



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 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" value="76640925"/></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%; background-color: black;"></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 Canadian Tire Corporation Ltd.	Ontario Corporation No., if applicable
	Operator Name (if different from above) Agent - Kevin Weberbauer	
	Telephone No. 905-641-1766	Fax No. 905-641-9460
	E-mail 1015.St_Catharines_N@cpagent.ca	
B	Street No. / Street Name / 911 Number / Address, if applicable 459 / Welland Ave	
	Town / City or Township / County St. Catharines	Province / Postal Code Ontario / L2M 6P3
C	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.		
D	Street No. / Street Name / 911 Number / Address, if applicable 459 / Welland Avenue	Nearest Major Intersection Welland Ave + Export Ave. <i>dk</i>
	Town / City or Township / County St. Catharines	Province / Postal Code Ontario / L2M 6P3

Name of Licence Holder John Lastoria on behalf of Canadian Tire Corporation	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT) Glen Butt	ROT type 100-08
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) St. Catharines	
Hours of operation. <div style="background-color: black; width: 100%; height: 40px;"></div>	

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 Name of Licence Holder John Lastoria	Signature 	Date (dd-mm-yyyy) 11/05/2011
Name of Senior Management person as defined in the Regulation holding the Record of Training Glen Butt		



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 2005	Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. None
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Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank 1:	250 PSIG	433-04
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: 2000 USWG Portable: 279 USWG Mobile: 0

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Name of person completing this form (please print) Marcello Oliverio	Official Title Chief Engineer, Superior Propane
Signature 	Telephone No. 905-285-2480 ext. 5327
	Date (dd-mm-yyyy) 11/05/2011



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

Name of Propane Supplier(s) Superior Propane - Ontario Regional Operations Centre		For Office Use - Party No. [REDACTED]	
Street No. 251	Street Name / 911 Number / Address, if applicable Woodlawn Road West, Unit 217		
Town / City or Township / Country Guelph		Province Ontario	Postal Code N1H 8J1
Telephone No. 1-877-873-7467	Fax No. 519-836-7766	Contact Name Mike Mullins	
E-mail mullinsm@superiorpropane.com			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No. [REDACTED]	
Superior Propane - Smithville			
Street No. 3089	Street Name / 911 Number / Address, if applicable Regional Rd #12		
Town / City or Township / Country Smithville		Province Ontario	Postal Code L0R 2A0
Telephone No. 905-516-2301	Fax No. N/A	Contact Name Tom Amies	
E-mail amiest@superiorpropane.com			

Off-site Cylinder and/or Mobile Storage None		Capacity stored off-site, in USWG	For Office Use - Party No.
[REDACTED]			
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 	Telephone No. 905-285-2480 ext. 5327	Date (dd-mm-yyyy) 11/05/2011	



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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.

The site has 4 underground gasoline with a total capacity of 170,000 litres. The location is north side of gas bar property.

An MSDS for regular unleaded gasoline is provided herein. MSDS for premium gasoline and diesel are similar and not included.

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

1. Fire Extinguishers (20 lb ABC) at the following locations: 1. Inside gas bar building 2. On columns by gasoline dispensers 3. At the bulk propane dispenser filling station.

2. Emergency stop push button - mounted on a post near the propane tank. This shuts down the pump and closes a solenoid valve upstream of hoses.

3. Power supply breaker inside the gas bar building. This cuts all power to the propane system - shuts down pump; closes solenoid valve.

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.

1. Fusible link on ISC valve - isolation valve between the tank and the downstream propane dispensing equipment.

2. Emergency stop push button - mounted on a post near the propane tank. This shuts down the pump and closes a solenoid valve upstream of hoses.

3. Power supply breaker inside the gas bar building. This cuts all power to the propane system - shuts down pump; closes solenoid valve.

Maintenance and testing schedule for fire protection controls and devices.

Maintenance and testing is undertaken by Superior Propane according to Superior Propane's Maintenance Standard. Schedule for key equipment is:

1. Pumps (Pump every 3 months; Pump Motor: check belts monthly; grease motor every 6 months); 2. ISC Valves (test for closure every 6 months)

3. Fusible links - inspected every 6 months; 3. Storage tank Relief Valves - inspect every 2 years; replacement schedule as per provincial regulations.

Maintenance records are kept in a Maintenance Log at the site and kept for 5 years.

