



Technical Standards and Safety Authority
 14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 2X4
 Fax: 416.231.4903
 www.tssa.org Customer Service: 1.877.682.8772

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.

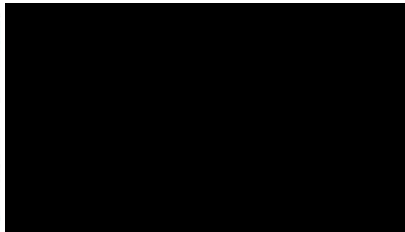
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number

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.



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 Ontario Corporation No., if applicable

Operator Name (if different from above)

Telephone No. Fax No. E-mail

B Street No. Street Name / 911 Number / Address, if applicable

Town / City or Township / County Province Postal Code

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

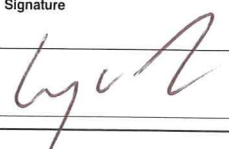
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type

Municipality (or municipalities if the facility or its hazard distance touches multiple borders)

Hours of operation. 

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 <input type="text" value="TOTAL RENTALS"/>		<input type="text" value="31-03-2011"/>
Name of Senior Management person as defined in the Regulation holding the Record of Training <input type="text" value="HENRY JOHN VAN ZEGGELAAR"/>		<input type="text" value="31-03-2011"/>



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SECTION A: GENERAL INFORMATION (cont'd)

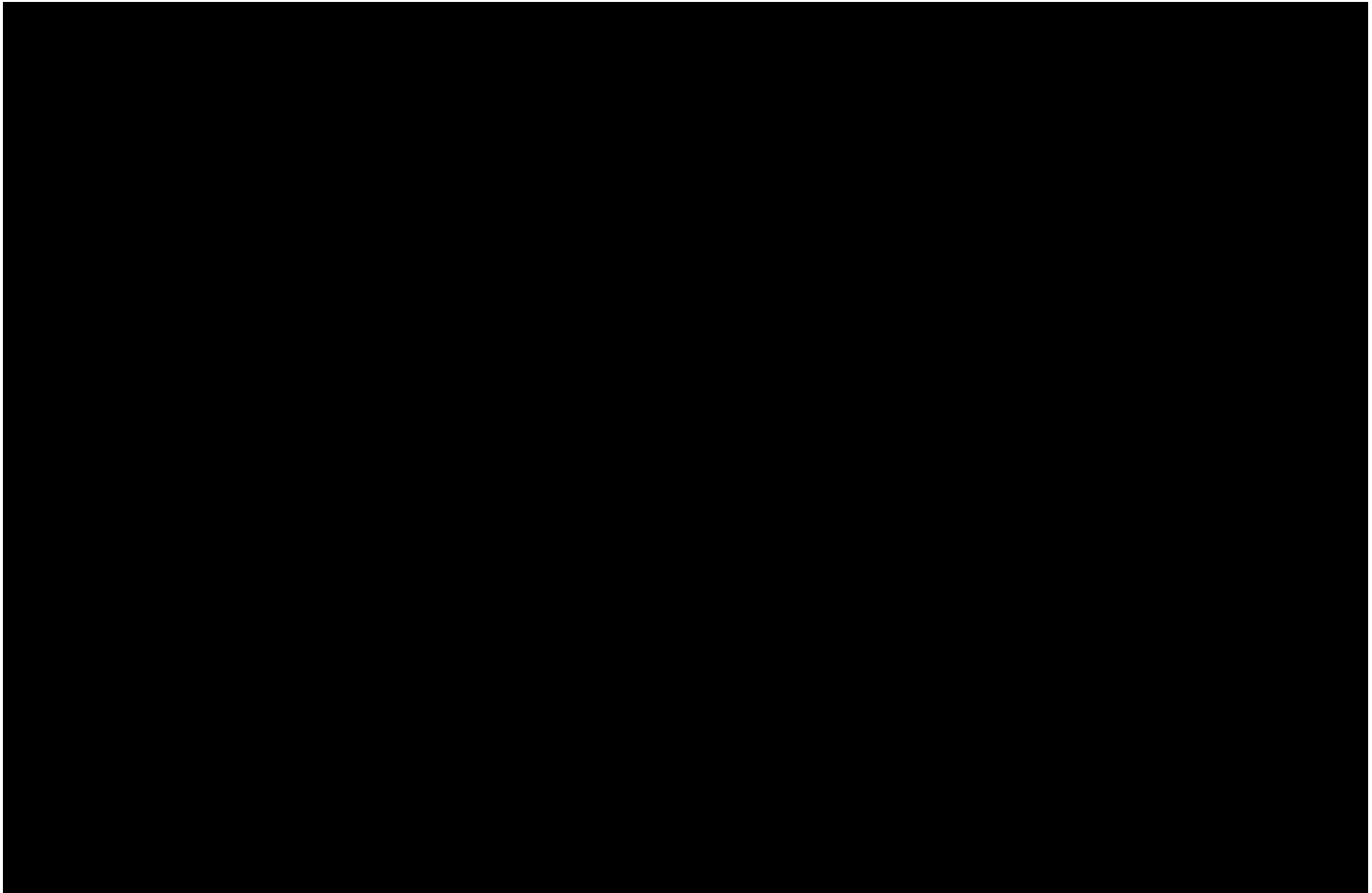
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
 2009

