



Technical Standards and Safety Authority  
 www.tssa.org  
 14th Floor Centre Tower  
 2300 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 exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

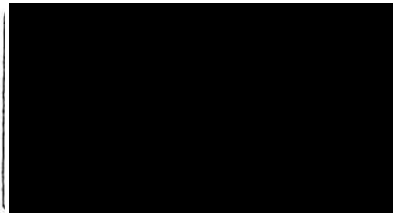
Failure to fully complete this form may result in rejection.  
 Making a false statement may result in a fine or prosecution  
 under the Technical Standards and Safety Act

Licence Number 0076586718 - C

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 A STINSON FUEL Ontario Corporation No., if applicable 1436675

Operator Name (if different from above)

Telephone No. 613-834-8178 Fax No. 613-841-0762 E-mail GEORGE.TEHAS@HOTMAIL.COM

Street No. 3934 Street Name / 911 Number / Address, if applicable INNES RD

Town / City or Township / County OTTAWA Province ON Postal Code K1W 1T9

Mailing address if different from above.

Street No. \_\_\_\_\_ Street Name / 911 Number / Address, if applicable \_\_\_\_\_

Town / City or Township / County \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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

Location of facility:

Street No. D 3934 Street Name / 911 Number / Address, if applicable INNES RD Nearest Major Intersection JEANNE-D'ARC BLVD

Town / City or Township / County ORLEANS Province ON Postal Code \_\_\_\_\_

Name of Licence Holder 1436675 ONTARIO INC

Name of a Senior Management person as defined in the regulation: holding the Record of Training (ROT). ABDALLAH JEHA ROT type CLASS F - PPO-2

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

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: <u>STINSON</u>		<u>10-12-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training: <u>ABDALLAH JEHA</u>		<u>10-12-2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established.

