T S S	A Star	hnical ndards and ety Authority Atssa.org	14th Floor - Centre Tower 3300 Bloor Street West Toronto Ontario M8X2X4 Fax: 416.231.4078 Customer Service: 1.877.682		Teo	ety Management Plan (F chnical Standards and Safe ne Storage and Handling Reg	ety Act
	This	Level 1 RSMF			e capacity of exactly 5.0	or less; or 00 USWG and no more than 500	
		aking a false s	complete this form may res tatement may result in a fin <i>Technical Standards and</i>	ne or prosecution			
Licend	e Number	N/A - New Fac	sility				
Submit	Cylinder along with this		Inter Fill Filling ation a Facility Site Plan and a M				
Prop						Standards and Safety Act,	
						Corporation No.	
A	Core Industria		above)		a	Corporation No. 2513258 Ontario Inc.	
A	Core Industria	al Gases Inc (if different from : Fax	: No. E-mail	o@coregases.ca	a	Larres Pressent and the second	
A	Core Industria Operator Name Felephone No.	al Gases Inc (if different from a Part of the set of th	: No. E-mail	o@coregases.ca	7	Larres Pressent and the second	
A	Core Industria Operator Name Felephone No. 905-683-3262 Street No. 397 Town / City or Ajax	al Gases Inc (if different from : 2 2 2 3 2 3 3 3 5 7 6 4 5 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	No. E-mail cicerit Name / 911 Number / Address, If om Street	o@coregases.ca	Province Ontario	Larres Pressent and the second	

Toronto	Fownship / County	Province	Postal Code			
formation of f	n Container Refill Centre or Filling Plant acility.					
Street No.	Street Name / 911 Number / Address, if applicable	Nearest Major Intersecti	on			
397	Frankcom Street	Fairall Street and Wes	stney Road South			
Town / City or	Township / County	Province	Postal Code			
Ajax		Ontario	L1S 1R4			
Ben Ciceri		100-01				
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)						
Town of Alax						
Town of Ajax						
	tion.					
·····	tion.					
Town of Ajax Hours of opera	tion.					

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 Core Industrial Gases Inc		06-12-2016
Name of Senior Management person as defined in the		
Regulation holding the Record of Training _Ben Ciceri		

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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. N/A
Identify the psig rating and serial number for each fixed propane storage tank on site.
PSIG
Serial Number
Tank1: 250
491-7
Tank2:
Tank3:
Tank3:
Tank3:
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: 2838 USWG

Mobile: 0 USWG

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	Official Title		
Ben Ciceri	Director			
Signature	Telephone No.	Date (dd-mmm-yyyy)		
Ma	905-683-3262	06-12-2016		

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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 Propa		er(s)			-	For Office Use - I	Party No.
EDPRO Energy G Street No. 5	Street N	Street Name / 911 Number / Address, if applicable Cuddy Blvd					
Town / City or Tondon	Township /	Country			Province Ontario		Postal Code N5V 3Y3
Telephone No.Fax No.Contact Name519-690-0000519-690-1948Joe Erskine			me				
E-mail jerskine@edproer	nergy.com						
Name of Propa		orter. If same as abo	ve, please check bo	x. 🗸		For Office Use -	Party No.
Street No. 5	Street N Cuddy B	lame / 911 Number / Ad Ivd	dress, if applicable				
Town / City or London	Township /	Country			Province Ontario		Postal Code N5V 3Y3
Telephone He.		Contact Na Joe Erskine	ime				
E-mail jerskine@edproe	energy.com	• व					
Off-site Cylind	er and/or	Mobile Storage		Capacity stored off-site	e, in USWG	For Office Use -	Party No.
Street No.	Street N	lame / 911 Number / Ad	dress, 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.

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) Ben Ciceri	Official Title Director	
Signature	Telephone No. 905-683-3262	Date (dd-mmm-yyyy) 06-12-2016

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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. 3 x 3000 gallon cyrogenic tanks of (1) Oxygen, (2) Nitrogen, (3) Argon. 1 x 15 tonne tank of Carbon Dioxide

50 x 130cf Acetylene, 30 x 250cf Acetylene, 100-200 x 330cf assorted gases, Oxygen, Nitrogen, Argon, cO2.

Consumer quantities of items such as spray paint, motor oil, cleaners etc.

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

Fire extinguisher 20 lb.

