



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 76649426

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 1777014 Ontario Inc. o/a (Chapelle's Service Station) Ontario Corporation No., if applicable 1777014

Operator Name (if different from above) Rong Wu

Telephone No. (905) 722-6418 Fax No. (905) 722-6281 E-mail dianweixu@hotmail.com

**B** Street No. 20835 Street Name / 911 Number / Address, if applicable Dalton Road

Town / City or Township / County Sutton West Province ON Postal Code L0E 1R0

Mailing address if different from above.

**C** Street No. ----- Street Name / 911 Number / Address, if applicable P.O. Box 639

Town / City or Township / County Sutton West Province ON Postal Code L0E 1R0

**Information on Container Refill Centre or Filling Plant**

Location of facility.

**D** Street No. 20835 Street Name / 911 Number / Address, if applicable Dalton Road Nearest Major Intersection Dalton Road/High Street

Town / City or Township / County Sutton Province ON Postal Code L0E 1R0

Name of Licence Holder 1777014 Ontario Inc.

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Rong Wu ROT type PPO-3

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

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.

Name of Licence Holder	Print name <u>Dianwei Xu</u>	Signature <u>Dianwei Xu</u>	Date (dd-mm-yyyy) <u>02-05-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training	<u>Rong Wu</u>	<u>Rong Wu</u>	<u>02/05/2011</u>



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**SECTION A: GENERAL INFORMATION (cont'd)**

Indicate the year the facility was established.      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.  
unknown      1999      None

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

	PSIG	Serial Number
Tank1:	250 PSIG ✓	WRT4 C.R.N. H424951
Tank2:	_____	_____
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 USWG ✓      Portable: 250 USWG ✓      Mobile: 0



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Name of person completing this form (please print) Rong Wu	Official Title Manager	
Signature 	Telephone No. (905) 722-6418	Date (dd-mm-yyyy) 02-05-2011



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**SECTION A: GENERAL INFORMATION (cont'd)**

Activity Information

<b>Name of Propane Supplier(s)</b>		[Redacted]	
Superior Propane - Ontario Regional Operations Centre			
<b>Street No.</b>	<b>Street Name / 911 Number / Address, if applicable</b>		
251	Woodlawn Road West, Unit 217		
<b>Town / City or Township / Country</b>		<b>Province</b>	<b>Postal Code</b>
Guelph		Ontario	N1H 8J1
<b>Telephone No.</b>	<b>Fax No.</b>	<b>Contact Name</b>	
1-877-873-7467	519-836-7766	Mike Mullins	
<b>E-mail</b>			
mullinsm@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 Propane - Peterborough			
<b>Street No.</b>	<b>Street Name / 911 Number / Address, if applicable</b>		
6722	Highway 7		
<b>Town / City or Township / Country</b>		<b>Province</b>	<b>Postal Code</b>
Peterborough		ON	K9J 6X5
<b>Telephone No.</b>	<b>Fax No.</b>	<b>Contact Name</b>	
(705) 927-2234	N/A	Mark Wakeford	
<b>E-mail</b>			
wakeform@superiorpropane.com			

<b>Off-site Cylinder and/or Mobile Storage</b>	<b>Capacity stored off-site, in USWG</b>	<b>For Office Use - Party No.</b>	
None			
<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>	<b>Official Title</b>	
Kelly Almey	Process Safety Coordinator, Superior Propane	
<b>Signature</b>	<b>Telephone No.</b>	<b>Date (dd-mm-yyyy)</b>
	905-285-2480 ext. 5549	02-05-2011



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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN**

The licence holder will complete Section B in consultation with the local Fire Services.

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

Gasoline Tanks - 3 tanks @ 25,000 litres each (Maximum amount = 75,000 litres)

Diesel Fuel Tank - 1 @ 25,000 litres

The above mentioned storage tanks are underground.

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

Fire Extinguishers: Type ABC Dry Chemical

They are located at the gas pump, at the propane booth, and inside the gas station/store.

List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

1. Fusible link on ISC valve - isolation valve between the tank and the downstream propane dispensing equipment.
2. Power supply breaker inside the gas bar building. This cuts all power to the propane system - shuts down pump; closes solenoid valve.

Maintenance and testing schedule for fire protection controls and devices.

