



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Tel: 416.734.3300
 Fax: 416.231.4078
 Customer Service: 1.877.682.8772
 propane@tssa.org
 www.tssa.org

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.

<p style="text-align: center; font-size: small;">Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i></p> <p>Licence Number <input style="width: 100%;" type="text"/></p> <p>Check applicable type of propane operations.</p> <p><input checked="" type="checkbox"/> Cylinder <input type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Keylock</p> <p style="font-size: x-small;">Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p style="text-align: center; font-weight: bold;">For Office Use Only</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
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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 2173285 ONTARIO LTD.	Corporation No. 002173285
	Operator Name (if different from above)	
	Telephone No. 647 217 6062	E-mail gill.kugri@gmail.com
B	Street No. 458	Street Name / 911 Number / Address, if applicable Cote blud.
	Town / City or Township / County HAMMER	Province Ontario
		Postal Code P5P 1N8
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. 458	Street Name / 911 Number / Address, if applicable Cote blud.	Nearest Major Intersection Cote and Cappel Rd
	Town / City or Township / County HAMMER	Province ONTARIO	Postal Code P5P 1N8

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) HAMMER	
Hours of operation.	[REDACTED]

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

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

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder		
Name of Senior Management person as defined in the Regulation holding the Record of Training		



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 12/29/2017 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>200</u>	<u>2058123</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: 1 Portable: _____ Mobile: _____

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Name of person completing this form (please print) <u>Kaushak Tangri</u>		Official Title <u>Owner</u>	
Signature <u>[Signature]</u>		Telephone No. <u>647 297 6062</u>	Date (dd-mm-yyyy) <u>10/12/2018</u>



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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>2475</i>	Street Name / 911 Number / Address, if applicable <i>Maley dr,</i>		
Town / City or Township / Country <i>Sudbury</i>		Province <i>Ontario</i>	Postal Code <i>P3A 4R7</i>
Telephone No. <i>877-873-7467</i>	Fax No.	Contact Name <i>Jay brogden</i>	
E-mail <i>Jay_brogden@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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Name of person completing this form (please print) <i>Kanishak Tanori</i>		Official Title <i>Owner</i>	
Signature <i>K Tanori</i>	Telephone No. <i>647 297 6062</i>	Date (dd-mm-yyyy) <i>10/12/2018</i>	



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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.

Underground gasoline tank for gas pumps.
50000 litres.

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

Fire hydrants

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.

Fire detection system, fire notification system, alarm system, main cutoff switch. In case of fire the detection and notification system would let the authorities know of the fire.

Maintenance and testing schedule for fire protection controls and devices.

The fire hydrant is scheduled for maintenance and testing every month.

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Name of person completing this form (please print) Kanishk Tangri	Official Title Owner	
Signature 	Telephone No. 647 297 6062	Date (dd-mm-yyyy) 10/12/2019



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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: <u>Kanishok Tangri</u>	For Office Use - Party No.	Name: <u>Kanishok Tangri</u>	For Office Use - Party No.
Official Title: <u>Owner</u>		Official Title: <u>Owner</u>	
Telephone No. <u>647-297-6062</u>	Fax No.	Cell No. <u>647 297 6062</u>	Fax No.
E-mail: <u>gilltangri@gmail.com</u>		E-mail: <u>gilltangri@gmail.com</u>	
Role and responsibilities in emergency: <u>assist emergency crews in any way possible</u>		Role and responsibilities in emergency: <u>assist the emergency personnel in any way possible.</u>	

2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name: <u>Umed Gill</u>	For Office Use - Party No.	Name: <u>Umed Gill</u>	For Office Use - Party No.
Official Title: <u>Owner</u>		Official Title: <u>Owner</u>	
Telephone No. <u>647 551 6037</u>	Fax No.	Telephone No. <u>647 551 6037</u>	Fax No.
E-mail: <u>gilltangri@gmail.com</u>		E-mail: <u>gilltangri@gmail.com</u>	
Role and responsibilities in emergency: <u>assist emergency personnel in any way possible</u>		Role and responsibilities in emergency: <u>assist emergency personnel in any way possible.</u>	

