



Technical Standards and Safety Authority
www.tssa.org

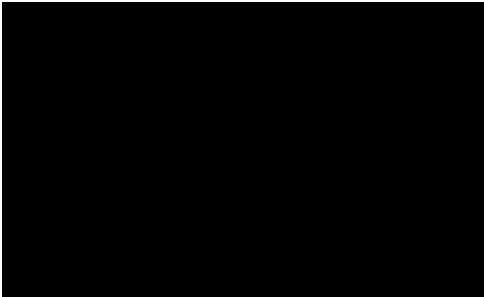
14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
Customer Service: 1.877.682.8772

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 of portable propane storage capacity.

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	0032860001
Check applicable type of propane operations.	
<input checked="" type="checkbox"/> Cylinder	<input checked="" type="checkbox"/> Motor Fill
<input type="checkbox"/> Filling Plant	<input type="checkbox"/> 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		Ontario Corporation No., if applicable	
A	UPI ENERGY LP		
Operator Name (if different from above)			
Telephone No.	Fax No.	E-mail	
519-240-8591		dwells@upi.on.ca; Mr. Dana Wells, Manager, ERT, Compliance & Fleet Services	
B	Street No.	Street Name / 911 Number / Address, if applicable	
	105	SILVERCREEK PARKWAY N	
Town / City or Township / County		Province	Postal Code
GUELPH		ONTARIO	N1H 8M1
Mailing address if different from above.			
C	Street No.	Street Name / 911 Number / Address, if applicable	
Town / City or Township / County		Province	Postal Code

Information on Container Refill Centre or Filling Plant			
Location of facility.			
D	Street No.	Street Name / 911 Number / Address, if applicable	Nearest Major Intersection
	335	PARK AVENUE EAST	Park Avenue East, between Stirling Ln and Park Ln
Town / City or Township / County		Province	Postal Code
CHATHAM		ONTARIO	N7M 3V7

Name of Licence Holder	
UPI ENERGY LP	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).	ROT type
ROBERT SICARD	PTO CERTIFICATE
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)	
Municipality of Chatham-Kent	
Hours of operation. (Summer/Winter)	

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	Print name Robert P. Sicard	Signature 	Date (dd-mm-yyyy) 22-08-2013
Name of Senior Management person as defined in the Regulation holding the Record of Training	President & CEO		



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SECTION A: GENERAL INFORMATION (cont'd)

