



Technical Standards and Safety Authority  
 345 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
 Tel: 416.734.3300  
 Fax: 416.231.4078  
 Customer Service: 1.877.682.6772  
 propane@tssa.org  
 www.tssa.org

**Level 1 Risk and Safety Management Plan (RSMP)**  
**Technical Standards and Safety Act**  
**Propane Storage and Handling Regulation**

This Level 1 RSMP applies to:
 

- a facility with a total propane storage capacity of 5,000 USWG or less, or
- a facility with a fixed propane storage capacity of USWG of portable propane storage capacity on

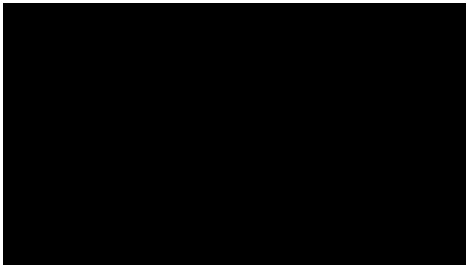
Failure to fully complete this form may result in rejection.  
 Making a false statement may result in a fine or prosecution  
 under the Technical Standards and Safety Act

License Number: 000293304

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: JENNY JESSIE GAS BAR & VARIETY Corporation No. 110314528 CANADA INC.  
 Operator Name (if different from above): ANIL KUMAR AND ANTIMA KUMAR  
 Telephone No. 905-899-9998 Fax No. 905-899-0474 E-mail anil.905683@yahoo.com

B Street No. 11609 Street Name / 911 Number / Address, if applicable: HIGHWAY 3 RR2  
 Town / City or Township / County: WAINFLEET Province: ONTARIO Postal Code: L0S 1V0

C Street No. \_\_\_\_\_ Street Name / 911 Number / Address, if applicable: SAME AS ABOVE  
 Town / City or Township / County: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Information on Container Refill Centre or Filling Plant

D Location of facility:  
 Street No. 11609 Street Name / 911 Number / Address, if applicable: Highway#3, R.R.#2 Nearest Major Intersection: BURNABY ROAD  
 Town / City or Township / County: Wainfleet Province: Ontario Postal Code: L0S 1V0

Name of Licence Holder: ANIL KUMAR  
 Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): ANTIMA KUMAR ROT type: PGIAC 100-1  
 Municipality (or municipalities if the facility or its hazard distance touches multiple borders): WAINFLEET TOWNSHIP

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.

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|   |            |                               |                                    |
|---|------------|-------------------------------|------------------------------------|
| Name of Licence Holder: <u>ANIL KUMAR</u>   | Print name | Signature: <u>[Signature]</u> | Date (dd-mm-yyyy): <u>31/01/18</u> |
| Name of Senior Management person as defined in the Regulation holding the Record of Training: <u>ANTIMA KUMAR</u> | Print name | Signature: <u>[Signature]</u> | Date (dd-mm-yyyy): <u>31/01/18</u> |



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**Technical Standards and Safety Act**  
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**SECTION A: GENERAL INFORMATION (cont'd)**  
 Activity Information

|  |                       |   |                                   |  |                               |
|--|-----------------------|---|-----------------------------------|--|-------------------------------|
| <b>Name of Propane Supplier(s)</b><br>Superior General Partner Inc. o/a Superior Propane |                       |   | <b>For Office Use - Party No.</b> |  |                               |
| <b>Street No.</b><br>6750  |                       | <b>Street Name / 911 Number / Address, if applicable</b><br>Century Avenue, Suite 400 |                                   |  |                               |
| <b>Town / City or Township / Country</b><br>Mississauga                                  |                       |   | <b>Province</b><br>Ontario        |  | <b>Postal Code</b><br>L5N 6A4 |
| <b>Telephone No.</b><br>416-527-3551   | <b>Fax No.</b><br>N/A | <b>Contact Name</b><br>Tom Duncan, General Manager                                    |                                   |  |                               |
| <b>E-mail</b><br>Tom_Duncan@SuperiorPropane.com  |                       |   |                                   |  |                               |

|  |                       |  |                                   |  |                               |
|--|-----------------------|--|-----------------------------------|--|-------------------------------|
| <b>Name of Propane Transporter.</b> If same as above, please check box. <input type="checkbox"/> |                       |  | <b>For Office Use - Party No.</b> |  |                               |
| Superior General Partner Inc. o/a Superior Propane   |                       |  |                                   |  |                               |
| <b>Street No.</b><br>3089  |                       | <b>Street Name / 911 Number / Address, if applicable</b><br>Niagara, RR 12 |                                   |  |                               |
| <b>Town / City or Township / Country</b><br>Smithville   |                       |  | <b>Province</b><br>Ontario        |  | <b>Postal Code</b><br>L0R 2A0 |
| <b>Telephone No.</b><br>(905) 979-1129   | <b>Fax No.</b><br>N/A | <b>Contact Name</b><br>Mac Sutherland, Market Manager                      |                                   |  |                               |
| <b>E-mail</b><br>sutherim@SuperiorPropane.com  |                       |  |                                   |  |                               |

|   |                |  |                 |                                   |                    |
|---|----------------|--|-----------------|-----------------------------------|--------------------|
| <b>Off-site Cylinder and/or Mobile Storage</b><br>N/A |                | <b>Capacity stored off-site, in USWG</b>                 |                 | <b>For Office Use - Party No.</b> |                    |
| <b>Street No.</b>                                     |                | <b>Street Name / 911 Number / Address, if applicable</b> |                 |                                   |                    |
| <b>Town / City or Township / Country</b>              |                |  | <b>Province</b> |                                   | <b>Postal Code</b> |
| <b>Telephone No.</b>                                  | <b>Fax No.</b> | <b>Contact Name</b>                                      |                 |                                   |                    |

Note: Customer storage is not considered off-site storage.

