

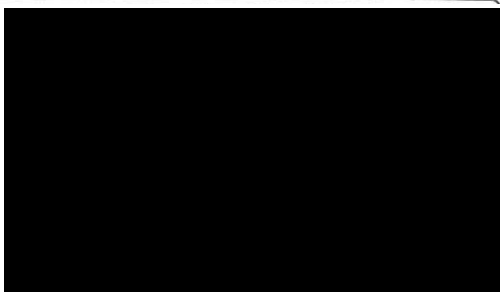
Failure to fully complete this form may result in rejection.  
 Making a false statement may result in a fine or prosecution  
 under the *Technical Standards and Safety Act*

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.

Company Name **A LUCKY GAS INC** Corporation No.

Operator Name (if different from above)  
**NAJEEB AHMED QUIDWAI**

Telephone No. **905-894-2501** Fax No. **905-894-9705** E-mail **najeebquidwai@hotmail.com**

Street No. **260** Street Name / 911 Number / Address, if applicable **GORHAM RD PO BOX - 1003**

Town / City or Township / County **RIDGEWAY** Province **ON** Postal Code **L0S 1N0**

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 260** Street Name / 911 Number / Address, if applicable **GORHAM RD** Nearest Major Intersection **GORHAM RD / DOMINION RD**

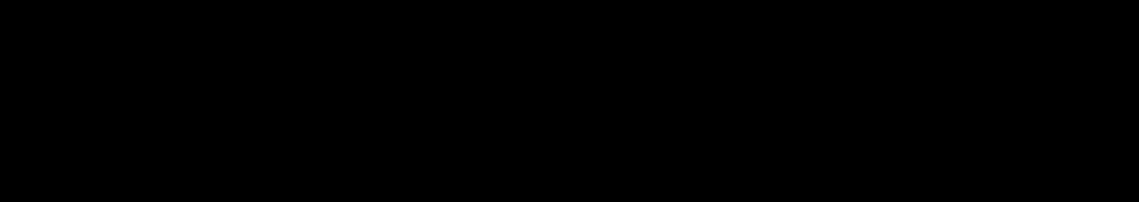
Town / City or Township / County **RIDGEWAY** Province **ON** Postal Code **L0S 1N0**

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.





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

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

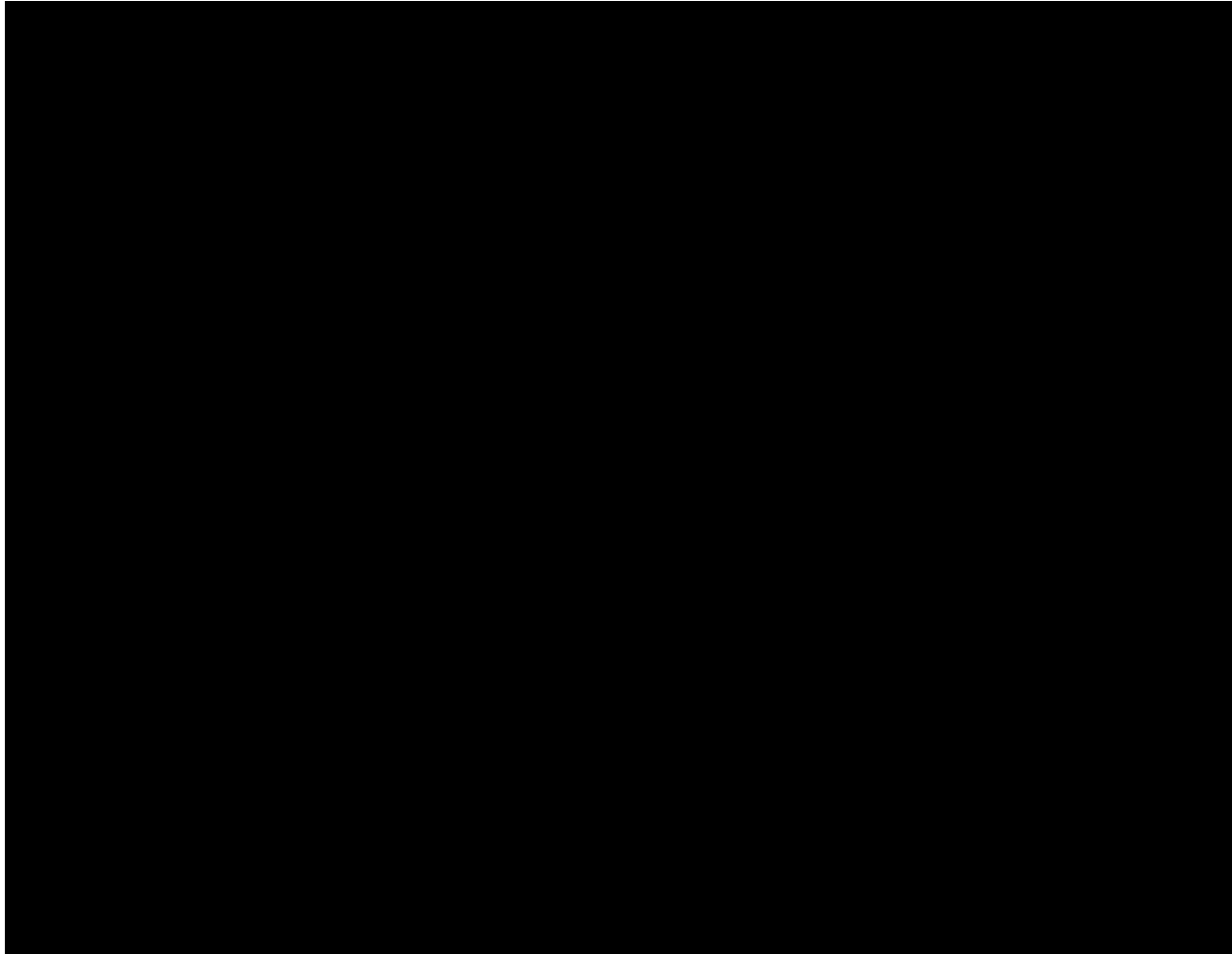
Indicate the year the facility was established. 1995 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank 1:	<u>250</u>	<u>6955</u>
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: 1300 Portable: \_\_\_\_\_ Mobile: \_\_\_\_\_



