



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: 1.877.682.6772

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
- a facility with a fixed propane storage capacity
- USWG of portable propane storage capacity of

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 000076639953

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 A5 Pet & Bird Depot Ontario Corporation No., if applicable 2044473 Ontario Inc.

Operator Name (if different from above) A5 Pet & Bird Depot

Telephone No. 705 426 7324 Fax No. 705 426 4268 E-mail a5petdepot@yahoo.ca

Street No. 443 Street Name / 911 Number / Address, if applicable Mara Rd.

Town / City or Township / County Beaverton (Township of Brock) Province Ont Postal Code L0K1A0

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. 443 Street Name / 911 Number / Address, if applicable Mara Road Nearest Major Intersection Simcoe Street and Mara road

Town / City or Township / County Beaverton Province Ontario Postal Code L0K1A0

Name of Licence Holder 2044473 Ontario Inc.

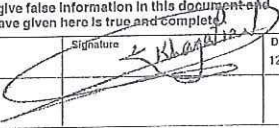
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Ali Khayatian ROT type PPQ-3

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Township of Brock9

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 <u>Ali Khayatian</u>	Printname	Signature 	Date (dd-mm-yyyy) <u>12 Sep 2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Ali Khayatian</u>			

10353581



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SECTION A: GENERAL INFORMATION (cont'd)

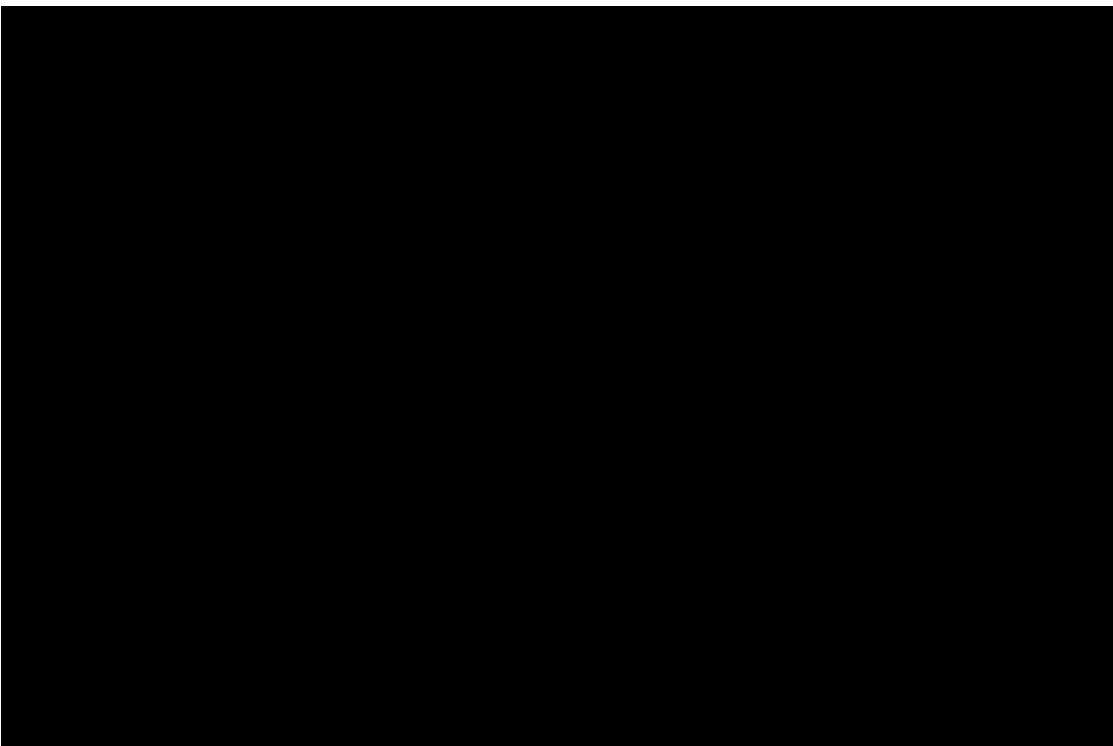
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
1992 8 Aug 2011 Horizontal to Vertical tank

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

	PSIG	Serial Number
Tank 1:	250	779-97
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: One 1000 USWG Portable: 1049.35 USWG Mobile: 0



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Name of person completing this form (please print)	Official Title	
Ali Khayatian	Owner & President	
Signature	Telephone No.	Date (dd-mm-yyyy)
	705 426 7324	12 Sep 2011



