



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 000175353

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 1799942 Ontario Inc. Ontario Corporation No., if applicable 1799942

Operator Name (if different from above) _____

Telephone No. 6132593372 Fax No. 6132593372 E-mail civilcanadian@yahoo.ca

B Street No. 2848 Street Name / 911 Number / Address, if applicable highway 511

Town / City or Township / County lanark Province Ontario Postal Code k0G 1k0

C Mailing address if different from above.

Street No. _____ Street Name / 911 Number / Address, if applicable _____

Town / City or Township / County _____ Province _____ Postal Code _____

D Information on Container Refill Centre or Filling Plant

Location of facility.

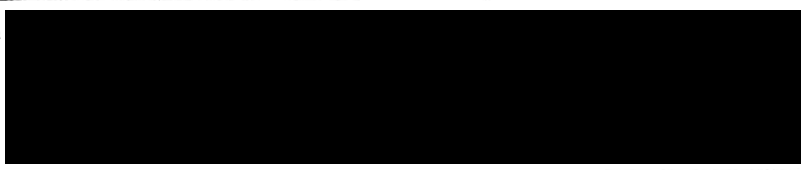
Street No. 2848 Street Name / 911 Number / Address, if applicable Highway 511 Nearest Major Intersection Highway 511 & South Street

Town / City or Township / County Lanark Province Ontario Postal Code k0G 1k0

Name of Licence Holder 1799942 Ontario Inc.

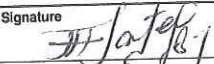
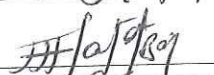
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). safwan hanif ROT type PPO-3 (ROT#1227)

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) The Township of Drummond/North Elmsley

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>1799942 Ontario Inc.</u>		<u>19-01-2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Safwan Hanif</u>		<u>19-01-2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

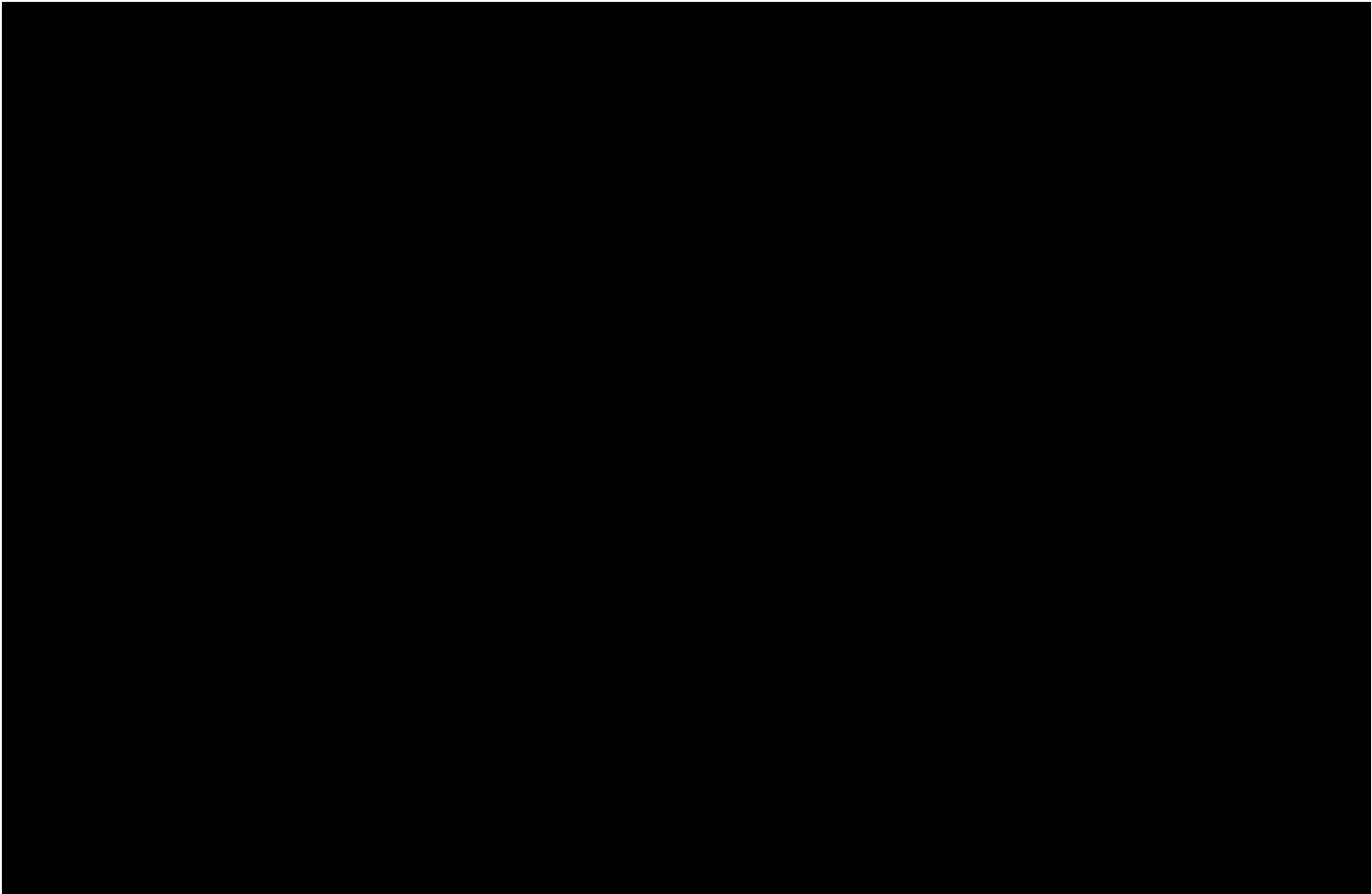
Indicate the year the facility was established. November 28, 1991	Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. N/A
--	--

