



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.

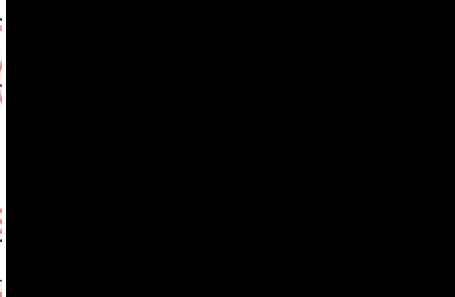
Failure to fully complete this form may result in rejection.
Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 0076384569-C

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.

A Company Name 1008706 Ontario ~~Inc~~ LIMITED Ontario Corporation No., if applicable 1008706

Operator Name (if different from above) Petro Canada

Telephone No. 5197585522 Fax No. E-mail Address

B Street No. 530 Street Name, Lot / Concession No. King George rd

Town / City or Township / County Brantford Province Ontario Postal Code N3T 1S8

Mailing address if different from above.

C Street No. 530 Street Name, Lot / Concession No. King George Road

Town / City or Township / County Brantford Province Ontario Postal Code N3T 1S8

Information on Container Refill Centre or Filling Plant

D Location of facility.

Street No. Street Name, Lot / Concession No. SAME. Nearest major intersection GOVERNORS RD + KING GEORGE RD

Town / City or Township / County Province Postal Code

Name of Licence Holder Harjinder Kaur

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). HARJINDER KAUR (BILL) ROT type P.P.O 3

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) BRANTFORD

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 <u>Harjinder Kaur</u>		<u>29/4/2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Harjinder Kaur</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. AROUND 1995 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. N/A

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

Tank 1: 250 ^{PSIG} 94J8370 ^{Serial Number} MFG DATE 1983
 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: 24 x 20LB Mobile: NONE
CYLINDER



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Name of person completing this form (please print) <u>BILL MANN</u>		Official Title <u>MANAGER</u>
Signature <u>[Signature]</u>	Telephone No. <u>519-754-2077</u>	Date (dd-mm-yyyy) <u>1/3/11</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>3089</i>	Street Name Lot / Concession No. <i>Regional road #12</i>		
Town / City or Township / Country <i>Smithville</i>		Province <i>Ontario</i>	Postal Code <i>LOR 12A0</i>
Telephone No. <i>18778737467</i>	Fax No. <i>9059450577</i>	Contact Name <i>Leigh Causley</i>	
E-mail <i>Causley1@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 Lot / Concession No.		
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 Lot / Concession No. <i>N/A</i>		
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>BILL MANN</i>	Official Title <i>manager</i>	
Signature <i>[Signature]</i>	Telephone No. <i>519-754-2077</i>	Date (dd-mm-yyyy) <i>1/3/11</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.

R GASOLINE 500,000 LBS STORED IN UNDERGROUND TANK FOR RETAIL DISTRIBUTION
 SUPPER 25,000 " " " " " "
 DIESEL 15,000 " " " " " "
 R TANK 100,000 EMPTY SUPPER TANK 25,000 EMPTY DIE TANK 45,000 EMPTY

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

2 FIRE EXTINGUISHER *Site map may include location of MSDS sheets.
 ONE IN PROPANE *Site map to include fire extinguisher, emergency shutdowns, and/or keybox location.

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.

AUTOMATED SHUT OFF DEVICES ON EACH TANK AS PER CODE
 ? WE ARE 24 HR'S GAS STATION SOME ONE IS ALWAYS ON SITE TO
 CALL 911 (IF REQUIRED) WE ALSO HAVE ALARM SYSTEM IN BUILDING TO CALL FIRE OR POLICE (TEST ANNUALLY)

Maintenance and testing schedule for fire protection controls and devices.

TESTED	TESTED	EMERGENCY STOP PUSH-BUTTON POWER SUPPLY BREAKER IN GAS BAR SHUTS OFF PUMPS CLOSED & SOLENOID ISC VALVE INTERLOCK WITH DOOR (VALVE CLOSED WHEN DOOR CLOSED)
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MAINTENANCE AND TESTING UNDER
 TAKEN BY SUPERIOR PROPANE ACCORDING
 TO SUPERIOR PROPANE'S MAINTENANCE
 STANDARD.
 SCHEDULE FOR KEY EQUIPMENT IS PUMP
 (3 MONTHS); ISC VALVE (6 MONTHS);
 PRV'S (EVERY TWO-YEAR-VISUAL
 REPLACEMENT AS PER PROVINCIAL REGULATIONS)
 ALSO SITE TEST 1ST EMERGENCY STOP
 BUTTON ONCE PER MONTH

*Site map identification of emergency procedure and equipment.