Emergency shut off X (2)

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 are equipped with nitrogen charged actuators

Fusible plug on nitrogen holding open ICS valve causes liquid outlet to automatically close in event of fire

Normally closed solenoid on automotive fill meter before hose closes by emergency shut off or when not in use

Maintenance and testing schedule for fire protection controls and devices.

Fire extinguisher is inspected by outside company annually

Comprehensive dispenser inspection conducted annually by G2-LP certificate holder or higher

Facility inspection by TSSA completed annually

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	
Ben Ciceri	Director	
Signature	Telephone No. 905-683-3262	Date (dd-mmm-yyyy) 06-12-2016

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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 Perso	'n	
Name Ben Ciceri		For Office Use - Party No.	Name Ben Ciceri		For Office Use - Party No.
Official Title President		-	Official Title President		
Telephone No. 905-999-8481	Fax No.		Cell No. Fax No. 905-999-8481		
E-mail cicerib@coregases.ca		E-mail cicerib@coregases.ca			
Role and responsibilities in emergency		Role and responsibilities in emergen	су		
Represents license holder on interaction	n with autho	rities and ensures	Site liaison for enacting internal and ex	ternal emergenc	y procedures
regulations are met and adhered to.			communication with emergency respon		
2. Facility Contact Personnel - All	ernate Co	ntact	6. Name of Facility Manager		
Name Robert Reader		For Office Use - Party No.	Name Ben Ciceri		For Office Use - Party No.
Official Title General Manager			Official Title President		
Telephone No. 416-318-6985	Fax No.		Telephone No. 905-999-8481	Fax No.	
E-mail readerb@coregases.ca			E-mail cicerib@coregases.ca		
Role and responsibilities in emergence	/		Role and responsibilities in emergency		
Same as key contact if other unavailable	e		Ensure approved procedures are follow	ved	
			Ensure internal emergency procedures are current and employees aware		
3. Local Fire Services - Key Conta	ct		7. Propane Supplier Key Contact F)
Name Kieth Doucette		For Office Use - Party No.	Name Joe Erskine		For Office Use - Party No.
Official Title Chief Fire Prevention Officer	E-mail kieth.douc	ette@ajax.ca	Official Title President of EDPRO Energy Group	E-mail jerskine@edpr	oenergy.com
Telephone No. 905-686-6055	Fax No. 905-683-8	119	Telephone No. 519-690-0000	Fax No.	
Role and responsibilities in emergency Review and provide guidance on fire safety preparedness. Interface for invitation to co	y, emergenc		Role and responsibilities in emergency Technical assistance, dispatch of service technicians and specialized equipment. Activate Emergency Response Assistance Plan by LPGERC		
Fire Services Address Ajax Fire and Emergency Services, 900 Salem Road N, Ajax, On, L1T 0H4		l, Ajax, On, L1T 0H4	Propane Supplier Address 5 Cuddy Blvd, London, ON, N5V 3Y3		
4. Local Fire Services - Alternate C	ontact		8. Municipal Contact		
Name Greg Deman		For Office Use - Party No.	Name Amanda Dunn		For Office Use - Party No.
Official Title Fire Prevention Officer	E-mail greg.dema	n@ajax.ca	Official Title Develpment Planner		
Telephone No. 905-686-6056	Fax No. 905-683-8	119	Telephone No. 905-619-2529 Ext 3207	Fax No. 905-686-0360	
Role and responsibilities in emergency	1		E-mail		
Same as Fire Services - Key Contact			amanda.dunn@ajax.ca		
Fire Services Address			Municipality Name and Address		
Ajax Fire and Emergency Services, 900	Ajax Fire and Emergency Services, 900 Salem Road N, Ajax, On, L1T 0H4			n, L1S 2H9	

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		
Ben Ciceri	Director		
Signature	Telephone No. 905-683-3262	Date (dd-mmm-yyyy) 06-12-2016	

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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. Internal valves are equipped with nitrogen charged actuators with fusible plugs
Additional emergency stop located outside of the immediate hazard area
Power turned off when unattended
Λ

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) Ben Ciceri	Official Title Director	
Signature	Telephone No. 905-683-3262	Date (dd-mmm-yyyy) 06-12-2016