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

	PSIG	Serial Number
Tank 1:	250	SER(1077-49), CRNb2846657809432
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: 1000 USWG * Portable: ~~N/A~~ 110 USWG Mobile: _____



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Name of person completing this form (please print) safwan hanif	Official Title President
Signature 	Telephone No. 6132593372
	Date (dd-mm-yyyy) 19-01-2011



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

Name of Propane Supplier(s) Superior Propane		For Office Use - Party No.	
Street No. 6722	Street Name / 911 Number / Address, if applicable Highway 7		
Town / City or Township / Country Peterborough		Province Ontario	Postal Code K9J 6X5
Telephone No. 1-705-745-3285	Fax No. 1-705-745-3834	Contact Name Ron Taylor	
E-mail taylorr@superiorpropane.com			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No.	
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			

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

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

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Signature 		Telephone No. 613-259-3372	Date (dd-mm-yyyy) 19-01-2011



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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.

There are no hazardous materials on site. There are underground gasoline and diesel tanks located at the front of the property along with dispensers

25000 L Diesel
25000 L Super
35000 L Regular

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

There are fire extinguishers at the fuel island where the dispensers are and at the propane storage 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.

The propane tank is equipped with a fusible link at the tank which will melt at 212 F and release the handle on the ISC valve to close the pump suction opening. See RSMP for details.

Maintenance and testing schedule for fire protection controls and devices.

Maintenance inspection is done twice a year by the supplier (SPI) and once a year for testing and tune-up leak checks, piping condition, pump seals, hose condition, rust removal.

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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 safwan hanif	For Office Use - Party No.	Name safwan hanif	For Office Use - Party No.
Official Title president		Official Title Manager	
Telephone No. 613-259-3372	Fax No. 613-259-3372	Cell No. 705-292-6389	Fax No.
E-mail civilcanadian@yahoo.ca		E-mail civilcanadian@yahoo.ca	
Role and responsibilities in emergency To initiate the Emergency Response Plan and alert customers and contact 9-1-1 and act as liaison with Emergency Responders		Role and responsibilities in emergency	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name saqib bajwa	For Office Use - Party No.	Name	For Office Use - Party No.
Official Title Assistant manager		Official Title	
Telephone No. 613-259-3372	Fax No. 613-259-3372	Telephone No.	Fax No.
E-mail saqib-shb@yahoo.com		E-mail	
Role and responsibilities in emergency Assist with Emergency Response Plan, direct customers away from site, check washrooms and evacuate to Muster Point		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Greg Saunders	For Office Use - Party No.	Name Ron Taylor	For Office Use - Party No.
Official Title Fire Chief		Official Title Operations Manager - Kawartha Market	
Telephone No. 613-267-2596	Fax No. 613-264-8561	Telephone No. 1-705-745-3285	Fax No. 1-705-745-3834
E-mail firechief@dnetv.ca		E-mail taylorr@superiorpropane.com	
Role and responsibilities in emergency Fire Chief and CEMC for the area coordinating response resources and knowledge of the RSMP.		Role and responsibilities in emergency Coordinate any propane transfer equipment and also activate the OPA Emergency Response Plan process as required.	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Paul Cameron	For Office Use - Party No.	Name Linda Van Alstine	For Office Use - Party No.
Official Title BBD&E Station Chief		Official Title Acting Clerk - Treasurer	
Telephone No. 613-267-2596	Fax No. 613-264-8561	Telephone No. 1-613-267-6500	Fax No. 1-613-267-2083
E-mail bbdechief@dnetv.ca		E-mail lindav@drummondnorthelmsley.com	
Role and responsibilities in emergency Station Chief for the area coordinating response resources and knowledge of the RSMP.		Municipality The Township of Drummond/North Elmsley	