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) Bill Murray	Official Title manager
Signature <i>[Signature]</i>	Telephone No. 519-754-2077
	Date (dd-mm-yyyy) 11/3/11



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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 <i>BILL MANN</i>	For Office Use - Party No.	Name <i>BILL MANN</i>	For Office Use - Party No.
Official Title <i>MANAGER</i>		Official Title <i>MANAGER</i>	
Telephone No. <i>519-758-5522(7542077)</i>	Fax No.	Cell No. <i>519-754-2077</i>	Fax No.
E-mail <i>B-mann@simproinc.ca</i>		E-mail <i>Bill Mann@hotmail.com</i>	
Role and responsibilities in emergency * Manual shutdown operation. <i>PB</i> * 911 activation.		Role and responsibilities in emergency	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>HARJINDER KAUR</i>	For Office Use - Party No.	Name <i>BILL MANN</i>	For Office Use - Party No.
Official Title <i>OWNER</i>		Official Title <i>MANAGER</i>	
Telephone No. <i>519-209-5532</i>	Fax No. <i>519-448-4114</i>	Telephone No. <i>519-754-2077</i>	Fax No.
E-mail <i>SHINDI.MANN@LIVE.COM</i>		E-mail <i>BILLS.P@HOTMAIL.COM</i>	
Role and responsibilities in emergency * If primary unavailable, then the roles are assumed. <i>PB</i>		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>PAUL BOISSONEAULT</i>	For Office Use - Party No.	Name <i>LEIGH CAUSLEY (SUPERIOR PROpane)</i>	For Office Use - Party No.
Official Title <i>CHIEF</i>		Official Title <i>SALE'S REP. (1-877-873-7467)</i>	
Telephone No. <i>519-442-9500</i>	Fax No. <i>519-442-9590</i>	Telephone No. <i>905-977-0235</i>	Fax No. <i>905-945-0577</i>
E-mail <i>PAULBOISSONEAULT@BRANT.CA</i>		E-mail <i>CAUSLEY@SUPERIORPROPANE.COM</i>	
Role and responsibilities in emergency		Role and responsibilities in emergency	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>GEOFF. HAYMAN</i>	For Office Use - Party No.	Name <i>JAYNE CARMAN</i>	For Office Use - Party No.
Official Title <i>DUPTY CHIEF</i>		Official Title <i>CLERK</i>	
Telephone No. <i>519-442-4500</i>	Fax No. <i>519-442-4590</i>	Telephone No. <i>519-449-2451</i>	Fax No. <i>519-449-2459</i>
E-mail <i>GEOFF.HAYMAN@BRANT.CA</i>		E-mail <i>JAYNE.CARMAN@BRANT.CA</i>	
Role and responsibilities in emergency		Municipality <i>COUNTY OF BRANT</i>	

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Name of person completing this form (please print) <i>BILL MANN</i>	Official Title <i>MANAGER</i>
Signature <i>[Signature]</i>	Telephone No. <i>519-754-2077</i> Date (dd-mm-yyyy) <i>1/3/11</i>



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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 STOP PUSH BUTTON WHICH TRIPS THE DISPENSER PUMP AND CLOSERS THE SOLENOID VALVE OF STREAM OF THE HOSES

*Staff responsibility - list activation of emergency shutdown, contact 911, use fire extinguisher and training.

*In absence of primary and secondary contact, ensure employee in charge is trained in emergency response.