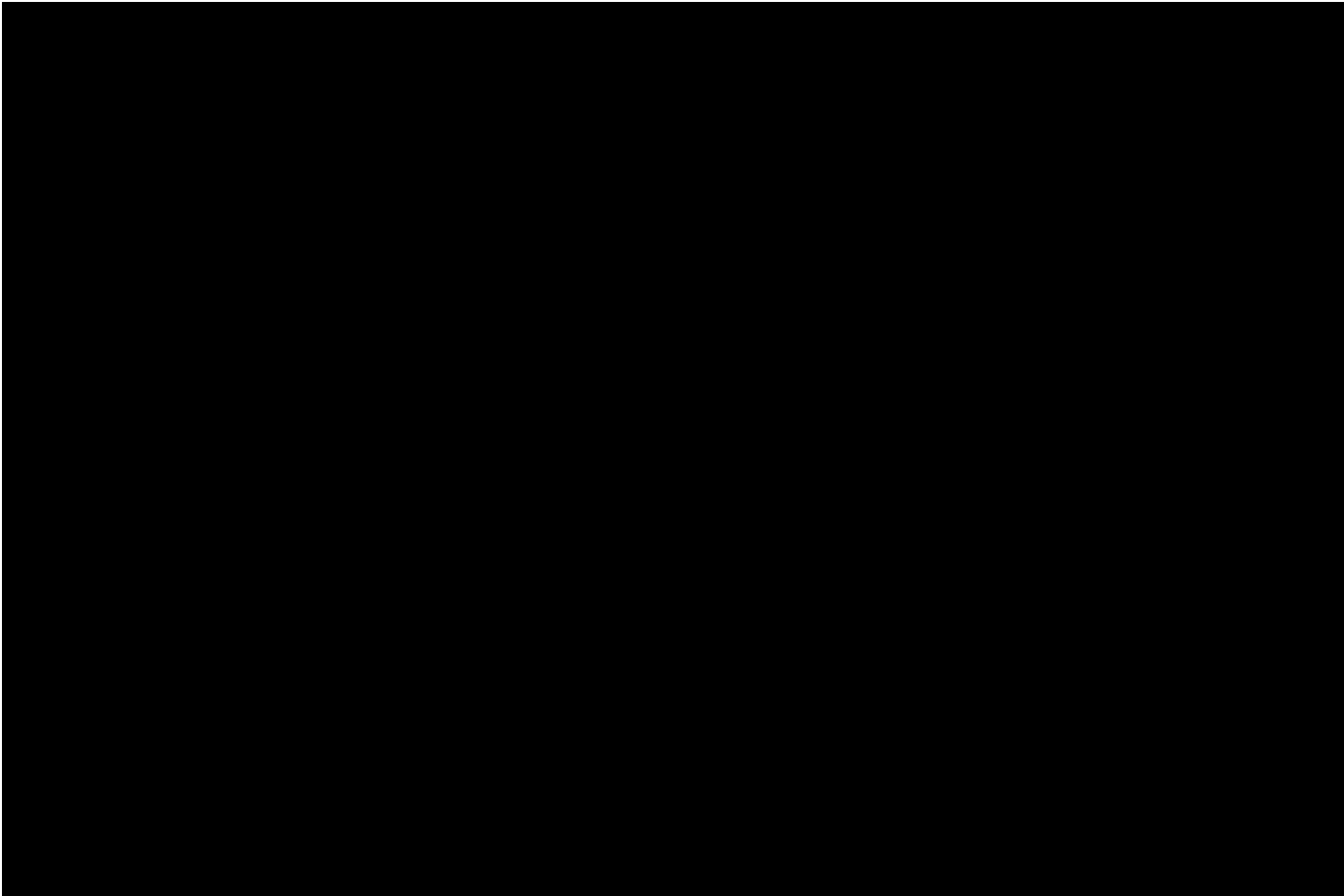
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
N/A N/A

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

	PSIG	Serial Number
Tank1:	250	138-92
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: 2,000 USWG Portable: 489 USWG Mobile: 0 USWG



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Name of person completing this form (please print) JUDY UE		Official Title	
Signature <i>Judy UE</i>		Telephone No. 416-298-9563	Date (dd-mm-yyyy) 22-08-2013



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SECTION A: GENERAL INFORMATION (cont'd)
Activity Information

Name of Propane Supplier(s) UPI ENERGY LP			
Street No. 105	Street Name / 911 Number / Address, if applicable SILVERCREEK PARKWAY NORTH, SUITE 200		
Town / City or Township / Country GUELPH		Province ONTARIO	Postal Code N1H 8M1
Telephone No. 519-240-8591(Cell)	Fax No. 519-821-4919	Contact Name MR. DANA WELLS, MANAGER, ERT, COMPLIANCE & FLEET SERVICES	
E-mail dwells@upi.on.ca			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>			
PRIMEMAX ENERGY INC.			
Street No. 2558	Street Name / 911 Number / Address, if applicable CEDAR CREEK ROAD SS 2		
Town / City or Township / Country AYR		Province ONTARIO	Postal Code N0B 1E0
Telephone No. 519-740-8209	Fax No. 519-740-1015	Contact Name ANTHONY HIEBERT	
E-mail AHIEBERT@PRIMEMAXENERGY.COM			

Off-site Cylinder and/or Mobile Storage N/A	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
Telephone No.	Fax No.	Contact Name

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

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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.
The facility is part of a gas station. The following hazardous material storage is present:

Gas station - 1 x 65,000 L above ground storage tank (with 2 compartments): 1 x 45,500 L ethanol gasoline; 1 x 19,500 L Ultra 94 gasoline
- 1 x 25,000 L above ground storage tank: clear diesel

Gas auto dispenser locked storage - engine oils in 1L bottles (uncontrolled quantities)

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

Fire extinguisher in cylinder fill cabinet and at gas station dispenser

Emergency Stop button located at bollard around propane tank, at gas bar kiosk outside wall and inside the kiosk at the cashier 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.