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|   |  |  |                                      |
|---|--|--|--------------------------------------|
| <b>Name of person completing this form (please print)</b><br>ANIL KUMAR |  | <b>Official Title</b><br>SITE OPERATOR |                                      |
| <b>Signature</b><br><i>Anil Kumar</i>                                   |  | <b>Telephone No.</b><br>905-767-2785   | <b>Date (dd-mm-yyyy)</b><br>31/01/18 |





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

1. Contacts for Emergency Response

|  |                                |  |                                |
|--|--------------------------------|--|--------------------------------|
| <b>1. Facility Contact Personnel - Key Contact</b> |                                | <b>5. Facility 24-Hour Contact Person</b>  |                                |
| Name<br><b>ANIL KUMAR</b>                          | For Office Use - Party No.     | Name<br><b>ANTIMA KUMAR</b>                | For Office Use - Party No.     |
| Official Title<br><b>MANAGER</b>                   |                                | Official Title<br><b>ASSISTANT MANAGER</b> |                                |
| Telephone No.<br><b>905-899-9998</b>               | Fax No.<br><b>905-899-0949</b> | Cell No.<br><b>905-409-2950</b>            | Fax No.<br><b>905-899-0949</b> |
| E-mail<br><b>anil905683@yahoo.com</b>              |                                | E-mail<br><b>-</b>                         |                                |
| Role and responsibilities in emergency             |                                | Role and responsibilities in emergency     |                                |

|  |                                |   |                                |
|--|--------------------------------|---|--------------------------------|
| <b>2. Facility Contact Personnel - Alternate Contact</b>   |                                | <b>6. Name of Facility Manager</b>  |                                |
| Name<br><b>ANTIMA KUMAR</b>  | For Office Use - Party No.     | Name<br><b>ANIL KUMAR</b>   | For Office Use - Party No.     |
| Official Title<br><b>ASSISTANT MANAGER</b>   |                                | Official Title<br><b>MANAGER</b>  |                                |
| Telephone No.<br><b>905-899-9998</b>   | Fax No.<br><b>905-899-0949</b> | Telephone No.<br><b>905-899-9998</b>  | Fax No.<br><b>905-899-0949</b> |
| E-mail<br><b>-</b>   |                                | E-mail<br><b>anil905683@yahoo.com</b>   |                                |
| Role and responsibilities in emergency<br><b>Turn power off of propane, get everyone to a safe area and call 9-1-1</b> |                                | Role and responsibilities in emergency<br><b>Turn the propane power off if it's possible and get everybody to a safe area</b> |                                |

|   |                                      |   |   |
|---|--------------------------------------|---|---|
| <b>3. Local Fire Services - Key Contact</b>   |                                      | <b>7. Propane Supplier Key Contact Person</b>                                       |   |
| Name<br><b>LEE SMITH</b>  | For Office Use - Party No.           | Name<br><b>Mac Sutherland</b>   | For Office Use - Party No.                      |
| Official Title<br><b>FIRE CHIEF</b>   | E-mail<br><b>lsmith@wainfleet.ca</b> | Official Title<br><b>Market Manager</b>   | E-mail<br><b>sutherland@SuperiorPropane.com</b> |
| Telephone No.<br><b>905-899-3463</b>  | Fax No.<br><b>905-899-2340</b>       | Telephone No.<br><b>(905) 979-1129</b>  | Fax No.<br><b>N/A</b>                           |
| Role and responsibilities in emergency<br><b>command of scene and actions of firefighters</b> |                                      | Role and responsibilities in emergency<br><b>Liaison and Technical Support</b>      |   |
| Fire Services Address<br><b>31904 Highway 3, Wainfleet, ON L0S 1W0</b>                        |                                      | Propane Supplier Address<br><b>2089 Niagara, RR 12, Smithville, Ontario L0R 2A0</b> |   |

|   |                            |  |                                |
|---|----------------------------|--|--------------------------------|
| <b>4. Local Fire Services - Alternate Contact</b> |                            | <b>8. Municipal Contact</b>  |                                |
| Name  | For Office Use - Party No. | Name<br><b>KIMBERLY WILSON</b>   | For Office Use - Party No.     |
| Official Title                                    | E-mail                     | Official Title<br><b>ADMINISTRATIVE ASIT</b>   |                                |
| Telephone No.                                     | Fax No.                    | Telephone No.<br><b>905-899-3463</b>   | Fax No.<br><b>905-899-2340</b> |
| Role and responsibilities in emergency            |                            | E-mail<br><b>-</b>   |                                |
| Fire Services Address                             |                            | Municipality Name and Address<br><b>TOWNSHIP OF WAINFLEET - 31940 Highway 3, Wainfleet</b> |                                |

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|   |  |
|---|--|
| Name of person completing this form (please print)<br><b>ANIL KUMAR</b> | Official Title<br><b>SITE OPERATOR</b> |
| Signature<br><i>Anil Kumar</i>  | Telephone No.<br><b>905-767-2785</b>   |
|   | Date (dd-mm-yyyy)<br><b>31/01/18</b>   |





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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.

FOUR underground gasoline tanks, ~~one~~ with a capacity of 45,000 litres for one of the tanks. Two other tanks have a capacity of 22,000 litres each.

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

Fire extinguishers - one in the propane tank dispenser cabinet, one in the gas bar pump (on the left side), one on the right side and one in the store area.

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. Emergency stop push button mounted on wall for propane
2. Power supply breaker in the gas bar which shuts off the pumps closest solenoid
3. First valve interlock with a door (the valve is closed when the door is closed)

Maintenance and testing schedule for fire protection controls and devices.

Maintenance and testing taken under by Superior Propane according to Superior Propane's maintenance standard - Schedule for key equipment is pump 3 months, 1st valve (6 months), PRVs (every two years - visual). Replacement as per provincial regulations.

Also, site tests its emergency stop button once a month.

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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 CLOSES THE SOLENOID VALVE  
 UPSTREAM OF THE HOSES

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| Signature<br><i>Anil Kumar</i>  | Telephone No. <span style="float: right;">Date (dd-mm-yyyy)<br/><b>31/01/18</b></span> |





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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)<br>14/09/17 | Print Name of Training Provider: Michael Farah |
|  | Print Name of Instructor: Michael 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:                      |

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

|                            |   |
|----------------------------|---|
| Training Date (dd-mm-yyyy) | Print Name of Training Provider:              |
|                            | Print Name of Instructor:                     |
| Training Date (dd-mm-yyyy) | Print Name of Training Provider: N/A NO STAFF |
|                            | 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: |
|                            | 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:        |

NONE

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|  | Date (dd-mm-yyyy)<br>31/01/18   |



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

**4. Emergency Training Plan for Coming Year**

**Training on Emergency Response Plan and Procedures provided to facility key contacts.**

|                           |                                  |
|---------------------------|----------------------------------|
| Target Date (dd-mmm-yyyy) | Print Name of Training Provider: |
|                           | Print Name of Instructor:        |
| Target Date (dd-mmm-yyyy) | Print Name of Training Provider: |
|                           | Print Name of Instructor:        |
| Target Date (dd-mmm-yyyy) | Print Name of Training Provider: |
|                           | Print Name of Instructor:        |

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

|                           |   |
|---------------------------|---|
| Target Date (dd-mmm-yyyy) | Print Name of Training Provider:              |
|                           | Print Name of Instructor:                     |
| Target Date (dd-mmm-yyyy) | Print Name of Training Provider: N/A NO STAFF |
|                           | Print Name of Instructor:                     |
| Target Date (dd-mmm-yyyy) | Print Name of Training Provider:              |
|                           | Print Name of Instructor:                     |

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

|                           |                                  |
|---------------------------|----------------------------------|
| Target Date (dd-mmm-yyyy) | Print Name of Training Provider: |
|                           | Print Name of Instructor:        |
| Target Date (dd-mmm-yyyy) | Print Name of Training Provider: |
|                           | Print Name of Instructor:        |
| Target Date (dd-mmm-yyyy) | Print Name of Training Provider: |
|                           | Print Name of Instructor:        |

To be Determined.

