



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>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</p>	
<p>Licence Number</p>	<p>000076649704 exp date NOV/2011</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>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	

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 RATNAS PETRO INC			
Operator Name (if different from above)			
PETRO CANADA # 34494 NON-RL			
Telephone No.	Fax No.	E-mail	
519-925-6022	519-925-6022	KALASIUS@HOTMAIL.COM	
B Street No.	Street Name / 911 Number / Address, if applicable		
508	MAIN STREET EAST		
Town / City or Township / County		Province	Postal Code
SHELBURNE		ONTARIO	LON 1S2
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	
508	MAIN STREET EAST	Greenwood st / Main St. E	
Town / City or Township / County		Province	Postal Code
SHELBURNE		ONTARIO	LON 1S2

- ac per
ex on
phone.

Name of Licence Holder	
KALASIUS ANTHONIPILLAI	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).	ROT type
KALASIUS ANTHONIPILLAI	PTI 100-08 CERT #98934
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)	
SHELBURNE	
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.

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder: KALASIUS ANTHONIPILLAI		28-10-2011
Name of Senior Management person as defined in the Regulation holding the Record of Training: KALASIUS ANTHONIPILLAI		



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SECTION A: GENERAL INFORMATION (cont'd)

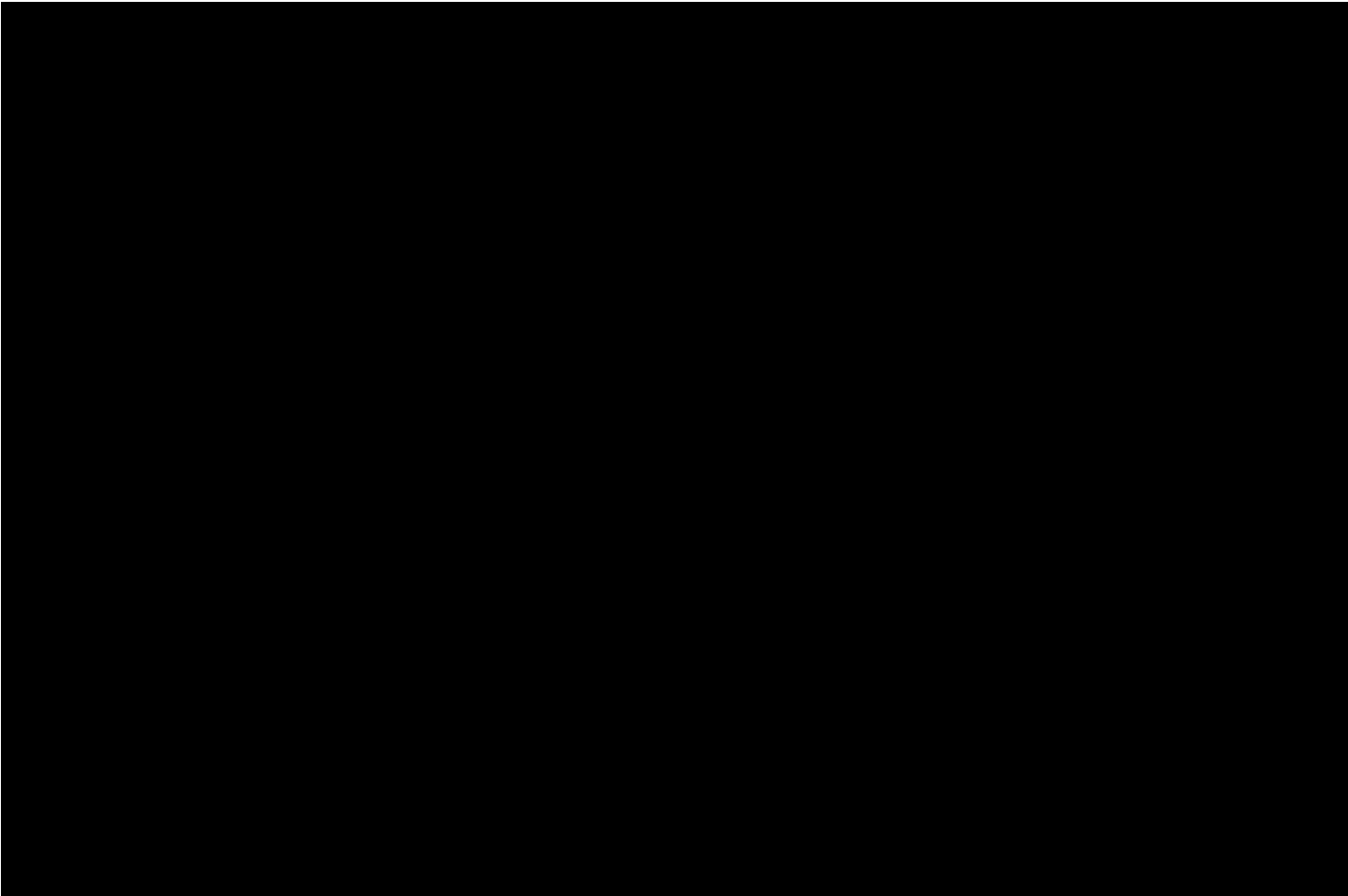
Indicate the year the facility was established. 2000 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.

