



Technical
Standards and
Safety Authority
www.tssa.org

*4th 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 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 0012285001-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.

A Company Name PETERS' GARAGE (ENGLEHART) LTD. Ontario Corporation No., if applicable _____

Operator Name (if different from above) _____

Telephone No. 705-544-2354 Fax No. 705-544-8435 Email Address petersgarage@mtl-sympatico.ca

B Street No. 334625 Street Name, Lot / Concession No. HWY #11 N.

Town / City or Township / County ENGLEHART Province ON Postal Code P0J 1H0

Mailing address if different from above.

C Street No. _____ Street Name, Lot / Concession No. P.O. Box 447

Town / City or Township / County ENGLEHART Province ON Postal Code P0J 1H0

Information on Container Refill Centre or Filling Plant

D Location of facility.

Street No. 334625 Street Name, Lot / Concession No. HWY #11 N. Nearest major intersection _____

Town / City or Township / County ENGLEHART Province ON Postal Code P0J 1H0

Name of Licence Holder _____

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

ROT type

BARRY E. KIRKEY

100-01

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

MUNICIPALITY OF CHARLTON-DACK

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.

Name of Licence Holder PETERS' GARAGE (ENGLEHART) LTD. Print name _____ Signature _____ Date (dd-mm-yyyy) 28/09/11

Name of Senior Management person as defined in the Regulation holding the Record of Training BARRY KIRKEY _____



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established.

1976

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

COMPLETE SWITCH OVER FROM SUPERIOR TO NASCO 06/09

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

NEW WIRING, TANK, PUMP, DISPENSER
MOTOR FUEL PUMP

Tank 1: PSIG 250

Serial Number 962-00

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: 1000X1

Portable: 29.5 X2

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)	Official Title
BARRY E. KIRKEY	PRESIDENT
Signature	Telephone No.
[Signature]	705-544-7354
	Date (dd-mm-yyyy)



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)			
NASCO PROPANE			
Street No.	Street Name Lot / Concession No.		
290	RAILWAY ST. P.O. BOX 90		
Town / City or Township / Country		Province	Postal Code
TIMMINS		ON	P4N 7E3
Telephone No.	Fax No.	Contact Name	
705-264-5213	705-264-6919	MARK A. BASARABA	
E-mail			
mark@nascopropane.com			

Name of Propane Transporter. If same as above, please check box. ☒		For Office Use - Party No.	
Street No.	Street Name Lot / Concession No.		
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.	
NONE			
Street No.	Street Name Lot / Concession No.		
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	
BARRY KIRKEY	PRESIDENT	
Signature	Telephone No.	Date (dd-mm-yyyy)
[Signature]	705-544-2354	28/09/11



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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.

Bulk Motor Oil 5W30 1600 LITRES MAX WHEN FULL
DEXON AUTOMATIC TRANSMISSION FLUID 500 LITRES MAX WHEN FULL
Bulk Motor Oil 5W20 500 LITRES MAX WHEN FULL

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

1 NEW 20 LB FIRE EXTINGUISHERS - Pyro Pro Fire Services
2 NEW 10 LB FIRE EXTINGUISHERS: NDN, P.Q.
PURCHASED JUNE 11
NEW

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.

- ISC VALVE ON TANK
- EMERGENCY SHUT OFF SWITCH - RED BUTTON ON WALL

Maintenance and testing schedule for fire protection controls and devices.

EXTINGUISHERS CHECKED WEEKLY & SERVICED ANNUALLY
ISC & EMERGENCY SHUT OFF SWITCH CHECKED DAILY

Declaration: I am aware that it is an offence to give false information in this document and
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Name of person completing this form (please print)	Official Title	
BRADY KIRKEY	PRESIDENT	
Signature	Telephone No.	Date (dd-mm-yyyy)
[Signature]	705-544-2354	28/09/11



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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 BARRY KIRKEY
Official Title PRESIDENT
Telephone No. 705-544-3272 Fax No. 705-544-8455
E-mail petergarage@ntl.sympatico.ca
Role and responsibilities in emergency

5. Facility 24-Hour Contact Person

Name BARRY KIRKEY For Office Use - Party No.
Official Title PRESIDENT
Cell No. 705-544-3272 Fax No. 705-544-8455
E-mail petergarage@ntl.sympatico.ca
Role and responsibilities in emergency

2. Facility Contact Personnel - Alternate Contact

Name STEVE MARSHALL For Office Use - Party No.
Official Title HEAD MECHANIC
Telephone No. 705-544-8647 Fax No. 705-544-8455
E-mail
Role and responsibilities in emergency