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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 operator must call 9-1-1 and Superior Propane immediately

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).

Hit stop, call 9-1-1 and evacuate to a meeting place

**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).

Immediately call after emergency shut down is hit

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

open site, no access restrictions

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

via phone from remote location

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

Immediately

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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 checked="" 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 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 checked="" type="checkbox"/> |
| 2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)            | 4 kms - 4,000 meters                |                                     |
| 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) | 4 kms - 4000 meters                 |                                     |

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| Signature<br><i>Anil Kumar</i>  | Telephone No.<br><b>905-767-2785</b>   | Date (dd-mmm-yyyy)<br><b>31/01/18</b> |



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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-mmm-yyyy)

**LOCAL FIRE SERVICES**

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

|   |                    |                    |
|---|--------------------|--------------------|
| Print name  | Signature          | Date (dd-mmm-yyyy) |
| Local Fire Services Name <i>Lee Smith, Fire Chief</i> | <i>[Signature]</i> | <i>31/01/18</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)<br><i>Lee Smith</i> | Official Title<br><i>Fire Chief</i>   |
| Signature<br><i>[Signature]</i>  | Telephone No.<br><i>905-899-3463</i>  |
|  | Date (dd-mmm-yyyy)<br><i>31/01/18</i> |





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

**Level 1 Risk and Safety Management Plan (RSMP)**  
**Technical Standards and Safety Act**  
**Propane Storage and Handling Regulation**

**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              | 2        | 17.6                 |
| # 20                           | 5.8              | 6        | 34.8                 |
| # 10                           | 2.9              |          |                      |
| # 5                            | 1.5              |          |                      |
| <b>Total Cylinder Capacity</b> |                  |          |                      |

**Tanks Stored On-site Not Connected for Use**

| Tank Size in USWG          | Quantity | Total Volume in USWG |
|----------------------------|----------|----------------------|
|                            |          |                      |
|                            |          |                      |
|                            |          |                      |
|                            |          |                      |
|                            |          |                      |
|                            |          |                      |
|                            |          |                      |
|                            |          |                      |
|                            |          |                      |
|                            |          |                      |
| <b>Total Tank Capacity</b> |          |                      |

|   |      |
|---|------|
| <b>Total Cylinder Capacity</b>  | 52.4 |
| <b>Total Tank Capacity</b>  | 0    |
| <b>Total Portable Capacity</b><br>(Total Cylinder Capacity + Total Tank Capacity) | 52.4 |



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**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<br>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 parts or golf courses<br>Name: _____<br>Address: _____<br>City: _____ Province _____ Postal Code _____  | X   |   |      |     | _____ m   |
| Residential building units specifically permanent single family dwellings, condominiums, and apartments.<br>Name: _____<br>Address: _____<br>City: _____ Province _____ Postal Code _____                                     |   |   |      | X   | 22 m  |
| Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes.<br>Name: _____<br>Address: _____<br>City: _____ Province _____ Postal Code _____                                 | X   |   |      |     | _____ m   |
| Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts.<br>Name: _____<br>Address: _____<br>City: _____ Province _____ Postal Code _____  | X   |   |      |     | _____ m   |
| Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons.<br>Name: _____<br>Address: _____<br>City: _____ Province _____ Postal Code _____ | X   |   |      |     | _____ m   |
| Emergency responders specifically fire stations, ambulance stations, and police stations.<br>Name: _____<br>Address: _____<br>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)<br><b>ANIL KUMAR</b> | Official Title<br><b>SITE OPERATOR</b> |                                       |
| Signature<br><i>Anil Kumar</i>  | Telephone No.<br><b>905-767-2185</b>   | Date (dd-mmm-yyyy)<br><b>31/01/18</b> |





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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

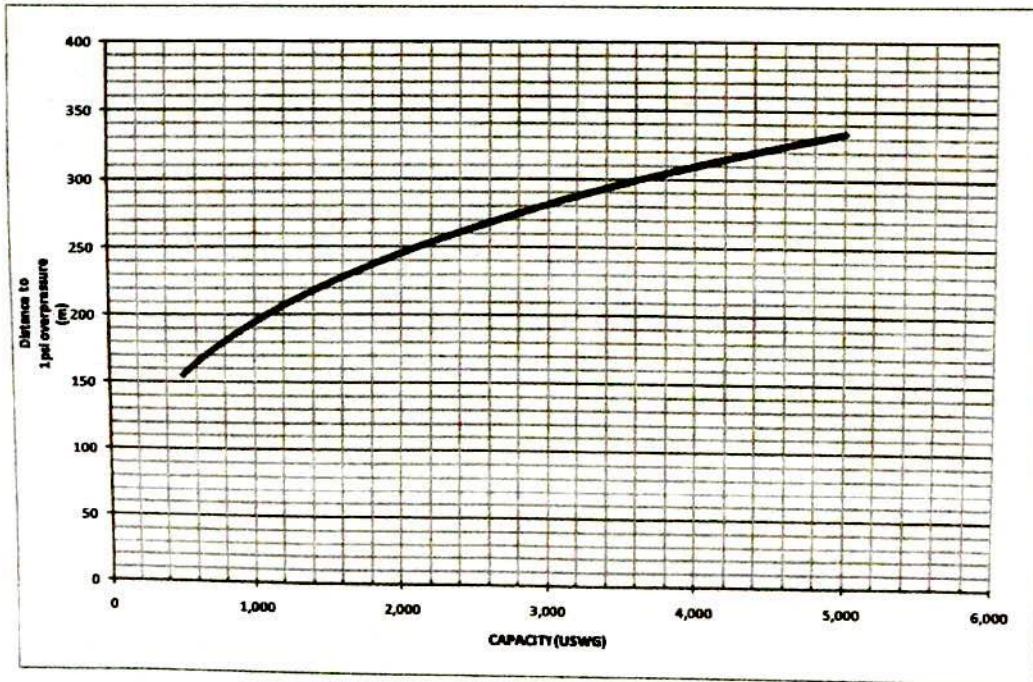
Table 1: Distance Table

| 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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**Technical Standards and Safety Act**  
**Propane Storage and Handling Regulation**

**SECTION C: SUBMISSIONS**

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

**Facility Site Plan.**

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

**Map of Surrounding Area.**

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below .