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

	PSIG	Serial Number
Tank1:	<u>250</u>	<u>1415-9 DATE 1989</u>
Tank2:	_____	<u>CRN# C-0470.6543217890T</u>
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: 2000 Portable: (12X20) 12X5.8USWG Mobile: _____



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Name of person completing this form (please print) <u>KALASIUS ANTHONIPILLAI</u>	Official Title <u>SITE OPERATOR</u>	
Signature 	Telephone No. <u>519-925-6022</u>	Date (dd-mm-yyyy) <u>28-10-2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) PRIMAX ENERGY INC			
Street No. 2558	Street Name / 911 Number / Address, if applicable CEDAR CREEK ROAD		
Town / City or Township / Country AYR		Province ONTARIO	Postal Code N0B 1E0
Telephone No. 519-740-8209	Fax No. 519-740-1015	Contact Name GARY FRUESE- Sales Representative	
E-mail gfroese@primemaxenergy.com			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			
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		Postal Code
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.

TSSA GASOLINE LIC #76649706- 225,000 LITRES CAPACITY GAS/DIESEL

RETAIL OIL IN THE STORE

WINDSHIELD WASHER FLUID RETAIL LEVELS

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

QTY 1 - PROPANE DISPENSER

QTY 2- AT PUMP

QTY 3- STORE

QTY 2 - CAR WASH

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 ALARM, E STOP BUTTON FOR GASOLINE

REMOTE E STOP CLOSE TO LPG DISPENSOR ON SIDE BUILDING ADJACENT TO PROPANE TANK


FUSIBLE LINK

Maintenance and testing schedule for fire protection controls and devices.

ANNUAL INSPECTION- BLUE WATER- FIRE & SECURITY 519-372-3456

MONTHLY INSPECTION IS COMPLETED INTERNALLY

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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 KALASIUS ANTHONIPILLAI		Name ANTHONY	
Official Title OWNER		Official Title MANAGER	
Telephone No. 416-625-3572	Fax No. 519-925-6022	Cell No. 416-500-3572	Fax No. 519-925-6022
E-mail KALASIUS@HOTMAIL.COM		E-mail	
Role and responsibilities in emergency ENSURE EMERGENCY CONTACT WITH AUTHORITIES		Role and responsibilities in emergency EMERGENCY SITE CONTACT	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name ANTHONY		Name KALASIUS ANTHONIPILLAI	
Official Title MANAGER		Official Title OWNER	
Telephone No. 416-500-3572	Fax No. 519-925-6022	Telephone No. 416-625-3572	Fax No. 519-925-6022
E-mail		E-mail KALASIUS@HOTMAIL.COM	
Role and responsibilities in emergency EMERGENCY SITE CONTACT		Role and responsibilities in emergency ENSURE EMERGENCY CONTACT MADE WITH AUTHORITIES	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name STEVE HORSLEY		Name MIKE TAYLOR	
Official Title FIRE CHIEF		Official Title GENERAL MANAGER	
Telephone No. 519-925-5111	Fax No. 519-925-1815	Telephone No. 519-740-8209	Fax No. 519-740-1015
E-mail SDFD@BELLNET.CA		E-mail MTAYLOR@PRIMEAXENERGY.CA	
Role and responsibilities in emergency SUPERVISION & EVALUATION		Role and responsibilities in emergency GIVE GUIDANCE / SEND PERSONEL IF REQUIRED	
Fire Services Address 114 O'FLYNN STREET, SHELBURNE, ONT, L0N 1S0		Propane Supplier Address 2558 CEDAR CREEK ROAD AYR, ONT N0B 1E0	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name MIKE MORRELL		Name STEVE WEVER	
Official Title CAPTAIN / FIRE		Official Title TOWN PLANNER	
Telephone No. 519-925-5111	Fax No. 519-925-1815	Telephone No. 519-569-8883	Fax No.
E-mail SDFD@BELLNET.CA		E-mail PLANNING@TOWNOF SHELBURNE.CA.ORG	
Role and responsibilities in emergency SUPERVISION & SUPPRESSION & FIRE PREVENTION		Municipality Name and Address TOWN OF SHELBURNE - MUNICIPAL OFFICE, 203 MAIN ST, E, SHELBURNE	
Fire Services Address 114 O'FLYNN STREET, SHELBURNE, ONT L0N 1S0			