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Name of person completing this form (please print) <u>NAJEEB AHMED QUIDWAI</u>	Official Title <u>OWNER</u>
Signature <u>[Signature]</u>	Telephone No. <u>647-746-5599</u> Date (dd-mmm-yyyy) <u>14-04-2015</u>



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**Level 1 Risk and Safety Management Plan (RSMP)**  
**Technical Standards and Safety Act**  
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**SECTION A: GENERAL INFORMATION (cont'd)**

Activity Information

Name of Propane Supplier(s) <i>SUPERIOR PROPANE</i>		For Office Use - Party No.	
Street No. <i>3089</i>	Street Name / 911 Number / Address, if applicable <i>REGIONAL RD 12</i>		
Town / City or Township / Country <i>SMITHVILLE</i>	Province <i>ON</i>	Postal Code <i>L0R 2A0</i>	
Telephone No. <i>1-877-873-7467</i>	Fax No. <i>905-684-1204</i>	Contact Name <i>LEIGH CAULEY, TERRITORY SALES MANAGER</i>	
E-mail <i>cauley@superiorpropane.com</i>			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		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	
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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Signature <i>Najeeb Ahmed Quidwai</i>	Telephone No. <i>647-746-5599</i>	Date (dd-mmm-yyyy) <i>14-04-2015</i>



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*Technical Standards and Safety Act*  
Propane Storage and Handling Regulation

**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.

UNDER GROUND GASOLINE STORAGE TANK	50,283 LTR
UNDER GROUND GASOLINE STORAGE TANK	28,656 LTR
UNDER GROUND GASOLINE STORAGE TANK	19,543 LTR
UNDER GROUND GASOLINE STORAGE TANK	22,730 LTR

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

FIRE EXTINGUISHER BY TANK (see drawing)

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.

VIDEO SURVEILLANCE SYSTEM ON SITE  
AUTOMATIC FUSIBLE LINK SHUTOFF AT LINK

Maintenance and testing schedule for fire protection controls and devices.