3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name: <u>JOSEPH NECHOLLS</u>	For Office Use - Party No.	Name: <u>Jay Brogden</u>	For Office Use - Party No.
Official Title: <u>GENERAL MANAGER</u>	E-mail:	Official Title: <u>territory rep.</u>	E-mail:
Telephone No. <u>705-674-4455 EXT 2767</u>	Fax No.	Telephone No. <u>705 423 3879</u>	Fax No.
Role and responsibilities in emergency:		Role and responsibilities in emergency: <u>assist in anyway possible</u>	
Fire Services Address: <u>339 ROUTE PRINCEPALE UNIT 2 AZERON ON PDM-780</u>		Propane Supplier Address: <u>2775 Maley Dr, Sudbury, ON, P3A 4R7</u>	

4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name: <u>GRANAM CAMPBELL</u>	For Office Use - Party No.	Name: <u>Rene Lapierre</u>	For Office Use - Party No.
Official Title: <u>DEPUTY FIRE CHIEF</u>	E-mail:	Official Title: <u>ward councillor.</u>	
Telephone No. <u>705-674-4455-EXT 200</u>	Fax No.	Telephone No. <u>705 671 2489</u>	Fax No.
Role and responsibilities in emergency:		E-mail: <u>311@greatersudbury.ca</u>	
Fire Services Address: <u>339 ROUTE PRINCEPALE UNIT 2 AZERON ON. PDM-100</u>		Municipality Name and Address: <u>Sudbury, 200 brady street Sudbury ON P3A 5P3</u>	

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Name of person completing this form (please print): <u>Kanishok Tangri</u>	Official Title: <u>Owner</u>
Signature: <u>[Signature]</u>	Telephone No. <u>647 297 6062</u> Date (dd-mm-yyyy): <u>10/12/2010</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.

If there is leakage with fire, first we need to control the leak then put out the fire. Clear people from the immediate area, then we need find fuel feeding the fire and see if we can stop that. Once it has been stopped we move to extinguish the fire. Close the tank valve to stop the flow of propane.

If there is a fuel leak we shut off the main switch and clear people from the immediate area and call the emergency services, who would take the appropriate steps.

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Name of person completing this form (please print) Kanishak Tangri	Official Title Owner
Signature 	Telephone No. 647.297.6062
	Date (dd-mm-yyyy) 10/12/2018



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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) 30/08/2018	Print Name of Training Provider: Kanishak Tangri
	Print Name of Instructor: Umed Cull Kanishak Tangri
Training Date (dd-mmm-yyyy) 4/09/2018	Print Name of Training Provider: Umed Cull
	Print Name of Instructor: Umed Cull
Training Date (dd-mmm-yyyy) 21/11/2018	Print Name of Training Provider: Umed Cull
	Print Name of Instructor: Umed Cull

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

Training Date (dd-mmm-yyyy) 10/12/2018	Print Name of Training Provider: Kanishak Tangri
	Print Name of Instructor: Kanishak Tangri
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)	Print Name of Training Provider:
	Print Name of Instructor:
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) Kanishak Tangri	Official Title owner
Signature 	Telephone No. 647 297 6062 Date (dd-mmm-yyyy) 10/12/2018



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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)	Print Name of Training Provider:
	Print Name of Instructor:
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)	Print Name of Training Provider:
	Print Name of Instructor:
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)	Print Name of Training Provider:
	Print Name of Instructor:
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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Signature <i>[Signature]</i>	Telephone No. <i>647 297 6062</i>
	Date (dd-mmm-yyyy) <i>10/12/2018</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).

When a leak happens we notify the emergency services by calling 911, then we notify the municipal office, the propane company.

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).

We shut off the main switch, clear the area of the leak and call emergency services. emergency services take over control of the situation.

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).

When a serious issue is discovered the main switch will be turned off, affected area cleared and a call placed to emergency response authorities.

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

~~Propane refuelling station is well known in the community.~~
 The propane refuelling station is well known in the community, the emergency services know of the location of the site.

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

The licence holder will be present at the location so there will be a continual flow of information to authorities in person and or on phone while the emergency services are on route.

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

Right away in less than 5 minutes if liaison is off site. on site it would be as soon as possible.