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Signature 		Telephone No. 519-925-6022	Date (dd-mm-yyyy) 28-10-2011



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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.

[Large empty area with horizontal lines for describing additional safety measures.]

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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) OCTOBER 2011	Print Name of Training Provider: PETRO CANADA SITE # 34494
	Print Name of Instructor: KALASIUS ANTHONIPILLAI
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) OCTOBER 2011	Print Name of Training Provider: PETRO CANADA SITE # 34494
	Print Name of Instructor: KALASIUS ANTHONIPILLAI
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) 18-03-2011	Print Name of Training Provider: PRIMAX ENERGY INC
	Print Name of Instructor: GARY FRUESE
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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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) OCTOBER 2012	Print Name of Training Provider: PETRO CANADA SITE # 34494
	Print Name of Instructor: KALASIUS ANTHONIPILLAI
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:

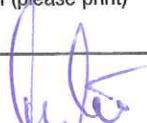
Training on the facility's Emergency Management Procedures provided to staff.

Target Date (dd-mm-yyyy) OCTOBER 2012	Print Name of Training Provider: PETRO CANADA SITE # 34494
	Print Name of Instructor: KALASIUS ANTHONIPILLAI
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) 18-03-2014	Print Name of Training Provider: PRIMAX ENERGY INC
	Print Name of Instructor: GARY FRUESE
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).

SITE ASSOCIATE WILL CALL 911 IN AN EMERGENCY AS PER THE EMERGENCY PLAN

FIRE SERVICES WILL NOTIFY PUBLIC

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).

UPON ACTIVATION OF THE PLANE THE MEETING LOCATION IS THE PLAZA LOCATED EAST OF THE SITE PAST THE PARKING LOT

THIS IS THE DESIGNATIVE SAFETY LOCATION AS PER PLAN

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).

ALL SITE ASSOCIATES FOLLOW THE PLANE TO CONTACT 911 AS PER THE ERAP PLAN

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

THERE IS 24 HOUR ACCESS TO FACILITY

THERE IS A SMALL GATE SURROUNDING THE DISPENSER AND IS NOT LOCKED

POWER TO THE DISPENSER IS SHUT OFF AT NIGHT

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

SITE ASSOCIATES OR THE SITE MANAGER ON DUTY WILL CALL 911 FROM SITE USING THEIR CELL PHONE

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

12 MINUTES

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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 type="checkbox"/>	<input checked="" 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>35M</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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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

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes No

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 MIKE MORRELL		28-10-2011

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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) 20-09-2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG VERTICAL
Tank setback coordinates. Indicate placement on the map.	
Front: 54 m	Right side property line: 36.68 m
Rear: 9.85 m	Left side property line: 10.98 m
GPS coordinates of single largest vessel: 44deg 04'49.12"N 80deg 11'47.31"W	

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SECTION C: SUBMISSIONS (cont'd)