Emergency Stop button located at bollard around propane tank shuts down the propane facility. Local switches mounted next to the cylinder weight scale turn on/off the propane fill pump and solenoid valve to start/stop cylinder fill. Another cabinet houses the cylinder fill pump. The tank ISC valve is connected to a lever located next to the cabinet door. The lever must be in the vertical position, which closes the ISC valve, before the cabinet door fully closes. Hence the ISC valve is always closed when the facility is closed and the cabinet closed and locked.

Maintenance and testing schedule for fire protection controls and devices.

Annual checks are done by qualified technicians (third party) for the following: fire extinguishers, ISC valve, fusible link, emergency shut down switches.

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Name of person completing this form (please print)		Official Title	
Signature		Telephone No.	Date (dd-mm-yyyy)
JUDY UE <i>Judy UE</i>		416-298-9563	22-08-2013



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name Kathy Brazil	For Office Use - Party No.	Name Dana Wells (UPI Energy LP)	For Office Use - Party No.
Official Title Agent		Official Title Manager ERT, Compliance & Fleet Services	
Telephone No. (O) 519-951-1287; (C) 226-996-3444	Fax No. N/A	Cell No. 519-240-8591	Fax No. 519-821-4919
E-mail upichathampark@gmail.com		E-mail dwells@upi.on.ca	
Role and responsibilities in emergency ERT (Emergency Response Team) Member. Stop filler plant operations, notify others nearby & coordinate evacuation of facility. Call 911 and UPI.		Role and responsibilities in emergency ERT (Emergency Response Team) Coordinator	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Tracy Hoffman	For Office Use - Party No.	Name Kathy Brazil	For Office Use - Party No.
Official Title UPI Retail Manager		Official Title Agent	
Telephone No. 519-240-4533	Fax No. 519-821-2926	Telephone No. (O) 519-951-1287; (C) 226-996-3444	Fax No. N/A
E-mail thoffman@upi.on.ca		E-mail upichathampark@gmail.com	
Role and responsibilities in emergency ERT (Emergency Response Team) Member. Stop filler plant operations, notify others nearby & coordinate evacuation of facility. Call 911 and UPI.		Role and responsibilities in emergency ERT (Emergency Response Team) Member. Stop filler plant operations, notify others nearby & coordinate evacuation of facility. Call 911 and UPI.	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Robert Crawford	For Office Use - Party No.	Name Dana Wells (UPI Energy LP)	For Office Use - Party No.
Official Title Fire Chief, CEMC	E-mail	Official Title Manager ERT, Compliance & Fleet Serv	E-mail dwells@upi.on.ca
Telephone No. 519-436-3270	Fax No. 519-352-8620	Telephone No. 519-240-8591	Fax No. 519-821-4919
Role and responsibilities in emergency Internal and external evacuation, establish safety zones, fire suppression, cool propane tank		Role and responsibilities in emergency ERT (Emergency Response Team) Coordinator	
Fire Services Address 5 Second St. Chatham ON N2M 5X2		Propane Supplier Address 105 Silvercreek Parkway N, Guelph ON N1H 8M1	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name John Prail	For Office Use - Party No.	Name Wendy McFadden-Beckett	For Office Use - Party No.
Official Title Assistant Fire Chief	E-mail	Official Title Planning & Zoning Department	
Telephone No. 519-436-3270	Fax No. 519-352-8620	Telephone No. 519-360-1998	Fax No. 519-436-3237
Role and responsibilities in emergency Internal and external evacuation, establish safety zones, fire suppression, cool propane tank		E-mail wendym@chatham-kent.ca	
Fire Services Address 5 Second St. Chatham ON N2M 5X2		Municipality Name and Address Municipality of Chatham-Kent, 315 King St. W. Chatham ON N7M 5K8	

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) JUDY UE, MILEY COMPANY LIMITED	Official Title
Signature <i>Judy Ue</i>	Telephone No. 416-298-9563
	Date (dd-mmm-yyyy) 30-AUG-2018



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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.

All staff members are trained on proper usage of fire extinguishers.