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

	PSIG	Serial Number
Tank 1:	250@125F	2813 L
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: 1000 Portable: 2200 Mobile: _____



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Name of person completing this form (please print) HENRY JOHN VAN ZEGGELAAR	Official Title FLEET SUPERVISOR	
Signature	Telephone No. 519-449-1200	Date (dd-mm-yyyy) 31-03-2011



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) DAVIS FUELS CO LTD			
Street No. 22	Street Name / 911 Number / Address, if applicable KING STREET		
Town / City or Township / Country BURORD		Province ON	Postal Code N0E 1A0
Telephone No. 519-449-2417	Fax No. 519-449-5249	Contact Name JAMIE DAVIS	
E-mail JAMIEDAVIS@DAVISFUELS.CA			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>			
DOWLER KARN			
Street No. 43841	Street Name / 911 Number / Address, if applicable TALBOT LINE		
Town / City or Township / Country ST. THOMAS		Province ON	Postal Code N5P 3S7
Telephone No. 519-631-3810	Fax No. 519-631-4755	Contact Name RALPH HARVEY	
E-mail RALPHHARVEY@DOWLERKARN.COM			

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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Signature 	Telephone No. 519-449-1200	Date (dd-mm-yyyy) 31-03-2011



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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.

Gas Tank - 1000 Lt. Fenced in Area
Diesel Tank - 2000 Lt. " " "

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

Fire Extinguisher @ Propane tank.
Emergency Shut off marked near tank.
Fenced in area around tank.

*Site map may include location of MSDS sheets.

*Site map to include fire extinguisher, emergency shutdowns and/or keybox location.

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: Shuts off tank valve when heated.
Shuts off propane supply.
Relief Valve: Relieves propane in case of over pressure.

Maintenance and testing schedule for fire protection controls and devices.

Daily inspections completed by ROT Personnel.
Annual Inspection completed by supply company.

*Site map identification of emergency procedure and equipment.

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Name of person completing this form (please print) Henry John van Zeggelaar	Official Title Fleet Supervisor
Signature 	Telephone No. 519-449-1200
	Date (dd-mm-yyyy) 31-03-2011



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact

Name
HENRY JOHN VAN ZEGGELAAR For Office Use - Party No.

Official Title
FLEET SUPERVISER

Telephone No. 519-449-1200 Fax No. 519-449-1244

E-mail
HJVZ@TOTALRENTALS.CA

Role and responsibilities in emergency
MANUAL SHUTDOWN OPERATION.
911 ACTIVATION

5. Facility 24-Hour Contact Person

Name
HENRY JOHN VAN ZEGGELAAR For Office Use - Party No.

Official Title
FLEET SUPERVISER

Cell No. 519-808-0133 Fax No. 519-449-1244

E-mail
HJVZ@TOTALRENTALS.CA

Role and responsibilities in emergency

2. Facility Contact Personnel - Alternate Contact

Name
JIM VAN VLIET For Office Use - Party No.