1990

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

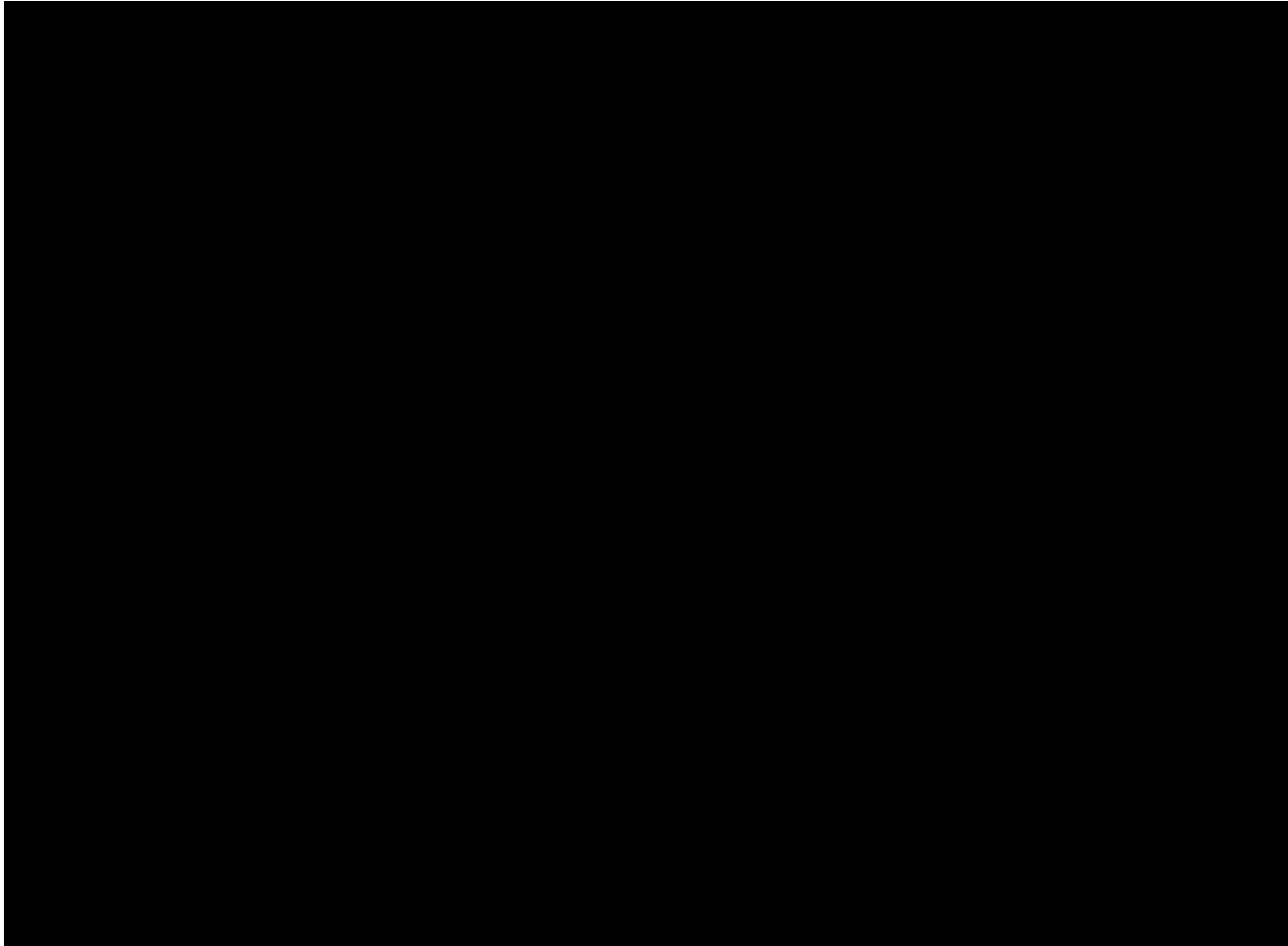
NONE

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

	PSIG	Serial Number
Tank1:	250	151-08
Tank2:		
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      Portable: \_\_\_\_\_      Mobile: \_\_\_\_\_



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) ABDALLAH JETHA		Official Title DIRECTOR	
Signature 		Telephone No. 613-834-8178	Date (dd-mm-yyyy) 10-12-2011



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**Propane Storage and Handling Regulation**

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

Activity Information

Name of Propane Supplier(s)		[REDACTED]	
WVO. STINSON & SON LTD			
Street No.	Street Name / 911 Number / Address, if applicable		
4726	BANK ST		
Town / City or Township / Country		Province	Postal Code
OTTAWA		ON	K1T 3W7
Telephone No.	Fax No.	Contact Name	
613-822-7400	613-822-6307	DOUGLAS JOHNSTON	
E-mail			
FUEL @ WOSTINSON.COM			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		[REDACTED]	
Street No.		Street Name / 911 Number / Address, if applicable	
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			

Off-site Cylinder and/or Mobile Storage	Capacity stored off-site, in USWG	For Office Use - Party No.
Street No.	Street Name / 911 Number / Address, if applicable	
Town / City or Township / Country	Province	Postal Code
Telephone No.	Fax No.	Contact Name

Note: Customer storage is not considered off-site storage.

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Name of person completing this form (please print)	Official Title	
GEORGES JEHA	ASSISTANT MANAGER	
Signature	Telephone No.	Date (dd-mm-yyyy)
	613-834-8178	10-12-2011





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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.

ATTACHED PAGE 1

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

ATTACHED PAGE 1

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.

ATTACHED PAGE 1

Maintenance and testing schedule for fire protection controls and devices.