ANNUAL INSPECTION BY KIDDE CANADA

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Name of person completing this form (please print) NAJEEB QUIDWAI	Official Title OWNER
Signature <i>Najeeb Quidwai</i>	Telephone No. 647-746-5599
	Date (dd-mmm-yyyy) 14-04-2015



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

**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 NAJEEB AHMED QUIDWA	For Office Use - Party No.	Name NAJEEB AHMED QUIDWA	For Office Use - Party No.
Official Title OWNER		Official Title OWNER	
Telephone No. 905-894-2501 289-815-3622	Fax No. 905-894-9705	Cell No. 647-746-5599	Fax No. 905-894-9705
E-mail najeebquidwai@hotmail.com		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 MUHAMMAD USMAN QUIDWA	For Office Use - Party No.	Name SAME AS 2	For Office Use - Party No.
Official Title MANAGER		Official Title	
Telephone No. 289-815-3622	Fax No. 905-894-9705	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 LARRY COPLIN	For Office Use - Party No.	Name LEIGH CAUSLEY	For Office Use - Party No.
Official Title FIRE CHIEF	E-mail l.coplin@forterie.on.ca	Official Title SALES MANAGER	E-mail causley@superiorpropane.com
Telephone No. 905-871-1600	Fax No. 905-871-6422	Telephone No. 1-877-873-7465	Fax No. 905-684-1204
Role and responsibilities in emergency COMMUNITY EMERGENCY MANAGEMENT CO-ORDINATOR		Role and responsibilities in emergency	
Fire Services Address 1, MUNICIPAL CENTRE DR, FORTERIE, L2A 2S6		Propane Supplier Address 3089 REGIONAL RD 12, SMITHVILLE, ON, L0R 2A0	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name KEITH GERMAN	For Office Use - Party No.	Name Laura Bubanko	For Office Use - Party No.
Official Title DEPUTY CHIEF	E-mail kgerman@forterie.on.ca	Official Title TOWN CLERK	
Telephone No. 905-871-1600	Fax No. 905-871-6422	Telephone No. 905-871-1600	Fax No. 905-871-4022
Role and responsibilities in emergency ALTERNATE CEMC		E-mail lbubanko@town.forterie.on.ca	
Fire Services Address 1, MUNICIPAL CENTRE DR, FORTERIE, L2A 2S6		Municipality Name and Address 1, MUNICIPAL CENTRE DR, FORTERIE, L2A 2S6	

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Name of person completing this form (please print) NAJEEB AHMED QUIDWA	Official Title OWNER
Signature <i>Najeeb Ahmed Quidwa</i>	Telephone No. 647-746-5599
	Date (dd-mmm-yyyy) 14-04-2015



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Propane Storage and Handling Regulation

**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.

N/A

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Name of person completing this form (please print) NAJEEB DUIDWAI	Official Title OWNER
Signature 	Telephone No. 647-746-5599
	Date (dd-mmm-yyyy) 14-04-2015



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

**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-mmm-yyyy) 07-04-2015	Print Name of Training Provider: NAJEEB AHMED QUIDWAI
	Print Name of Instructor: MICHAEL FARAH
Training Date (dd-mmm-yyyy) 07-04-2015	Print Name of Training Provider: MUHAMMAD USMAN QUIDWAI
	Print Name of Instructor: MICHAEL FARAH
Training Date (dd-mmm-yyyy) 07-04-2015	Print Name of Training Provider: SELIAH
	Print Name of Instructor: MICHAEL FARAH

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

Training Date (dd-mmm-yyyy) 07-04-2015	Print Name of Training Provider: NAJEEB AHMED QUIDWAI
	Print Name of Instructor: MICHAEL FARAH
Training Date (dd-mmm-yyyy) 07-04-2015	Print Name of Training Provider: MUHAMMAD USMAN QUIDWAI
	Print Name of Instructor: MICHAEL FARAH
Training Date (dd-mmm-yyyy) 07-04-2015	Print Name of Training Provider: SELIAH
	Print Name of Instructor: MICHAEL FARAH

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

Training Date (dd-mmm-yyyy) 07-04-2015	Print Name of Training Provider: MUHAMMAD USMAN QUIDWAI
	Print Name of Instructor: MICHAEL FARAH
Training Date (dd-mmm-yyyy) 07-04-2015	Print Name of Training Provider: NAJEEB AHMED QUIDWAI
	Print Name of Instructor: MICHAEL FARAH
Training Date (dd-mmm-yyyy) 07-04-2015	Print Name of Training Provider: SELIAH
	Print Name of Instructor: MICHAEL FARAH

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) NAJEEB AHMED QUIDWAI	Official Title OWNER
Signature <i>Najeeb Ahmed Quidwai</i>	Telephone No. 647-746-5599 Date (dd-mmm-yyyy) 14-04-2015



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

**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-mmm-yyyy) 2016	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy) 2016	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy) 2016	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-yyyy) 2016	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy) 2016	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy) 2016	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-mmm-yyyy) 2016	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy) 2016	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy) 2016	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) NAJEEB AHMED QUIDWAI	Official Title OWNER
Signature <i>[Signature]</i>	Telephone No. 647-746-5599
	Date (dd-mmm-yyyy) 14-04-2015





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

**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 OWNER (that lives on site) OR DESIGNATE, WILL CALL 911 IN THE EVENT OF AN ACCIDENT THE FORT ERIE OFFICIALS WILL TAKE CONTROL OF THE SITUATION.