Official Title
COUNTER PERSON

Telephone No. 519-449-2200 Fax No. 519-449-1244

E-mail
JVANVLIET@TOTALRENTALS.CA

Role and responsibilities in emergency
IF PRIMARY UNAVAILABLE, THEN ROLES ASSUMED

6. Name of Facility Manager

Name
GEOFF ERKELENS For Office Use - Party No.

Official Title
PRESIDENT

Telephone No. 519-449-2200 Fax No. 519-449-1244

E-mail
GEOFFE@TOTALRENTALS.CA

Role and responsibilities in emergency

3. Local Fire Services - Key Contact

Name
PAUL BOISSONNEAULT For Office Use - Party No.

Official Title
FIRE CHIEF & CEMC

Telephone No. 519-442-4500 Fax No. 519-442-4590

E-mail
PAUL.BOISSONNEAULT@BRANT.CA

Role and responsibilities in emergency

7. Propane Supplier Key Contact Person

Name
JAMIE DAVIS For Office Use - Party No.

Official Title
PROPANE MANAGER

Telephone No. 519-449-2417 Fax No. 519-449-5942

E-mail
JAMIEDAVIS@DAVISFUELS.CA

Role and responsibilities in emergency

4. Local Fire Services - Alternate Contact

Name
GEOFF HAYMAN For Office Use - Party No.

Official Title
DEPUTY FIRE CHIEF

Telephone No. 519-442-4500 Fax No. 519-442-4590

E-mail
GEOFF.HAYMAN@BRANT.CA

Role and responsibilities in emergency

8. Municipal Contact

Name
TOM WALDSCHMIDT

Official Title
FIRE PREVENTION OFFICER

Telephone No. 519-442-4500 Fax No. 519-442-4590

E-mail
TOM.WALDSCHMIDT@BRANT.CA

Municipality

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Name of person completing this form (please print)

HENRY JOHN VAN ZEGGELAAR

Signature

Official Title
FLEET SUPERVISER

Telephone No.
519-449-1200

Date (dd-mm-yyyy)
31-03-2011



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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.

The install meets all requirements under the code and adheres to all pertinent regulations specific to dispensers.

*Staff responsibility - list activation of emergency shutdown, contact 911, use fire extinguisher and training.

*In absence of primary and secondary contact, ensure employee in charge is trained in emergency response.

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Name of person completing this form (please print) <i>Henry-John van Zeggelaar</i>		Official Title <i>Fleet Supervisor</i>	
Signature <i>[Handwritten Signature]</i>		Telephone No. <i>519-449-1200</i>	Date (dd-mm-yyyy) <i>31-03-2011</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.

Emergency Response Training:

Training Date (dd-mm-yyyy) 12/12/2010	Print Name of Training Provider: OPA	*Response based training program that includes situations such as a transfer hose leak, or a fire under the propane tank.
	Print Name of Instructor: Ralph Harvey	
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	*Operating procedures for the facility for all filling, storage and transfers.
	Print Name of Instructor:	

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

*Section B1, Roles and Responsibilities, of the Level 1 RSMP including what actions are taken when a particular emergency situation is identified. Such situations should include possible causes for a propane leak or fire.
*Details for the use of portable fire extinguishers.

Training Date (dd-mm-yyyy) 12/12/2010	Print Name of Training Provider: OPA	
	Print Name of Instructor: Ralph Harvey	
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	

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

Emergency Management Procedures:

Training Date (dd-mm-yyyy) 15/12/2010	Print Name of Training Provider: OPA	*Procedures for emergency notification for staff.
	Print Name of Instructor: Ralph Harvey	
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	*The process for initiating the Warning and Actions and Communications in Section B5.
	Print Name of Instructor:	
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	

* What training is available?

* Fire Department provides fire extinguisher training.

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Signature 	Telephone No. 519-449-1200	Date (dd-mm-yyyy) 31-03-2011



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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.