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

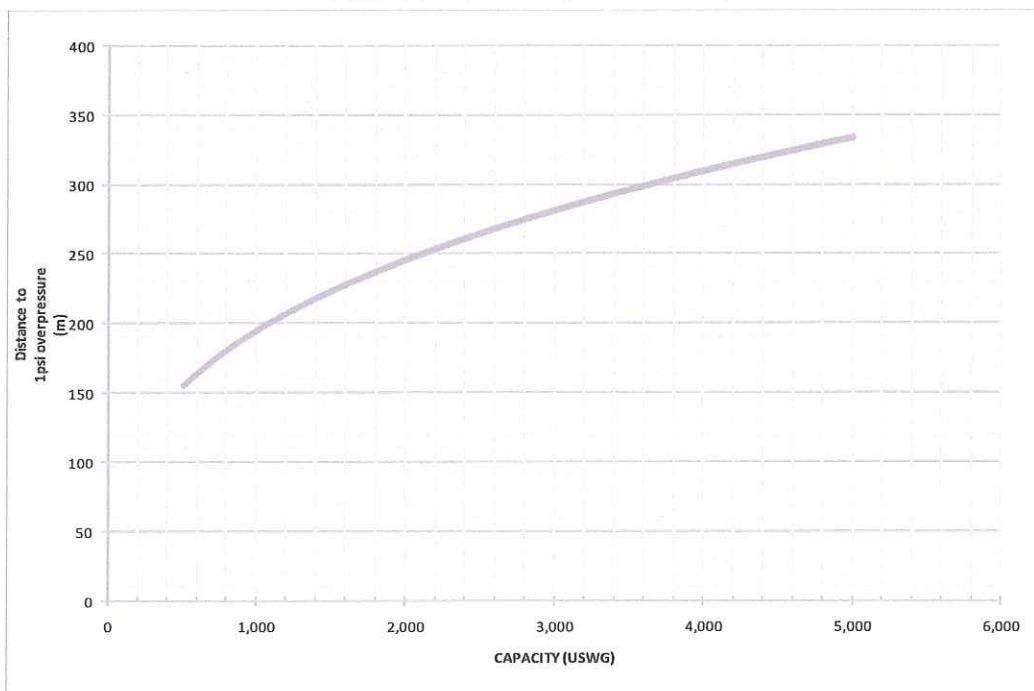
Table 1: Distance Table

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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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: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums and apartments. [REDACTED]				X	58 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>PETRO CANADA # 34494</u> Address: <u>508 MAIN STREET WEST</u> City: <u>SHELBURNE</u> Province <u>ONTARIO</u> Postal Code <u>LON 1S4</u>			X		_____ 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: <u>FIRE STATION - SHELBURNE & DISTRICT</u> Address: <u>14 O'FLYNN</u> City: <u>SHELBURNE</u> Province <u>ONTARIO</u> Postal Code <u>LON 1S1</u>	X				1000 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>KALASIUS ANTHONIPILLAI</u>	Official Title <u>SITE OPERATOR</u>
Signature 	Telephone No. <u>519-925-6022</u> Date (dd-mm-yyyy) <u>28-10-2011</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
Customer Service: 1.877.682.8772

Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
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WORKSHEET

Portable Storage Additional Information Worksheet

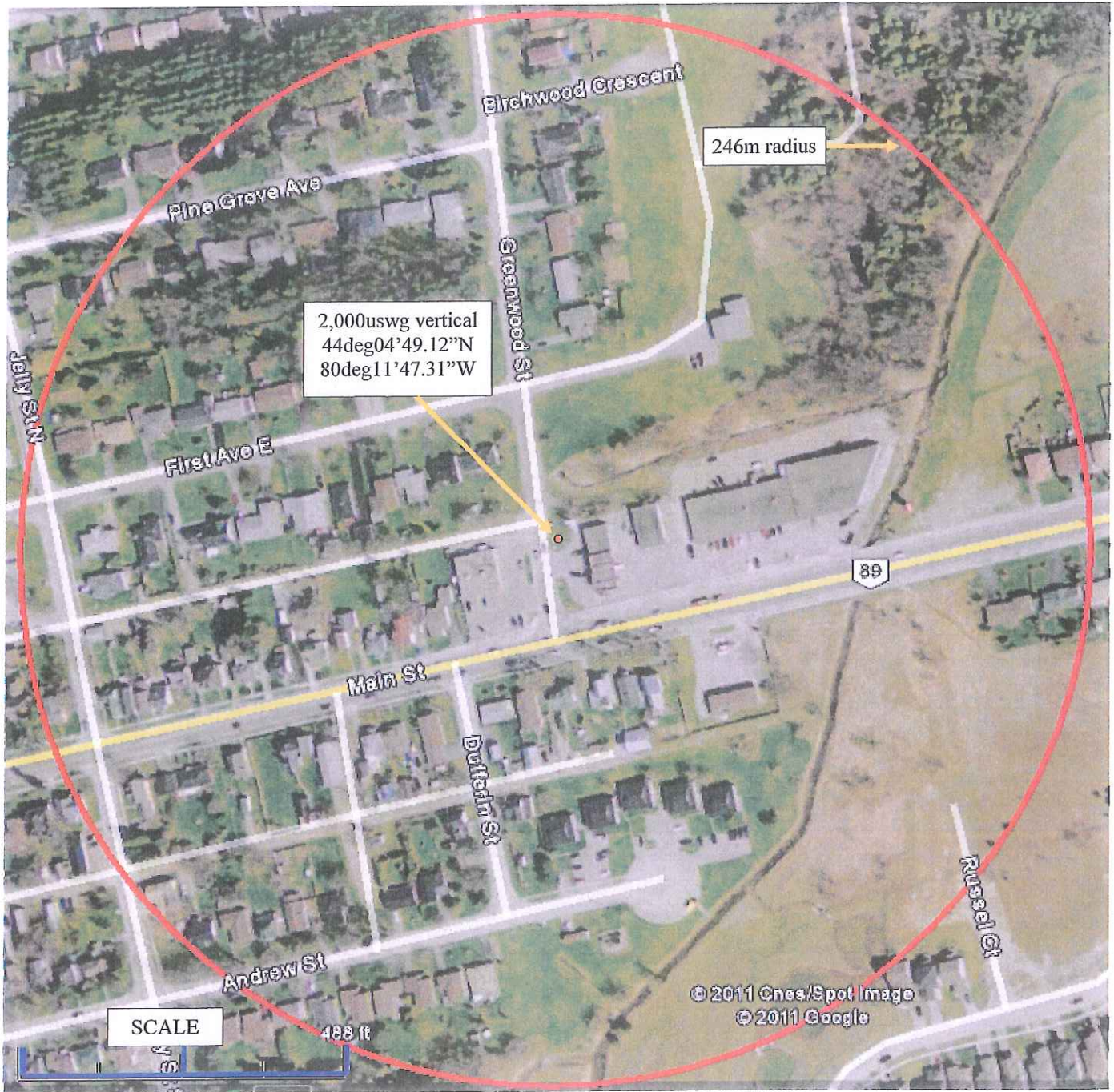
Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	12	69.6
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			69.6