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 OR DESIGNATE WILL MEET FIRE OFFICIALS AT SUBWAY PLAZA AT THE CORNER OF BORHAM RD / DOMINION RD. IF EVACUATION IS NECESSARY. THEN FIRE OFFICIALS WITH THE ASSISTANCE OF OTHER EMERGENCY PERSONNEL AND EVACUATE WITH IN 213 METERS

**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).

THE OWNER (THAT LIVES ON SITE) WILL CALL 911, IN THE OWNER'S ABSENCE TRAINED EMPLOYEES OF THE GAS BAR WILL PLACE THE CALL.

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

DOES NOT APPLY (OPEN SITE)

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

THE OWNER WILL ADVISE THE FIRE DEPARTMENT OF ANY CHANGES IN FACILITY OR EMERGENCY PLAN.

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

IMMEDIATELY - THE OWNER LIVES ON SITE  
EMPLOYEES ARE ALSO PRESENT ON SITE DURING BUSINESS HOURS

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Name of person completing this form (please print) NAJSEER AHMED QUIDWAI	Official Title OWNER
Signature <i>Najseer Ahmed Quidwai</i>	Telephone No. 647-746-5599 Date (dd-mmm-yyyy) 14-04-2015



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**Level 1 Risk and Safety Management Plan (RSMP)**  
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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>54 METER</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>N/A</u>                          |                          |

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Name of person completing this form (please print) <u>NAJEEB AHMED RUIDWAI</u>		Official Title <u>OWNER</u>	
Signature <u>Najeeb Ahmed Ruidwai</u>		Telephone No. <u>647-746-5599</u>	Date (dd-mmm-yyyy) <u>14-04-2015</u>



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

**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>To be completed by the Local Fire Services</b>	Yes	No
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:		
The licence holder will respond to the Local Fire Services comments by: _____		
(dd-mmm-yyyy)		

LOCAL FIRE SERVICES		
The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.		
Fort Erie Fire Dept. Local Fire Services Name	Print name Kevin Winney	Signature <i>Kevin Winney</i>
		Date (dd-mmm-yyyy) 01-05-2015

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Name of person completing this form (please print) NAJEEB AHMED QUIDWAI	Official Title OWNER
Signature <i>Najeeb Ahmed Quidwai</i>	Telephone No. 647-746-5599
	Date (dd-mmm-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**

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-mmm-yyyy) 07-12-2011	Capacity of single largest propane storage vessel (USWG) 1300 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 30.5M	Right side property line: 60M
Rear: 14.0M	Left side property line: 3.9M
GPS coordinates of single largest vessel: 42 DEG 52'55N 79 DEG 03'31W	

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Name of person completing this form (please print) NAJEEB AHMED QUIDWAI	Official Title OWNER
Signature <i>Najeeb Ahmed Quidwai</i>	Telephone No. 647-746-5599
	Date (dd-mmm-yyyy) 14-04-2015



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**Level 1 Risk and Safety Management Plan (RSMP)**  
*Technical Standards and Safety Act*  
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**SECTION C: SUBMISSIONS (cont'd)**

