



**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

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 5,000 USWG or less and a total propane storage capacity of 5,000 USWG of portable propane storage capacity on site.

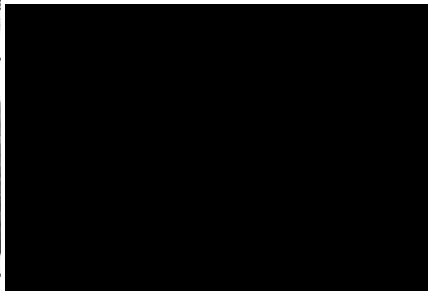
Failure to fully complete this form may result in rejection.  
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 76637493

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.*

Company Name Canadian Tire Corporation Ltd. Ontario Corporation No., if applicable \_\_\_\_\_

Operator Name (if different from above)  
Agent Samir Kaawar

Telephone No. (416) 544-7608 Fax No. (416) 544-6163 E-mail John.Lastoria@cantire.com

Street No. 2180 Street Name / 911 Number / Address, if applicable Young Street, 17th floor

Town / City or Township / County Toronto Province ON Postal Code M4P 2V8

Mailing address if different from above.

Street No. \_\_\_\_\_ Street Name / 911 Number / Address, if applicable P.O. Box 770, Station "K"

Town / City or Township / County Toronto Province ON Postal Code M4P 2V8

**Information on Container Refill Centre or Filling Plant**

Location of facility.

Street No. 3070 Street Name / 911 Number / Address, if applicable Wonderland Road South Nearest Major Intersection Wonderland Rd. S / Whamcliffe Rd. S (Hwy. 4)

Town / City or Township / County London Province ON Postal Code N6L 1A6

Name of Licence Holder John Lastoria on behalf of Canadian Tire Corporation Ltd.

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Glenn Butt ROT type 100-08

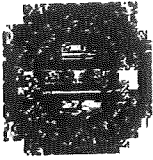
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)  
Western Ontario

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.

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Printname	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>John Lastoria</u>		<u>21-04-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Glenn Butt</u>		



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**SECTION A: GENERAL INFORMATION (cont'd)**

Indicate the year the facility was established.

2003

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

None

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

	PSIG	Serial Number
Tank 1:	250 PSIG	851-01
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: 279 USWG      Mobile: 0



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Name of person completing this form (please print)		Official Title
John Lastoria		EH&S Specialist
Signature	Telephone No.	Date (dd-mm-yyyy)
	(416) 544-7608	21-04-2011



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**SECTION A: GENERAL INFORMATION (cont'd)**

Activity Information

<b>Name of Propane Supplier(s)</b>		[Redacted]	
Superior Propane - Ontario Regional Operations Centre			
Street No.	Street Name / 911 Number / Address, if applicable		
251	Woodlawn Road West, Unit 217		
Town / City or Township / Country		Province	Postal Code
Guelph		Ontario	N1H 8J1
Telephone No.	Fax No.	Contact Name	
1-877-873-7467	519-836-7766	Mike Mullins	
E-mail			
mullinsm@superiorpropane.com			

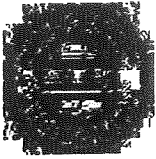
<b>Name of Propane Transporter.</b> If same as above, please check box. <input type="checkbox"/>		[Redacted]	
Superior Propane - Strathroy			
Street No.	Street Name / 911 Number / Address, if applicable		
29495	Centre Road		
Town / City or Township / Country		Province	Postal Code
Strathroy		ON	N7G 3H7
Telephone No.	Fax No.	Contact Name	
(519) 401-1095		Mike Mullins	
E-mail			
mullinsm@superiorpropane.com			

<b>Off-site Cylinder and/or Mobile Storage</b>	Capacity stored off-site, in USWG	For Office Use - Party No.
None		
Street No.	Street Name / 911 Number / Address, if applicable	
Town / City or Township / Country		Province
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)	Official Title	
Kelly Almey	Risk & Safety Coordinator, Superior Propane	
Signature	Telephone No.	Date (dd-mm-yyyy)
	905-285-2480 ext. 5549	21-04-2011



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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.