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BILL MANN	MANAGER	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>[Signature]</i>	519-754-2077	1/3/11



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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. **Emergency Response Training:**

Training Date (dd-mm-yyyy)	Print Name of Training Provider:	*Response based training program
	Print Name of Instructor:	<i>None</i> that includes situations such as
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	a transfer hose leak, propane
	Print Name of Instructor:	pipng leak, or a fire under the propane
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	*Operating procedures for the facility for
	Print Name of Instructor:	all filling, storage and transfers.
	Print Name of Training Provider:	*Section B1, Roles and Responsibilities, of
	Print Name of Instructor:	the Level 1 RSMP including what actions are

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider:	situation is identified. Such
	Print Name of Instructor:	situations should include possible
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	*Details for the use of portable
	Print Name of Instructor:	fire extinguishers.
Training Date (dd-mm-yyyy)	Print Name of Training Provider:	Emergency Management Procedures:
	Print Name of Instructor:	*Procedures for emergency notification for
		staff.

On-site specific training provided to certificate holders / persons with Records of Training. ***The process for initiating the Warning and Actions and Communications in Section B5**

Training Date (dd-mm-yyyy)	Print Name of Training Provider:	<i>O.P.A.</i>
<i>2/4/11</i>	Print Name of Instructor:	<i>DAVE JOHNSON</i>
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:	

*What training is available? *PB*

*Fire Department provides fire extinguisher training.

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<i>BILL MANN</i>	<i>MANAGER</i>	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>[Signature]</i>	<i>519-754-2077</i>	<i>1/3/11</i>



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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.		Emergency Response Training:
Target Date (dd-mm-yyyy) 1/4/2012	Print Name of Training Provider: O.P.A.	*Response based training program that
	Print Name of Instructor: Dave Johnson	includes situations such as a transfer hose
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	leak, propane piping leak, or a fire under
	Print Name of Instructor:	the propane tank.
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	*Operating procedures for the facility for
	Print Name of Instructor:	all filling, storage and transfers.
	Print Name of Training Provider:	*Section B1, Roles and Responsibilities, of
	Print Name of Instructor:	the Level 1 RSMP including what actions are
		taken when a particular emergency situation

Training on the facility's Emergency Management Procedures provided to staff.		is identified. Such situations
Target Date (dd-mm-yyyy) 1/4/2012	Print Name of Training Provider: O.P.A.	should include possible causes for a propane
	Print Name of Instructor:	leak or fire.
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	*Details for the use of portable fire
	Print Name of Instructor:	extinguishers.
Target Date (dd-mm-yyyy)	Print Name of Training Provider:	Emergency Management Procedures:
	Print Name of Instructor:	* Procedures for emergency notification of
	Print Name of Instructor:	staff.
		*The process for initiating the Warning and
		Actions and Communications in Section B5.

On-site specific training provided to certificate holders / persons with Records of Training.	
Target Date (dd-mm-yyyy) 2.4.11	Print Name of Training Provider: O.P.A.
	Print Name of Instructor: Dave Johnson
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) Bill Mann	Official Title Manager
Signature <i>[Signature]</i>	Telephone No. 519-754-2077
	Date (dd-mm-yyyy) 1/3/11



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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).

WILL ALSO CALL KEY CONTACTS IF POSSIBLE

*Supervision staff will call 911 and shut down procedures. *LB*

*First responders will provide evacuation orders if necessary.

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).

ACTION WILL BE TAKEN BY (BILL MANN)

CALL 911 WARN EVERY BODY. ? Check wording. LB

*Identify safe area of 250m - meeting place. *LB* Appropriate personnel, staff.

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).

CALL 911 MY SELF OR WHO EVER TRAINED WORKING AT TIME AND MEET FIRST FIRE OFFICIAL

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

SITE ACCESS 24 HRS

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

MAINTAIN CONTACT WITH FIRE DEPARTMENT ORU PHONE IN PERSON

*Supervisor or onsite staff will liaison with Fire Department staff. *LB*

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

4 mins ? Is this just supervisory staff or all staff? LB

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Signature <i>[Signature]</i>	Telephone No. <i>519-754-2077</i>
	Date (dd-mm-yyyy)



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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 type="checkbox"/>	<input checked="" 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>150 M</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>150 M</u>

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Signature <u>[Signature]</u>	Telephone No. <u>519-754-2077</u>	Date (dd-mm-yyyy) <u>1/3/11</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:

Ensure adequate portable fire extinguishers, maximum rate 6A120BC available during operating. Require annual training of all staff (documentation of training). *PS*

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.