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Name of person completing this form (please print) Marcello Oliverio	Official Title Chief Engineer - Superior Propane
Signature 	Telephone No. 905-285-2580
	Date (dd-mm-yyyy) 11/05/2011



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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 Kevin Weberbauer	For Office Use - Party No.	Name Kevin Weberbauer	For Office Use - Party No.
Official Title Agent		Official Title Agent	
Telephone No. 905-641-1766	Fax No. 905-641-9460	Cell No. 905-658-4202	Fax No. 905-641-9460
E-mail 1015.St_Catharines_N@ctpagent.ca		E-mail 1015.St_Catharines_N@ctpagent.ca	
Role and responsibilities in emergency Coordinate site response by implementing emergency response procedures.		Role and responsibilities in emergency Respond to site if an off-hour emergency. Co-ordinate site response by implementing emergency response procedures.	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Ronald Rameshnauth	For Office Use - Party No.	Name Kevin Weberbauer	For Office Use - Party No.
Official Title Regional Bus Mgr		Official Title Agent	
Telephone No. 416-452-4929	Fax No. 905-257-9093	Telephone No. 905-641-1766	Fax No. 905-641-9460
E-mail ronald.rameshnauth@cantire.com		E-mail 1015.St_Catharines_N@ctpagent.ca	
Role and responsibilities in emergency Co-ordinate site response by implementing emergency response procedures.		Role and responsibilities in emergency Coordinate site response	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Mark Mehlenbacher	For Office Use - Party No.	Name Superior Propane Hotline	For Office Use - Party No.
Official Title Fire Chief		Official Title	
Telephone No. 905-684-4311 ex. 4201	Fax No. 905-687-3494	Telephone No. 1-877-873-7467	Fax No.
E-mail mmehlenbacher@stcatharines.com		E-mail	
Role and responsibilities in emergency Co-ordinate municipal fire service and its resources during an emergency. Liaise with police and with property owner/key contact.		Role and responsibilities in emergency Identify and dispatch Superior Propane and or LPERGC emergency response personnel as required.	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Daryl Whiteley	For Office Use - Party No.	Name Dan Carnegie	For Office Use - Party No.
Official Title Assistance Chief		Official Title City Clerk	
Telephone No. 905-684-4311 ext 4219	Fax No. 905-687-3494	Telephone No. 905-688-5600 ext 1500	Fax No. 905-682-3631
E-mail dwhiteley@stcatharines.com		E-mail dcarnegie@stcatharines.com	
Role and responsibilities in emergency Alternate - Co-ordinate municipal fire service and its resources during an emergency. Liaise with police and with property owner/key contact.		Municipality City of St. Catharines	

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Name of person completing this form (please print) Marcello Oliverio	Official Title Chief Engineer - Superior Propane
Signature 	Telephone No. 905-285-2480 ext. 5327
	Date (dd-mm-yyyy) 05/11/2011



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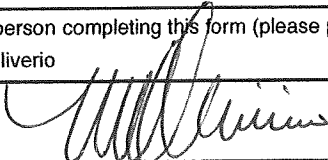
SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

Emergency Shut Off push button to shut down pump and close solenoid valve upstream of dispensing hoses.

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Signature 	Telephone No. 905-285-2480 ext. 5327	Date (dd-mm-yyyy) 11/05/2011



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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:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

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

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider: PTI
15/07/2010	Print Name of Instructor: Mike Farah
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print)	Official Title	
Marcello Oliverio	Chief Engineer - Superior Proane	
Signature	Telephone No.	Date (dd-mm-yyyy)
	905 - 285 - 2480 ext. 5327	05/11/2011



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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) Q4 2011	Print Name of Training Provider: Superior Propane or Other
	Print Name of Instructor: to be arranged
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) Q4 - 2011	Print Name of Training Provider: Key Site Contact to train Staff
	Print Name of Instructor: to be arranged
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) 06/06/2011	Print Name of Training Provider: Superior Propane, FSN, of Other
	Print Name of Instructor: to be arranged Please note: ROT Training is valid for 3 years
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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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/operator or alternate (both ROT staff) will contact emergency services by calling 911 and will provide warnings as outlined in the attached Propane Emergency Response Procedures (to be posted at site and be part of employee training). If it is safe to do so, this could involve advising neighbours to evacuate. The owner/operator may also contact Superior Propane via the emergency number identified in the ERP.

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/operator or alternate should first follow the actions in the ERP's provided herein. Staged evacuation, if the release of propane cannot be stopped by cutting electrical power may be required. Initial muster locations will be on the north side of the store at least 80 m from the site and away from a dispersing propane cloud. Subsequent evacuation instructions potentially up to the Hazard Distance to be provided by municipal emergency responders. Residences and businesses beyond the site boundary to be notified by municipal emergency responders.