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

1. Pumps (Pump every 3 months; Pump Motor: check belts monthly; grease motor every 6 months)
2. ISC Valves (test for closure every 6 months)
3. Storage tank Relief Valves - inspect every 2 years; replacement schedule as per provincial regulations.

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Name of person completing this form (please print) Rong Wu		Official Title Manager	
Signature 		Telephone No. (905) 722-6148	Date (dd-mm-yyyy) 02-05-2011



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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 Rong Jenny Wu ✓	For Office Use - Party No.	Name Rong Jenny Wu	For Office Use - Party No.
Official Title Manager		Official Title Manager	
Telephone No. (289)338-5988	Fax No. (905)722-6281	Cell No. (289)338-5988	Fax No. (905)722-6281
E-mail Dianweixu@hotmail.com		E-mail Dianweixu@hotmail.com	
Role and responsibilities in emergency Co-ordinate site response		Role and responsibilities in emergency Co-ordinate site response	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Dianwei Peter Xu ✓	For Office Use - Party No.	Name Rong Jenny Wu	For Office Use - Party No.
Official Title Owner		Official Title Manager	
Telephone No. (289)221-5361	Fax No. (905)722-6281	Telephone No. (289) 338-5988	Fax No. (905)722-6281
E-mail Dianweixu@hotmail.com		E-mail Dianweixu@hotmail.com	
Role and responsibilities in emergency Co-ordinate site response if agent unavailable.		Role and responsibilities in emergency Co-ordinate site response	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Bill O'Neill	For Office Use - Party No.	Name Superior Propane Hotline	For Office Use - Party No.
Official Title Fire Chief		Official Title	
Telephone No. (905) 722-8252	Fax No. (905) 722-0184	Telephone No. 1-877-873-7467	Fax No.
E-mail boneill@georgina.ca		E-mail	
Role and responsibilities in emergency Co-ordinate/advise on Fire Service response. Liaise with police.		Role and responsibilities in emergency Identify and dispatch Superior Propane and or LPERGC emergency response personnel as required.	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Steve Richardson	For Office Use - Party No.	Name Laurie Gardiner	For Office Use - Party No.
Official Title Deputy Fire Chief		Official Title Permit Officer	
Telephone No. (905)476-2332	Fax No. (905)476-7740	Telephone No. (905)476-4301 Ext. 252	Fax No. (905)476-4394
E-mail srichardson@georgina.ca		E-mail LGardiner@Georgina.ca	
Role and responsibilities in emergency Alternate - Co-ordinate/advise on Fire Service Response. Liaise with police.		Municipality Georgina	

**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) Kelly Almey	Official Title Risk & Safety Coordinator	
Signature 	Telephone No. (905) 285-2480 x5549	Date (dd-mm-yyyy) 19-05-2011



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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.

None

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Name of person completing this form (please print) Rong Wu	Official Title Manager	
Signature 	Telephone No. (289) 338-5988	Date (dd-mm-yyyy) 02-05-2011



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

3. Record of Emergency Training Provided - For most recent 12-month period.

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

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

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

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

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

Training Date (dd-mm-yyyy)	Print Name of Training Provider: OPA
30-04-2010	Print Name of Instructor: unknown
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print)	Official Title	
Rong Wu	Manager	
Signature	Telephone No.	Date (dd-mm-yyyy)
	(905) 722-6418	02-05-2011



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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mm-yyyy) TBA - Q4 2011	Print Name of Training Provider: Superior Propane or Alternate
	Print Name of Instructor: to be arranged
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) TBA - Q4 2011	Print Name of Training Provider: Key Site Contact to train staff
	Print Name of Instructor: to be arranged
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) As Required (December 2011)	Print Name of Training Provider: Superior Propane, FSN, or Alternate
	Print Name of Instructor: to be arranged
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) Rong Wu	Official Title Manager
Signature 	Telephone No. (905) 722-6418
	Date (dd-mm-yyyy) 02-05-2011





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

The licence holder will complete Section B in consultation with the local Fire Services.

**6. Building and Site Security and Procedures**

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**7. Water Supply**

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)		<u>39 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>N/A</u>

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Name of person completing this form (please print) Rong Wu	Official Title Manager
Signature 	Telephone No. (905) 722-6418
	Date (dd-mm-yyyy) 02-05-2011



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

The licence holder will complete Section B in consultation with the local Fire Services.