Local Fire Services Name	Print name	Signature	Date (dd-mm-yyyy)
County of Brant Fire Department Fire Chief Paul Boissonneault		<i>Paul Boissonneault</i>	27/04/2011

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Signature	Telephone No.
<i>[Signature]</i>	<i>519-758-5522</i>
	Date (dd-mm-yyyy)
	<i>29/4/11</i>



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SECTION C: SUBMISSIONS (cont'd)
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) <i>26/4/2011</i>	Capacity of single largest propane storage vessel (USWG) <i>2000 USWG.</i>
Tank setback coordinates. Indicate placement on the map.	
Front: <i>21 m</i>	Right side property line: <i>8m</i>
Rear: <i>95 m</i>	Left side property line: <i>72 m</i>
GPS coordinates of single largest vessel: <i>N43 20238 W 080.28004</i>	

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) <i>BILL MANN</i>	Official Title <i>MANAGER</i>	
Signature <i>[Signature]</i>	Telephone No. <i>519-758-5522</i>	Date (dd-mm-yyyy) <i>29/4/2011</i>



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

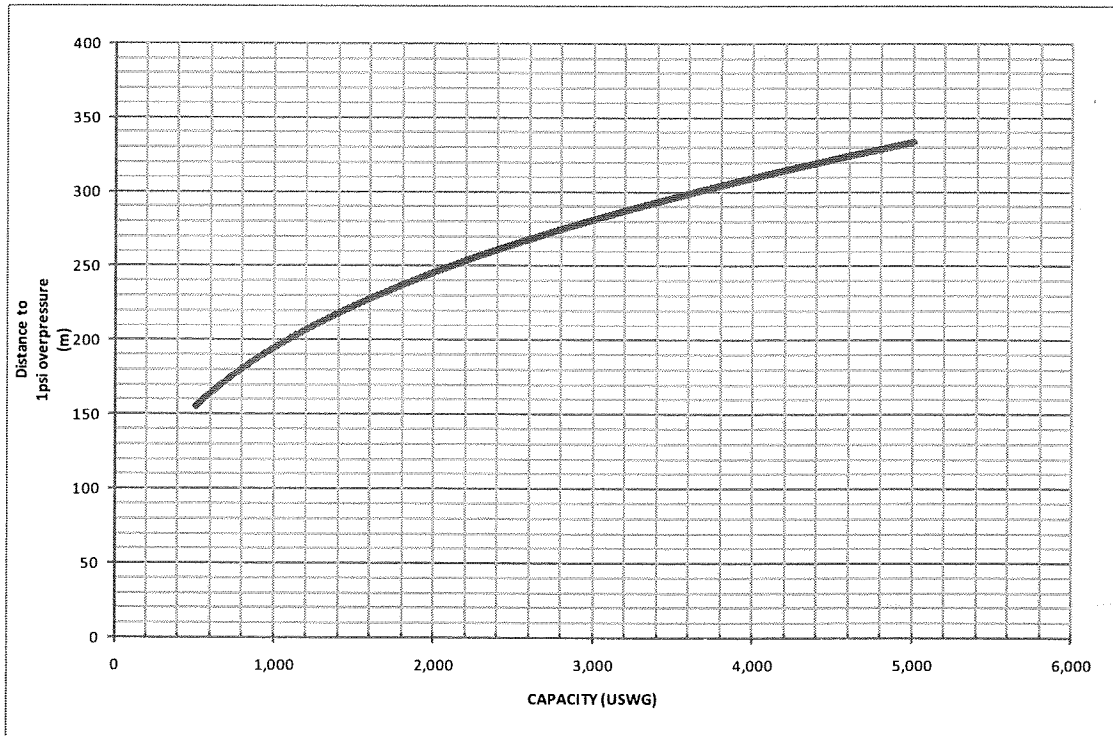
Table 1: Distance Table

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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Name of person completing this form (please print) <i>Bill Mann</i>	Official Title <i>MANAGER</i>
Signature <i>[Signature]</i>	Telephone No. <i>519-758-5522</i>
	Date (dd-mm-yyyy) <i>29/4/11</i>



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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: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted Address]		X			<u>25</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	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: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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Name of person completing this form (please print) <i>Bill Mason</i>	Official Title <i>MANAGER</i>
Signature <i>[Signature]</i>	Telephone No. <i>519-754-2077</i>
	Date (dd-mm-yyyy) <i>8/4/11</i>