Emergency Response Training:

Target Date (dd-mm-yyyy) 15-12-2010	Print Name of Training Provider: OPA	*Response based training program
	Print Name of Instructor: Ralph Harvey	that includes
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	situations such as a transfer
	Print Name of Instructor:	hose leak, propane piping leak,
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	or a fire under the propane tank.
	Print Name of Instructor:	* Operating procedures for the
	Print Name of Instructor:	facility for all filling, storage
		and transfers.

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

*Section B1, Roles and Responsibilities, of the Level 1 RSMP including what actions are taken when a particular emergency situation is identified. Such situations should include possible causes for a propane leak or fire. *Details for the use of portable fire extinguishers.

Target Date (dd-mm-yyyy) 15-12-2010	Print Name of Training Provider: OPA	Responsibilities, of the Level 1
	Print Name of Instructor: Ralph Harvey	RSMP including what
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	actions are taken
	Print Name of Instructor:	when a particular emergency
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	situation is identified. Such
	Print Name of Instructor:	situations should include possible
	Print Name of Instructor:	causes for a propane leak or fire.

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

Emergency Management Procedures:

*Procedures for emergency notification of staff.
*The process for initiating the Warning and Actions and Communications in Section B5.

Target Date (dd-mm-yyyy) 15-12-2010	Print Name of Training Provider: OPA	Emergency Management Procedures:
	Print Name of Instructor: Ralph Harvey	*Procedures for emergency
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	notification of
	Print Name of Instructor:	staff.
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	*The process for initiating the
	Print Name of Instructor:	Warning and Actions and
	Print Name of Instructor:	Communications in Section B5.

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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).

Any person on site will give the warning to Henry. If it is an emergency, the call will be made to 911 and to the Fire Dept.

*Supervision staff will call 911 and shut down procedures.

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).

Meeting place or evacuation plan is not necessary.

We will make sure the site is not accessible to the public (Not a high traffic area).

*Identify safe area of 250m - meeting place

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).

As soon as an emergency arises, we will make the call.

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

Unit is outside.
They will cut the lock on gate.
No alarm system is on gate.

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

He will be working with the Fire Chief & County Administration.

*Supervisor or onsite staff will liaison with Fire Department staff.

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

20 minutes Is this just supervisory staff or all staff?

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

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

6. Building and Site Security and Procedures

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Water Supply

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	4440 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	

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Name of person completing this form (please print) HENRY JOHN VAN ZEGGELAAR	Official Title FLEET SUPERVISER
Signature 	Telephone No. 519-449-1200
	Date (dd-mm-yyyy) 31-03-2011



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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:

Ensure adequate portable fire extinguishers, maximum rate 6A120BC available during operating. Require annual training of all staff (documentation of training). No Open Air Burning within 100 meters of propane tank. PB

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-mm-yyyy)

LOCAL FIRE SERVICES

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

County of Brant Fire Department Print name

Signature

Date (dd-mm-yyyy)

Local Fire Services Name: Fire Chief Paul Boissonneault

Paul Boissonneault

27/04/2011

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Name of person completing this form (please print)

Henry John van Zeggelaar

Official Title

Fleet Supervisor

Signature

[Handwritten Signature]

Telephone No.

519-449-1200

Date (dd-mm-yyyy)

31-03-11



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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-mm-yyyy) March 1, 2011	Capacity of single largest propane storage vessel (USWG) 1000 Gal.
Tank setback coordinates. Indicate placement on the map.	
Front: 330 ft. _____	Right side property line: 220 ft. _____
Rear: 30 ft. _____	Left side property line: 167 ft. _____
GPS coordinates of single largest vessel: 43°06'41.24N 80°23'20.38W	

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	Date (dd-mm-yyyy) 31-03-2011



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SECTION C: SUBMISSIONS (cont'd)