Gasoline - 150,000 litres

Stored at the south side of gas bar property south of gas dispensing area, underground.

A MSDS for regular gasoline is provided herein.

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

Fire Extinguishers - Located inside gas bar building, on columns by gasoline dispensers and at the bulk propane tank filling station.

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.

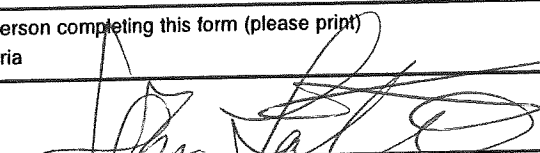
1. Emergency stop push button - mounted on a post by the propane tank. This shuts down the pump and closes a solenoid valve upstream of hoses.
2. Fusible link on ISC valve - isolation valve between the tank and the downstream propane dispensing equipment.
3. Power supply breaker inside the gas bar building. This cuts all power to the propane system - shuts down pump; closes solenoid valve.
4. ISC valve interlock bar (interlocked with cabinet door) - ISC valve closes when door is closed.

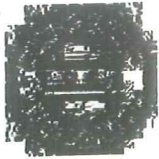
Maintenance and testing schedule for fire protection controls and devices.

Maintenance and testing is undertaken by Superior Propane according to Superior Propane's Maintenance Standard. Schedule for key equipment is:

1. Pumps (Pump every 3 months; Pump Motor: check belts monthly; grease motor every 6 months)
2. ISC Valves (test for closure every 6 months)
3. Storage tank Relief Valves - inspect every 2 years; replacement schedule as per provincial regulations.

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Name of person completing this form (please print) John Lastoria		Official Title EH&S Specialist
Signature 		Telephone No. (416) 544-7608
		Date (dd-mm-yyyy) 21-04-2011



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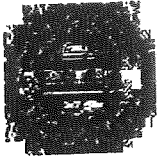
**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name Samir Kaawar	For Office Use - Party No.	Name Samir Kaawar	For Office Use - Party No.
Official Title Agent		Official Title Agent	
Telephone No. (519) 680-3843	Fax No. (519) 680-3843	Cell No. (519) 282-2517	Fax No. (519) 680-3843
E-mail 1680.London_West@ctpagent.ca		E-mail 1680.London_West@ctpagent.ca	
Role and responsibilities in emergency Co-ordinate site response		Role and responsibilities in emergency Co-ordinate site response	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Jackie Lacroix	For Office Use - Party No.	Name Samir Kaawar	For Office Use - Party No.
Official Title Regional Business Manager		Official Title Agent	
Telephone No. (519) 272-3610	Fax No. (519) 272-1893	Telephone No. (519) 680-3843	Fax No. (519) 680-3843
E-mail jackie.lacroix@cantire.com		E-mail 1680.London_West@ctpagent.ca	
Role and responsibilities in emergency Co-ordinate site response if agent unavailable.		Role and responsibilities in emergency Co-ordinate site response	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name John Kobara	For Office Use - Party No.	Name Superior Propane Hotline	For Office Use - Party No.
Official Title Fire Chief		Official Title	
Telephone No. (519) 661-2500 Ext. 4750	Fax No. (519) 661-6507	Telephone No. 1-877-873-7467	Fax No.
E-mail jbobara@london.ca		E-mail	
Role and responsibilities in emergency Co-ordinate/advise on Toronto Fire Service response. Liaise with police.		Role and responsibilities in emergency Identify and dispatch Superior Propane and or LPERGC emergency response personnel as required.	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Varies	For Office Use - Party No.	Name Catharine DeForest	
Official Title Platoon Chief		Official Title Supervisor, Building Division License	
Telephone No. (519) 661-2500 Ext. 5627	Fax No. (519) 661-6507	Telephone No. (519) 661-2500 Ext. 1541	Fax No. (519) 661-2332
E-mail None		E-mail cdefores@london.ca	
Role and responsibilities in emergency Alternate - Co-ordinate/advise on Toronto Fire Service Response. Liaise with police.		Municipality City of London	