All staff members, certificate holders and non-certificate holders are trained on emergency procedures.

Elevated training standard: UPI Energy LP requires a passing mark of 90% on all tests.

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Name of person completing this form (please print)		Official Title	
Signature		Telephone No.	Date (dd-mm-yyyy)
JUDY UE <i>Judy UE</i>		416-298-9563	22-08-2013



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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-mmm-yyyy) 22-JUL-2018	Print Name of Training Provider: UPI ENERGY LP
	Print Name of Instructor: Kathy Brazil
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mmm-yyyy) 22-JUL-2018	Print Name of Training Provider: UPI ENERGY LP
	Print Name of Instructor: Kathy Brazil
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-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-mmm-yyyy) 22-JUL-2018	Print Name of Training Provider: UPI ENERGY LP
	Print Name of Instructor: Kathy Brazil
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) JUDY UE, MILEY COMPANY LIMITED	Official Title
Signature <i>J. Miley</i>	Telephone No. 416-298-9563
	Date (dd-mmm-yyyy) 30-AUG-2018



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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-mmm-yyyy) 20-JUL-2019	Print Name of Training Provider: UPI ENERGY LP
	Print Name of Instructor: Kathy Brazil
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	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) 20-JUL-2019	Print Name of Training Provider: UPI ENERGY LP
	Print Name of Instructor: Kathy Brazil
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-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-mmm-yyyy) 20-JUL-2019	Print Name of Training Provider: UPI ENERGY LP
	Print Name of Instructor: Kathy Brazil
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) JUDY UE, MILEY COMPANY LIMITED	Official Title
Signature <i>J. Miley</i>	Telephone No. 416-298-9563
	Date (dd-mmm-yyyy) 30-AUG-2018



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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) June 2014	Print Name of Training Provider: UPI Energy LP
	Print Name of Instructor: Greg DeJoseph
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) June 2014	Print Name of Training Provider: UPI Energy LP
	Print Name of Instructor: Greg DeJoseph
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) June 2014	Print Name of Training Provider: UPI Energy LP
	Print Name of Instructor: Greg DeJoseph
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) <i>JUDY UE</i>	Official Title	
Signature <i>Judy UE</i>	Telephone No. <i>416-298-9563</i>	Date (dd-mm-yyyy) <i>22-08-2013</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.

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 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 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)	34 m	
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only)	N/A	

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Name of person completing this form (please print)	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)
JUDY UE	416-298-9563	27-08-2013



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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	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:		

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

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Name of person completing this form (please print) <i>JUDY UE</i>	Official Title	
Signature <i>Judy Lee</i>	Telephone No. <i>416-298-9563</i>	Date (dd-mm-yyyy) <i>22-08-2013</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) November 2011	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: 15 m	Right side property line: 67 m
Rear: 6 m	Left side property line: 30 m
GPS coordinates of single largest vessel: 42° 24' 6.93" N, 82° 10' 12.70" W	

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Signature 	Telephone No. 416-298-9563	Date (dd-mm-yyyy) 22-08-2013



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SECTION C: SUBMISSIONS (cont'd)