6. Name of Facility Manager

Name BARRY KIRKEY For Office Use - Party No.
Official Title PRESIDENT
Telephone No. 705-544-3272 Fax No. 705-544-8455
E-mail petergarage@ntl.sympatico.ca
Role and responsibilities in emergency

3. Local Fire Services - Key Contact

Name TOM HENDERSON For Office Use - Party No.
Official Title FIRE CHIEF
Telephone No. 705-544-2498 Fax No. 8650 705-544-2498
E-mail Tom.Henderson@dshl.edu.on.ca
Role and responsibilities in emergency
FIRE CHIEF

7. Propane Supplier Key Contact Person

Name MARK BASORABA For Office Use - Party No.
Official Title MANAGER
Telephone No. 705-264-5213 Fax No. 705-264-6919
E-mail mark@nascopropane.com
Role and responsibilities in emergency

4. Local Fire Services - Alternate Contact

Name ROO PLAUNT For Office Use - Party No.
Official Title DEPUTY CHIEF
Telephone No. 705-544-8216 Fax No. 705-544-8737
E-mail lrplaut@ntl.sympatico.ca
Role and responsibilities in emergency
DEPUTY CHIEF FIRE SERVICES

8. Municipal Contact

Name LARRY TANGUAY
Official Title ROADS SUPERINTENDENT
Telephone No. 705-544-7525 Fax No.
E-mail
Municipality MUNICIPALITY OF CHARLTON & DICK

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>BARRY KIRKEY</u>	Official Title <u>PRESIDENT</u>
Signature <u>[Signature]</u>	Telephone No. <u>705-544-2354</u> Date (dd-mm-yyyy) <u>28/09/11</u>



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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.

COPIES OF RSMP HAVE BEEN SUPPLIED TO
ENGLISHTON FIRE DEPT.
TOWNSHIP OF CHATHAM & DASH

Declaration: I am aware that it is an offence to give false information in this document and
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Name of person completing this form (please print)	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)
Brian Kirkey	705-544-2354	28/09/11



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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) 25/10/2010	Print Name of Training Provider: NASCO Propane, Timmins, ON
	Print Name of Instructor: MARK BOSARABA
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) 25/10/2010	Print Name of Training Provider: NASCO Propane, Timmins, ON
	Print Name of Instructor: MARK BOSARABA
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) 25/10/2010	Print Name of Training Provider: NASCO Propane, Timmins, ON
	Print Name of Instructor: MARK BOSARABA
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:

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) Dawn Kirkby	Official Title President
Signature Dawn Kirkby	Telephone No. 705-544-2354
	Date (dd-mm-yyyy) 28/09/11



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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) <i>25/10/2010</i>	Print Name of Training Provider: <i>NASCO PROPANE</i>
	Print Name of Instructor: <i>MARK BASOLEBA</i>
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) <i>25/10/2010</i>	Print Name of Training Provider: <i>NASCO PROPANE</i>
	Print Name of Instructor: <i>MARK BASOLEBA</i>
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) <i>25/10/2010</i>	Print Name of Training Provider: <i>NASCO PROPANE</i>
	Print Name of Instructor: <i>MARK BASOLEBA</i>
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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I hereby declare that the information I have given here is true and complete.

Name of person completing this form (please print) <i>Brian Kirby</i>	Official Title <i>PRESIDENT</i>
Signature <i>Brian Kirby</i>	Telephone No. <i>205-5442354</i>
	Date (dd-mm-yyyy) <i>28/09/11</i>



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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).

3 EMPLOYEES TOTAL - (1) OWNER / PRESIDENT (2) MECHANIC (3) APPRENTICE

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).

CLOSE OFF ISC IF POSSIBLE, SHUT OFF EMERGENCY
SHUT-OFF SWITCH INSIDE GARAGE. CALL 911. MEET
INSIDE GARAGE WHICH IS AWAY FROM PROPANE STORAGE
FACILITY

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).

IN EVENT OF EMERGENCY BY TELEPHONE EITHER
LAND PHONE OR CELLULAR PHONE WHICH IS ON
LICENSEE HOLDERS PERSON AT ALL TIMES

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

YARD IS ACCESSIBLE FROM 9TH RD. & HWY #11
& USED VEHICLE LOT HAS 2 ENTRANCES OFF
HWY #11

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

TELEPHONE, FAX, E-MAIL

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

3 MINUTES

Declaration: I am aware that it is an offence to give false information in this document and
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Name of person completing this form (please print)

BARRY KIRKLEY

Official Title

PRESIDENT

Signature

[Handwritten Signature]

Telephone No.