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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 Res	ponse Plan and Procedures provided to facility key contacts.
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: EDPRO Energy Group Inc.
Prior to activation	Print Name of Instructor: Robert Allen - PTI License T2164
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 Em	ergency Management Procedures provided to staff.
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: EDPRO Energy Group Inc.
Prior to activation	Print Name of Instructor: Robert Allen - PTI License T2164
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 pro	vided to certificate holders / persons with Records of Training.
Training Date (dd-mmm-yyyy)	Print Name of Training Provider: EDPRO Energy Group Inc.
Prior to activation	Print Name of Instructor: Robert Allen - PTI License T2164
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:

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	
Ben Ciceri	Director	
Signature	Telephone No.	Date (dd-mmm-yyyy)
Ili	905-683-3262	06-12-2016

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

4. Emergency Training Plan for Coming Year

Training on Emergency Resp	onse Plan and Procedures provided to facility key contacts.
Target Date (dd-mmm-yyyy)	Print Name of Training Provider: EDPRO Energy Group Inc.
To be established at activation	Print Name of Instructor: Robert Allen - PTI License T2164
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 Emer	gency Management Procedures provided to staff.
Target Date (dd-mmm-yyyy)	Print Name of Training Provider: EDPRO Energy Group Inc.
To be established at activation	Print Name of Instructor: Robert Allen - PTI License T2164
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 provi	ded to certificate holders / persons with Records of Training.
Target Date (dd-mmm-yyyy)	Print Name of Training Provider: EDPRO Energy Group Inc.
To be established at activation	Print Name of Instructor: Robert Allen - PTI License T2164
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:

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	
Ben Ciceri	Director	
Signature	Telephone No.	Date (dd-mmm-yyyy)
1/2	905-683-3262	06-12-2016

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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). In the event of a fire/significant propane leak the operator will activate the Emergency Stop control on the dispenser

The operator will contact the Emergency Fire Services by calling 9-1-1 and initiate facility evacuation

Canarc will oversee localized evacuation of employees , customers and any others to the identified evacuation point

Facility Contact will contact propane Supplier Key Contact who will activate ERAP (if necessary) and report to TSSA through Spills Action Centre

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 operator, after activating the Emergency Stop controls will orally notify any other employees or visitors on-site to evacuate then call 9-1-1

All employees and visitors (customers) will immediately vacate the building and premises and meet at the front of the entrance to the parking lot

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

Continued flow of information to be provided as it occurs by person of responsibility to the fire services

In the event of an emergency, the site manager is required to be present to provide updated information

Describe provisions for fire department entry when there are no operations or staffing at the propane site. Dispenser and facility is accessible to fire department at all times

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

Fire services are formally invited for a full site review on an annual basis with supplementary site access for training or orientation as requested

TSSA conducts a comprehensive inspection annually. Site specific emergency procedures are reviewed annually with all employees

How long will it take the facility liaison person to respond to the site. 24 Hour Facility Contact Person will be able to respond to site in approximately 1 hour

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) Ben Ciceri	Official Title Director	
Signature	Telephone No. 905-683-3262	Date (dd-mmm-yyyy) 06-12-2016

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	SECTION B: EMERGENCY AND PREPAREDNESS RESP The licence holder will complete Section B in consultation with the loc		
	6. Building and Site Security and Procedures		vices.
		Yes	No
1.	Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	\checkmark	
2.	Is there adequate night lighting at the site?	\checkmark	
3.	Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	\checkmark	
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?		\checkmark
5.	Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	\checkmark	
6.	Are weighing systems validated for accuracy?	\checkmark	
7.	Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	\checkmark	
8.	Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	1	
9.	Is the schedule of maintenance and testing activities retained on site?	\checkmark	
	7. Water Supply		
The sup	propane licence holder should work with the local fire department to determine water oly 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?	\checkmark	
2.	Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	\checkmark	
3.	What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	60.0 M	
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)	N/A	

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) Ben Ciceri	Official Title Director	
Signature	Telephone No. 905-683-3262	Date (dd-mmm-yyyy) 06-12-2016

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SECTION B: EMERGENCY AND PREPARED The licence holder will complete Section B in consu 8. Licence holder and local Fire	Itation with the local Fire Servic		nt'd)
To be completed by the Local Fire Services Has the local fire service had an opportunity to review the Emergency Respons If not, please explain (e.g., no fire services).	se and Preparedness Plan?	Yes ✓	No
	•		
Fire services comments, if any: The storage, handling, and dispensing of flammable and combustible liquids shall comp	oly with the requirements of the On	itario Fire (Code. An inspection by
Ajax Fire & Emergency Services of the interior and exterior shall be conducted at time of to arrange for an inspection. Please explain the reasons for the "No" answer to question		ector Greg	DeMan at 905-686-6056
To be completed by the Licence Holder In response to the above comments, the following action(s) is required:			
Canarc Industrial Gases will arrange for an on-site inspection to ensure that all Ontario policy is that each time the filling equipment is used the operator performs a visual inspe	and the second		1 No.
was mistakely marked as No and has been changed to YES as there are quality assura			
The licence holder will respond to the Local Fire Services comments by:		ımm-yyyy)	