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3300 Bloor Street West
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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	24	139.2 USWG
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			139.2 USWG

Tanks Stored On-site Not Connected for Use

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

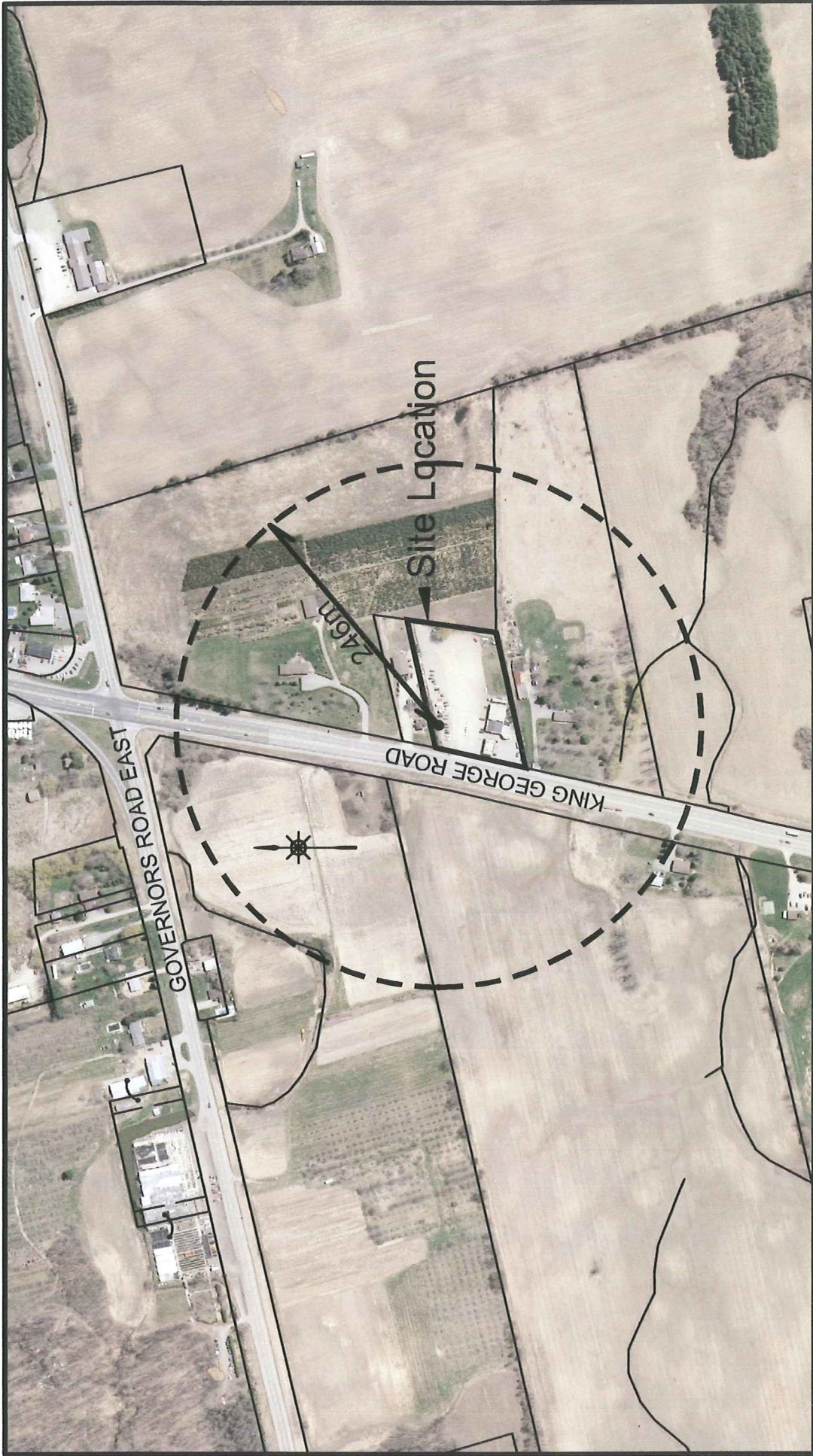
Total Cylinder Capacity	
Total Tank Capacity	2005
Total Portable Capacity	139.2