**Required Mapping Information from Updated Site Plan**

|  |  |
|--|--|
| Date map prepared (dd-mmm-yyyy)                                    | Capacity of single largest propane storage vessel (USWG) |
| Tank setback coordinates. Indicate placement on the map.           |  |
| Front: <u>85' 25.908 m</u>   | Right side property line: <u>24' 7.3192 m</u>            |
| Rear: <u>82' 24.9936 m</u>   | Left side property line: <u>24' 65.2272 m</u>            |
| GPS coordinates of single largest vessel: <u>42.8966 - 79.3569</u> |  |

13. 11609 Highway 3 RR2, Wainfleet, ON. LOS IVO

Date: ~~Dec~~ Jan. 31 2018

14. Municipal contact info.

Kimberly Wilson

Township of Wainfleet,  
 Wainfleet, ON - LOS IVO

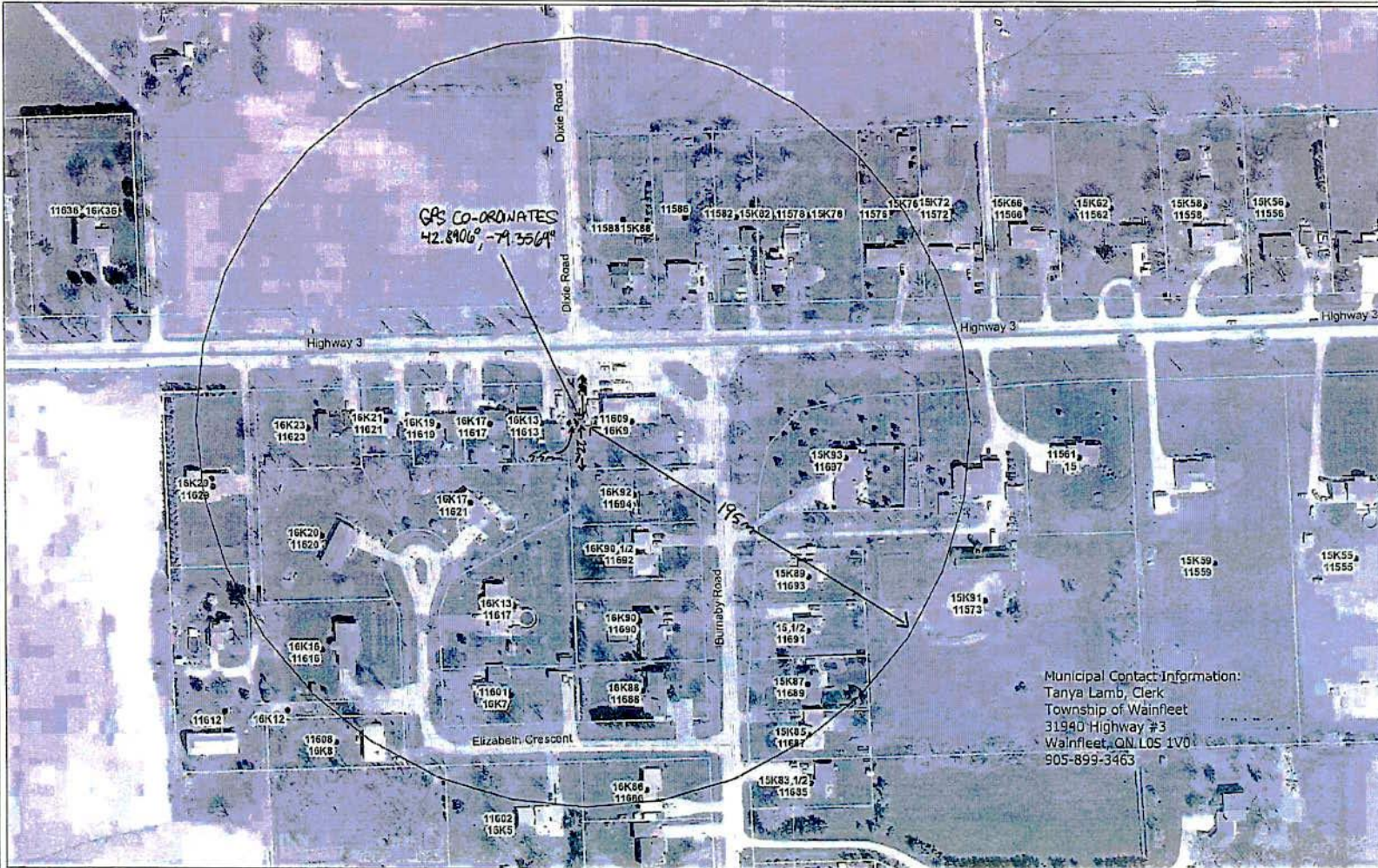
31904 Highway 3  
 905-899-3463.

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)<br><u>ANIL KUMAR</u> | Official Title<br><u>SITE OPERATOR</u> |
| Signature<br><u>[Signature]</u>   | Telephone No.<br><u>905-767-2785</u>   |
|   | Date (dd-mmm-yyyy)<br><u>31/01/18</u>  |

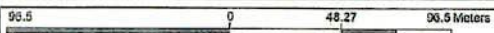


# Map of Surrounding Area of 11609 Highway #3, Part of Lot 16, Concession 1, Wainfleet



- Legend**
- Waterbodies
  - Municipal Boundaries
  - Roads**
    - Provincial
    - Regional
    - Municipal & Other
  - Parcel Fabric
  - Addresses
  - Wainfleet Hamlets
  - 2006 BW Photography**
    - High 1:255
    - 2006 BW Photography
    - Low: 0