ATTACHED PAGE 1

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Name of person completing this form (please print) <b>GEORGES JEHA</b>	Official Title <b>ASSISTANT MANAGER</b>
Signature 	Telephone No. <b>613-834-8178</b>
	Date (dd-mm-yyyy) <b>10-12-2011</b>



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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 ATTACHED PAGE 2	For Office Use - Party No.	Name ATTACHED PAGE 3	For Office Use - Party No.
Official Title		Official Title	
Telephone No.	Fax No.	Cell No.	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name ATTACHED PAGE 2	For Office Use - Party No.	Name ATTACHED PAGE 3	For Office Use - Party No.
Official Title		Official Title	
Telephone No.	Fax No.	Telephone No.	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name JOHN DEHOOGHE	For Office Use - Party No.	Name ATTACHED PAGE 4	For Office Use - Party No.
Official Title OTTAWA FIRE CHIEF	E-mail JOHN.DEHOOGHE@OTTAWA.CA	Official Title	E-mail
Telephone No. 613-580-2860	Fax No. 613-580-2866	Telephone No.	Fax No.
Role and responsibilities in emergency FIRE CHIEF.		Role and responsibilities in emergency	
Fire Services Address BLAIR RD		Propane Supplier Address	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name FRANK DONATI	For Office Use - Party No.	Name DUNCAN MCNAUGHTON	
Official Title ASSISTANT DIVISION CHIEF	E-mail FRANCOIS.DONATI@OTTAWA.CA	Official Title INDUSTRIAL ENGINEER	
Telephone No. 613-580-2424 ext 44207	Fax No. 613-580-2866	Telephone No. 613-580-2424 ext 29603	Fax No.
Role and responsibilities in emergency FIRE ASSISTANT CHIEF		E-mail DUNCAN.MCNAUGHTON@OTTAWA.CA	
Fire Services Address BLAIR RD		Municipality Name and Address OTTAWA	

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Name of person completing this form (please print) GEORGES JEHA	Official Title ASSISTANT MANAGER
Signature 	Telephone No. 613-834-8178
	Date (dd-mm-yyyy) 10-12-2011





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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.

- THIS DOCUMENT DESCRIBES THE ACTIONS TAKEN TO RESPOND TO A HAZARDOUS MATERIALS INCIDENT, SUCH AS FIRE OR SPILL. ALL PERSONS AT THIS FACILITY ARE REQUIRED TO BE APPROPRIATELY TRAINED ON THIS PLAN ANNUALLY.

- A RECORD OF ALL BUSINESSES AND RESIDENTS ADDRESSES AND PHONE NUMBERS IS IN PLACE IN CASE OF EMERGENCY.

ATTACHED PAGES #

**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) <i>GEORGES JEHA</i>	Official Title <i>ASSISTANT MANAGER</i>
Signature <i>[Signature]</i>	Telephone No. <i>613-894-8178</i>
	Date (dd-mm-yyyy) <i>10-12-2011</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.

Training Date (dd-mm-yyyy) 03-05-2011	Print Name of Training Provider: SEAWAY GAS
	Print Name of Instructor: GEORGES JEHA
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) 03-05-2011	Print Name of Training Provider: SEAWAY GAS
	Print Name of Instructor: GEORGES JEHA
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) 03-05-2011	Print Name of Training Provider: SEAWAY GAS
	Print Name of Instructor: GEORGES JEHA
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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Name of person completing this form (please print) GEORGES JEHA	Official Title R Director Assistant
Signature 	Telephone No. 613-894-8178
	Date (dd-mm-yyyy) 10-12-2011





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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) 30-04-2012	Print Name of Training Provider: SEAWAY GAS
	Print Name of Instructor: GEORGES JETHA
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:

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

Target Date (dd-mm-yyyy) 30-04-2012	Print Name of Training Provider: SEAWAY GAS
	Print Name of Instructor: GEORGES JETHA
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) 20-09-2014	Print Name of Training Provider: GREG WOOD
	Print Name of Instructor: GREG WOOD
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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Name of person completing this form (please print) GEORGES JETHA	Official Title ASSISTANT MANAGER
Signature 	Telephone No. 613-834-8178
	Date (dd-mm-yyyy) 10-12-2011





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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.

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).