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

Name of Propane Supplier(s) Sparlings Propane Co. LTD.			For Office Use - Party No.	
Street No. 2550	Street Name / 911 Number / Address, if applicable Larrigan Dr.			
Town / City or Township / Country Brechin			Province Ont	Postal Code L0K1B0
Telephone No. 705 484 1423	Fax No.	Contact Name Mike Cambel		
E-mail mdc@sparlings.com				

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 NONE		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) Ali Khayatlian		Official Title Owner & President	
Signature 		Telephone No. 705 426 7324	Date (dd-mm-yyyy) 12 Sep 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.
 NONE

Description of fire and emergency equipment indicated on facility site map.
 Fire Extinguisher Model 10 - ABC -80 4.54 Kg

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.
 Store equipped with fire detection and alarm system. Also filling plant equipped with an ISC (Internal Safety Control Valve)

Maintenance and testing schedule for fire protection controls and devices.
 Yearly

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Signature 	Telephone No. 705 426 7324
	Date (dd-mm-yyyy) 12 Sep 2011



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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 Ali Khayatian	For Office Use - Party No.	Name Ali Khayatian	For Office Use - Party No.
Official Title President		Official Title President	
Telephone No. 705 426 7324	Fax No. 705 426 4266	Cell No. 647 453 9716	Fax No.
E-mail a5petdepot@yahoo.ca		E-mail a5petdepot@yahoo.ca	
Role and responsibilities in emergency		Role and responsibilities in emergency	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Azita Khayatian	For Office Use - Party No.	Name Azita Khayatian	For Office Use - Party No.
Official Title Manager		Official Title Manager	
Telephone No. 705 426 7324	Fax No. 705 426 4266	Telephone No. 905 7879716	Fax No.
E-mail a5petdepot@yahoo.ca		E-mail a5petdepot@yahoo.ca	
Role and responsibilities in emergency		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Rick Harrison	For Office Use - Party No.	Name Mike Campbell	For Office Use - Party No.
Official Title Fire Chief		Official Title Branch Manager	
Telephone No. 705 432 2344 ext. 233	Fax No. 705 432 2189	Telephone No. 705 484 1423 ex 26	Fax No. 705 484 1156
E-mail rharrison@townshipofbrock.ca		E-mail mdc@sparlings.com	
Role and responsibilities in emergency		Role and responsibilities in emergency Supplier Leasoin	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name R.Wayne Ward	For Office Use - Party No.	Name Thomas G. Gettinby	For Office Use - Party No.
Official Title Fire Prevention officer		Official Title Chief Administrative Officer & Municipal Clerk	
Telephone No. 705 432 2355 ext. 231	Fax No. 705 432 2189	Telephone No. 705 432 2355 ext 239	Fax No. 705 432 3487
E-mail ward@townshipofbrock.ca		E-mail tgettinby@townshipofbrock.ca	
Role and responsibilities in emergency		Municipality Township of Brock	

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Signature 	Telephone No. 705 426 7324
	Date (dd-mm-yyyy) 12 Sep 2011



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

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

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

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider:	WHMIS UPI
29 OCT 2007	Print Name of Instructor:	
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	
	Print Name of Instructor:	NONE
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	NONE
	Print Name of Instructor:	NONE

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Name of person completing this form (please print)	Official Title	
ALI KHAYATIAN	President	
Signature	Telephone No.	Date (dd-mm-yyyy)
	705 426 7324	12 Sep 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) TBD	Print Name of Training Provider: Print Name of Instructor:
Target Date (dd-mm-yyyy) TBD	Print Name of Training Provider: Print Name of Instructor:
Target Date (dd-mm-yyyy) TBD	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) TBD	Print Name of Training Provider: Print Name of Instructor:
Target Date (dd-mm-yyyy) TBD	Print Name of Training Provider: Print Name of Instructor:
Target Date (dd-mm-yyyy) TBD	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) TBD	Print Name of Training Provider: Print Name of Instructor:
Target Date (dd-mm-yyyy) TBD	Print Name of Training Provider: Print Name of Instructor:
Target Date (dd-mm-yyyy) TBD	Print Name of Training Provider: Print Name of Instructor:

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Name of person completing this form (please print) ALI KHAYATIAN	Official Title President
Signature 	Telephone No. 705 426 7324 Date (dd-mm-yyyy) 12 Sep 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).

In case of emergency, employee should call 911 and propane provider company and the licence holder.

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 person in charge should unlock the gate (access to empty cylinder) and move all people in store to front of Beer Store (553 Mara Rd. 350 meters away from propane plant.

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).