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) Bill Mann		Official Title MANAGER	
Signature <i>[Signature]</i>		Telephone No. 519-754-2077	Date (dd-mm-yyyy) 8/4/2011

Petro Canada - #530 King George Road, County of Brant

Concession 1, Part Lot 32 and Part Lot 33

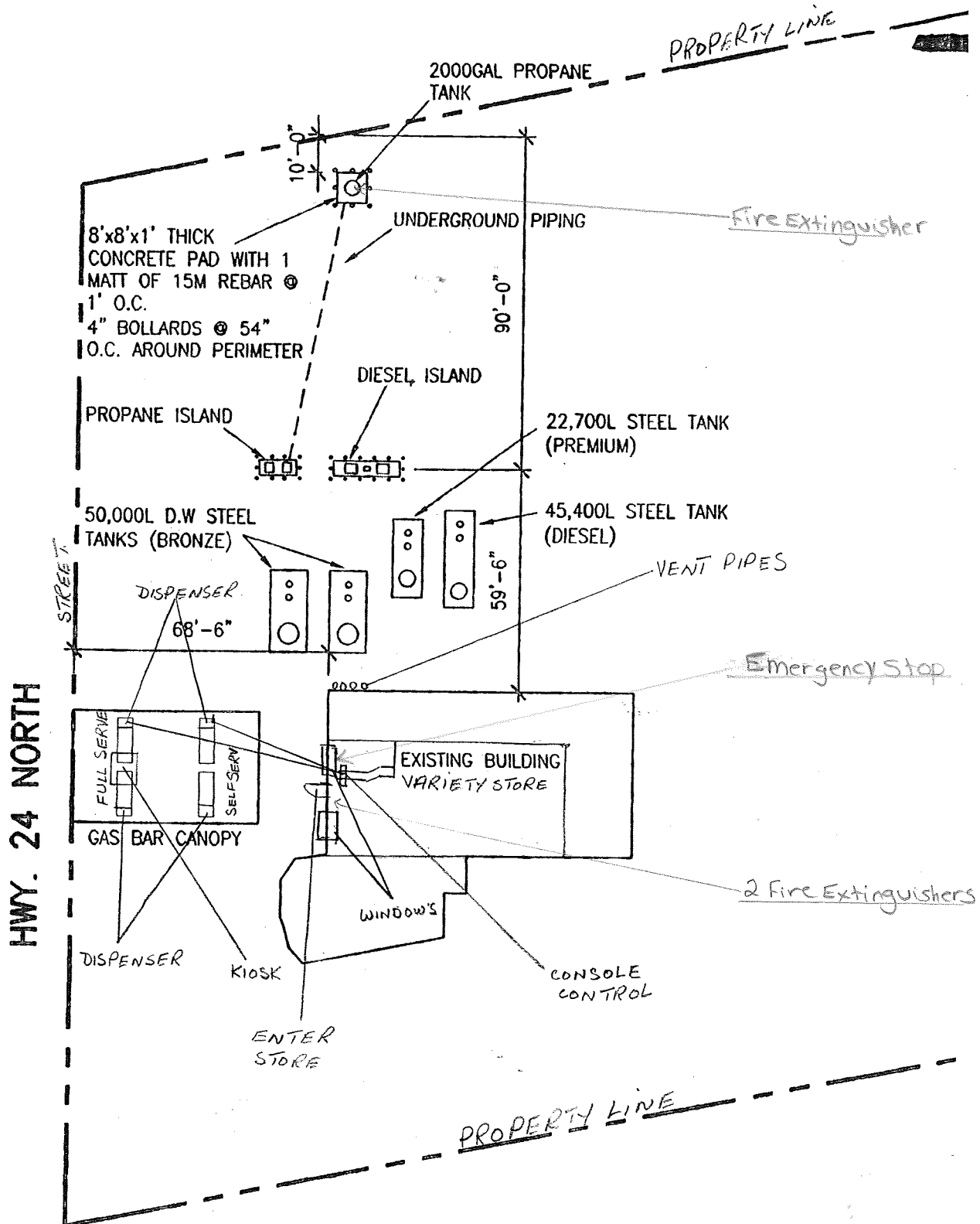


Location of Propane Storage Tank:
Demarcated by ● in centre of circle
Capacity of Propane Storage Tank:
2000 USWG
GPS Co-ordinates:
N 43.20738 W 080.28004
Denoted by circle centred on tank radial distance = 246m

Distance to Site Boundary
North = 8m
South = 72m
East = 95m
West = 21m
5.26 ha, 2.13 Ac.