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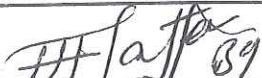
SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

2. Additional Safety Measures

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

This installation is equipped with a fusible link on an ISC valve and has no other features required over and above the Code. This site has a chain link fence for security of tank valves and pump access control but does not have proper post protection. Post protection is proposed on Drawing P-100 as prepared by AltEng Inc. This will be added on approval by the Fire Services of Drummond/North Elmsley and the T.S.S.A.

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Signature 	Telephone No. 613-259-3372	



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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) 25/06/2010	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: Gerald Marshall
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) 29/06/2010	Print Name of Training Provider: SAFWAN HANIF
	Print Name of Instructor: SAFWAN HANIF
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) 5/19/2010	Print Name of Training Provider:
	Print Name of Instructor: Daniel Vollering
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

4. Emergency Training Plan for Coming Year

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

Target Date (dd-mm-yyyy) April 1, 2012	Print Name of Training Provider: Ultramar (Internal)
	Print Name of Instructor: Safwan Hanif
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) April 1, 2012	Print Name of Training Provider: Ultramar (Internal)
	Print Name of Instructor: Safwan Hanif
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 April 1, 2012	Print Name of Training Provider: Fuels Safety Network
	Print Name of Instructor: TBD
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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	Date (dd-mm-yyyy) 19-01-2011



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

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

5. Emergency Response Communications Plan

Warnings and Actions

Immediately.

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).
The Key contact or Alternate will be in attendance at the store at all times. They will provide the warning to the customers and also make the call to the local Fire Services provider by dialing 9-1-1. If necessary, a call to the propane supplier will also be made.

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).

The Key Contact is responsible for insuring the area is evacuated and the personnel will meet at the "Muster Point" and a head count will be taken. In the absence of the Key Contact the Alternate will assume these responsibilities and he will also assist the Key Contact as required.

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).

The licence holder is always on the site or the Alternate takes over briefly. In an Emergency either one will be able to assess the situation and make the necessary 9-1-1 call with the local phone or cell phone.

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

The facility has highway access off of Highway 511. There are no restrictions to the propane tank area. The owners live on the site so any communication required by the Emergency Responders (ER) will be available for the Owners

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

The license holder or Alternate will always be present on site and wait for the ER's to arrive so the information about the situation can be relayed to the ER's. They will stay until the all clear is given or asked to leave or to close the facility.

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

The Key Contact (Safwan Hanif) and Alternate (Saqib Bajwa) live on the site in the building adjacent to the dispensers so they will always be available on site to provide information to the authorities.

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Name of person completing this form (please print) Safwan Hanif	Official Title President
Signature 	Telephone No. 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 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) | <u>1 KM</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>1 KM</u> | |

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Signature 	Telephone No. 6132593372	



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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services	Yes	No
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If not, please explain (e.g., no fire services).		
Fire services comments, if any:		
In section 1.6 Emergency Procedures under the title: "In Case of Propane Leak" point #4 should be revised to include contacting the fire department immediately to perform an investigation to ensure the propane cylinder is safe. The point should read something to the effect of: 'If minor, inform on-site manager or Emergency Contact to arrange for immediate repairs and contact the local fire department to inform them of the leak.'		
To be completed by the Licence Holder		
In response to the above comments, the following action(s) is required:		
Emergency Response Plan will be changed as requested by Fire Serv		
This will be implemented and Plan kept on Site.		
The licence holder will respond to the Local Fire Services comments by: 15/03/2011		
(dd-mm-yyyy)		

LOCAL FIRE SERVICES

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

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name Greg Saunders, Fire Chief		09-02-11

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Name of person completing this form (please print)	Official Title	
Safwan Hanif	President	
Signature	Telephone No.	Date (dd-mm-yyyy)
	613-259-3372	29-01-2011



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SECTION C: SUBMISSIONS

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

Facility Site Plan.