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 the system is operational, site staff will be on duty and be in the propane tank area. The Key Contact or alternate will be implementing ER actions and notifications, including notifying emergency responders. Calling 911 will occur immediately after any attempts to shut down the system.

When the system is not in operation, the ISC valve (main isolation valve) is closed, and the propane system is unattended, but is shutdown. Any accidents involving the propane tank during such times will require the intervention of random, nearby individuals.

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

The propane tank system is located in a wide open area that is easily accessible. Egress will not be impeded.

The access routes for fire trucks are identified in the attached site plan.

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

The critical information required from the license holder is information on how to shut the system down and the fill level in the tank (if known). This will be provided either verbally if site staff are at site or by cell phone during off hours.

Fill level is relevant from a time-to-BLEVE perspective (a near empty tank will BLEVE sooner than a full tank if there is fire impingement on the tank).

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

Approximately 20 minutes after receiving emergency call.

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Signature 		Telephone No. 905-285-2480 ext. 5327	Date (dd-mm-yyyy) 11/05/2011



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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.

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 type="checkbox"/>	<input checked="" 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)		<u>22 metres</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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Signature	Telephone No. 905-285-2480 ext. 5327
	Date (dd-mm-yyyy) 10-01-2011



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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.

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 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:		
PLEASE NOTE: The RSMP has been delivered to Fire Services for review. At this time no response has been received.		
Thus we ask that the TSSA accept this RSMP submission as the conditional license expires today.		
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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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) 10-01-2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: <u>33 m (east side)</u>	Right side property line: <u>235 m (north side)</u>
Rear: <u>25 m (west side)</u>	Left side property line: <u>87 m (south side)</u>
GPS coordinates of single largest vessel:	<u>Lat. 43.1756, Long. -79.2156</u>

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Signature 	Telephone No. 905-285-2480 ext. 5327
	Date (dd-mm-yyyy) 10-01-2011



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

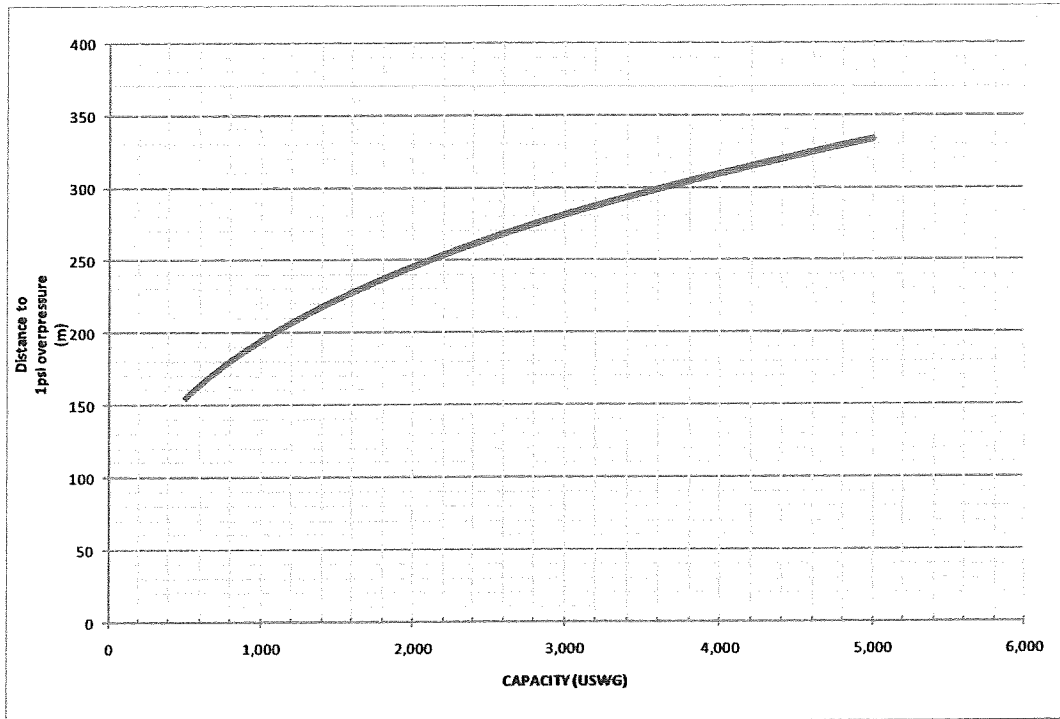
Table 1: Distance Table

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)



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) Nothing completed on this page.	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)



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>Industrial Buildings (Businesses)</u> Address: _____ City: _____ Province _____ Postal Code _____			x		<u>240</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: <u>Various Houses</u> Address: _____ City: _____ Province _____ Postal Code _____				x	<u>100</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Various Retail Stores and Restaurants including Tim Hortons, No Frills & Penningtons Superstore</u> Address: _____ City: _____ Province _____ Postal Code _____				x	<u>25</u> 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".