Municipal Contact:
County of Brant
Crystal Sager
Planning Technician
66 Grand River Street North,
Paris, ON N3L 2M2
519-442-6324
DATE 26/2011

1008706 ONTARIO LTD OFA PETRO CANADA
530 KING GEORGE RD
BRANDFORD ONT
N3T-5L8



THE KING'S HIGHWAY
(ACCORDING TO PLAN 961)

24

N^o

N 78° 24' 48" W
120.04
(MTC & SET)

N 10° 11' 30" E
60.61

RES'D PLAN 955
218.57

N 12° 59' E

(REFERENCE BEARING)
N 12° 59' E

5.46 (MTC & SET)

N 78° 53' 05" E
(N 81° 48' E, INST. A299907)

A129428

LOT 32
LOT 33

385.59

INST.

(N 81° 48' E, INST. A129428 & A299907)
N 78° 26' 10" E
CHAIN LINK FENCE
385.31

LOT

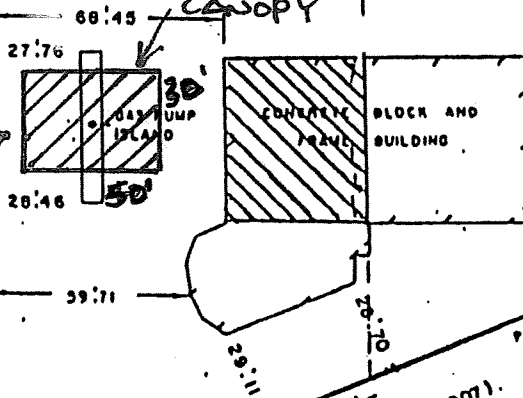
A299907

32

INST.