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Name of person completing this form (please print)	Official Title	
Kanishak Tangri	Owner	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Kanishak Tangri</i>	647 297 6062	10/12/2018



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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>20m</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>20m</u> |

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Name of person completing this form (please print) <i>Kanishak Targri</i>		Official Title <i>Owner</i>	
Signature <i>[Signature]</i>		Telephone No. <i>647 687 6062</i>	Date (dd-mm-yyyy) <i>10/12/2012</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	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?		
If not, please explain (e.g., no fire services).		
Fire services comments, if any: <i>Ensure Propane Refill Station is locked when not attended. Ensure monthly extinguisher maintenance is being completed.</i>		
To be completed by the Licence Holder		
In response to the above comments, the following action(s) is required: <i>We will ensure that the Refill station is locked when not attended by employees and that fire extinguishers maintenance is being completed.</i>		
The licence holder will respond to the Local Fire Services comments by: <i>7/11/2018</i> <small>(dd-mmm-yyyy)</small>		

LOCAL FIRE SERVICES		
The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.		
Print name	Signature	Date (dd-mmm-yyyy)
Local Fire Services Name <i>L. HEBERT</i>	<i>[Signature]</i>	

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Signature <i>[Signature]</i>	Telephone No. <i>647 297 6062</i> Date (dd-mmm-yyyy) <i>10/12/2018</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-mmm-yyyy) <u>10/12/2018</u>	Capacity of single largest propane storage vessel (USWG) <u>2500</u>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>50m</u>	Right side property line: <u>25</u>
Rear: <u>5m</u>	Left side property line: <u>25</u>
GPS coordinates of single largest vessel: <u>46.65 - 80.92</u>	

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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	12	69.6
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			69.6

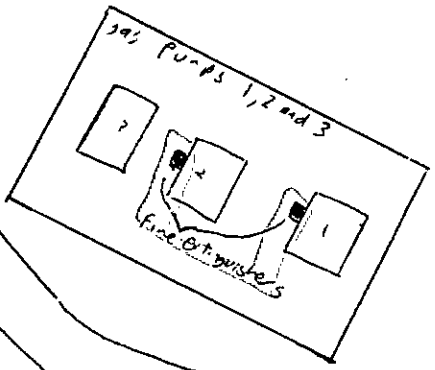
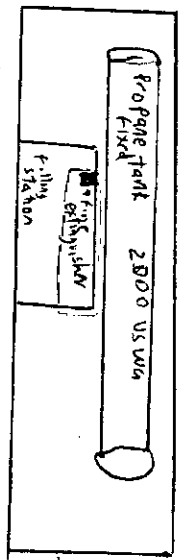
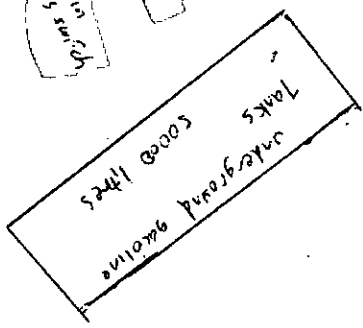
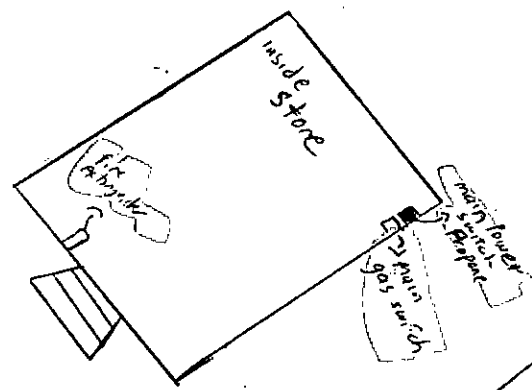
Tanks Stored On-site Not Connected for Use

Tank Size in USWG	Quantity	Total Volume in USWG
29.5 (100 pound)	6	0
8.8 (30 Pound)	4	0
5.8 (20 Pound)	12	0
Total Tank Capacity		

Total Cylinder Capacity	69.6
Total Tank Capacity	2000
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	2069.6

11-22-11 11:11

Cote Blvd.