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

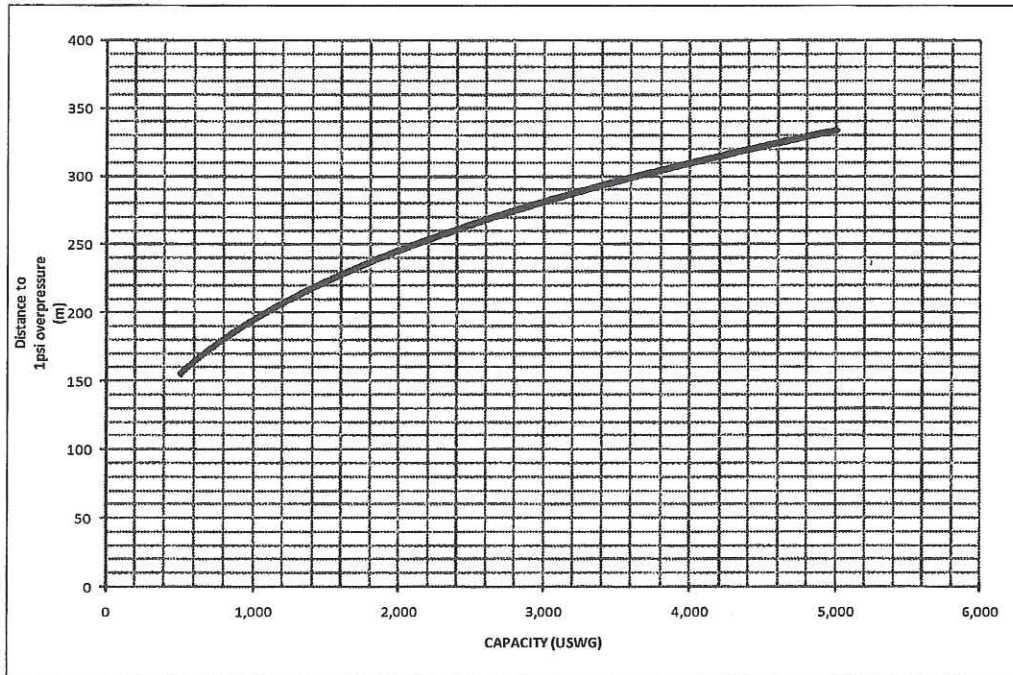
Table 1: Distance Table

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: <u>AGRIS Co-operative Ltd - Crop Technology Centre</u> Address: <u>335 Park Avenue East</u> City: <u>Chatham</u> Province <u>Ontario</u> Postal Code <u>N7M 3V7</u>			X		<u>8</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]				X	<u>35</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Charlie's Variety Store</u> Address: <u>310 Park Avenue East</u> City: <u>Chatham</u> Province <u>Ontario</u> Postal Code <u>N7M 3V9</u>			X		<u>100</u> m
Commercial building units -- continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>N/A</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>N/A</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>N/A</u> Address: _____ City: _____ Province _____ Postal Code _____	X				<u>N/A</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)	Official Title	
Signature <i>JUDY UE</i>	Telephone No. <u>416-298-9563</u>	Date (dd-mm-yyyy) <u>22-08-2013</u>