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Signature 	Telephone No. (416) 544-7608
	Date (dd-mm-yyyy) 21-04-2011



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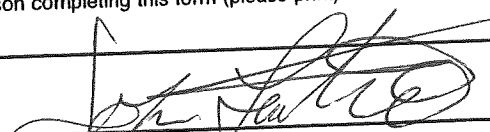
**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

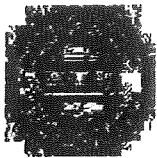
**2. Additional Safety Measures**

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

Emergency Shut Off push button to shut down pump and close solenoid valve upstream of dispensing hoses.

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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-mm-yyyy) N/A New Facility	Print Name of Training Provider: None
	Print Name of Instructor:
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:

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

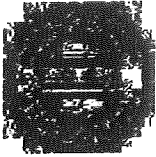
Training Date (dd-mm-yyyy)	Print Name of Training Provider: None
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy) 01-06-2010	Print Name of Training Provider: FSN - PLEASE NOTE THAT ROT TRAINING IS VALID FOR 3 YEARS
	Print Name of Instructor:
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:

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	Date (dd-mm-yyyy) 21-04-2011



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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.**

Target Date (dd-mm-yyyy) TBA - Q4 2011	Print Name of Training Provider: Superior Propane or Other - PLEASE NOTE THAT THE COURSE CONTENT IS
	Print Name of Instructor: to be arranged CURRENTLY BEING DEVELOPED BY THE TSSA WITH
Target Date (dd-mm-yyyy)	Print Name of Training Provider: THE INTENTION THAT IT AND ITS' PROVIDER WILL BE
	Print Name of Instructor: READY TO DELIVER THIS TRAINING IN THE FOURTH
Target Date (dd-mm-yyyy)	Print Name of Training Provider: QUARTER OF THIS YEAR
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) TBA - Q4	Print Name of Training Provider: Key site contact to train staff
	Print Name of Instructor: to be arranged
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

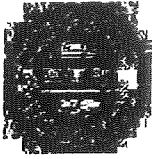
**On-site specific training provided to certificate holders / persons with Records of Training.**

Target Date (dd-mm-yyyy) As Required	Print Name of Training Provider: Superior Propane, FSN, or Other - PLEASE NOTE THAT ROT TRAINING IS VALID
	Print Name of Instructor: to be arranged FOR 3 YEARS
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-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).  
The operator or alternate (both ROT staff) will contact emergency services by calling 911 and will provide warnings outlined in the attached

"Propane Emergency Response Procedures" (to be posted at site and be part of the employee training). If it is safe to do so, this could involve advising neighbors to evacuate. The owner/operator may also contact Superior Propane via the emergency number identified in the 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 owner/operator or alternate should first follow the actions in the ERP's provided herein. Staged evacuation, if the release of propane cannot be stopped by cutting electrical power may be required. Initial muster locations will be away from the site along Wonderland Rd at least 80 m from the site and away from a dispersing propane cloud. Subsequent evacuation instructions potentially up to the Hazard Distance to be provided by municipal emergency responders.

**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, a ROT person will be on duty and be in the propane tank area. The Key Contact or alternate will be implementing ER actions including notifying emergency responders. Calling 911 will occur immediately after any attempts to shut down the system.

When the system is not in operation, the ISC valve (main isolation valve) is closed, and the propane system is unattended, but shutdown.

Any accidents involving the propane tank during such times 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 from two directions, Wonderland Road or the parking lot of the store.

Fire access routes are identified in the attached site plan.

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

The critical information required from the license holder is information on how to shut the system down and the fill level in the tank (if known).

This information will be provided either verbally if site staff are at site or by cell phone during off hours.

Fill level is relevant from a time-to-BLEVE perspective (a near empty tank will BLEVE sooner than a full tank if there is fire impingement on the tank).

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

Approximately -10 minutes after having received the emergency call.