Tanks Stored On-site Not Connected for Use

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

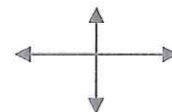
Total Cylinder Capacity	69.6
Total Tank Capacity	2000
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	

Petro-Canada
508 Main Street West
Shelburne, Ontario L0N 1S4

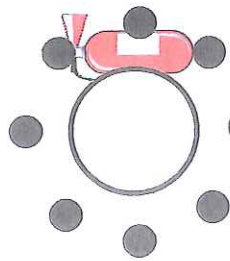


Dufferin County—Town of Shelburne
John Telfer
CAO/ Town Clerk
519-925-2600 ext 226

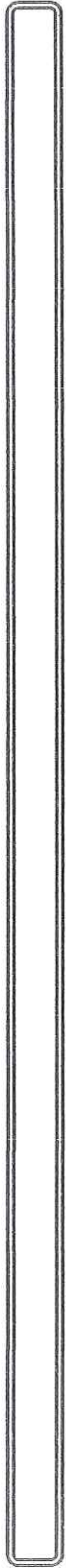
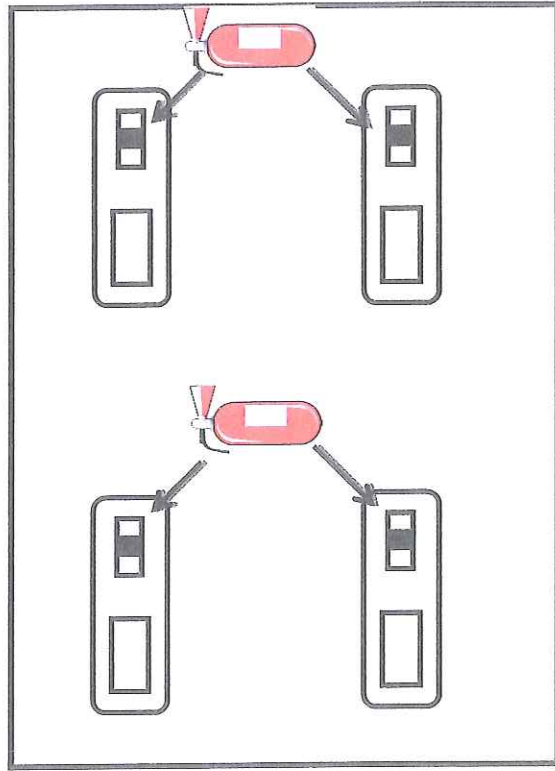
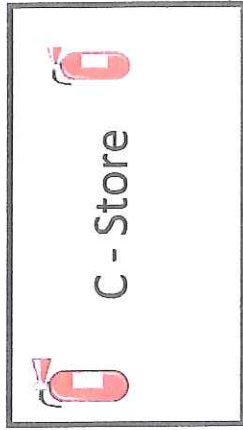
PROPERTY
SETBACKS:



RATNAS PETRO FIRE EXTINGUISHER LAYOUT



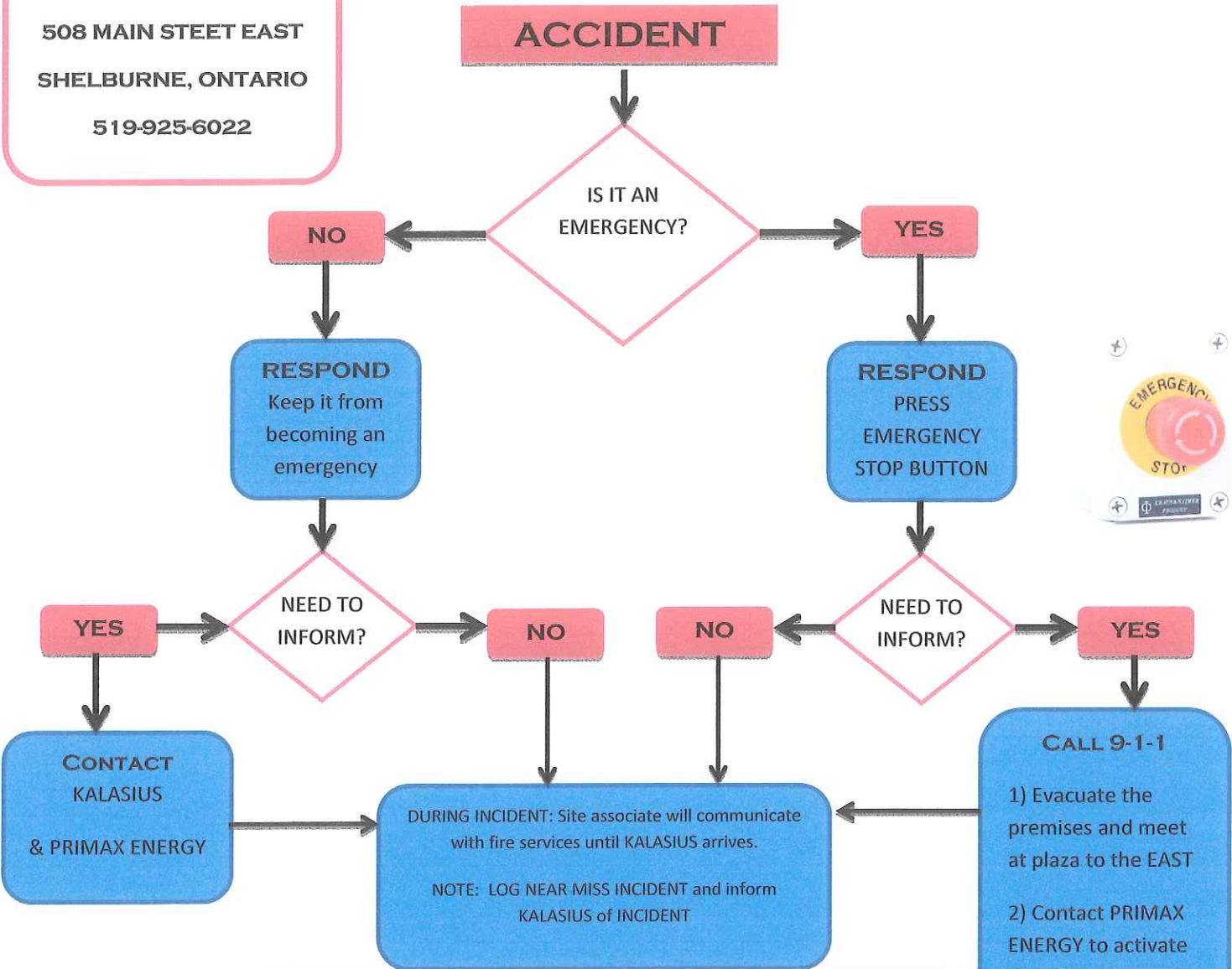
PROPANE RE-FILL
STATION



MAIN STREET

RATNAS PETRO INC. PROPANE EMERGENCY RESPONSE PLAN

OUR LOCATION:
508 MAIN STEET EAST
SHELBURNE, ONTARIO
519-925-6022



CONTACTS

KALASIUS 416-625-3572	PRIMAX ENERGY MIKE TAYLOR 519-740-8209	Local Police Fire Emergency DIAL 911
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