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

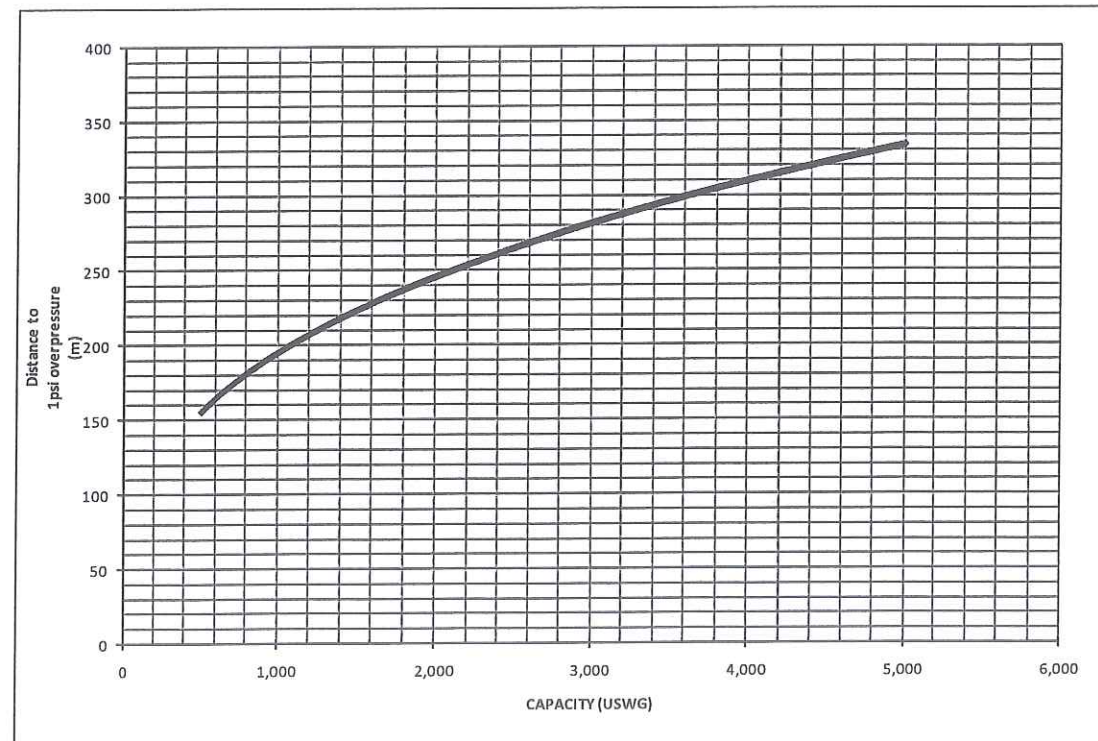
Table 1: Distance Table

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: 416.231.4078  
Customer Service: 1.877.682.8772

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

**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: <u>CLIMAN HAGA GARAGE</u> Address: <u>275 GORHAM RD</u> City: <u>RIDGEWAY</u> Province <u>ON</u> Postal Code <u>L0S 1N0</u>			X		<u>75</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>JOE'S VALUE MART</u> Address: <u>311 GORHAM RD</u> City: <u>RIDGEWAY</u> Province <u>ON</u> Postal Code <u>L0S 1N0</u>		X			<u>100</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				<u>X</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>OUR LADY OF GARAGE SPIRITUAL CENTRE (NEDSB)</u> Address: <u>243 GORHAM RD</u> City: <u>RIDGEWAY</u> Province <u>ON</u> Postal Code <u>L0S 1N0</u>		X			<u>90</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				<u>X</u> 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>NAJEEB AHMED QUIDWAI</u>	Official Title <u>OWNER</u>
Signature <u>[Signature]</u>	Telephone No. <u>647-746-5599</u> Date (dd-mmm-yyyy) <u>14-04-2015</u>



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*Technical Standards and Safety Act*  
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
<b>Total Tank Capacity</b>		

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

Date: Dec. 7, 2011

John's Bar and Car Wash Limited,

260 Gorham Rd., Ridgeway, Ontario

Plan 57 Lot 99 to 101 PT

BLK B NKA Plan 397

GPS coordinates of tank: 42°52'55N 79°03'31W

Capacity of tank: 1300 USWG

Tank Setback coordinates:

Front: 30.5 meters Rt. Side: 60 meters

Rear: 14 meters Lf. Side : 3.9 meters

Contact Information for Town of Fort Erie:

Town Clerk,

1 Municipal Centre Drive,

Fort Erie, Ontario

(905) 871-1600

1. Our Lady of Grace Spiritual Centre

2. Climenhaga Garage

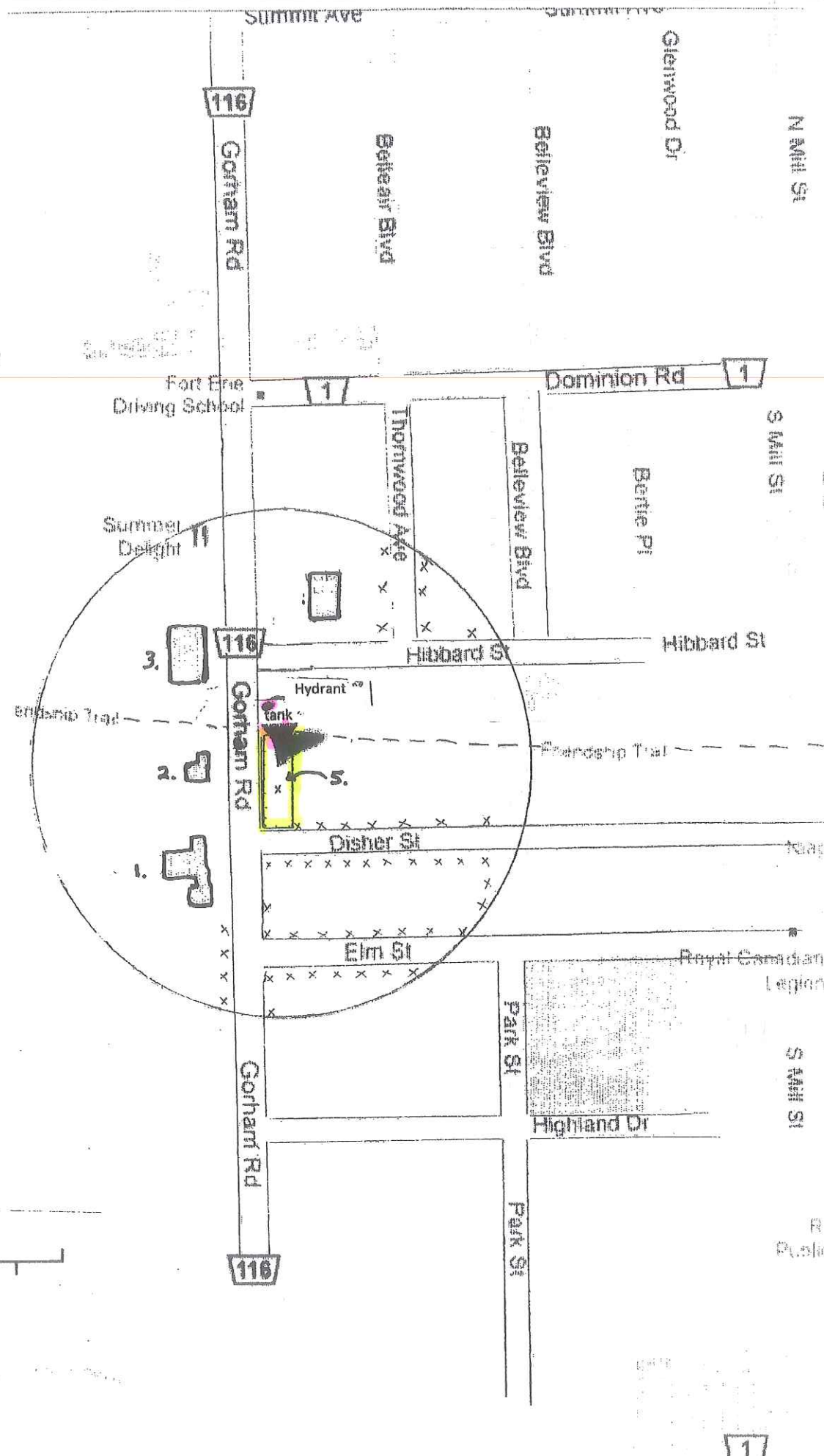
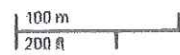
3. Joe's ValueMart