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>M. OLIVERIO</u>	Official Title <u>CE - Superior Propane</u>
Signature 	Telephone No. <u>905-285-2480 x5327</u>
	Date (dd-mm-yyyy) <u>May 22, 2011</u>



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
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Level 1 Risk and Safety Management Plan (RSMP)
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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		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	48	279 USWG
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			279 USWG

Tanks Stored On-site Not Connected for Use

Tank Size in USWG	Quantity	Total Volume in USWG
None 2000 USWG	1	2000 USWG
		Revised by K Almey Superior Propane June 10 2011 K Almey
Total Tank Capacity		

Total Cylinder Capacity	279 USWG
Total Tank Capacity	2000 USWG <i>KA</i>
Total Portable Capacity	279 USWG

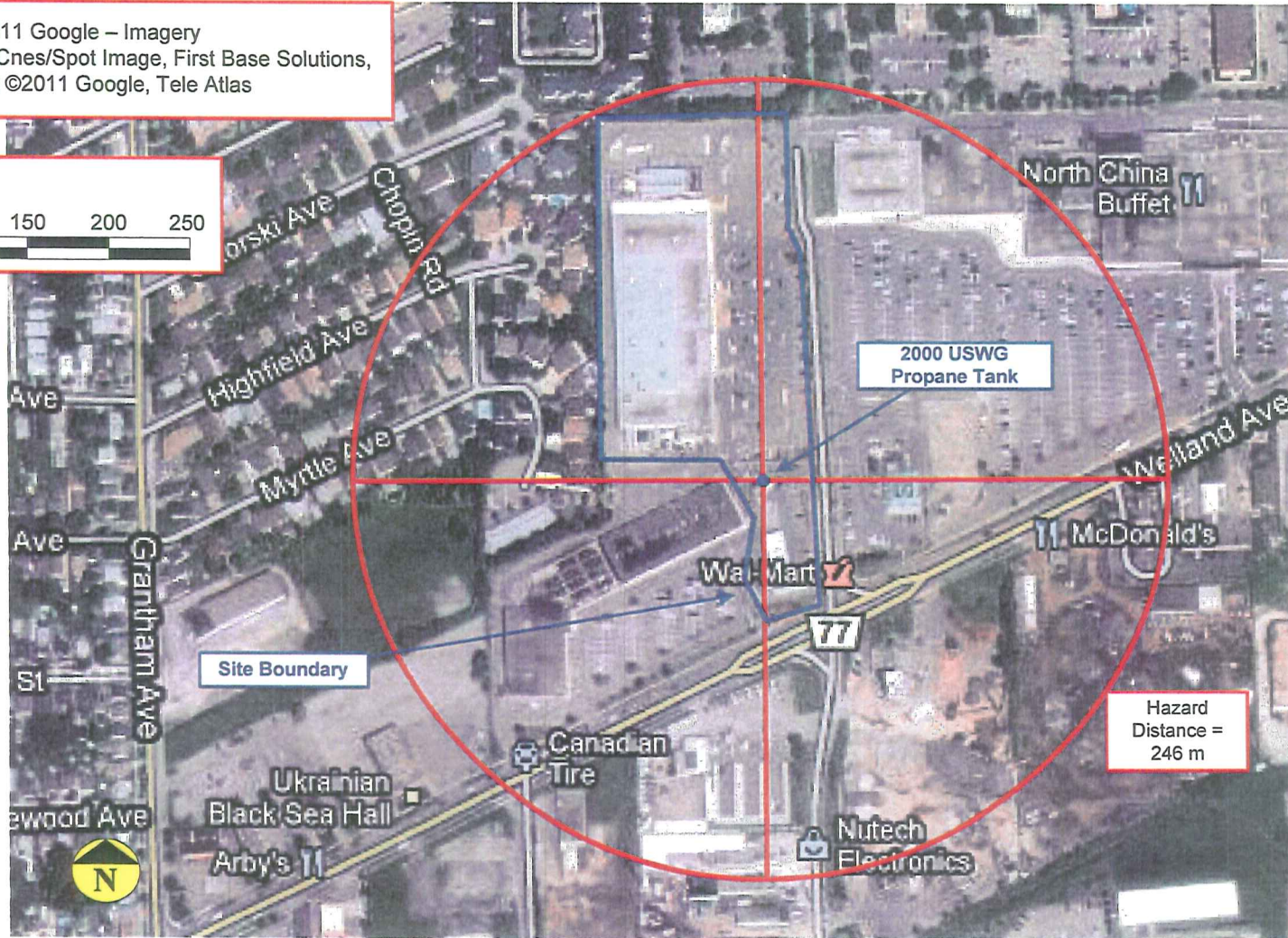
Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Name of person completing this form (please print) Marcello Oliverio	Official Title Chief Engineer - Superior Propane	
Signature <i>Marcello Oliverio</i>	Telephone No. 905-285-2480 ext. 5327	Date (dd-mm-yyyy) 05/11/2011