ERAP WILL BE INITIATED BY OWNER / FIRST RESPONDER, TO NOTIFY EMPLOYEES, CUSTOMERS AND CONTACT AUTHORITIES @ 9-1-1 AND SURROUNDING BUSINESSES AND HOMES LISTED IN ERAP

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).

WHEN EVACUATION OF PREMISES IS INITIATED BY EVACUTION, ABDULAH JEHA WILL ADVISE OTHER EMPLOYEES BY INTERCOM, WORD OF MOUTH OR BY PHONE TO MEET AT DESIGNATED LOCATION (PRE-DETERMINED) WHICH IS WALLMART PARKING LOT (IN THE BACK OF THE GAS STATION)

**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).

CALL 9-1-1, CALL ERAP, CALL ENVIRONMENT CANADA, TSSA AND ADVISE IF FIRE IS AFFECTING PROPANE STORAGE.

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

THE SITE IS OPEN 24/7 SO THE FIRE TRUCKS AND AUTHORITIES WILL HAVE ACCESS TO THE PROPANE TANK AND THE WHOLE SITE AT ALL TIME.

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

WILL KEEP AUTHORITIES UP TO DATE WITH SITE CHANGES WITH REGULAR MEETINGS.

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

3 MINUTES

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Signature 	Telephone No. 613-834-8178
	Date (dd-mm-yyyy) 10-12-2011



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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.

**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 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 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 checked="" type="checkbox"/> | <input 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)            |                                     | <u>15 METERS</u>         |
| 4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? ( distance in metres only) |                                     | <u>6 METERS</u>          |

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Signature 	Telephone No. <b>613-834-8178</b>	Date (dd-mm-yyyy) <b>10-12-2011</b>





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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:

*No OFS comment at this time*

**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.

<i>Duncan McNaughton</i> Local Fire Services Name	Print name	<i>[Signature]</i> Signature	Date (dd-mm-yyyy) <i>Jan 31/2012</i>
--	------------	---------------------------------	---

**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) <i>GEORGES TEHA</i>	Official Title <i>ASSISTANT MANAGER</i>
Signature <i>[Signature]</i>	Telephone No. <i>613-834-8178</i>
	Date (dd-mm-yyyy) <i>10-12-2011</i>



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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) <u>10-12-2011</u>	Capacity of single largest propane storage vessel (USWG) <u>2000 US WG</u>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>18 Meters</u>	Right side property line: <u>13.25 Meters</u>
Rear: <u>13.11 Meters</u>	Left side property line: <u>50.29 Meters</u>
GPS coordinates of single largest vessel: <u>45° 27' 13.70" N, 75° 30' 31.18" W</u>	

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Name of person completing this form (please print) <u>GEORGES SEHA</u>	Official Title <u>ASSISTANT MANAGER</u>	
Signature 	Telephone No. <u>613-834-8178</u>	Date (dd-mm-yyyy) <u>10-12-2011</u>





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**SECTION C: SUBMISSIONS (cont'd)**  
Applicant must include a Facility Site Plan and Map of Surrounding Area