5. Emergency Response Communications Plan

**Warnings and Actions**

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).

The ROT person(s) on duty will contact emergency services by calling 911 and will provide warnings outlined in the attached "Propane Emergency Response Procedures" placard, if it is safe to do so.

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).

Actions and warnings will be taken by on duty ROT person(s) as per attached ERP placard. Only a few gas bar staff will be on duty when operating the propane system. The Muster location will be on Dalton Road, in a safe area. Note a specific muster point is not advisable, since a propane plume can blow in any direction. The facility is in a wide open area allowing people to self evacuate.

**Communication with Emergency Response Authorities**

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).

When the system is operational, a ROT person will be on duty and be in the propane tank area. This person will be able to visually ascertain any abnormal/accident events and implement the appropriate emergency response actions. When the system is not in operation, the ISC valve (main isolation valve) is closed, and the propane system is unattended. Any accidents involving the propane tank during such times will require the intervention of random, nearby individuals or staff.

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

The propane tank system is located in a wide open area that is easily accessible from Dalton Road.

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

The critical information required from the license holder is the fill level in the tank.

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

This information will be provided to the authorities by Rong Wu, time permitting and if available.

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

Approximately 5 minutes, after having received the emergency call.

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Name of person completing this form (please print) Rong Wu	Official Title Manager	
Signature 	Telephone No. (905) 722-6418	Date (dd-mm-yyyy) 02-05-2011



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

The licence holder will complete Section B in consultation with the local Fire Services.  
B. 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:

*pg. 14 information is not specific to the actual building stock located within the circle provided within this report.*

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 <i>Jeff Binwell</i>	Signature <i>Jeff Binwell</i>	Date (dd-mm-yyyy) <i>19/05/2011</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>Rong Wu</i>	Official Title <i>Manager</i>
Signature <i>[Signature]</i>	Telephone No. <i>905-722-6418</i> Date (dd-mm-yyyy) <i>05/06/2011</i>



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**SECTION C: SUBMISSIONS**

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

**Facility Site Plan.**

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

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

**Map of Surrounding Area.**

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

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

**Required Mapping Information from Updated Site Plan**

Date Map Prepared (dd-mm-yyyy) 04-21-2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 49m East	Right side property line: 36m South
Rear: 20m West	Left side property line: 18m North
GPS coordinates of single largest vessel: Lat. 44.3055, Long. -79.363	

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Name of person completing this form (please print) Kelly Almey	Official Title Process Safety Coordinator, Superior Propane	
Signature 	Telephone No. (905)285-2480 ext. 5549	Date (dd-mm-yyyy) 02-05-2011



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**SECTION C: SUBMISSIONS (cont'd)**

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

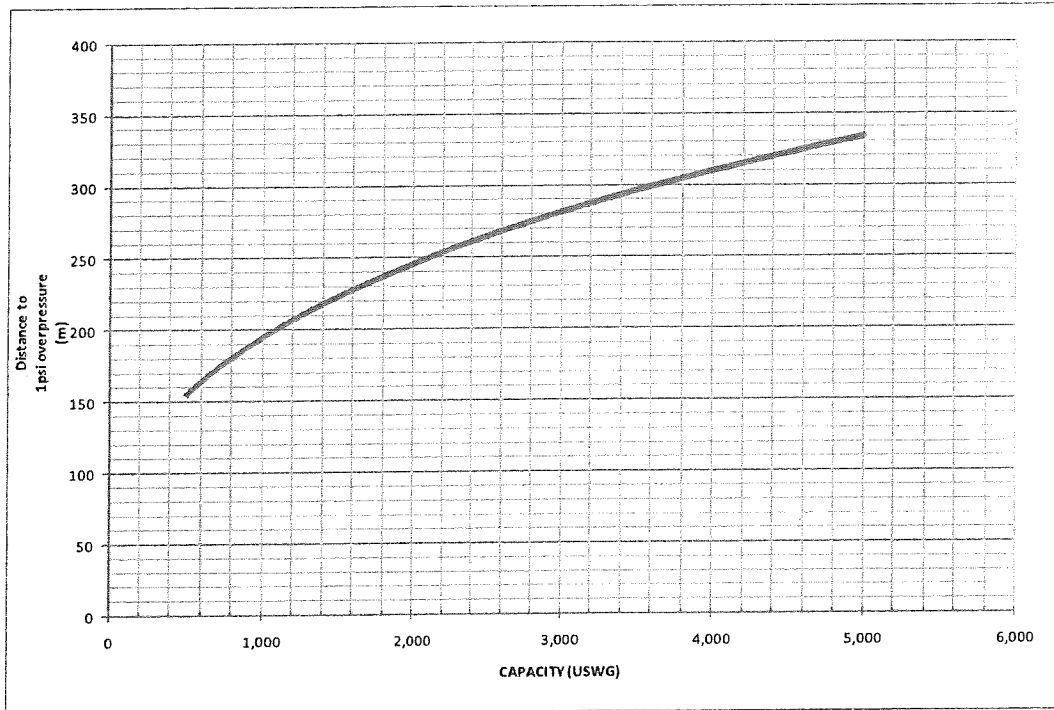
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