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 ©2011 Digital Globe, Cnes/Spot Image, First Base Solutions,
 Map data ©2011 Google, Tele Atlas

Scale (m):

0 50 100 150 200 250



Setback Distances
to Site Boundary

North : 235 m
 South: 87 m
 East: 33 m
 West: 25 m

Municipality (ies) within the 1 psi overpressure circle:

City of St.Catharines

Map of Surrounding Area

Capacity of Propane Storage Tank:

Capacity of Propane Storage Tank = 2000 USWG

GPS Co-ordinates of Propane Storage Tank:

GPS Co-ordinates = 43.1756, -79.2156

Circular Distance to 1 psi overpressure:

Denoted by circle centred on tank; radial distance = 246 m

Municipal Contact:

Dan Carnegie
 City Clerk, City of St.Catharines
 50 Church Street, P.O. Box 3012
 St. Catharines, ON, L2R 7C2
 Tel: 905-688-5600 ext. 1500
 Fax: 905-682-3631
 Email: dcarnegie@stcatharines.com

Canadian Tire
 459 Welland Avenue, St.Catharines, ON, L2M 6P3

*Plan of Topography of Part of the Lincoln Mall being
 Part of Lot 188, Corporation Plan No. 5, City of
 St. Catherines, Regional Municipality of Niagara*