705-544-2354

Date (dd-mm-yyyy)

28/09/11



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*FAKED
JAN 12/12
11:35 A.M.*

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

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)? | ☒ | ☐ |
| 2. Is there adequate night lighting at the site? | ☒ | ☐ |
| 3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials? | ☒ | ☐ |
| 4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane? | ☒ | ☒ |
| 5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? | ☒ | ☒ |
| 6. Are weighing systems validated for accuracy? | ☒ | ☐ |
| 7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)? | ☒ | ☐ |
| 8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled? (e.g., QCC valves) | ☒ | ☐ |
| 9. Is the schedule of maintenance and testing activities retained on site? | ☒ | ☐ |

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

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is a pressurized water system available at the propane facility site? | ☒ | ☐ |
| 2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location? | ☒ | ☐ |
| 3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only) | <i>HYDRANT 100 m HYDRANT #50</i> | |
| 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) | <i>HYDRANT</i> | |

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Name of person completing this form (please print) <i>BARRY KIRBY</i>	Official Title <i>PRESIDENT</i>
Signature <i>BARRY KIRBY</i>	Telephone No. <i>705-544-8455</i> Date (dd-mm-yyyy) <i>01-12-2012</i>



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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:

Recommended that a record book of daily inspections & maintenance records be initiated.

To be completed by the Licence Holder

In response to the above comments, the following action(s) is required:

Discuss with owner

The Licence holder will respond to the Local Fire Services comments by:

N/A

(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 <i>TOM HENDERSON</i>	<i>[Signature]</i>	<i>28/09/11</i>

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Name of person completing this form (please print)	Official Title
<i>BARRY KIRKEY</i>	<i>PRESIDENT</i>
Signature	Telephone No.
<i>[Signature]</i>	<i>705-544-2354</i>
	Date (dd-mm-yyyy)
	<i>28/09/11</i>



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SECTION C: SUBMISSIONS (cont'd)

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)	Capacity of single largest propane storage vessel (USWG)
28/09/11	1600
Tank setback coordinates. Indicate placement on the map.	
Front: 22'	Right side property line: 158'
Rear: 129'	Left side property line: 190'
GPS coordinates of single largest vessel: 47° 49' 43.09" N 79° 53' 21.54" W	

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Name of person completing this form (please print)	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)
Barbara KIRKBY	705-544-2354	28/09/11



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SECTION C: SUBMISSIONS (cont'd)

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
 - ✓ 6. 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 6.)
 - ✓ 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)	Capacity of single largest propane storage vessel (USWG)
28/09/11	1000
Tank setback coordinates. Indicate placement on the map.	
Front: 22' 7m	Right side property line: 158' 48m
Rear: 129' 39m	Left side property line: 120' 58m
GPS coordinates of single largest vessel: 41° 49' 43.09" N 79° 53' 21.54" W	

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Name of person completing this form (please print)	Official Title
Signature	Telephone No.
	Date (dd-mm-yyyy)
	28/09/11



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3300 Bloor Street West
Toronto Ontario M8X 2X4
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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