1:1,901



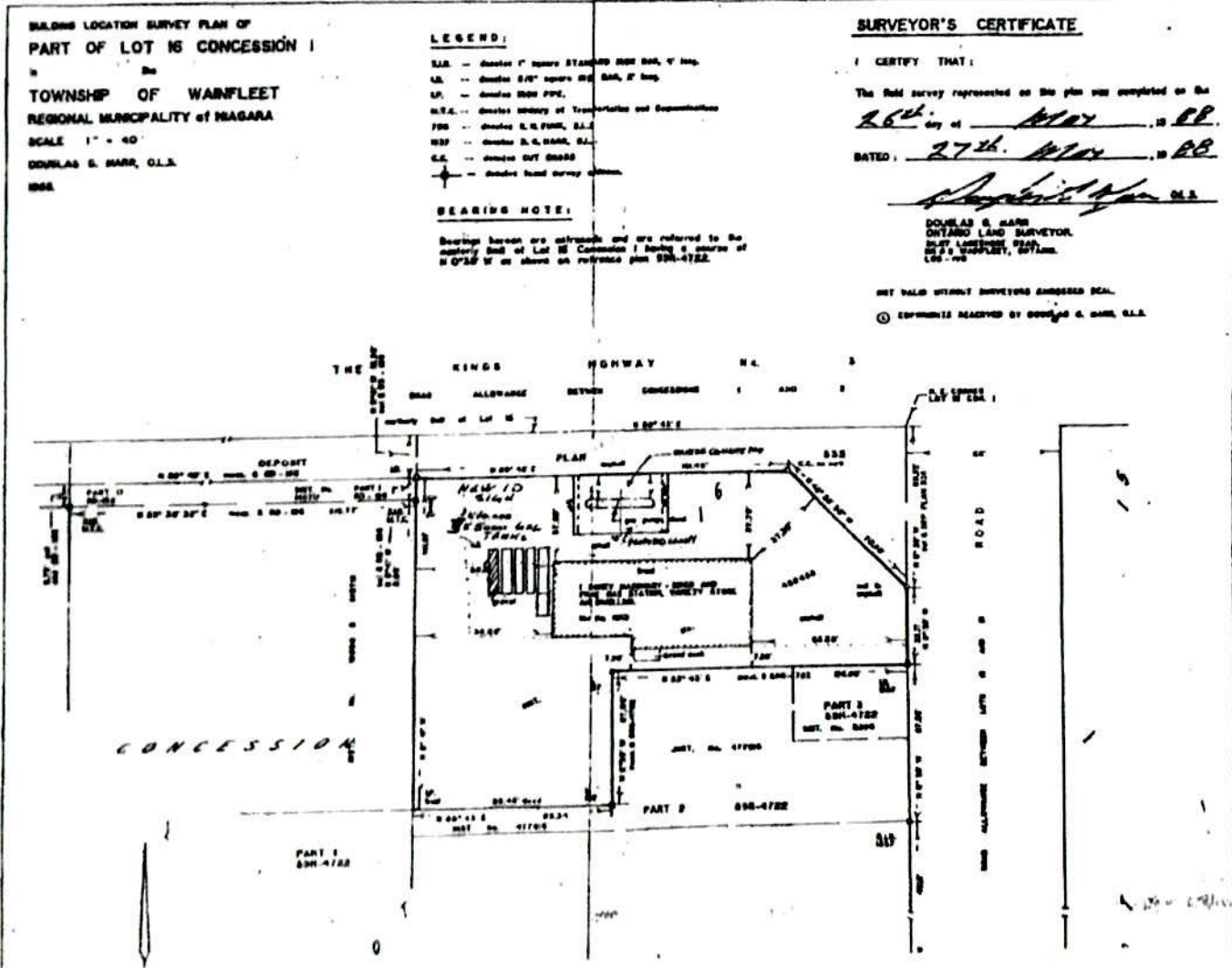
© Niagara Region, Township of Wainfleet

This map is a user generated static output from an Internet mapping site and is for reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable.  
**THIS MAP IS NOT TO BE USED FOR NAVIGATION**