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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 type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)   | <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)            | Water tankers _____      |                                     |
| 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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**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**

	<b>Yes</b>	<b>No</b>
<b>To be completed by the Local Fire Services</b>	<input type="checkbox"/>	<input type="checkbox"/>
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?		
If not, please explain (e.g., no fire services).		
Fire services comments, if any:		
<b>To be completed by the Licence Holder</b>		
In response to the above comments, the following action(s) is required:		
<b>PLEASE NOTE:</b> The RSMP has been delivered to Fire Services for review. At this time no response has been received.		
Thus we ask that the TSSA accept this RSMP submission as the conditional license expires today.		
The licence holder will respond to the Local Fire Services comments by: _____ (dd-mm-yyyy)		

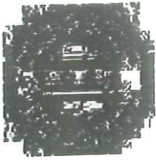
**LOCAL FIRE SERVICES**

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

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

**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	
Signature	Telephone No.	Date (dd-mm-yyyy)



**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**

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) 01-02-2001	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: 28 m	Right side property line: 180 m
Rear: 256 m	Left side property line: 82 m
GPS coordinates of single largest vessel: Lat. 42.9363 , Long. -81.2803	

**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) Kelly Almey	Official Title Risk & Safety Coordinator
Signature 	Telephone No. 905-285-2480 ext. 5549
	Date (dd-mm-yyyy) 21-04-2011



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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

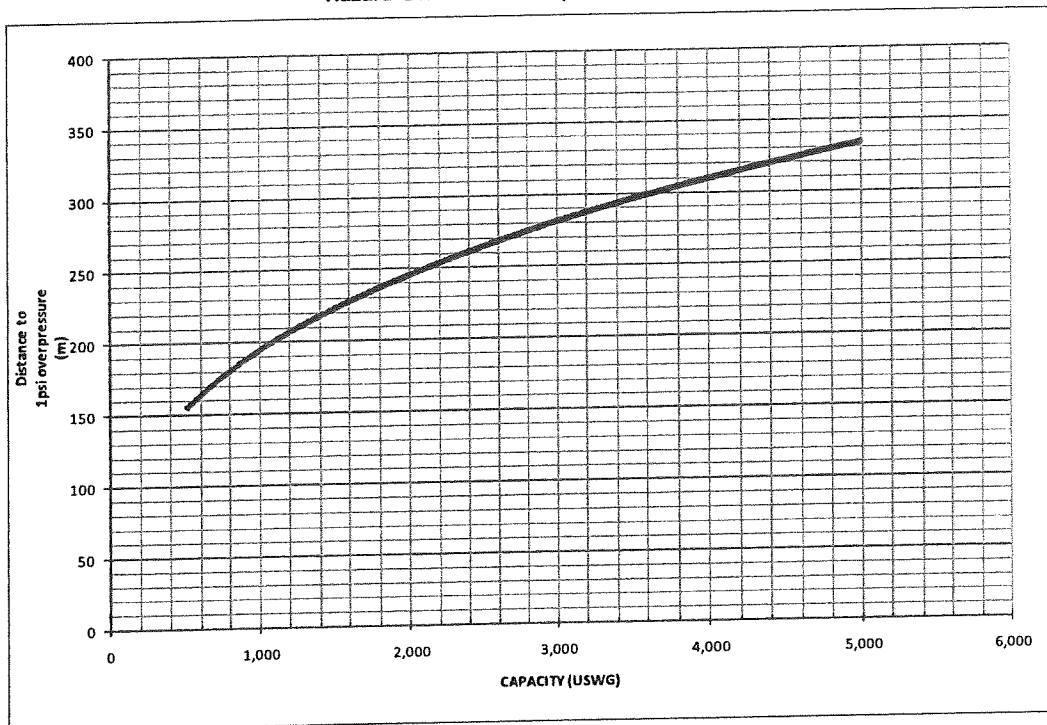
Table 1: Distance Table

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

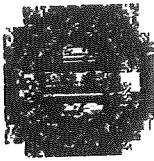
**Parameters:** Density of Propane is 0.5033 kg per litre @ 15 C  
 Assume all vessels are 80% full  
 1 gallon [US, liquid] = 0.003785411784 cubic meter  
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)



**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) Nothing completed on this page.	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)



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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	* 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 _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Boston Pizza, Mark's Work Warehouse, Scholars Choice, Staples, Michael's</u> Address: _____ City: _____ Province _____ Postal Code _____				X	<u>25</u> 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".