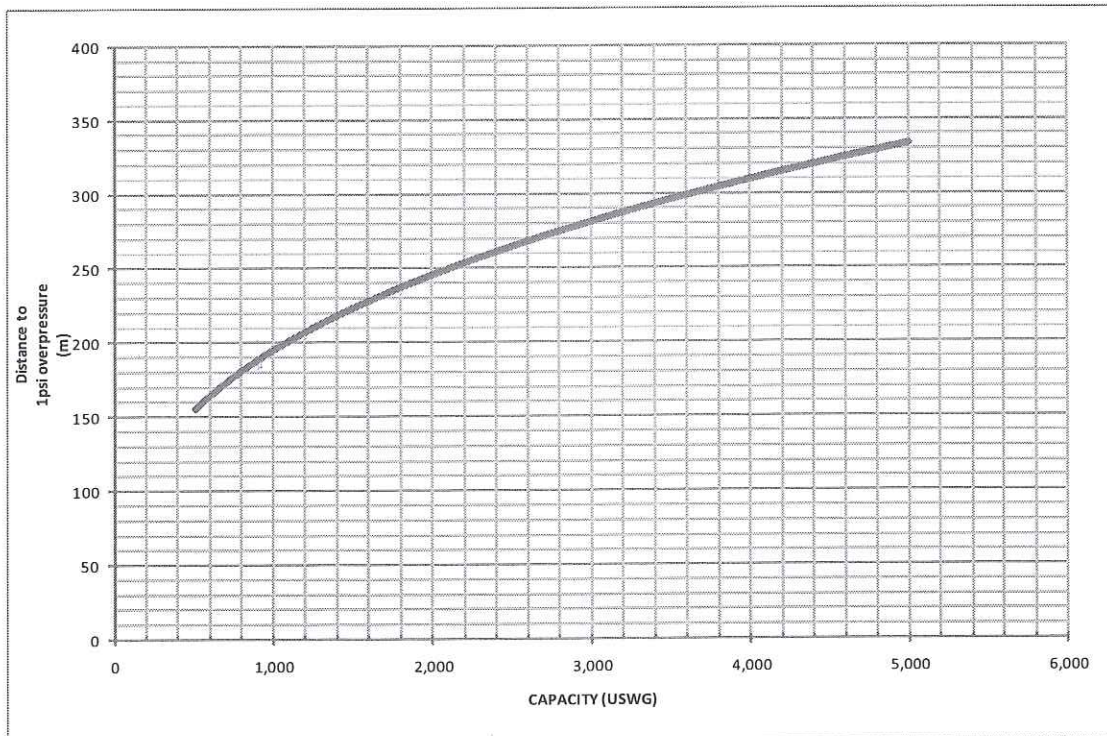
Table 1: Distance Table

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)	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)



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SECTION C: SUBMISSIONS (cont'd)

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

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

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ 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".

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	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>Peters Garage Englehart Ltd.</u> Address: <u>334625 Hwy #11 N</u> City: <u>ENGLEHART</u> Province <u>ON</u> Postal Code <u>R0J 1H0</u>			X		<u>25</u> m
Residential building units specifically permanent single-family dwellings, condominiums, and apartments. [Redacted]			X		<u>38</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>JUNCTION RESTAURANT</u> Address: <u>Hwy #11 N</u> City: <u>ENGLEHART</u> Province <u>ON</u> Postal Code <u>R0J 1H0</u>		X			<u>250</u> m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>0</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>ENGLEHART & DISTRICT HOSPITAL</u> Address: <u>5TH STREET</u> City: <u>ENGLEHART</u> Province <u>ON</u> Postal Code <u>R0J 1H0</u>		X			<u>1 Km</u> <u>1000 m</u>
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>ENGLEHART AMBULANCE STATION</u> Address: <u>5TH STREET</u> City: <u>ENGLEHART</u> Province <u>ON</u> Postal Code <u>R0J 1H0</u>		X			<u>1 Km</u> <u>1000 m</u>

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

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Name of person completing this form (please print) <u>Gregory R. [Signature]</u>	Official Title <u>Proprietor</u>
Signature <u>[Signature]</u>	Telephone No. <u>705-544-7554</u> Date (dd-mm-yyyy) <u>13/12/11</u>



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Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	25	731.5
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8	5	44
# 20	5.8	5	29
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			810.5