AREA = 2.28 ACRES

PROPOSED
GAS BAR
CANOPY

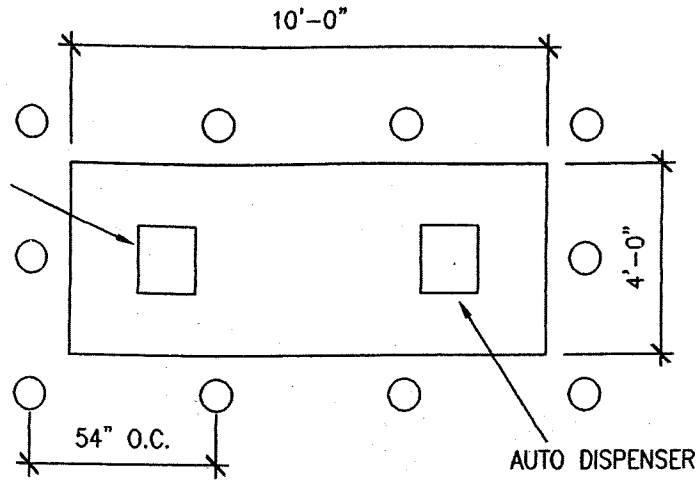
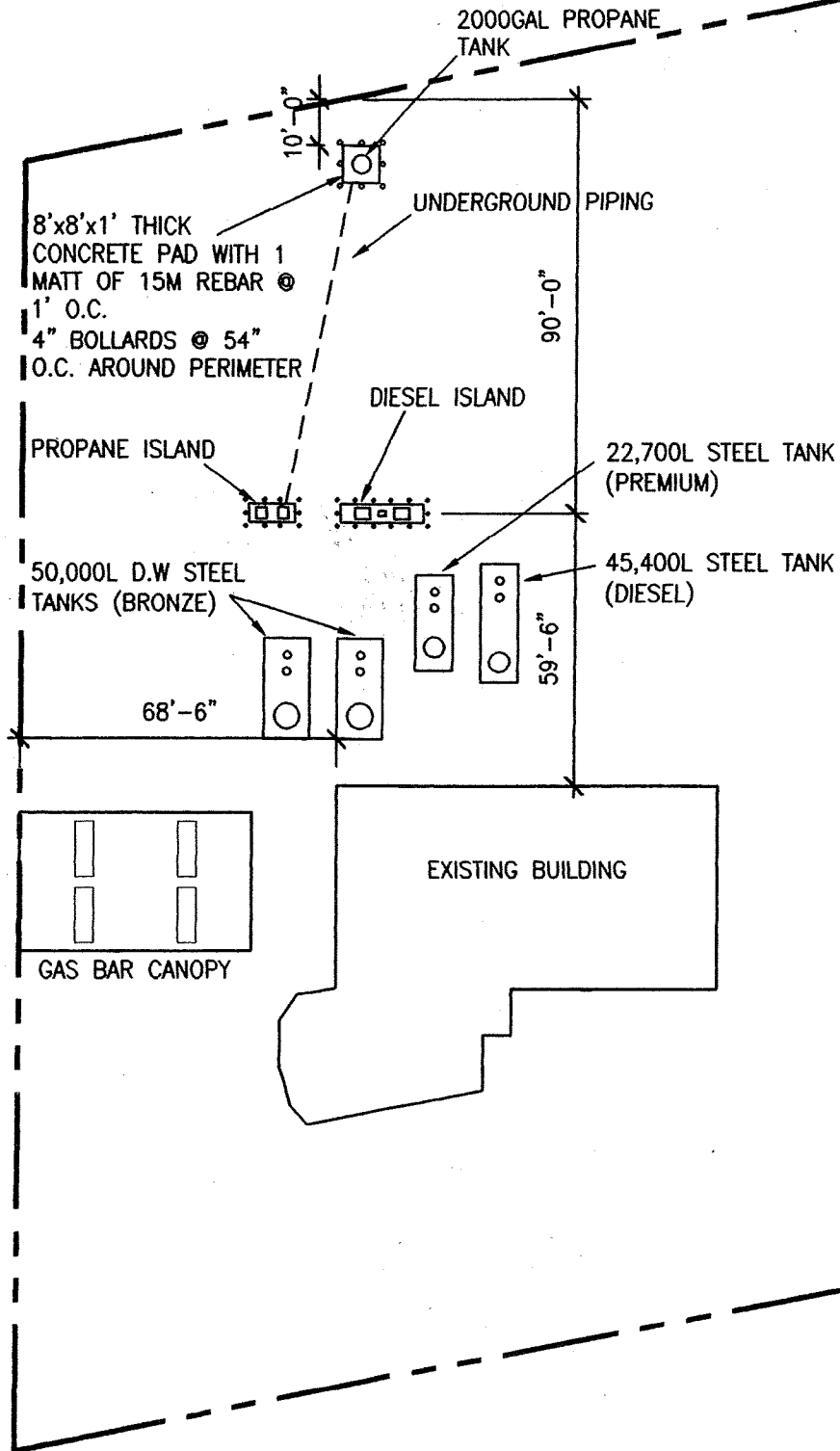


CONCESSION

A96349

INST.

HWY. 24 NORTH



PROPANE ISLAND DETAIL

SCALE: N.T.S.

20/10/97

GENERAL NOTES

1. INSTALLATION OF ALL EQUIPMENT IS TO CONFORM TO THE CAN/CGA-B149-2M95 REQUIREMENTS OF THE ONTARIO PROPANE HANDLING CODE AND ANY OTHER APPLICABLE LOCAL, PROVINCIAL OR FEDERAL REGULATIONS.
2. FAILURE TO USE MATERIALS AND PROCEDURES SPECIFIED BY THESE CODES OR ANY OTHER APPLICABLE REGULATIONS WILL OBLIGATE THE CONTRACTOR, AT HIS EXPENSE, TO REMOVE, REPAIR AND, IF REQUIRED, REINSTALL USING CORRECT MATERIALS AND PROCEDURES.

PROPANE LAYOUT

DRW'N BY: J. GERRARD	DWG NO. 01
DATE: OCT. 13/97	
SCALE: 1"=40'-0"	

PROSTAT Construction Inc.
 R.R. #22
 Cambridge, Ontario
 N3C 2V4
 Tel & Fax (519) 658-0395
 Mobile (519) 658-7383

PETRO CANADA
APPLE GAS BAR
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BRANTFORD, ONTARIO