Drawn by: L. Oliverio

Date: April 14, 2011

SITE PLAN: CANADIAN TIRE – ST. CATHARINES (ON) STORE
459 WELLAND AVENUE, ST. CATHARINES, ON L2M 6P3



MUNICIPAL FIRE HDR

LOT CORPORATION PLAN

PART 1
PLAN 30R-2040

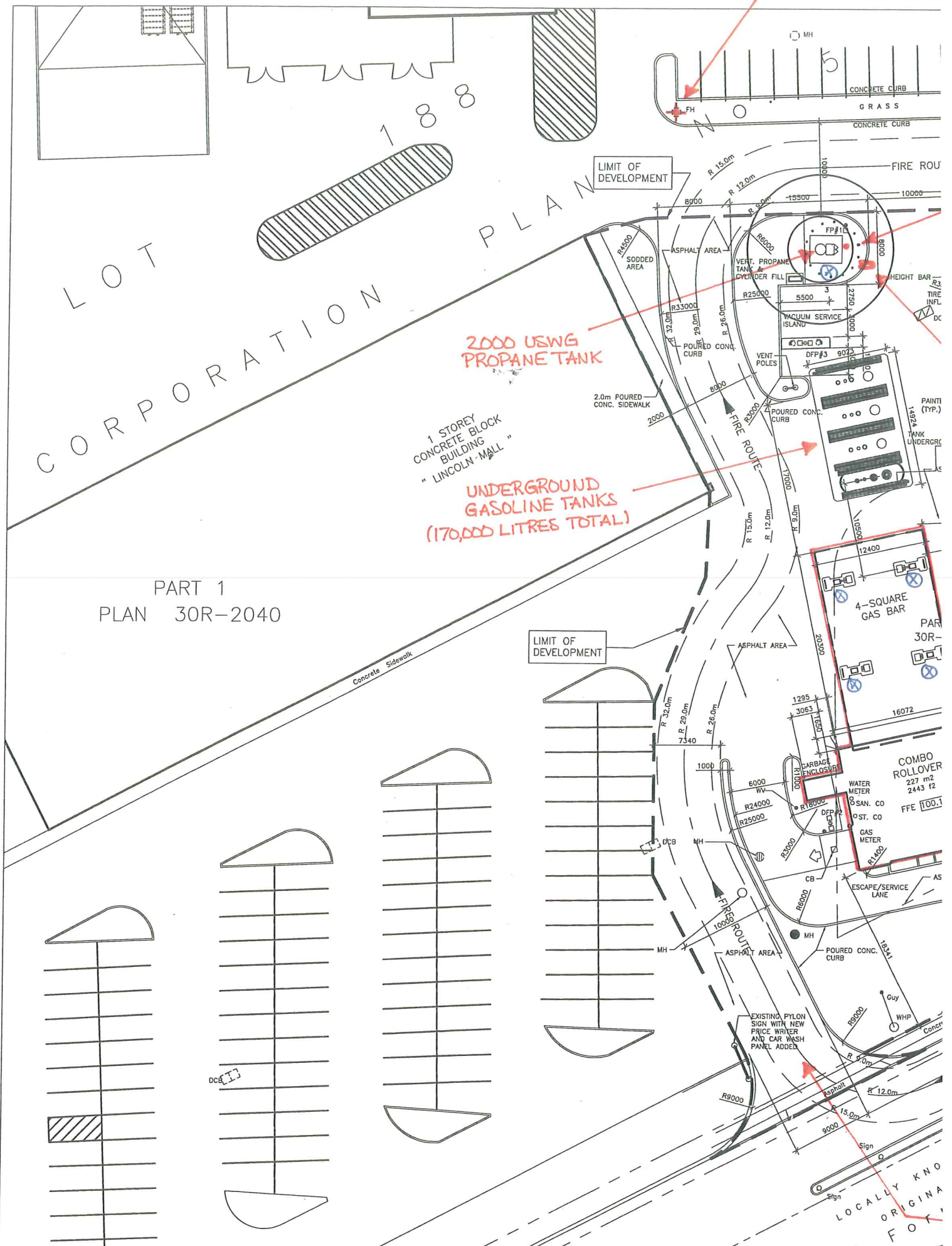
2000 USWG
PROPANE TANK

1 STOREY
CONCRETE BLOCK
BUILDING
"LINCOLN MALL"

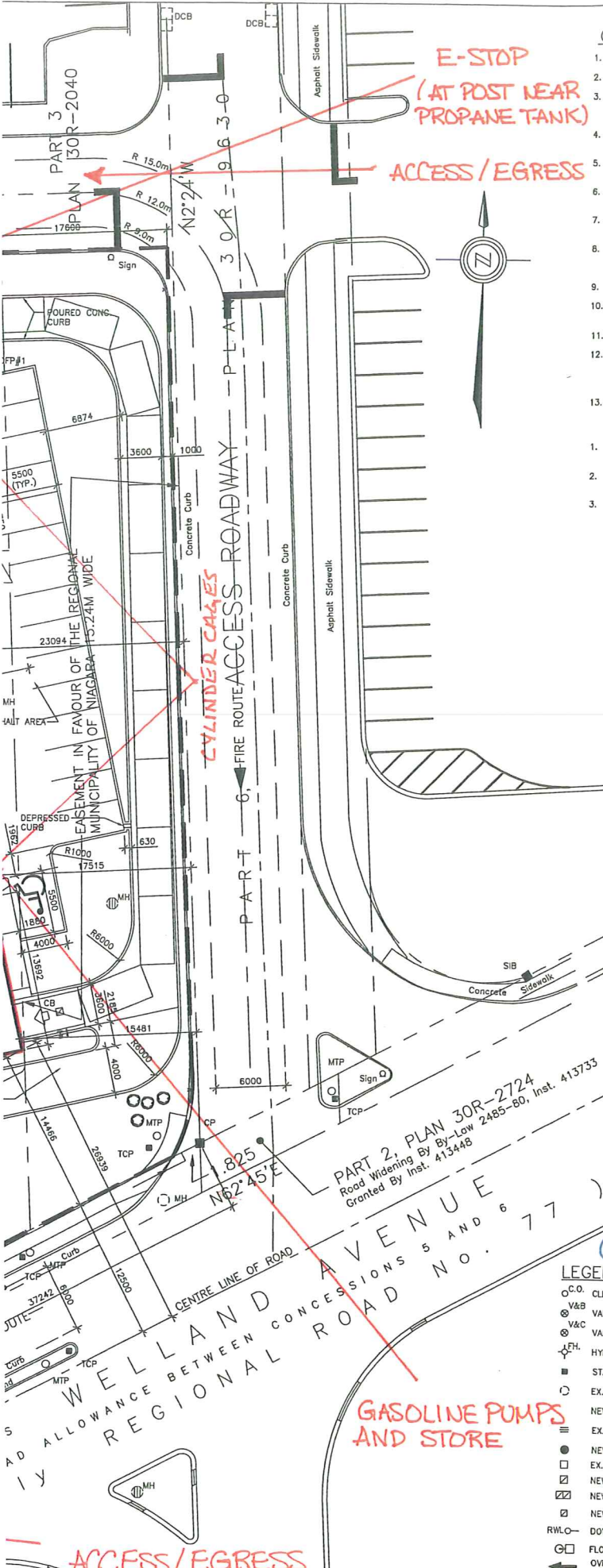
UNDERGROUND
GASOLINE TANKS
(170,000 LITRES TOTAL)