	LOCAL FI	RESERVICES	
he undersigned	has reviewed Section B of the Risk and Safety	/ Management Plan Fire Services.	
	Print name	Signature	Date (dd-mmm-yyyy)
	Name Chief Fire Prevention Officer Keith Doucette	The second secon	08-11-2016

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) Ben Ciceri	Official Title Director	
Signature	Telephone No. 905-683-3262	Date (dd-mmm-yyyy) 11-11-2016

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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

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-n 17-10-2016	ітт-уууу)	Capacity of single largest pro 2000	Capacity of single largest propane storage vessel (USWG) 2000	
Tank setback coordinates. Front:	128 0m	t on the map. Right side property line:	12.2m	
Rear:	4.6m	Left side property line:	33.7m	

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) Ben Ciceri	Official Title Director	
Signature	Telephone No. 905-683-3262	Date (dd-mmm-yyyy) 06-12-2016

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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

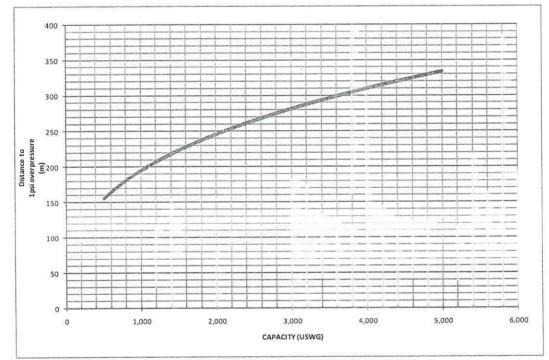
Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

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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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			of Buildi eatures th an ")	Distance from Tank to Closest Building or	
	AND Name and Address of Closest Building of Feature	0	1	2-10	11+	Feature
Industrial Name:	buildings or parks or golf courses Post Plastics Inc.					10.6 m
Address:	375 Frankcom Street			Х		
City:	Ajax Province Ontario Postal Code L1S 1R4					
Residenti Name:	x				m	
Address: City:	ProvincePostal Code					
Commero Name: Address: City:	ial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. The Approval Store 161 Westney Rd S Ajax Province Ontario Postal Code L1S 2C9			x		<u>133</u> m
Name:	ial building units - continuous occupancy specifically hotels, campgrounds, and resorts.	х				m
City:	Province Postal Code					
institution Name:	institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health s, and prisons. ProvincePostal Code	х				. <u> </u>
Emergen						
Name:		х				m
Address City:	Province Postal Code					

* 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) Ben Ciceri	Official Title Director			
Signature	Telephone No.	Date (dd-mmm-yyyy)		
	905-683-3262	06-12-2016		

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Technical www.tssa.org

14th Floor - Centre Tower Standards and 3300 Bloor Street West Safety Authority Fax: 416.231.4078 Customer Service: 1.877.682.8772

Level 1 Risk and Safety Management Plan (RSMP) Technical Standards and Safety Act Propane Storage and Handling Regulation