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

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

Map of Surrounding Area.

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

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

Required Mapping Information from Updated Site Plan

Date Map Prepared (dd-mm-yyyy) 20-01-2011	Capacity of single largest propane storage vessel (USWG) 1000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 49.5 m	Right side property line: 8.5 m
Rear: N/A 67m	Left side property line: 17.7 m
GPS coordinates of single largest vessel: Lat: 45.0'39.50"N Long: 76.21'22.65"W	

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Name of person completing this form (please print) J. Ross Keys	Official Title Consultant
Signature 	Telephone No. 416-526-1405
	Date (dd-mm-yyyy) 20-01-2011



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SECTION C: SUBMISSIONS (cont'd)

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

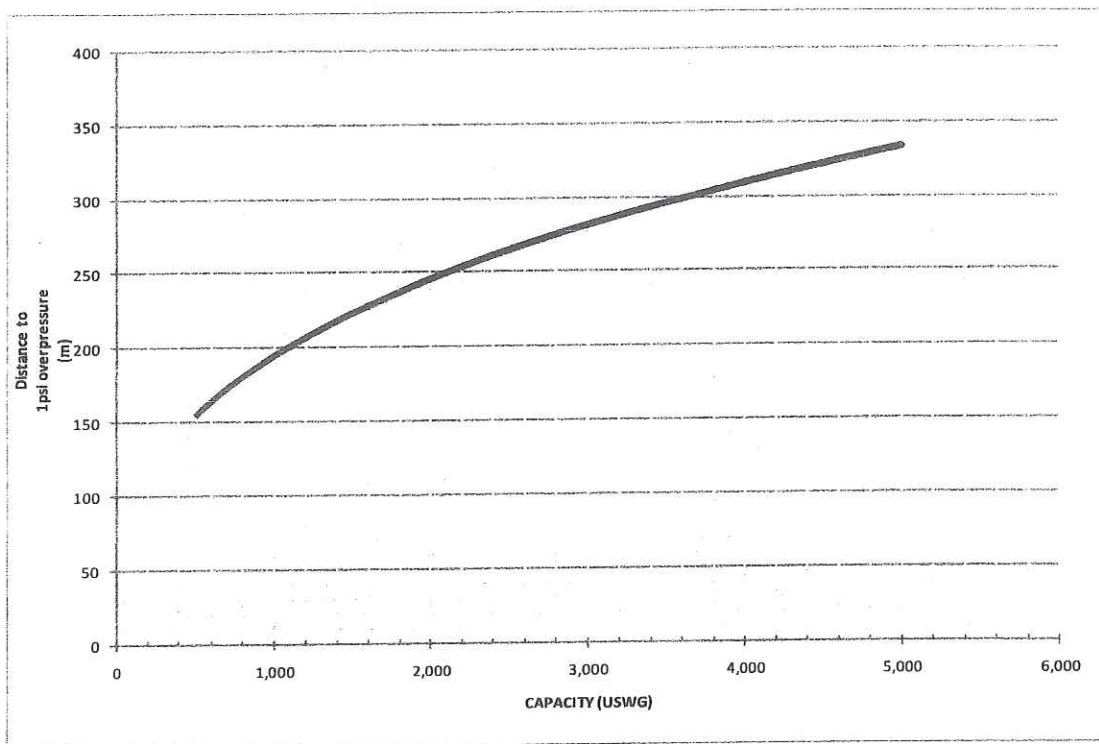
Table 1: Distance Table

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

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

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

Hazard Distance Chart (EPA-TNT model)



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

Name of person completing this form (please print) J. Ross Keys	Official Title Consultant
Signature 	Telephone No. 416-526-1405
	Date (dd-mm-yyyy) 20-01-2011



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
Customer Service: 1.877.682.8772

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

SECTION C: SUBMISSIONS (cont'd)

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

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]			X		74.2 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".