exit

exit

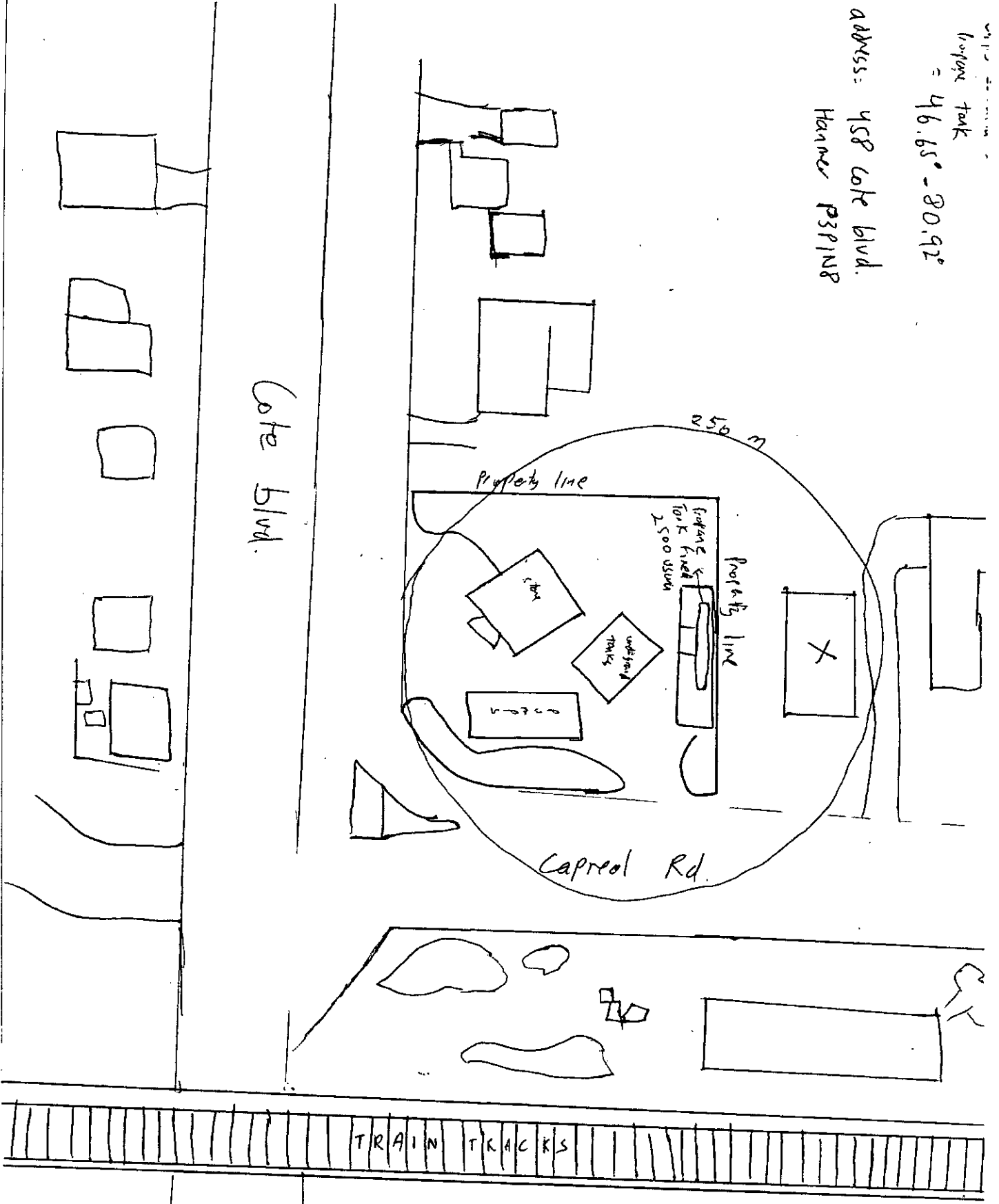
exit

Capreat road.

1/20/18
Lorraine Tank

= 46.65° - 80.92°

address = 458 Cote Blvd.
Haines P3P1N8



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Capreol Rd.

TRAIN TRACKS