After licence holder informed, he should call local fire Service, propane Supplier and municipal contact person for informing them of all latest news. Call to 911 already has been in place by employee

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

Plant is out side and accessible and gate for empty cylinders should be unlocked by the employee in case of emergency.

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

Licence holder should be close by during emergency situation (in front of Beer store) and update the authorities with information

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

Between 5 to 80 minute max.

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Ali Khayatian	President	12 Sep 2011
Signature	Telephone No.	
	705 426 7324	



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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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> |

7: Water Supply

- The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 1. Is a pressurized water system available at the propane facility site? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only) | 89 meter | |
| 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) | 89 meter | |

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Signature 	Telephone No. 705 426 7324
	Date (dd-mm-yyyy) 12Sep 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.
B. 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 type="checkbox"/>	<input checked="" type="checkbox"/>
If not, please explain (e.g., no fire services). We invited them and are waiting for their respond.		
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) Ali Khayatian	Official Title Residen	Date (dd-mm-yyyy) 12 Sep 2011
Signature 	Telephone No. 705 426 7324	



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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) 12 Sep 2011	Capacity of single largest propane storage vessel (USWG) 1000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 26 m	Right side property line: 3 m
Rear: 94 m	Left side property line: 46 m
GPS coordinates of single largest vessel: 44.43 - 79.15	

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Name of person completing this form (please print) Khayatian Ali	Official Title President
Signature 	Telephone No. 705 426 7324
	Date (dd-mm-yyyy) 12 Sep 2011



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

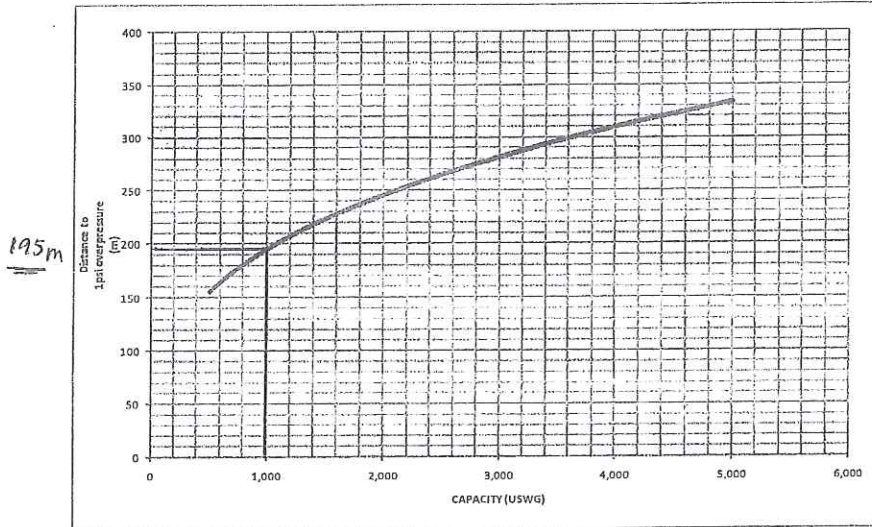
Table 1: Distance Table

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)



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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: NONE Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]				X	45 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: SKINNER'S AUTOMOTIVE SERVICE Address: 445 MARA RD. City: BEAVERTON Province ONT Postal Code L0K1A0			X		20 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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Signature 	Telephone No. 705 426 7324
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SECTION C: SUBMISSIONS (cont'd)
Applicant must include a Facility Site Plan and Map of Surrounding Area

Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	0
# 100	29.5	15	442.5
# 40	11.75	1	11.75
# 33.3	9.62	0	0
# 30	8.8	5	44
# 20	5.8	93	539.4
# 10	2.9	3	8.7
# 5	1.5	2	3
Total Cylinder Capacity 1049.35			

Tanks Stored On-site Not Connected for Use

Tank Size in USWG	Quantity	Total Volume in USWG
0	0	0
Total Tank Capacity		

Total Cylinder Capacity	1049.35
Total Tank Capacity	0
Total Portable Capacity	1049.35

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Name of person completing this form (please print) Ali Khayatian	Official Title President	Date (dd-mm-yyyy) 12 Sep 2011
Signature 	Telephone No. 705 426 7324	

Propane tank is Horizontal tank, with 1000 usiw4 Capacity, and place on a concrete slab (6 x 21 ft), which is 10 ft from storage area, 68 ft from Sidewalk, 132 ft from left property line and 10 ft from right property line.

Storage area is a fenced with chainlink and is (21 x 42 ft)

Tank information
 Manufactured = 1997
 installed = Aug 8 2011
 OIN or CER = C-04696543217890T
 Serial # 779-97
 PSIG = 250 PSI

*** chainlink fence