4-SQUARE
GAS BAR

COMBO
ROLLOVER
227 m2
2443 12
FFE 100.1



LOCALLY KNOWN
ORIGINAL
FOOT



GENERAL NOTES:

1. ALL ELEVATIONS ARE IN METRES, UNLESS NOTED OTHERWISE.
2. ALL DIMENSIONS ARE IN MILLIMETRES, UNLESS NOTED OTHERWISE. ALL DIMENSIONS AND DESIGN ELEVATIONS MUST BE VERIFIED BY THE CONTRACTOR PRIOR TO CONSTRUCTION. ANY DISCREPANCIES MUST BE BROUGHT TO THE ATTENTION OF THE ENGINEER.
3. EVERYTHING SHOWN TO BE CONSIDERED EXISTING UNLESS OTHERWISE NOTED.
4. THIS DRAWING TO BE USED IN CONJUNCTION WITH STANDARD DRAWINGS & WITH CANADIAN TIRE SPECIFICATIONS.
5. ALL WORK TO BE DONE AS PER STD. SPECIFICATIONS & IN ACCORDANCE WITH LOCAL & PROVINCIAL REGULATIONS.
6. ALL WORK RELATED TO PROPOSED GAS BAR SITE TO BE DONE BY THE CONTRACTOR UNLESS NOTED OTHERWISE.
7. ALL UNDERGROUND SERVICE MATERIALS AND INSTALLATIONS TO BE IN ACCORDANCE WITH THE CITY OF ST. CATHARINES STANDARDS AND SPECIFICATIONS.
8. FIRE ROUTE WILL BE DESIGNATED AS PER MUNICIPAL BY-LAW.
9. ALL CONSTRUCTION SIGNING MUST CONFORM TO THE M.T.O. MANUAL OF "UNIFORM TRAFFIC CONTROL DEVICES".
10. ALL PAVEMENT DIMENSIONS TO BE MEASURED TO FACE OF CURB. THE FIRE DEPARTMENT ACCESS ROUTE SHALL BE DESIGNED TO SUPPORT A LOAD OF NOT LESS THAN 11,363 KG PER AXLE AND HAVE A CHANGE IN GRADIENT OF NOT MORE THAN 1 IN 12.5 OVER A MINIMUM DISTANCE OF 15 m.
11. BUILDING CODE CLASSIFICATION: GROUP F

NOTES:

1. STREET APPURTENANCES & UNDERGROUND SERVICES ACTUAL LOCATION TO BE VERIFIED IN FIELD.
2. LEGAL INFORMATION TAKEN FROM SURVEY PREPARED BY KIRKUP & URE SURVEYING LTD. ONTARIO LAND SURVEYORS.
3. GENERAL CONTRACTOR TO ENGAGE A HYDRO LOCATE COMPANY TO CONFIRM THE LOCATION OF HIGH VOLTAGE CABLES, PRIOR TO START OF CONSTRUCTION.

SITE STATS

SITE AREA: 3,603m²

LOT COVERAGE

COMBO BUILDING: 210 m² (5.8%)
 GARBAGE ENCLOSURE: 17 m² (0.5%)
 TOTAL BUILDING COVERAGE: 227 m² (6.3%)

4 SQUARE CANOPY: 278 m² (7.7%)
 LANDSCAPING AREA: 944 m² (26.2%)
 CONCRETE AREA: 362 m² (10.0%)
 PAVED AREA: 1792 m² (49.8%)

BUILDING HEIGHT

COMBO BUILDING: 4.04m
 CANOPY: 5.34m

PARKING

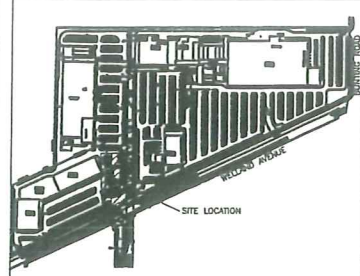
REQUIRED: -- SPACES
 PROVIDED: 18 SPACES
 (INCLUDING 1 BARRIER FREE SPACES)