4. Turkstra Lumber

5. John's Gas Bar

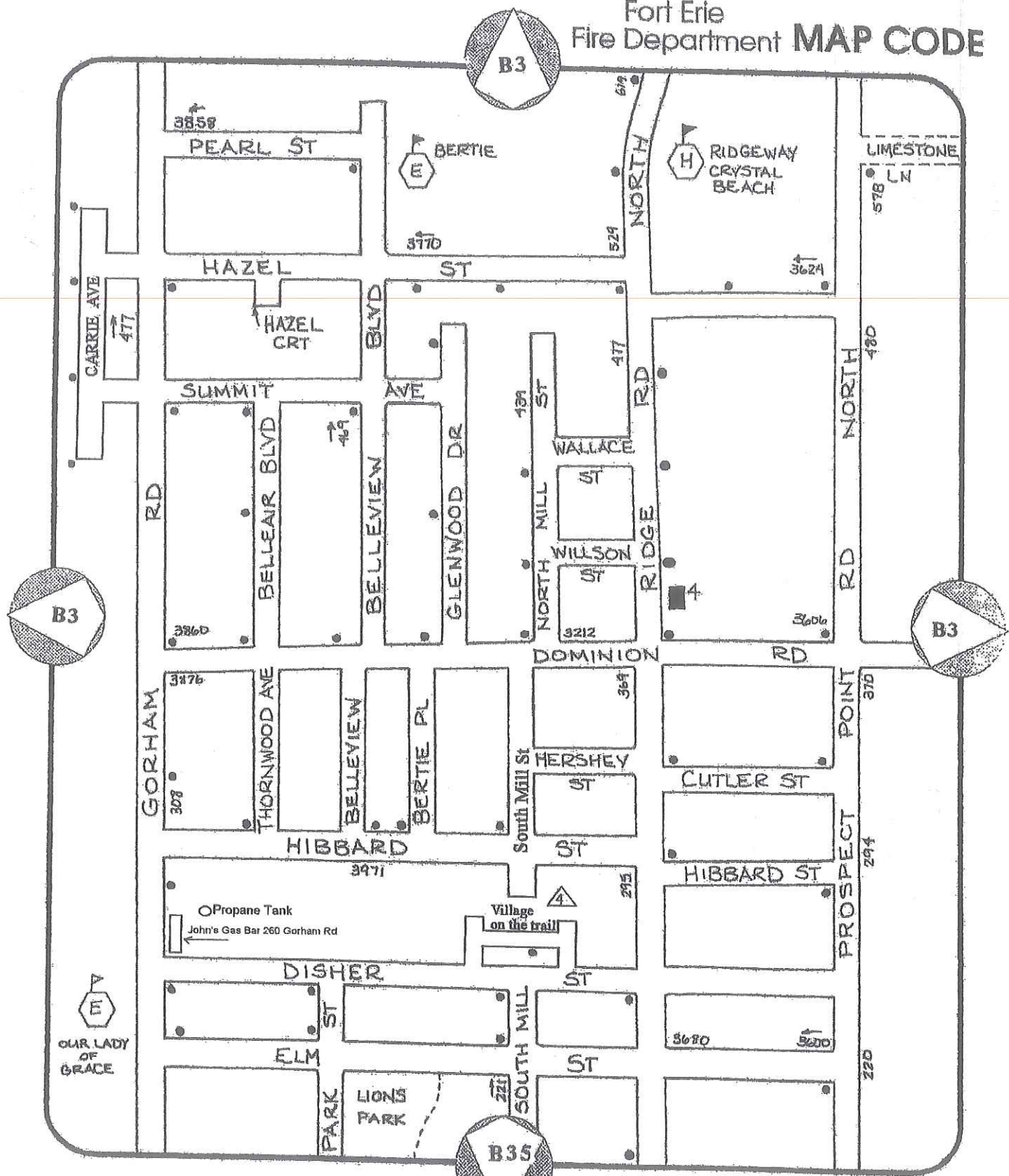
X denotes residential

PROPERTY LINE





Fort Erie  
Fire Department **MAP CODE**



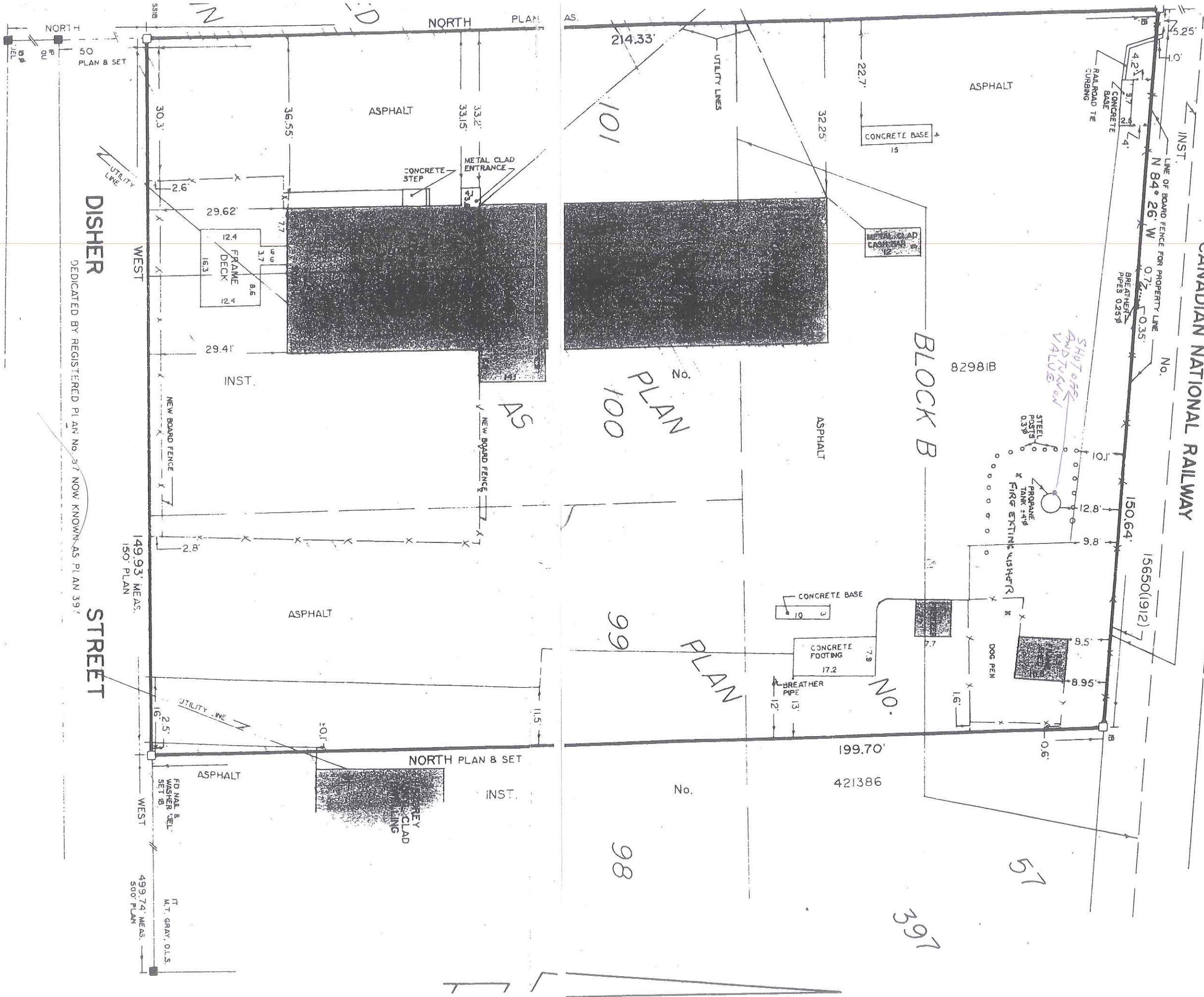
**GRID:** FE6  
**RUNCARD:**  
FEP6-FER6-FETW4  
FEP6-FER6-FEHR6

**OTHER PAGE INFO:**  
● Fire Hydrant



**MAP CODE:**  
**B34**

'53' W 20'  
FILE 16-041 B SET



HIGHLAND DRIVE

CANADIAN NATIONAL RAILWAY

LEGEND

- DENOTES SURVEY MONUMENT FOUND
- SURVEY MONUMENT SET
- STANDARD IRON BAR
- SHORT STANDARD IRON BAR
- IRON BAR
- ROUND IRON BAR
- IRON TUBE
- CONCRETE MONUMENT
- CUT CROSS
- WITNESS
- J.E. LANTHIER, O.L.S.
- PLAN 57 NOW KNOWN AS PLAN 397

SURVEYOR'S CERTIFICATE

I CERTIFY THAT:  
THE FIELD SURVEY REPRESENTED ON THIS PLAN  
WAS COMPLETED ON THE 28th DAY OF  
MAY 1990

*J.E. Lanthier*  
J.E. LANTHIER, O.L.S.  
SURVEYOR

MAY 30, 1990  
DATE

NO PERSON MAY COPY, REPRODUCE OR ALTER THIS PLAN IN WHOLE OR IN PART WITHOUT THE WRITTEN PERMISSION OF J.E. LANTHIER, O.L.S.

J.E. LANTHIER, NIAGARA, L

173 CLARENCE ST., PORT COLBORNE, ONT. (416) 835  
BUILDING LOCATION SURVEY OF  
LOTS 99, 100 & 101, PT. OF BLOCK  
REGISTERED PLAN No. 57 NOW KNOWN AS PLAN 3  
FORMERLY IN THE TOWNSHIP OF BERTIE NOW IN THE  
TOWN OF FORT ERIE  
REGIONAL MUNICIPALITY OF NIAGARA

SCALE 1 IN. = 20 FT. DATE SURVEY 16 90