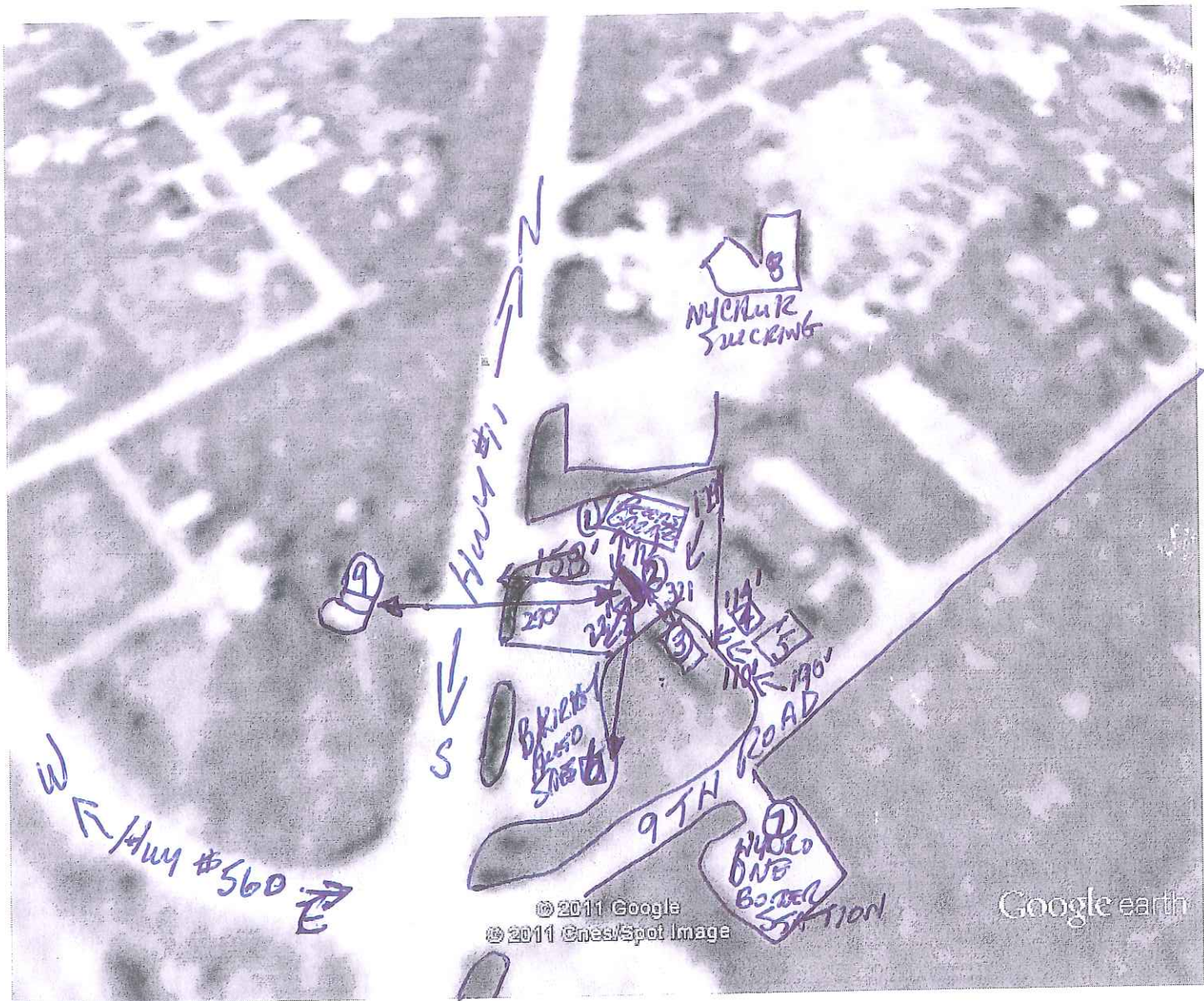
Tanks Stored On-site Not Connected for Use

Tank Size in USWG	Quantity	Total Volume in USWG
NONE		
Total Tank Capacity		

Total Cylinder Capacity	
Total Tank Capacity	
Total Portable Capacity	

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Name of person completing this form (please print)	Official Title
BARRY KIRBY	PRESIDENT
Signature	Telephone No.
	Date (dd-mmm-yyyy) /



Google earth

feet
meters

500
100

500

- ① PETERS GARAGE MAIN GARAGE TO TANK 72 FT.
- ② 1000 USWG PROPANE STORAGE TANK (NASCO)
- ③ DRY STORAGE BUILDING (NO HAZARDOUS MATERIALS) 32 FT.
- ④ PETERS' GARAGE RESIDENCE GARAGE - SINGLE CAR (NO HAZARDOUS MATERIALS) 114 FT.
- ⑤ PETERS' GARAGE RESIDENCE 115 FT.
- ⑥ BARRY E. KIRKEY AUTO SALES OFFICE 182 FT
- ⑦ HYDRO ONE BORDER STATION 280 FT.
- ⑧ NYCHUK TRUCKING
- ⑨ TOM SMITH RESIDENCE 290 FT.

SEP 29/11

334625 Rmn M214T PLOT 4 RP SAR 2520 P15,246



Google earth

feet
meters

100 500

- ① PETERS GARAGE MAIN GARAGE TO TANK 72 FT.
- ② 1000 USWG PROPANE STORAGE TANK (NASCO)
- ③ DRY STORAGE BUILDING (NO HAZARDOUS MATERIALS) 32 FT.
- ④ PETERS' GARAGE RESIDENCE GARAGE - SMOL CAR 114 FT (NO HAZARDOUS MATERIALS)
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- ⑥ BARRY E. KIRKE & AUTO SALES OFFICE 182 FT
- ⑦ HYDRO ONE BORDER STATION 280 FT.
- ⑧ MURPHY TRUCKING
- ⑨ TOM SMITH RESIDENCE 290 FT.

SEP 29/11