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WORKSHEET

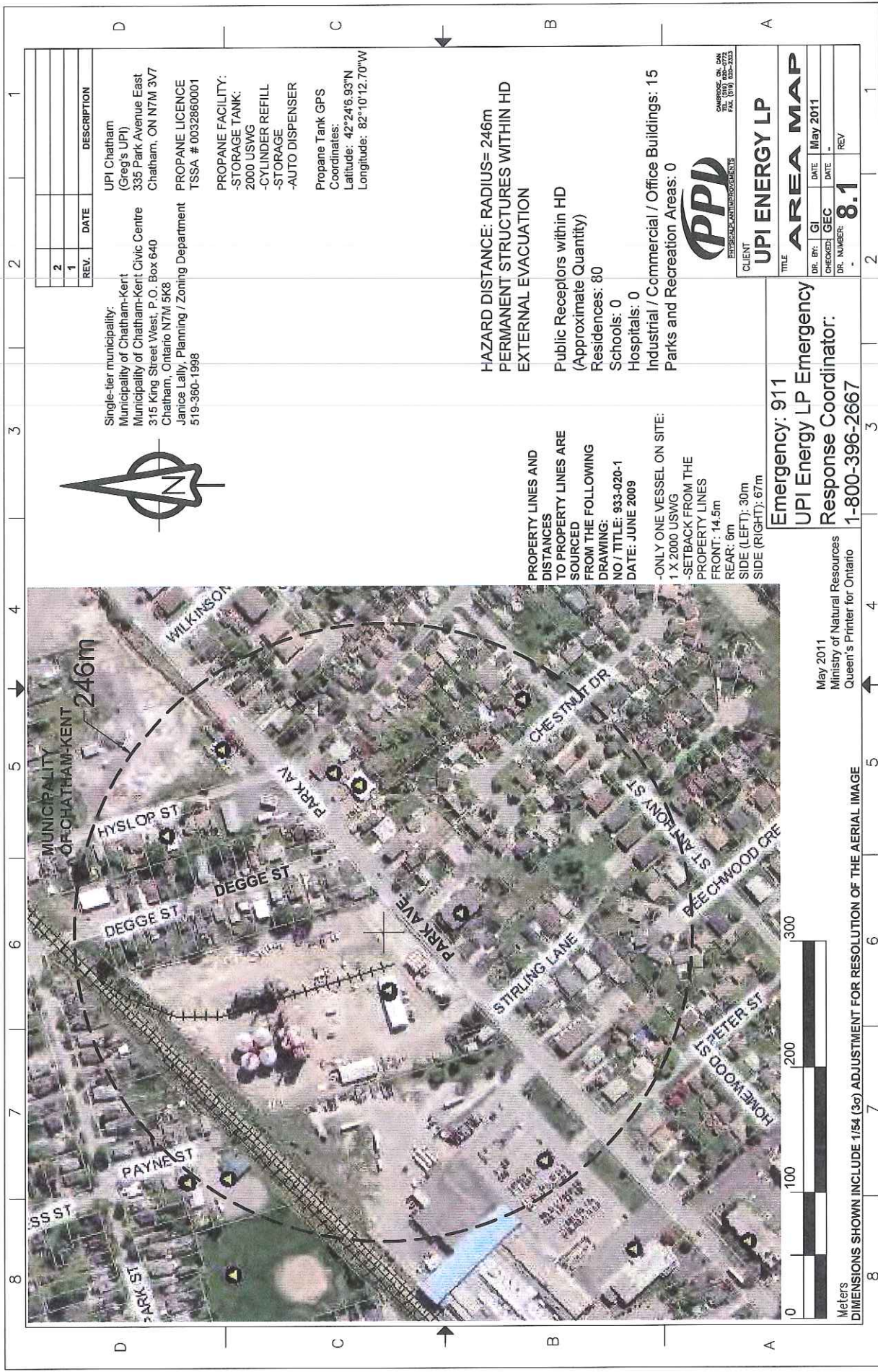
Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	0
# 100	29.5	6	177
# 40	11.75	6	70.5
# 33.3	9.62	6	57.7
# 30	8.8	6	52.8
# 20	5.8	18	104.4
# 10	2.9	6	17.4
# 5	1.5	6	9
Total Cylinder Capacity			489

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
N/A	0	0
Total Tank Capacity		0 USWG

Total Cylinder Capacity	489 USWG
Total Tank Capacity	0 USWG
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	489 USWG



REV.	DATE	DESCRIPTION
2		
1		

Single-ter municipality:
 UPI Chatham (Greg's UPI)
 335 Park Avenue East
 Chatham, ON N7M 3V7

Municipality of Chatham-Kent
 315 King Street West, P.O. Box 640
 Chatham, Ontario N7M 5K8

Janice Lally, Planning / Zoning Department
 519-360-1998

PROANE LICENCE
 TSSA # 0032860001

PROANE FACILITY:
 -STORAGE TANK:
 2000 USWG
 -CYLINDER REFILL
 -STORAGE
 -AUTO DISPENSER

Propane Tank GPS
 Coordinates:
 Latitude: 42°24'6.83"N
 Longitude: 82°10'12.70"W



HAZARD DISTANCE: RADIUS= 246m
 PERMANENT STRUCTURES WITHIN HD
 EXTERNAL EVACUATION

Public Receptors within HD
 (Approximate Quantity)
 Residences: 80
 Schools: 0
 Hospitals: 0
 Industrial / Commercial / Office Buildings: 15
 Parks and Recreation Areas: 0

PROPERTY LINES AND
 DISTANCES
 TO PROPERTY LINES ARE
 SOURCED
 FROM THE FOLLOWING
 DRAWING:
 NO / TITLE: 933-020-1
 DATE: JUNE 2009

ONLY ONE VESSEL ON SITE:
 1 X 2000 USWG
 -SETBACK FROM THE
 PROPERTY LINES
 FRONT: 14.5m
 REAR: 6m
 SIDE (LEFT): 30m
 SIDE (RIGHT): 67m