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Name of person completing this form (please print) John Lastoria	Official Title EH&S Specialist	Date (dd-mm-yyyy) 21-04-2011
Signature 	Telephone No. (416) 544-7608	



Technical  
Standards and  
Safety Authority  
www.tssa.org

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**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		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	48	279 USWG
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity 279 USWG</b>			

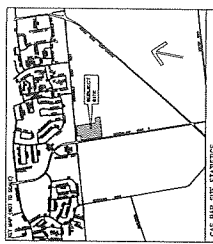
**Tanks Stored On-site Not Connected for Use**

Tank Size In USWG	Quantity	Total Volume In USWG
2000 USWG	1	2000 USWG
		Revised by K Almey Superior Propane June 10 2011 <i>KAlmey</i>
<b>Total Tank Capacity</b>		

<b>Total Cylinder Capacity</b>	279 USWG
<b>Total Tank Capacity</b>	2000 USWG. <i>Ka</i>
<b>Total Portable Capacity</b>	279 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) John Lastoria	Official Title EH & S Specialist
Signature <i>[Signature]</i>	Telephone No. (416) 544-7608
	Date (dd-mm-yyyy) 21-04-2011



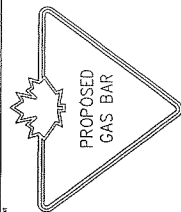
GAS BAR SITE STATISTICS

DATE: 11 FEB 2001  
 DRAWN BY: J. J. J.  
 CHECKED BY: J. J. J.  
 PROJECT: CANADIAN TIRE  
 SHEET: 1 OF 1

GENERAL NOTES

NO.	DESCRIPTION	DATE
1	REVISION	
2	REVISION	
3	REVISION	
4	REVISION	
5	REVISION	
6	REVISION	
7	REVISION	
8	REVISION	
9	REVISION	
10	REVISION	
11	REVISION	
12	REVISION	
13	REVISION	
14	REVISION	
15	REVISION	
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27	REVISION	
28	REVISION	
29	REVISION	
30	REVISION	