**Notes**  
Map was prepared on:  
November 3, 2011

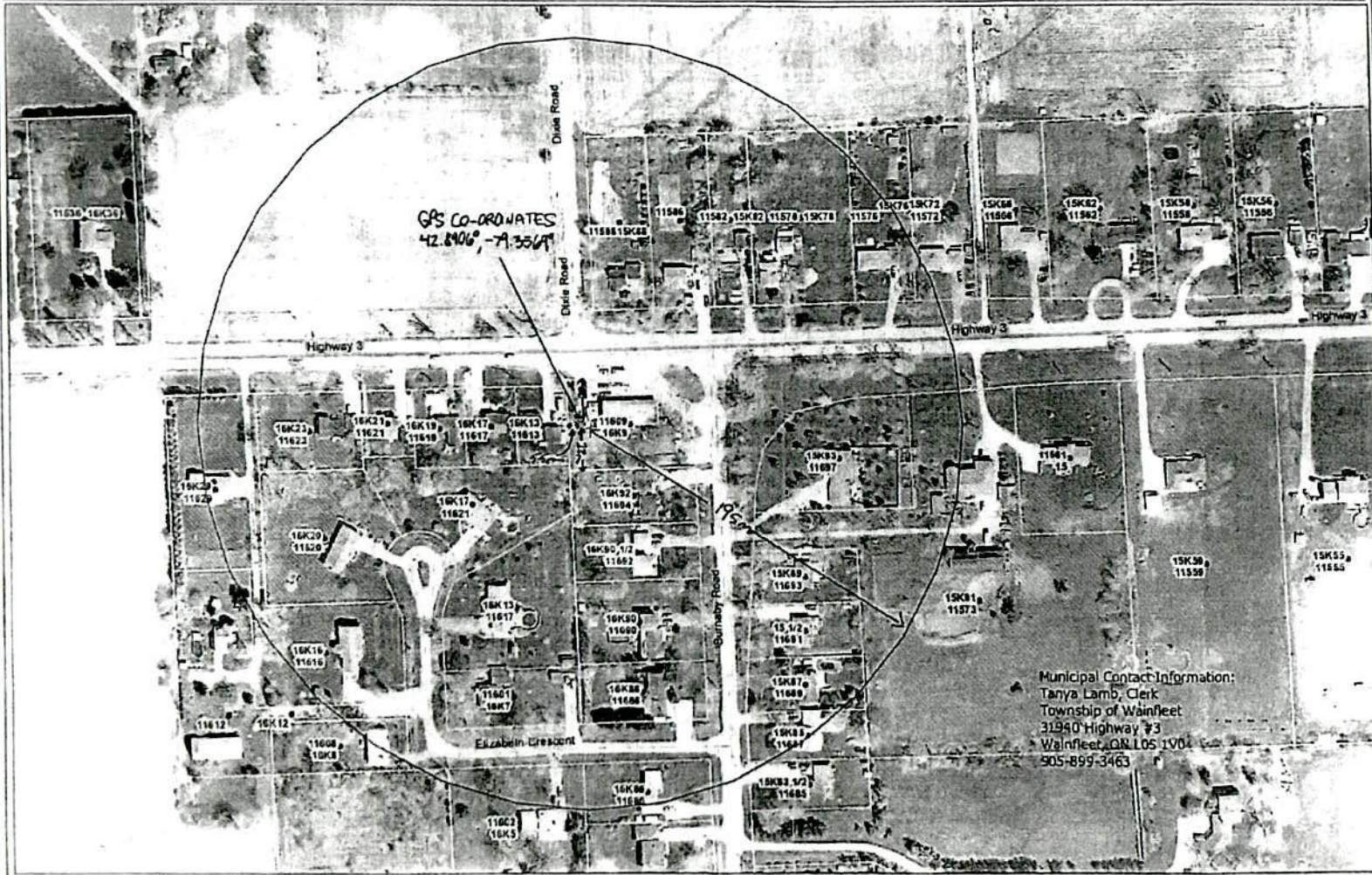


map of surrounding Area of 11609  
Highway #3 Wainfleet





Map of Surrounding Area of 11609 Highway #3, Part of Lot 16, Concession 1, Wainfleet

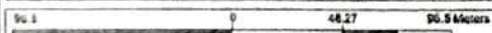


GPS CO-ORDINATES  
42.8406, -79.3564

Municipal Contact Information:  
Tanya Lamb, Clerk  
Township of Wainfleet  
31940 Highway #3  
Wainfleet, ON L0S 1V0  
905-899-3463

- Legend**
- Waterbodies
  - Municipal Boundaries
  - Roads
    - Proposed
    - Regiment
    - Municipal & Other
  - Parcel Fabric
  - Addresses
  - Wainfleet Hamlets
  - 2008 BW Photography
    - High 250
    - 2008 BW Photography
    - Low 0

1:1,001



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THIS MAP IS NOT TO BE USED FOR NAVIGATION

Notes  
Map was prepared on:  
November 3, 2011

BUILDING LOCATION SURVEY PLAN OF  
**PART OF LOT 16 CONCESSION 1**  
 in the  
**TOWNSHIP OF WAINFLEET**  
 REGIONAL MUNICIPALITY OF NIAGARA  
 SCALE 1" = 40'  
 DOUGLAS C. MARR, O.L.S.  
 1988.

**LEGEND:**  
 S.J.S. -- denotes 1" square STANDARD IRON BAR, 4" long.  
 I.B. -- denotes 1/2" square IRON BAR, 4" long.  
 I.P. -- denotes IRON PIPE.  
 M.T.C. -- denotes Ministry of Transportation and Communications  
 789 -- denotes K.H. FUNK, O.L.S.  
 1327 -- denotes D.C. MARR, O.L.S.  
 C.C. -- denotes CUT CROSS  
 --- denotes least survey distance.

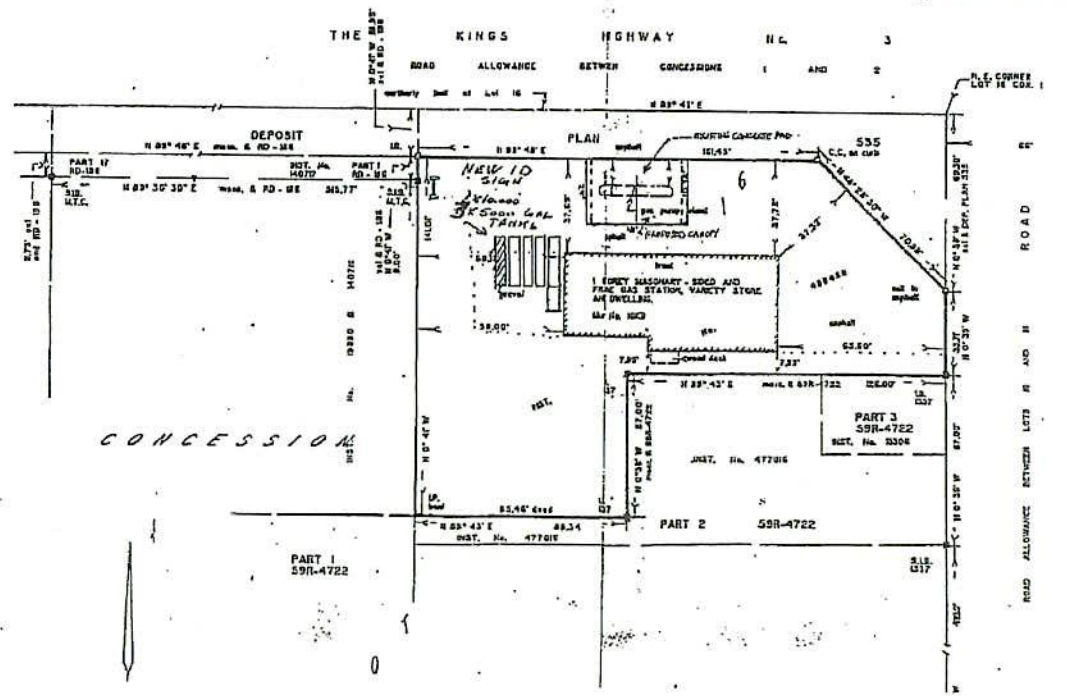
**BEARING NOTE:**  
 Bearings herein are astronomic and are referred to the  
 meridian of Lot 16 Concession 1 having a course of  
 N 0° 55' W as shown on reference plan 59R-4722.

**SURVEYOR'S CERTIFICATE**

I CERTIFY THAT:  
 The field survey represented on this plan was completed on the  
26<sup>th</sup> day of MAY, 19 88  
 DATED: 27<sup>th</sup>, MAY, 19 88  
Douglas C. Marr O.L.S.

DOUGLAS C. MARR  
 ONTARIO LAND SURVEYOR  
 28 ST. LAKEHURST ROAD,  
 28 ST. WAINFLEET, ONTARIO,  
 L0B 1V0

NOT VALID WITHOUT SURVEYORS EMBOSSED SEAL.  
 © COPYRIGHTS RESERVED BY DOUGLAS C. MARR, O.L.S.