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

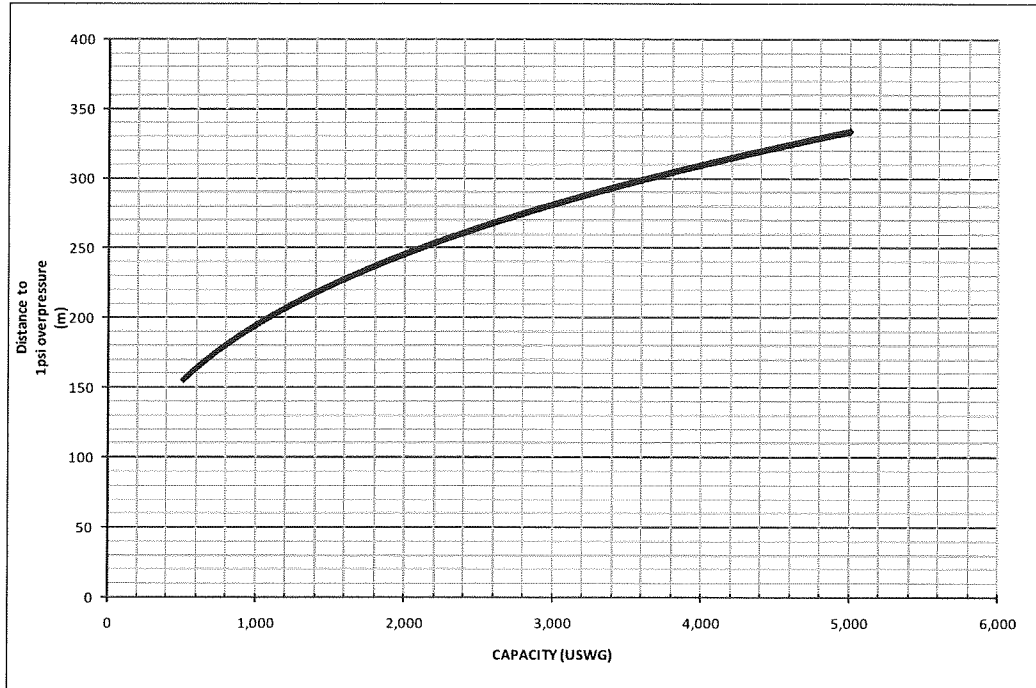
Table 1: Distance Table

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)



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) HENRY JOHN VAN ZEGGELAAR	Official Title FLEET SUPERVISER
Signature 	Telephone No. 519-449-1200
	Date (dd-mm-yyyy) 31-3-2011



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
Customer Service: 1.877.682.8772

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

SECTION C: SUBMISSIONS (cont'd)

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

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: GRAND RIVER SHEDS Address: 1241 COLBORNE STREET WEST City: BRANTFORD Province ON Postal Code N3T 5L7			X		180 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments [REDACTED]		1			165 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ 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: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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

Name of person completing this form (please print) HENRY JOHN VAN ZEGGELAAR	Official Title FLEET SUPERVISER
Signature 	Telephone No. 519-449-1200 Date (dd-mm-yyyy) 31-03-2011



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
Customer Service: 1.877.682.8772

Level 1 Risk and Safety Management Plan (RSMP)
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SECTION C: SUBMISSIONS (cont'd)
Applicant must include a Facility Site Plan and Map of Surrounding Area

Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5	100	2950
# 40	11.75		
# 33.3	9.62	10	96.2
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity		110	3046.2

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

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

Total Cylinder Capacity	
Total Tank Capacity	
Total Portable Capacity	

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) HENRY JOHN VAN ZEGGELAAR	Official Title FLEET SUPERVISER	
Signature 	Telephone No. 519-449-1200	Date (dd-mm-yyyy) 03-31-2011