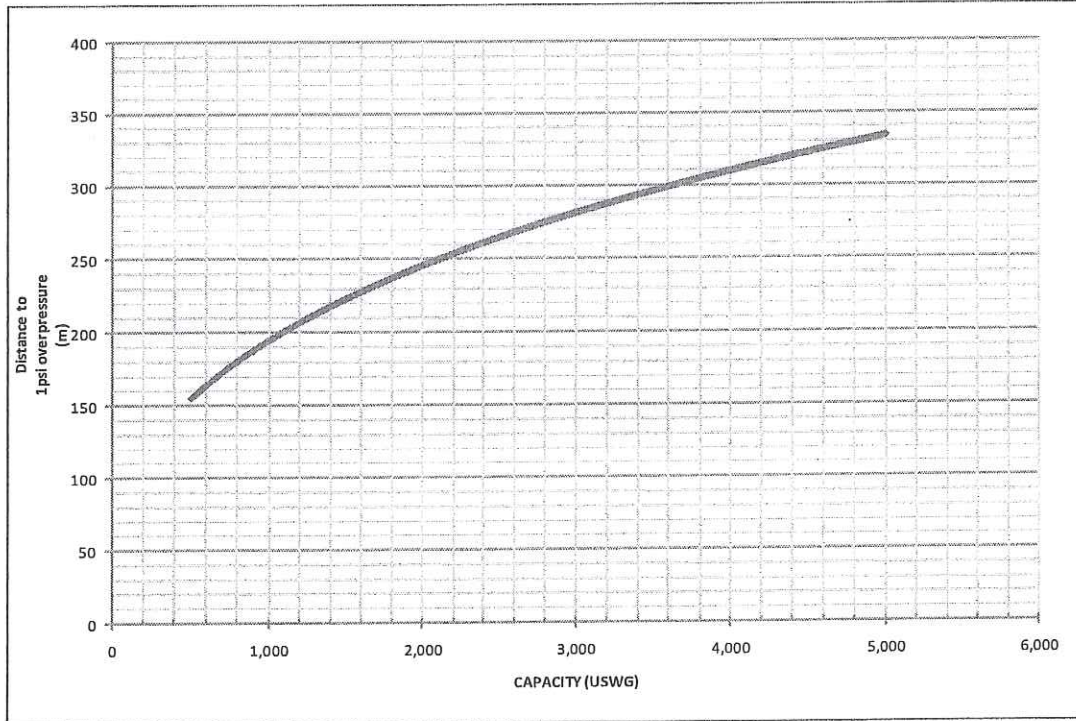
**Table 1: Distance Table**

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)**





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: _____ Address: _____ City: _____ Province _____ Postal Code _____	✓				_____ m
Residential building units specifically permanent single family dwellings [Redacted]				✓	100.3 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>ROSEST BUILDING PAGE 14</u> Address: <u>ATTACHED PAGES 11</u> City: _____ Province _____ Postal Code _____				✓	13.11 m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	✓				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	✓				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	✓				_____ m

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

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

Name of person completing this form (please print) <u>GEORGES JEHA</u>	Official Title <u>ASSISTANT MANAGER</u>
Signature 	Telephone No. <u>613-834-8178</u>
	Date (dd-mm-yyyy) <u>10-12-2011</u>





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Propane Storage and Handling Regulation