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) Safwan Hanif	Official Title President
Signature 	Telephone No. 613-259-3372
	Date (dd-mm-yyyy) 19-01-2011



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
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Level 1 Risk and Safety Management Plan (RSMP)
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SECTION C: SUBMISSIONS (cont'd)

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

Portable Storage Additional Information Sheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	19	110 5.8 USWG
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			5.8 USWG

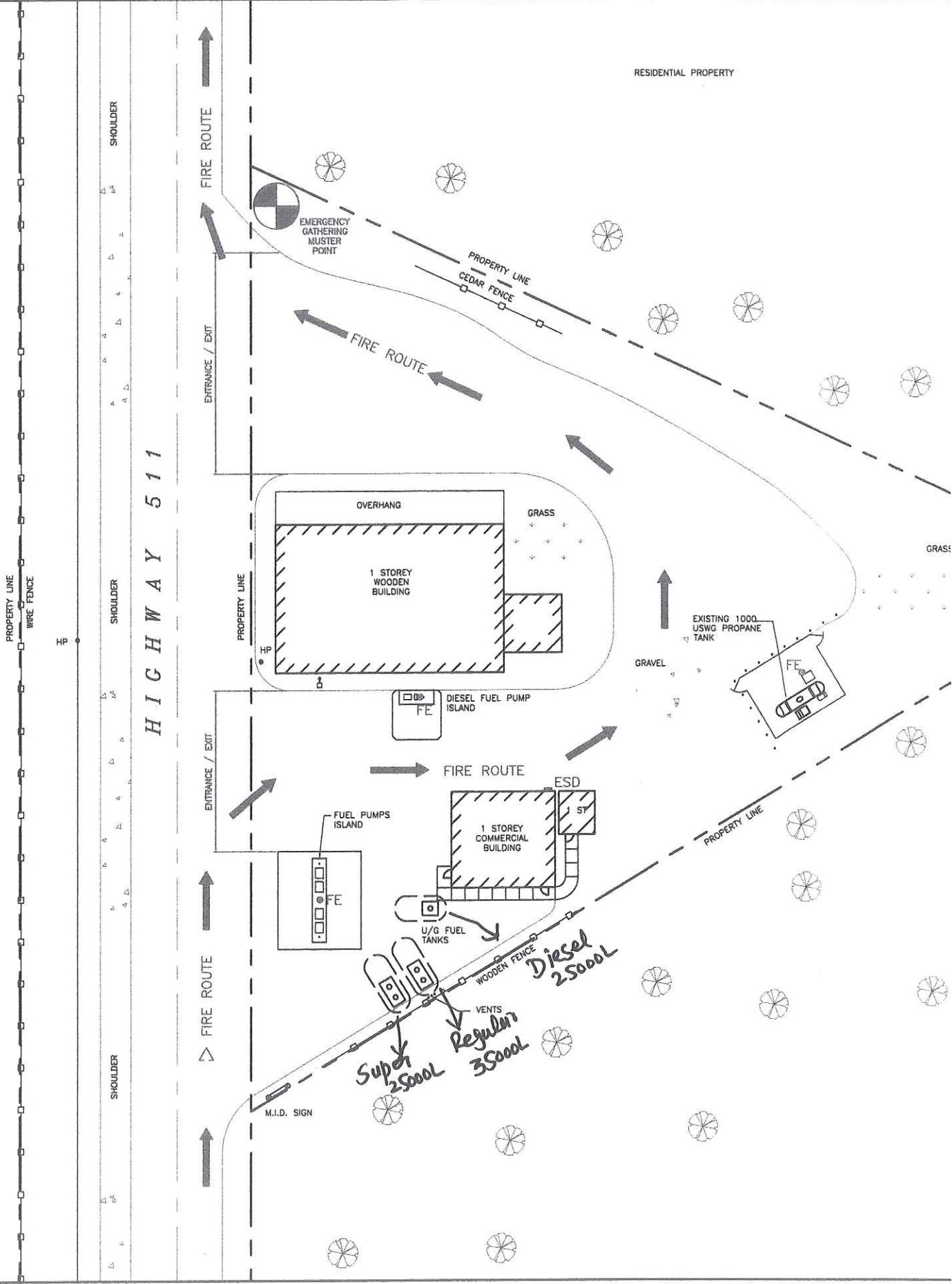
Tanks Stored On-site Not Connected for Use