CAR WASH STACKING

CAR WASH STACKING REQUIRED: -- SPACES
 CAR WASH STACKING PROVIDED: 13 SPACES

LEGEND

○ C.O.	CLEAN OUT	— SS	EX. SANITARY SERVICE
⊕ V&B	VALVE & BOX	— SS	NEW SANITARY SERVICE
⊕ V&C	VALVE & CHAMBER	— ST	EX. STORM SERVICE
⊕ FH	HYDRANT	— ST	NEW STORM SERVICE
■	STANDARD IRON BAR	— G	EX. GAS SERVICE
○	EX. STORM M.H.	— W	NEW GAS SERVICE
○	NEW STORM M.H.	— W	EX. WATER SERVICE
○	EX. SANITARY M.H.	— W	NEW WATER SERVICE
○	NEW SANITARY M.H.	— UB	EX. BELL SERVICE
□	EX. CATCH BASIN	— UB	NEW BELL SERVICE
□	NEW CATCH BASIN	— UH	EX. UNDERGROUND HYDRO SERVICE
□	NEW DOUBLE C.B.	— GH	EX. OVERHEAD HYDRO SERVICE
□	NEW CATCH BASIN M.H.	+ 222.05	EX. ELEVATION
○	DOWNSPOUT	+ 221.05	EX. ELEVATION (PROPOSED)
○	FLOODPOLE	+ (221.16)	EX. ELEVATION TO REMAIN
←	OVERLAND MAJOR	—	NEW CONC. CURB
		—	EXISTING CONC. CURB TO REMAIN



KEY PLAN
SCALE: N.T.S.

OWNER'S NAME _____
 SIGNATURE _____
 THE CITY OF ST. CATHARINES
 CLERK _____ MAYOR _____
 DATE: _____ 20

NOTE: THE DIMENSIONS, AREA AND LOCATIONS SHOWN ON THIS PLAN ARE APPROXIMATE AND MAY BE SLIGHTLY ALTERED IN THE FINAL DESIGN, PROVIDING THE INTENT AND PURPOSE OF THE ORIGINAL PLAN IS MAINTAINED AND ALL RELEVANT ZONING PROVISIONS COMPLIED WITH. FURTHER AND NOTWITHSTANDING ANYTHING SHOWN ON THIS PLAN TO THE CONTRARY, ALL SITE SERVING, GRADING AND DRAINAGE SHALL BE IN ACCORDANCE WITH PLANS APPROVED BY THE ENGINEER.

NO	REVISIONS	DATE	BY	APP.
2	AS-BUILT BASED ON CONTRACTORS DRAWINGS	FEB 17/05	J.S.	
1	ADDED DIESEL TANK	OCT 27/04	J.M.	
0	ISSUED FOR CONSTRUCTION	SEP 21/04	J.F.S.	
E	CITY SIGNING BLOCK ADDED	AUG 19/04	J.F.S.	
D	STATS, VENTS AND TIRE INFLATOR ADD	JULY 15/04	J.F.S.	
C	REVISED AS PER CITY AND CLIENT COMMENTS	JUNE 23/04	J.F.S.	
B	PARKING RE-ALIGNED AS PER CITY COMMENTS	JUNE 22/04	J.F.S.	
A	ISSUED FOR INFORMATION	APR 23/04	J.F.S.	

ELEVATION NOTE

ELEVATIONS ARE BASED ON THE CANADIAN GEODETIC DATUM AND WERE DERIVED FROM ST. CATHARINES BENCH MARK 8136028, HAVING A PUBLISHED ELEVATION OF 100.410 METRES.

Trow Associates Inc.
 1595 Clark Boulevard
 Erampton, Ontario L8T 4V1
 TEL: (905) 793-9900 FAX: (905) 793-0841



CANADIAN TIRE PETROLEUM
 17th FLOOR, 2180 YONGE STREET, TORONTO ONTARIO, M4S 2Z9 (416)480-3000

PETROLEUM FACILITY SITE PLAN

MUNICIPAL ADDRESS
 WELLAND AVENUE (LINCOLN MALL)
 ST. CATHARINES, ONTARIO

LEGAL DESCRIPTION
 PLAN OF TOPOGRAPHY OF PART OF THE LINCOLN MALL BEING PART OF LOT 188 CORPORATION PLAN NO. 5 CITY OF ST. CATHARINES REGIONAL MUNICIPALITY OF NIAGARA

SCALE: 1:530
 DATE: APRIL 2004

DRAWN BY: J.F.S.
 GAS BAR No.: 1015
 DWG No.: SP-19

TROW PROJ. #67318

Contractor must check and verify all dimensions and be responsible for the same, reporting any discrepancies to CANADIAN TIRE PETROLEUM before commencing work.
 PRINTS ARE NOT TO BE SCALED