**WORKSHEET**

**Portable Storage Additional Information Worksheet**

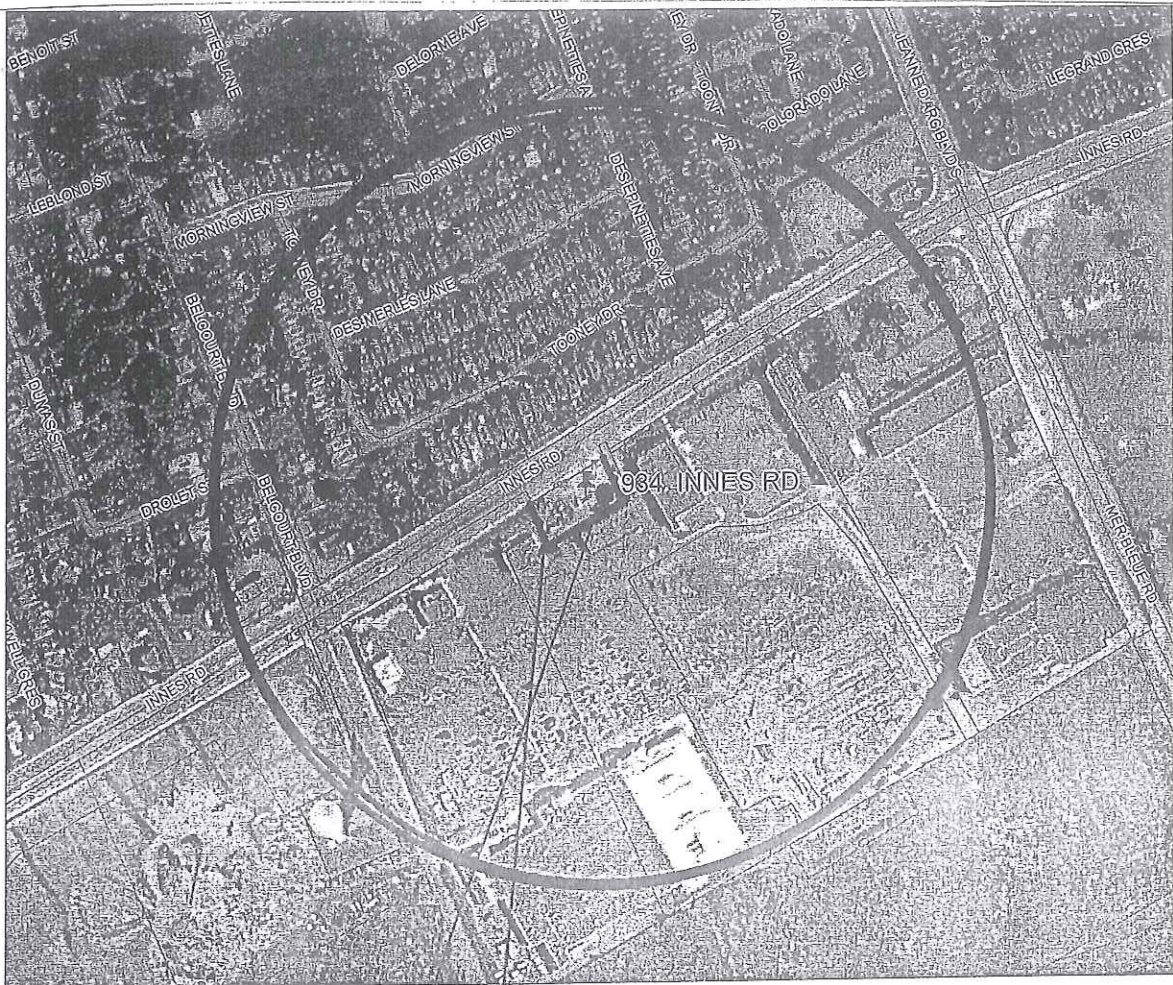
Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			

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

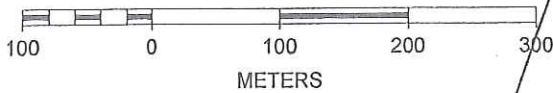
Tank Size In USWG	Quantity	Total Volume in USWG
5.8	18	104.4
<b>Total Tank Capacity</b>		104.4 USWG

<b>Total Cylinder Capacity</b>	0
<b>Total Tank Capacity</b>	104.4
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	0