11 FEB 2001



PROPOSED GAS BAR

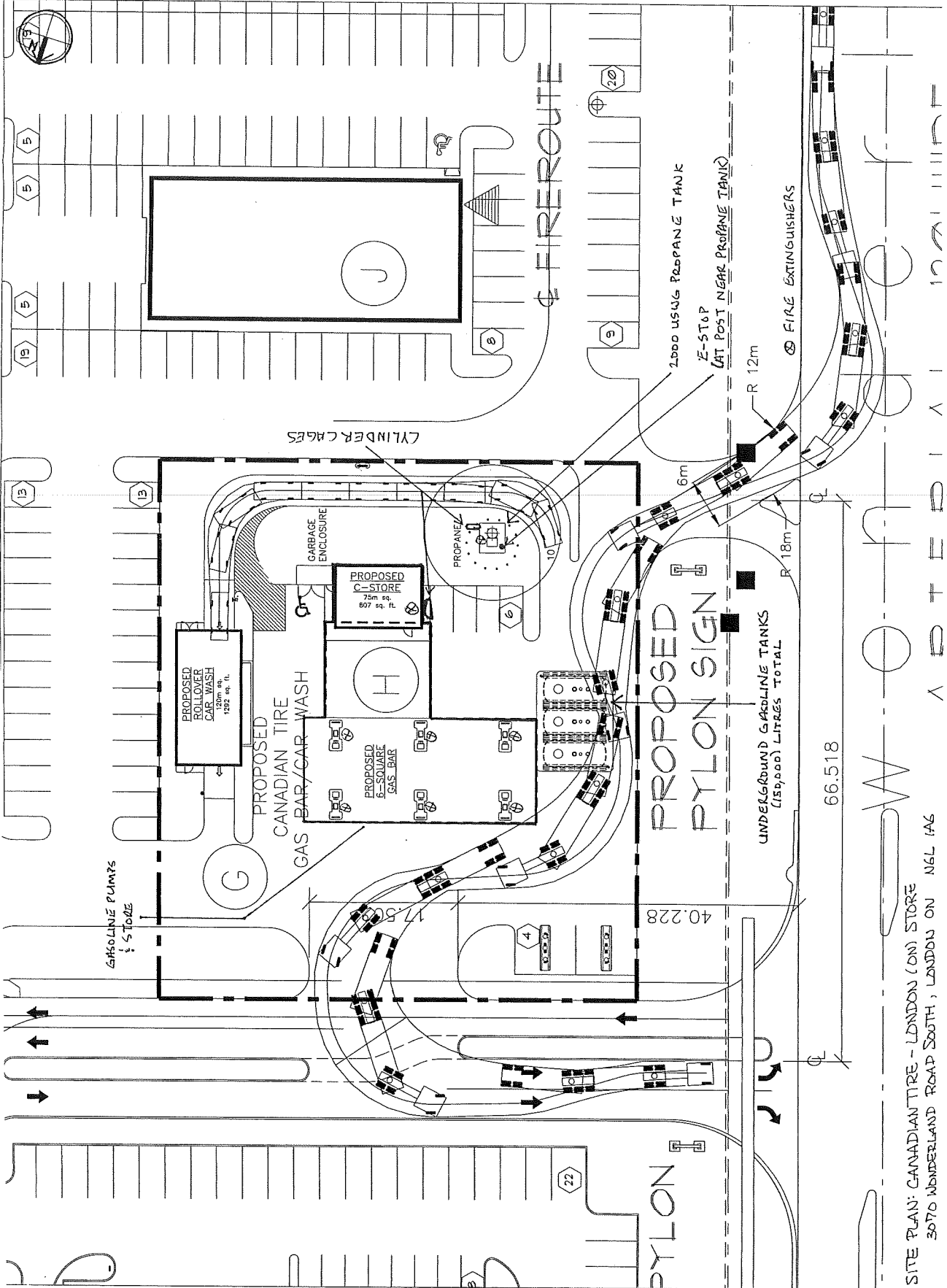
SITE PLAN

SOURCE: 3070 WINDERMERE RD., LONDON, ONTARIO

DATE: 11 FEB 2001  
 DRAWN BY: J. J. J.  
 CHECKED BY: J. J. J.  
 PROJECT: CANADIAN TIRE  
 SHEET: 1 OF 1

ECA PROJ. #710-15 ECA DWG. # 01  
 SP-37

Contractor must check and verify all dimensions and be  
 CANADIAN TIRE PETROLEUM before commencing work.  
 PRINTS ARE NOT TO BE SCALED  
 All dimensions are in millimeters unless otherwise specified.

