd-mmm-yyyy)
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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.

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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: Adam Leclaire
19/05/2026	Print Name of Instructor:
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: Adam Leclaire
19/05/2026	Print Name of Instructor:
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: Adam Leclaire
19/05/2026	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: FSN Training Centre
12-05-2026	Print Name of Instructor: Barry Tourgis
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Christine Graham	Office Manager	
Signature [redacted]	Telephone No.	Date (dd-mmm-yyyy)
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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)	
30-04-2027	Print Name of Training Provider: Adam Leclaire
	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:

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

Target Date (dd-mmm-yyyy)	
30-04-~~2026~~ 2027	Print Name of Training Provider: Adam Leclaire
	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:

On-site specific training provided to certificate holders / persons with Records of Training.

Target Date (dd-mmm-yyyy)	
01-05-2027	Print Name of Training Provider: FSN Training Centre
	Print Name of Instructor: Barry Tourgis
Target Date (dd-mmm-yyyy)	Print Name of Training Provider: Adam Leclaire
03-04-2027	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).
CERTIFIED STAFF, MANAGEMENT AT THE STORE.
WARNING MAY BE VERBAL OR WRITTEN DEPENDING ON CIRCUMSTANCES.

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).
DESIGNATED MEETING PLACE IS MUSTER AREA IN PARKING LOT AND EVACUATE BUILDING/AREA.

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).
UPON ACTIVATION OF FIRE ALARM/DEVICE, BELLS WILL RING THROUGHOUT BUILDING AND ALERT IS SENT TO OFF-SITE MONITORING COMPANY (SONITROL) INDICATING ALARM IN WHICH PARRY SOUND FIRE DEPARTMENT WILL BE CONTACTED IMMEDIATELY.

Describe provisions for fire department entry when there are no operations or staffing at the propane site.
ALARM COMPANY WILL CALL STORE CONTACTS TO GAIN ENTRY TO BUILDING.
PROPANE SITE IS FULLY ACCESSIBLE TO FD AFTER STORE HOURS.

Describe how the licence holder will ensure continual flow of updated information to authorities.
VIA CELL PHONE/DISPATCHER CONTACT

How long will it take the facility liaison person to respond to the site.
APPROX. 5-15 MINUTES

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Signature [redacted]	Telephone No. 705-746-2133 Ext. 239	Date (dd-mmm-yyyy) 07-05-2026

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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)	90 METRES	
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)	NA-HYDRANT	

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Christine Graham	Office Manager	
Signature [redacted]	Telephone No.	Date (dd-mmm-yyyy)
	705-746-2133 Ext. 239	07-05-2026

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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: N/A

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 John Tuck	[redacted]	May14, 2026

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.

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Christine Graham	Office Manager	
Signature [redacted]	Telephone No. 705-746-2133 Ext. 239	Date (dd-mmm-yyyy) 07-05-2026

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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) 04-02-2007	Capacity of single largest propane storage vessel (USWG) 5000 USWG
Tank setback coordinates. Indicate placement on the map. Front: 100M Rear: 300M	Right side property line: 20M Left side property line: 300M
GPS coordinates of single largest vessel: 42.342393 / -80.008785	

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Name of person completing this form (please print) Christine Graham	Official Title Office Manager	
Signature [redacted]	Telephone No. 705-746-2133 Ext. 239	Date (dd-mmm-yyyy) 07-05-2026

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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

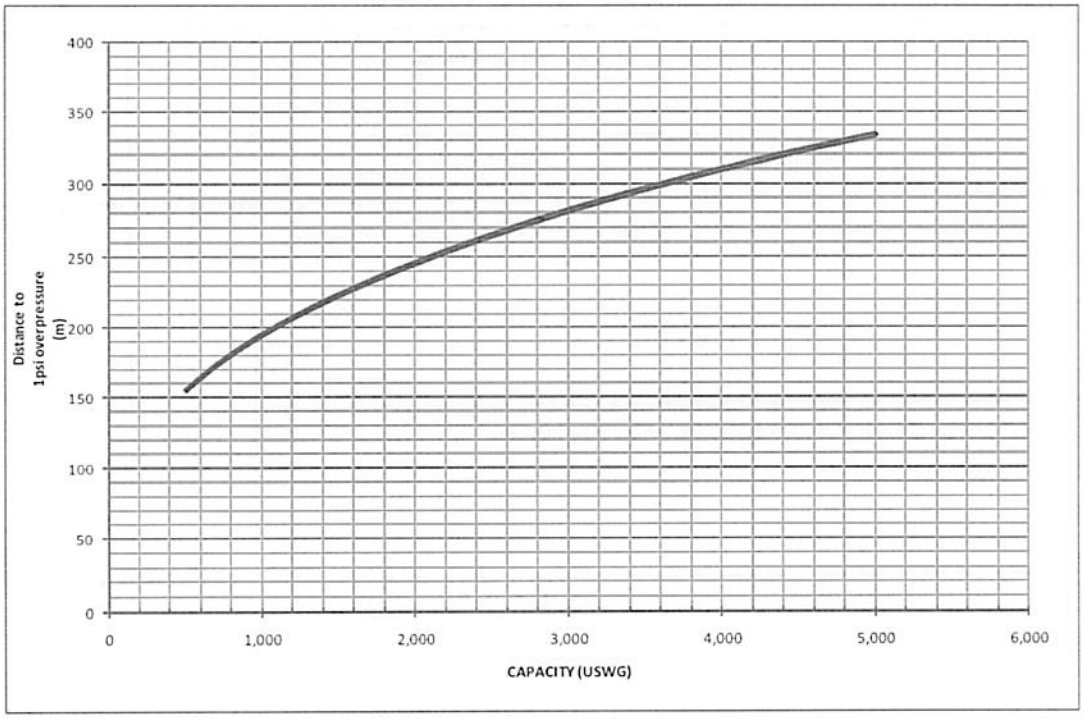
Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

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 Postal Code					m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: Address: City: Province Postal Code					m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: SOBEYS / RONA / DOLLAR TREE / HARVEY'S / STACKED Address: 25 PINE DRIVE / 115 BOWES ST / 19 PINE DR / 121 BOWES ST / 119 BOWES ST City: PARRY SOUND Province ONTARIO Postal Code P2A3B8/2L8			X		90-150 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: Address: City: Province Postal Code					m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: Address: City: Province Postal Code					m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: 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)	Official Title	
Christine Graham	Office Manager	
Signature [redacted]	Telephone No.	Date (dd-mmm-yyyy)
	705-746-2133 Ext. 239	07-05-2026

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

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	30	174
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity	5000		

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	5000
Total Tank Capacity	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	5000

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