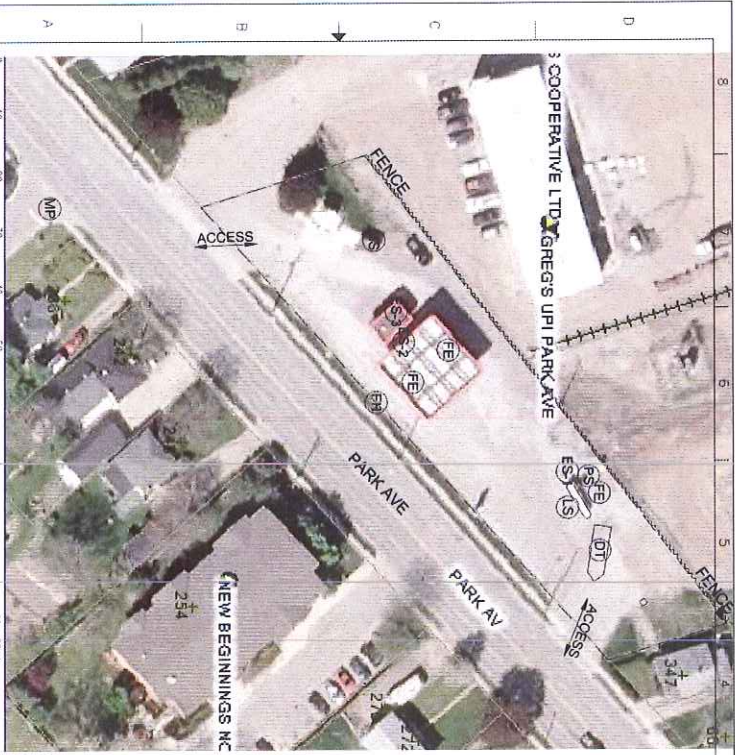
CLIENT	UPI ENERGY LP	
TITLE	AREA MAP	
DR. BY: GI	DATE	May 2011
CHECKED: GEC	DATE	
DR. NUMBER:	8.1	
REV		