HIGHWAY 53

NORTH PROPERTY LINE ENTRANCE

PROPERTY OF TOTAL RENTALS
1240 COLBORNE ST W
HWY 53, RR4 BRANTFORD
N3T5L7

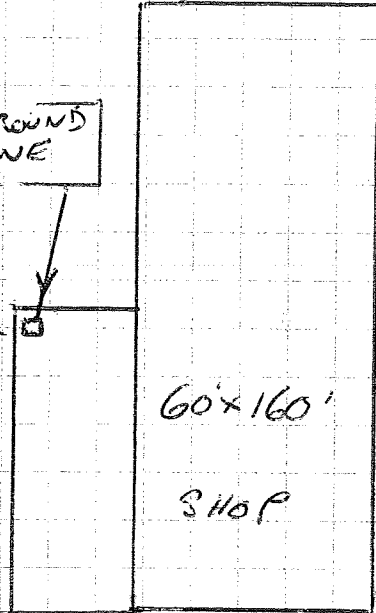
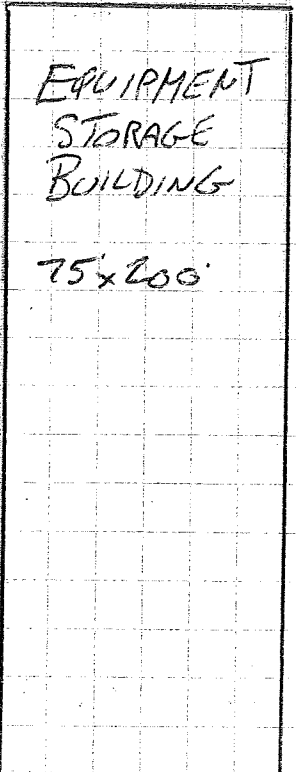
Technician Inspector and Safety Authority	Health Safety Division
DRAWING REVIEWED	
Revisions/Notes	Yes/No
Name:	MAREK KULIK
Signature:	Kulik
Date:	NOV 8, 2007

WEST PROPERTY LINE

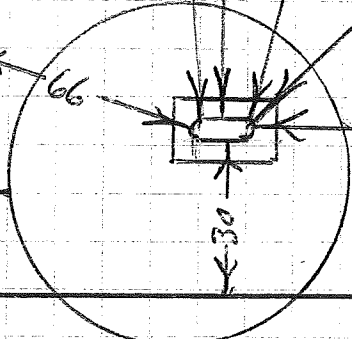
EAST PROPERTY LINE

DIESEL PUMP

ABOVEGROUND
GASOLINE
TANK



1000 USWG
PROPANE TANK
AND DISPENSER



FOR DETAIL
SEE SECTION
2-2

SOUTH PROPERTY LINE

290'

205'

147'

167'

Week Of: _____

Daily Dispenser Inspection Form

Business Name: _____

This inspection is to be completed by certified operator with a current Record of Training (ROT) for handling propane cylinder fills and/or motor fill operations.	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	For any questions answered with NO, please note the concern or deficiency below and report them immediately to your supervisor.	Please list actions taken/ by whom/ date completed.
	Please indicate yes or no to all questions below or n/a if not applicable.								
Hazards									
Is the system free of any evidence of possible leaks (no frost or ice buildup or the smell of boiling cabbage/ rotten eggs present in the vicinity of the dispenser)?									
Is the area in the vicinity of the dispenser free of obstacles and easily accessible for users / supplier or emergency personnel?									
Is the fenced enclosure or lockable cabinet secured with no evidence of tampering?									
Is the area kept clear of overgrown vegetation that could become a fire hazard if left and not dealt with.									
Emergency Equipment									
Is there a fire extinguisher available, easily accessible and fully charged?									
Is the fire extinguisher tagged as inspected within the past 12 months?									
Notify your Supervisor immediately if extinguisher has low charge, is damaged or missing, and/ or the inspection tag is gone or is out of date.									
Is the emergency shutoff easily accessible, well marked and free of obstacles?									
Equipment									
Is the hose free of any noticeable cracks, wear or damage?									
Inspect all valves, piping, and fittings for proper operation. Do they appear to be in good working order?									
Inspect the threads of all connection adaptors, especially brass, for excess wear and to ensure gaskets are in place. Are they in suitable working condition?									
Has the scale been zeroed out and is it working properly?									
Is there adequate signage (no smoking) and is it legible?									
Visual Inspection completed by (please initial and print clearly):									