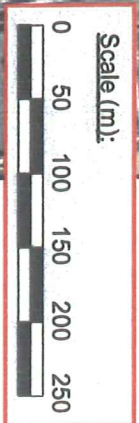
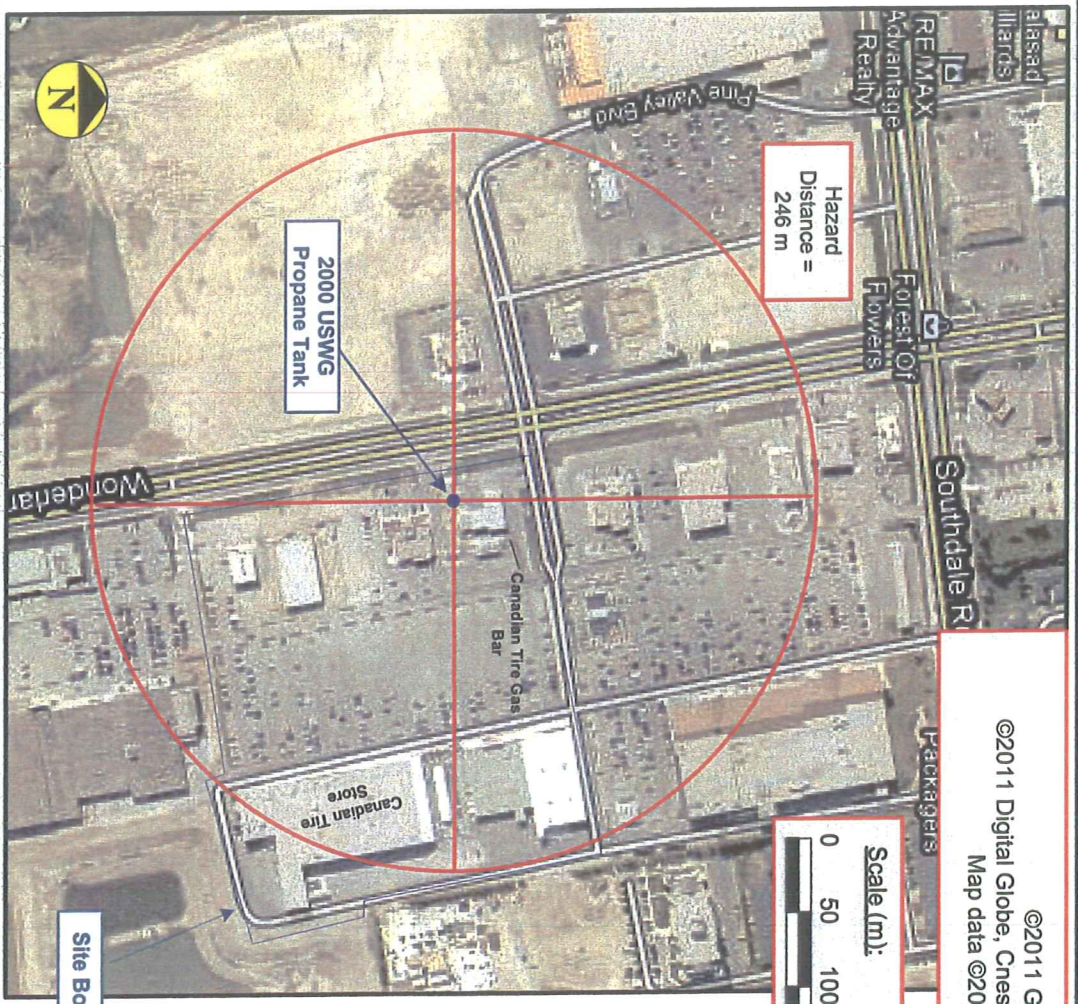


SITE PLAN: CANADIAN TIRE - LONDON (ON) STORE  
 3070 WINDERMERE ROAD SOUTH, LONDON ON N6L 1A6





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 Map data ©2011 Google, Tele Atlas



Hazard Distance = 246 m

2000 USWG Propane Tank

Site Boundary

Setback Distances to Site Boundary  
 North : 82 m East: 256 m  
 South: 180 m West: 28 m

Municipality (ies) within the 1 psi overpressure circle  
 City of London

**Map of Surrounding Area**

Capacity of Propane Storage Tank = 2000 USWG

Municipal Contact

GPS Co-ordinates of Propane Storage Tank  
 GPS Co-ordinates = 42.9363, -81.2803

Catharine DeForest  
 Supervisor, Building Division License  
 City Hall, 1<sup>st</sup> Floor  
 City of London  
 P. O. Box 5035, London, ON, N6A 4L9  
 Tel: 519-661-2500 ext. 1541  
 Email: cdefores@london.ca

Canadian Tire  
 3070 Wonderland Rd. South, London, ON, N6L 1A6  
 Part of Lots 13, 14, and 15, North of Horton Street  
 in the City of London, County of Middlesex

Circular Distance to 1 psi overpressure  
 Denoted by circle centred on tank; radial distance = 246 m

Drawn by: L. Oliverio Date: March 6, 2011