Emergency: 911
 UPI Energy LP Emergency
 Response Coordinator:
 1-800-396-2667

May 2011
 Ministry of Natural Resources
 Queen's Printer for Ontario



Meters
 DIMENSIONS SHOWN INCLUDE 1/54 (3σ) ADJUSTMENT FOR RESOLUTION OF THE AERIAL IMAGE



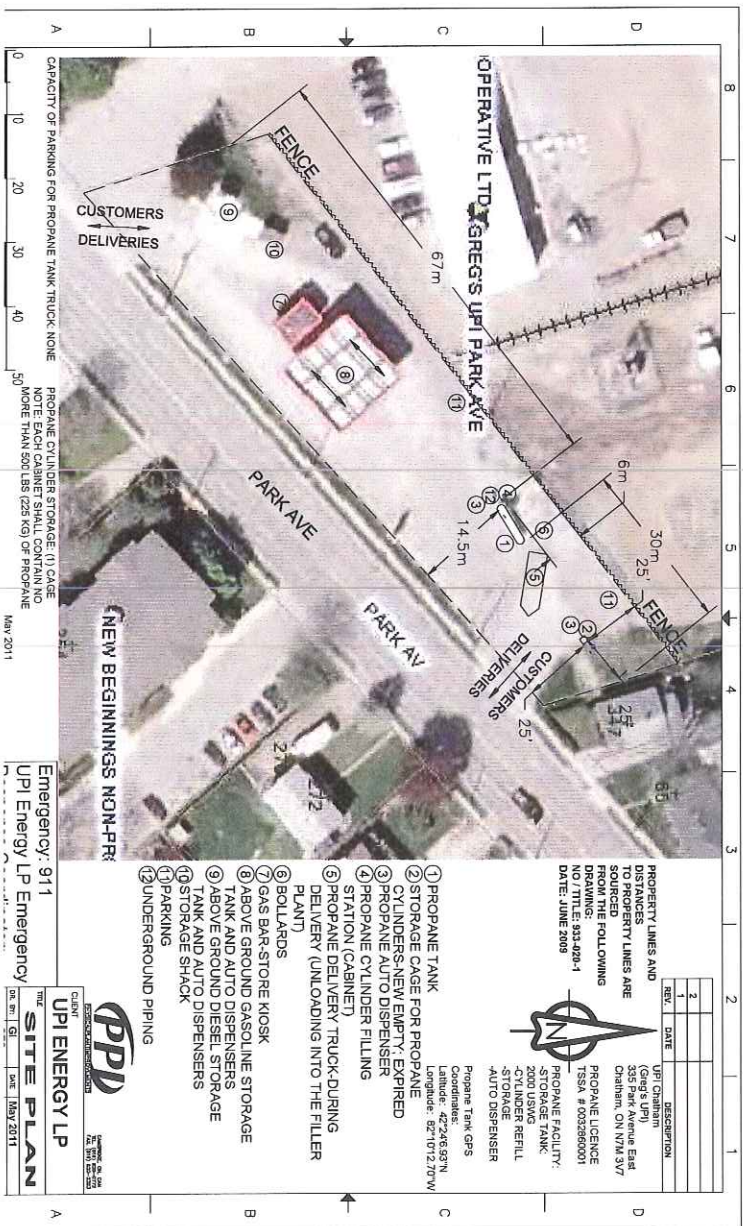
REV.	DATE	DESCRIPTION
1		
2		

UPI Chairman
 335 Park Avenue East
 Durham, NC 27701
 PROPRANE LICENSE
 TSSN # 853282001
 PROPRANE FACILITY:
 -STORAGE TANK
 -CYLINDER RE-FILL
 -STORAGE
 -AUTO DISPENSER
 Propane Tank GPS
 Coordinates:
 Latitude: 42°24'6.59"N
 Longitude: 82°10'12.70"W

- ES1 EMERGENCY STOP BUTTON # 1
- ES2 EMERGENCY STOP BUTTON # 2
- ES3 EMERGENCY STOP BUTTON # 3
- MS MAIN POWER SWITCH
- PS PUMP SWITCH
- LS LOCAL SWITCH
- FE FIRE EXTINGUISHER
- MP MUSTERING POINT
- DT PROPRANE DELIVERY TRUCK DURING DELIVERY (UNLOADING INTO THE FILLER PLANT)
- FH FIRE HYDRANT

Emergency: 911
 UPI Energy LP Emergency
 C. LEWIS
 UPI ENERGY LP
 FIRE ACCESS
 DATE: August 2012





PROPERTY LINES AND
 TO PROPERTY LINES ARE
 SOURCED
 FROM THE FOLLOWING
 DRAWING: 433.409-1
 DATE: JUNE 2009

PROPRANE FACILITY:
 PROPRANE TANK
 CYLINDER REFILL
 STORAGE
 AUTO DISPENSER
 PROPRANE TANK GPS

Coordinates:
 Latitude: 42°24'6.93"N
 Longitude: 82°10'27.0"W

REV.	DATE	DESCRIPTION
1		
2		

- 1 PROPRANE TANK
- 2 STORAGE CASE FOR PROPRANE
- 3 CYLINDERS-NEW/EMPTY/EXPIRED
- 4 PROPRANE AUTO DISPENSER
- 5 PROPRANE CYLINDER FILLING STATION (CABINET)
- 6 PROPRANE DELIVERY TRUCK-DURING DELIVERY (UNLOADING INTO THE FILLER PLANT)
- 7 BOLLARDS
- 8 GAS BAR-STORE KIOSK
- 9 ABOVE GROUND GASOLINE STORAGE TANK AND AUTO DISPENSERS
- 10 ABOVE GROUND DIESEL STORAGE TANK AND AUTO DISPENSERS
- 11 STORAGE SHACK
- 12 UNDERGROUND PIPING

EMERGENCY: 911
 UPI Energy LP Emergency

CLIENT: UPI ENERGY LP
 TITLE: SITE PLAN
 DATE: MAY 2011

CAPACITY OF PARKING FOR PROPRANE TANK TRUCK NONE
 PROPRANE CYLINDER STORAGE: (1) CASE
 NOTE EACH CABINET SHALL CONTAIN NO MORE THAN 500 LBS (225 KG) OF PROPRANE

MAY 2011