*** Please keep copy on file with supporting documentation for any repairs.

1240 Colborne St W, Brantford, ON N3T 5L7, Canada

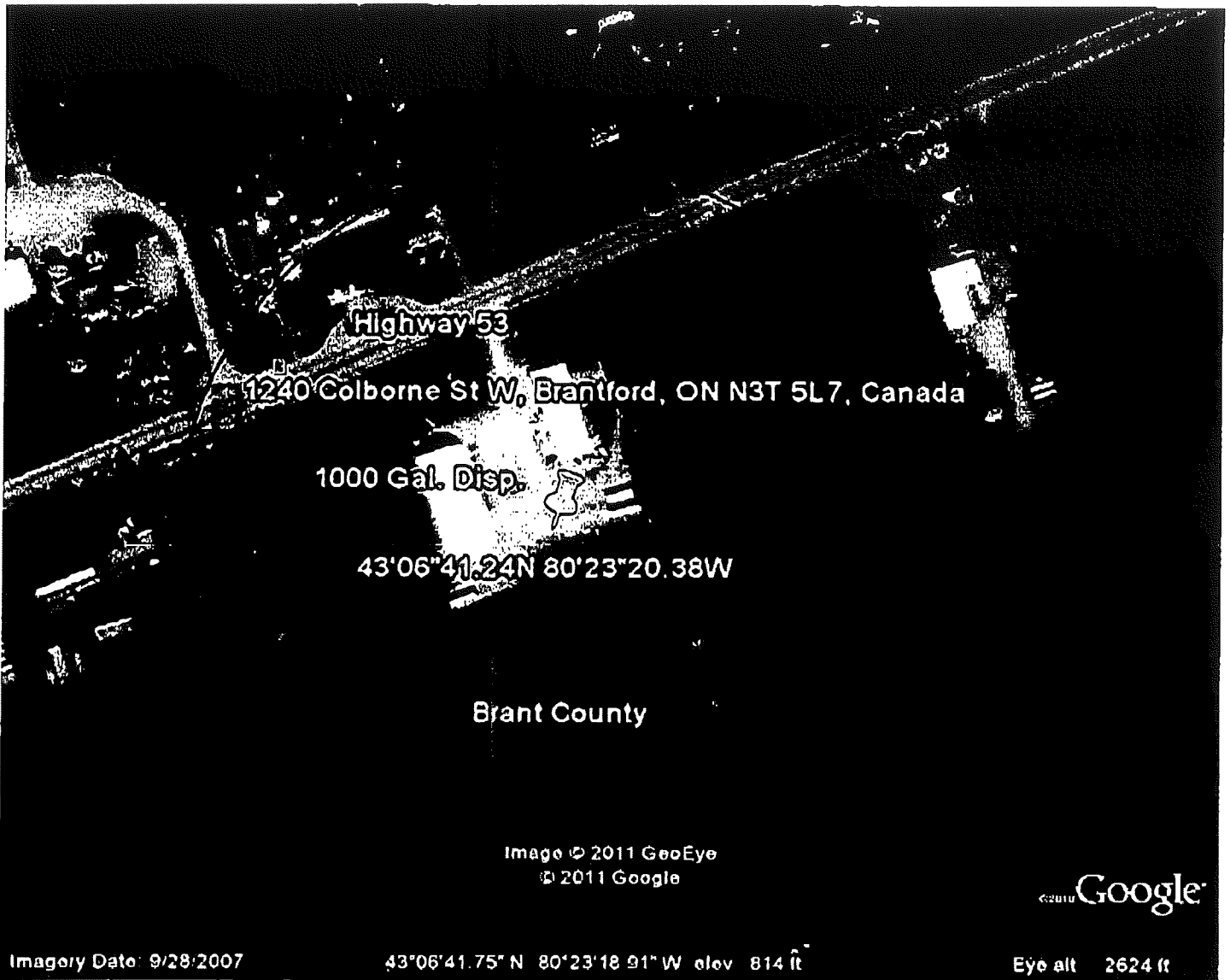
Highway 53

1000 Gal. Disp.

43°06'41.24N 80°23'20.38W

Brant County

Image © 2011 GeoEye
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Municipal Contact
 Tom Waldschmidt
 61 Dundas Street East, Paris
 N3L 3H7
 519-442-4500