*FIRE EXTINGUISHER*



**BUILDING LOCATION SURVEY PLAN OF  
PART OF LOT 16 CONCESSION 1**

In the  
**TOWNSHIP OF WAINFLEET**  
REGIONAL MUNICIPALITY of NIAGARA

SCALE 1" = 40'  
DOUGLAS G. MARR, O.L.S.  
1988.

**LEGEND:**

- S.J.S. -- denotes 1" square STANDARD MON BAR, 4' long.
- L.S. -- denotes 2 1/2" square MON BAR, 6' long.
- L.P. -- denotes MON PIPE.
- M.T.C. -- denotes Ministry of Transportation and Communications
- 788 -- denotes R. H. FUNK, O.L.S.
- 1337 -- denotes D. G. MARR, O.L.S.
- C.C. -- denotes CUT CROSS
- denotes found survey address.

**BEARING NOTE:**

Bearings hereon are astronomic and are referred to the westerly limit of Lot 16 Concession 1 having a course of N 0°33' W as shown on reference plan 598-4722.

**SURVEYOR'S CERTIFICATE**

I CERTIFY THAT:

The field survey represented on this plan was completed on the  
26<sup>th</sup> day of MAY, 19 88

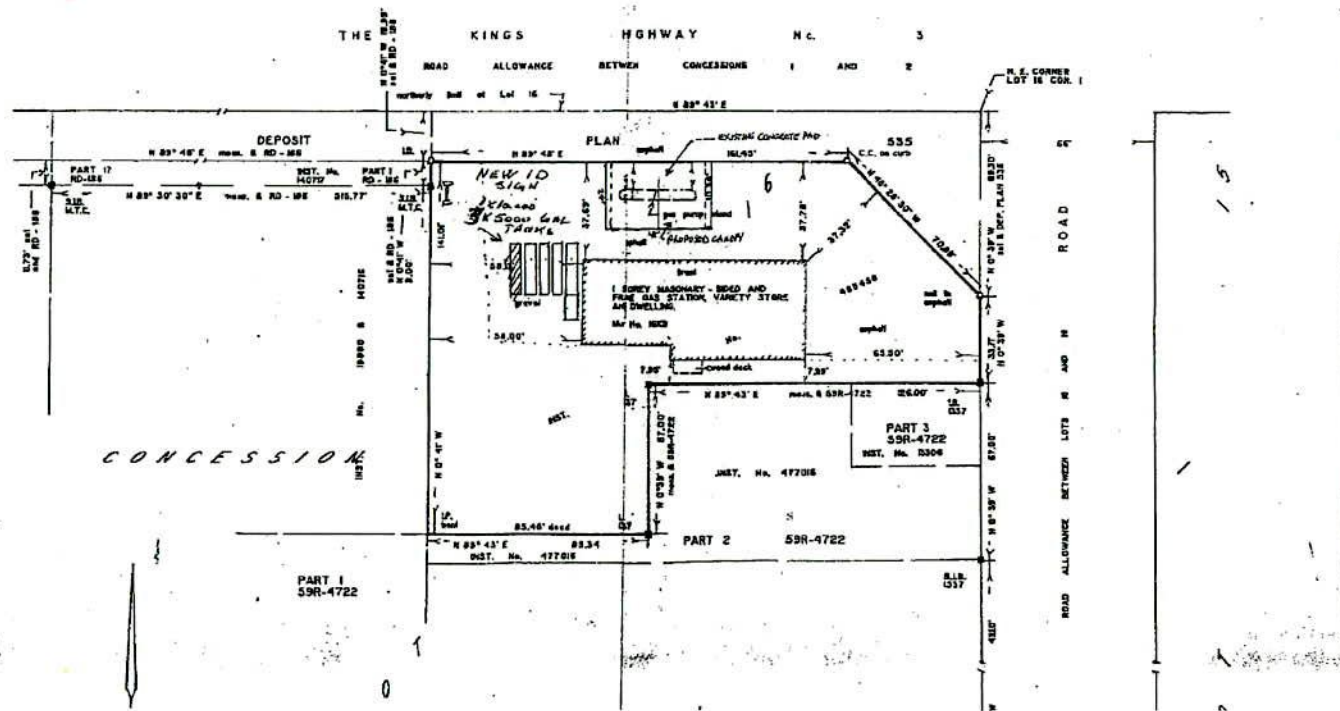
DATED: 27<sup>th</sup> MAY, 19 88

*Douglas G. Marr* O.L.S.