SCALE 1 : 5,926



Location: 3934 Innes rd  
Ottawa, On  
K1W 1K9

Property Line

MUNICIPALITY: City of Ottawa

Address: 110 Laurier ave West  
Ottawa, On  
K1P 1J1

Prepared: December 21, 2011

GPS coordinates: 45° 27' 13.70" N 75° 30' 31.18" W

property line

altitude 90m

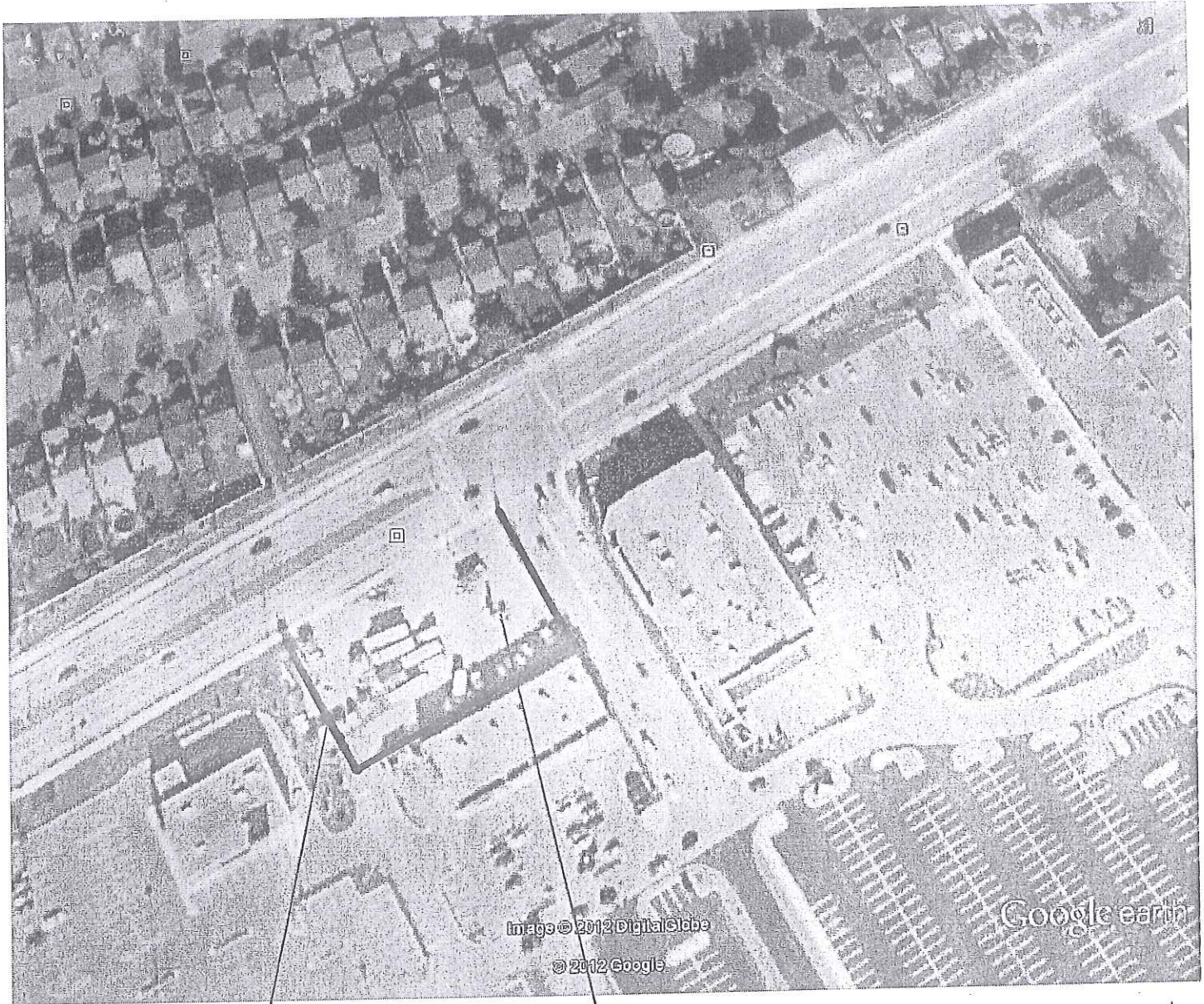
2000 uswg Vertical Tank

Tank setbacks:

Radius: 246 Meters

Right side ( east): 13.25 meters  
Left side (west): 50.29 meters  
Front side ( south): 18.0 meters  
Rear side (north): 13.11 meters