**Formula:**  $D = 16.94 \times (1.524 \times C)^{1/3}$   
 D = Distance to overpressure of 1 psi (meters)  
 C = Tank Total Capacity in USWG

**Parameters:** Density of Propane is 0.5033 kg per litre @ 15 C  
 Assume all vessels are 80% full  
 1 gallon [US, liquid] = 0.003785411784 cubic meter  
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)



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

Name of person completing this form (please print) Nothing completed on this page.	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)



Technical Standards and Safety Authority  
www.tssa.org

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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				0 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments [Redacted]				X	50 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Restaurants Address: _____ City: _____ Province _____ Postal Code _____			X		65 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				0 m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: Elementary School (currently not in use on a daily basis - however gymnasium is used occasionally) Address: Nursing Home City: _____ Province _____ Postal Code _____		X			50 m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: Fire Station and Ambulance Station are near by but do not fall within the hazard circle Address: _____ City: _____ Province _____ Postal Code _____	X				0 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) Kelly Almey	Official Title Risk & Safety Coordinator	
Signature 	Telephone No. (905) 285-2480 x5549	Date (dd-mm-yyyy) 19-05-2011



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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

**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	6.8	2	18
# 20	5.8	40	232
# 10	2.8		
# 5	1.5		
<b>Total Cylinder Capacity 250 USWG</b>			

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

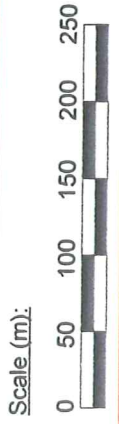
Tank Size in USWG	Quantity	Total Volume in USWG
None		
<b>Total Tank Capacity</b>		

<b>Total Cylinder Capacity</b>	280 USWG
<b>Total Tank Capacity</b>	2000
<b>Total Portable Capacity</b>	250 USWG

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

Name of person completing this form (please print) Rong Wu	Official Title Manager
Signature 	Telephone No. (905) 722-6418
	Date (dd-mm-yyyy) 02-05-2011

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<p><b>Seiback Distances to Site Boundary</b></p> <p>North : 18 m      East: 49 m          South: 36 m     West: 20 m</p>	<p><b>Municipality (ies) within the 1 psi overpressure circle:</b></p> <p>Town of Georgina</p>	<p><b>Map of Surrounding Area</b></p>
<p><b>Capacity of Propane Storage Tank:</b></p> <p>Capacity of Propane Storage Tank = 2000 USWG</p>	<p><b>Municipal Contact:</b></p> <p>Velvet Ross, MCIP, RPP          Manager of Planning          Department of Planning and Building          26557 Civic Centre Rd, RR2 Keswick, ON, L4P 3G1          Contact Numbers:          905-476-4301, 905-722-6516, 705-437-2210 Ext. 251          Fax: 905-476-4394          Email: vross@georgina.ca</p>	<p>Chapelle's Service Station          20835 Dalton Road , Sutton West, ON, L0E 1R0          Part of Block 53 Registered Plan 69          Formerly Village of Sutton          Town of Georgina – Regional Municipality of York</p>
<p><b>GPS Co-ordinates of Propane Storage Tank:</b></p> <p>GPS Co-ordinates = 44.30542, -79.36288</p>	<p><b>Circular Distance to 1 psi overpressure:</b></p> <p>Denoted by circle centred on tank; radial distance = 246 m</p>	<p>Drawn by: L. Oliverio      Date: April 21, 2011</p>