WORKSHEET

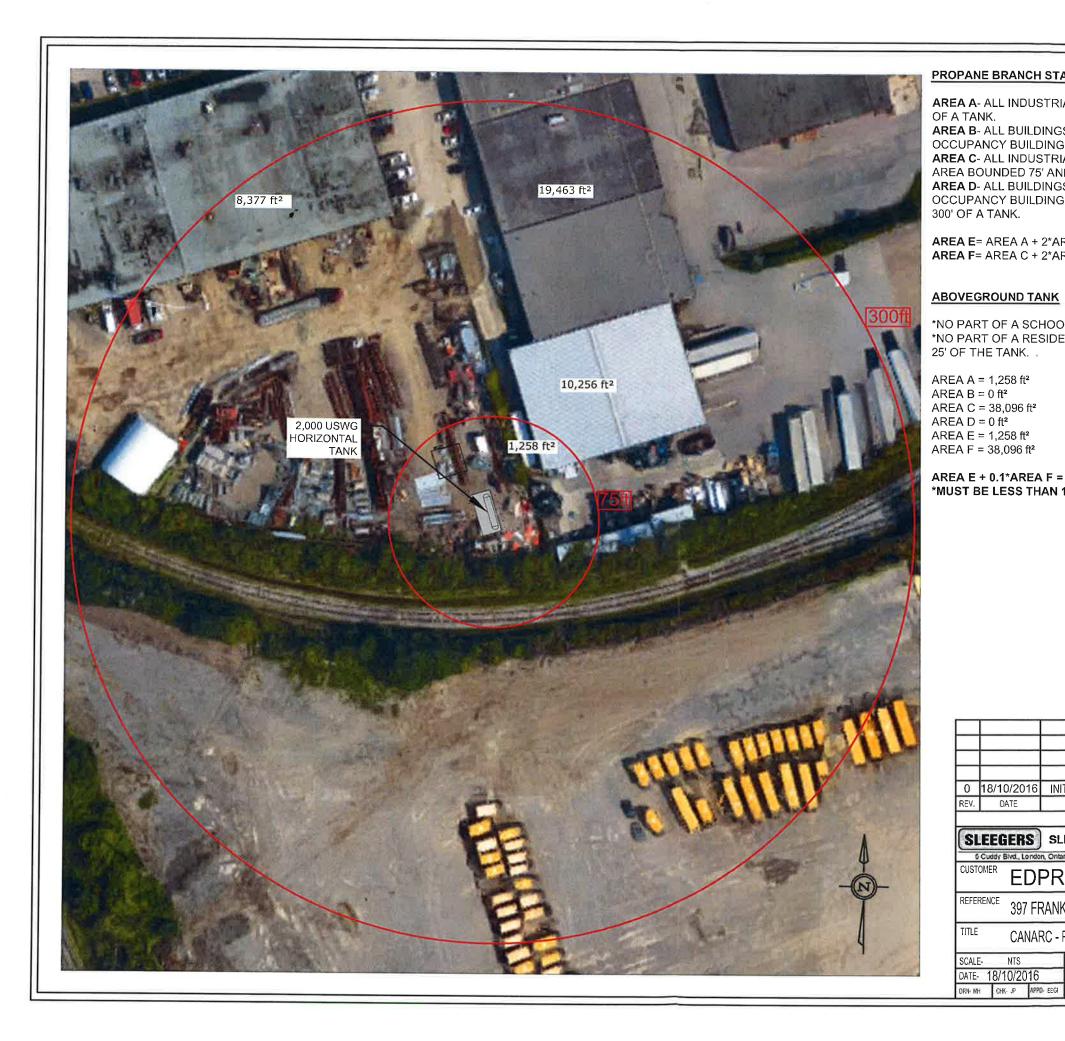
Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	0
# 100	29.5	30	885
# 40	11.75	0	0
# 33.3	9.62	200	1924
# 30	8.8	0	0
# 20	5.8	5	29
# 10	2.9	0	0
# 5	1.5	0	0

Portable Storage Additional Information Worksheet

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
0	0	0
0	0	0
0	0	0
)	0	0
)	0	0
D	0	0
	0	0
D	0	0

Total Cylinder Capacity	2838 USWG	
Total Tank Capacity	0	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	2838	



ANDARD 9					
RIAL OCCUPANCY BUILDING	S WITHIN 75'				
GS, OTHER THAN INDUSTRIAL GS WITHIN 75' OF A TANK. NAL OCCUPANCY BUILDINGS WITHIN AN ND 300' OF A TANK. GS, OTHER THAN INDUSTRIAL GS WITHIN AN AREA BOUNDED 75' AND					
AREA B AREA D					
OL BUILDING WITH 300' OF T ENTIAL OCCUPANCY BUILE					
= 5067.6 ft² 15,000 ft²					
ITIAL RELEASE FOR CLIENT REVI DESCRIPTION REVISIONS	EW MH EEG BY APP'D				
LEEGERS ENGINEERED PRODUCTS INC.					
No ENERGY GR					
IKCOM ST, AJAX, ON	$\bigcirc \bigcirc \bigcirc \bigcirc$				
PROPANE BRANCH STANDAR	D 9 SHEET 1 OF 1				
CANARC B9 R0	WORK ORDER NO.				