Google earth



PROPERTY LINE

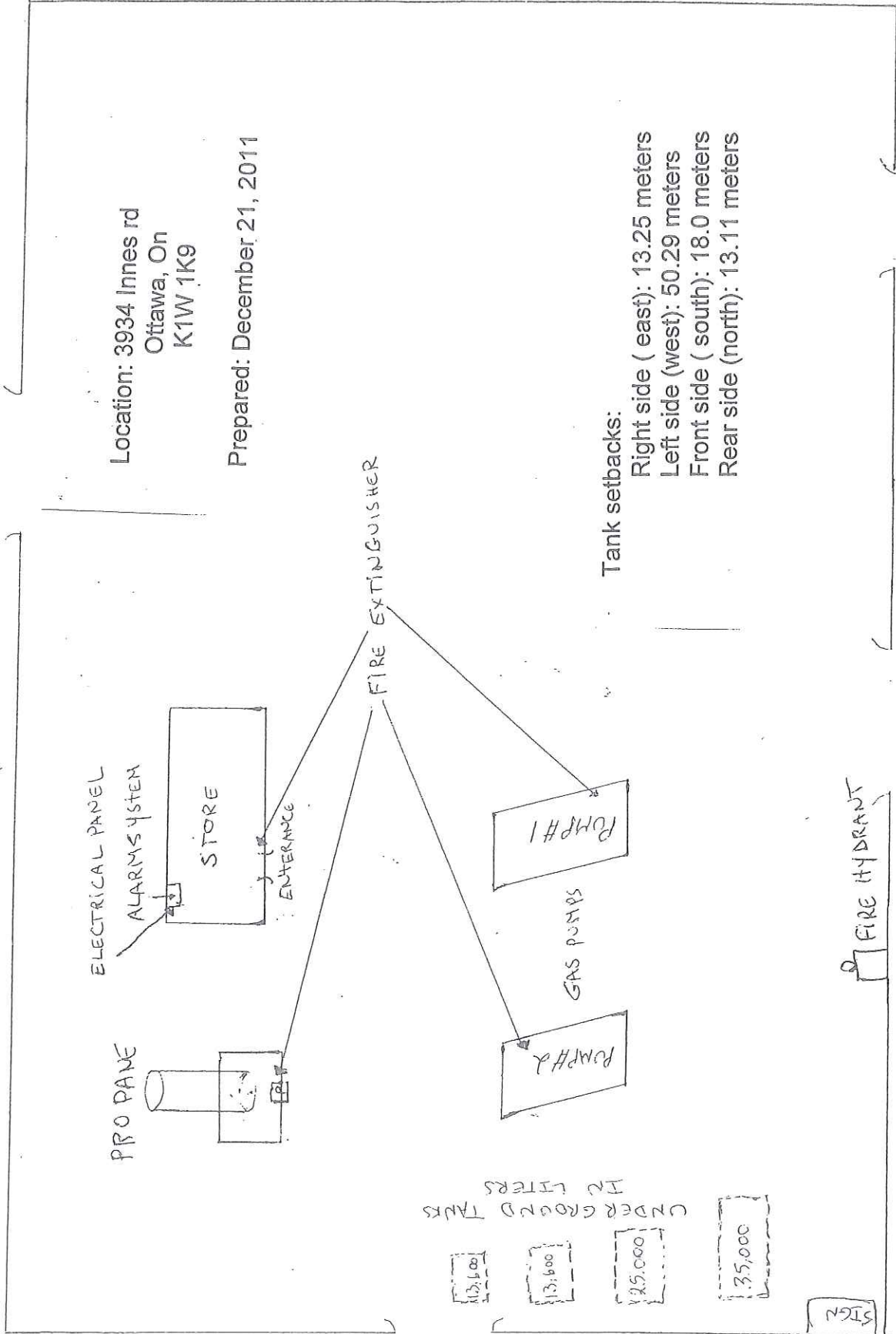
2000 USG  
VERTICAL PROPANE TANK.



MUNICIPALITY: City of Ottawa

Address: 110 Laurier ave West  
Ottawa, On  
K1P 1J1

GPS coordinates: 45° 27' 13.70" N 75° 30' 31.18" W  
altitude 90m



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Ottawa, On  
K1W 1K9

Prepared: December 21, 2011

Tank setbacks:

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INNES RD