DOUGLAS G. MARR  
ONTARIO LAND SURVEYOR  
3167 LAKESHORE ROAD,  
RR # 2 WAINFLEET, ONTARIO,  
L0S 1V0

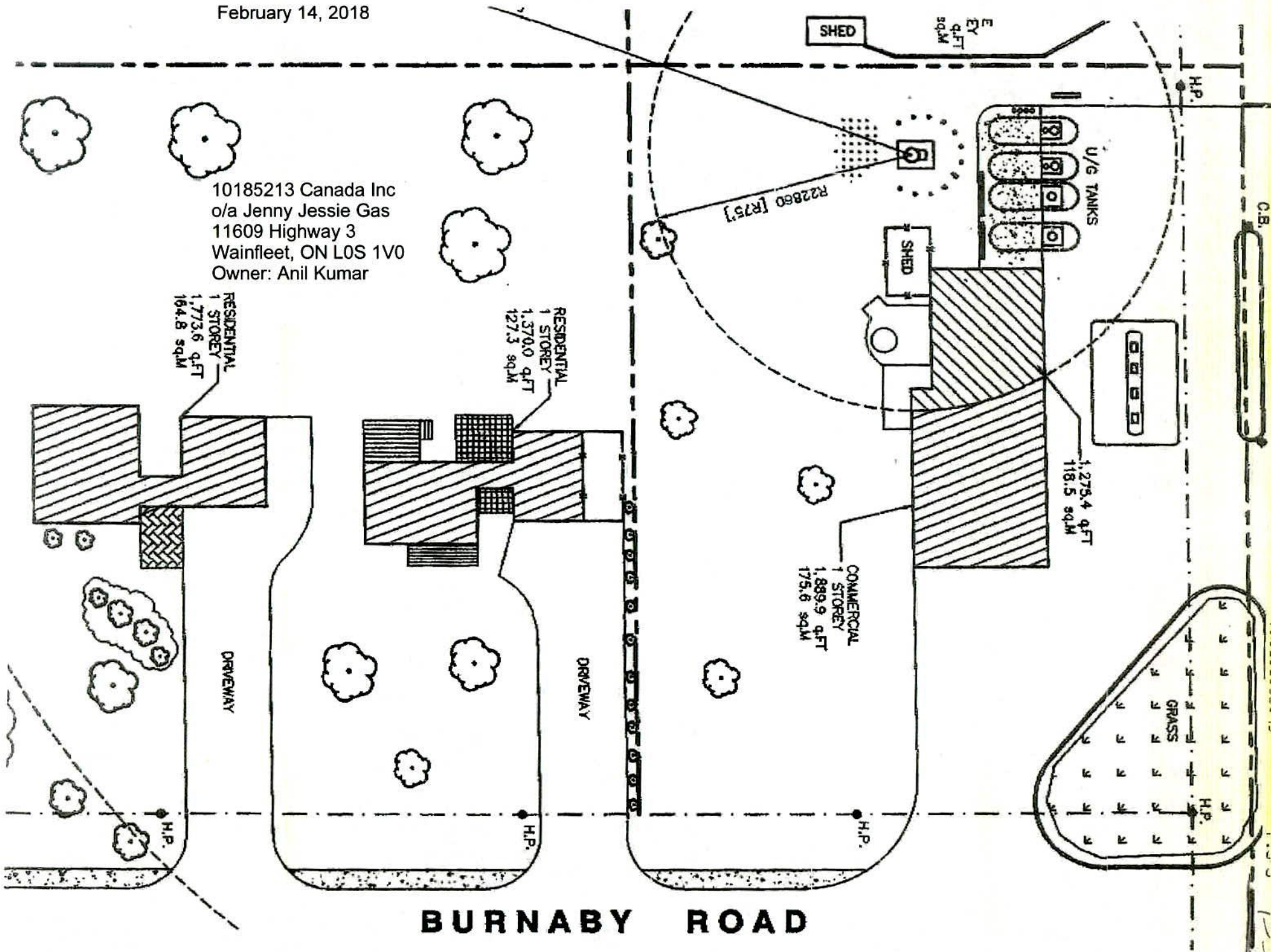
NOT VALID WITHOUT SURVEYOR'S EMBOSSED SEAL.

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February 14, 2018

10185213 Canada Inc  
o/a Jenny Jessie Gas  
11609 Highway 3  
Wainfleet, ON L0S 1V0  
Owner: Anil Kumar

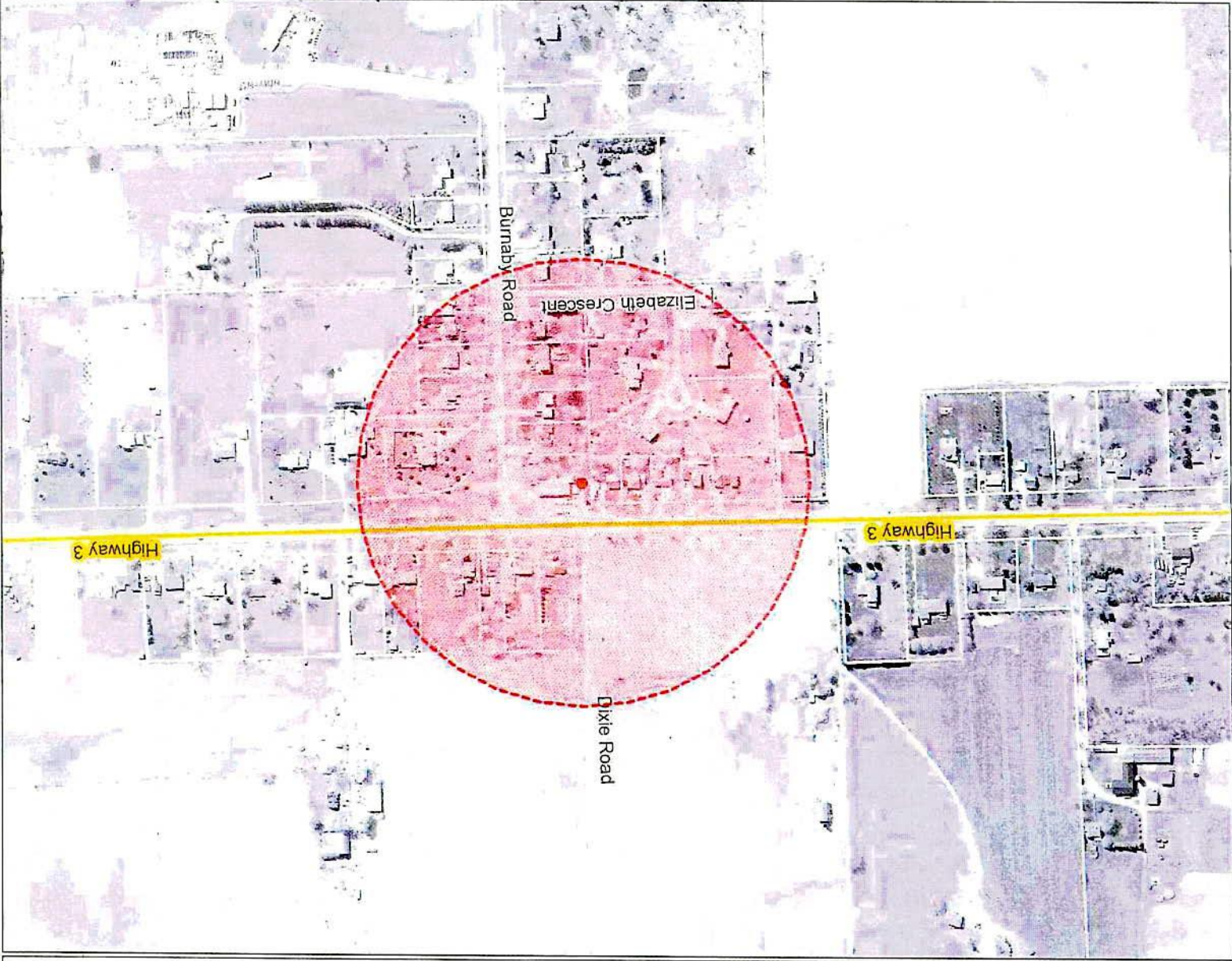


**BURNABY ROAD**





# 195m Radius from Propane Storage Tank @ 11609 Highway 3



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Notes

1:4,983



- Legend**
- Waterbodies
  - Municipal Boundaries
  - Roads
    - Provincial
    - Regional
    - Municipal & Other
  - Parcel Fabric
  - Wainfleet Hamlets
  - 2006 BW Photography
    - High : 255
    - Low : 0