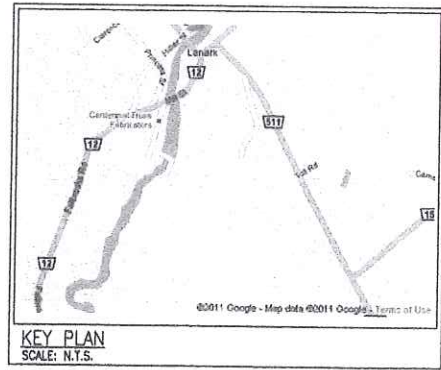
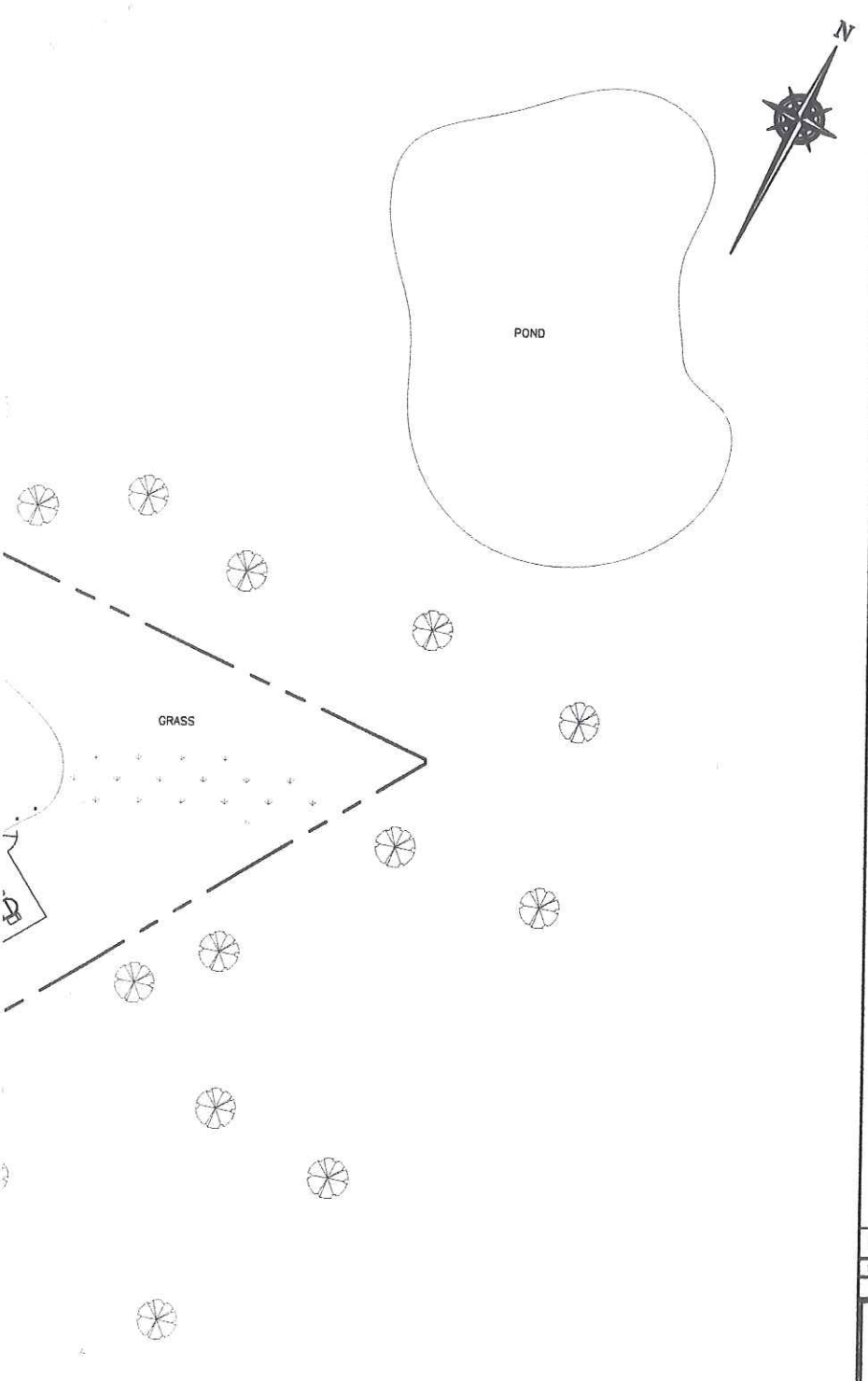
Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity		0 USWG

Total Cylinder Capacity	110 5.8 USWG
Total Tank Capacity	1000 USWG
Total Portable Capacity	110 0 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) Safwan Hanif		Official Title President	
Signature 		Telephone No. 613-259-3372	Date (dd-mm-yyyy) 19-01-2011





ZONING INFORMATION:

ZONING IS HIGHWAY COMMERCIAL (CH) UNDER ZONING BY-LAW 2003-34.

LOT AREA: 3172.0sq.m.
 BUILDING AREA: 1275.2sq.m.
 LOT COVERAGE OF BUILDING: 40.2%

NOTES:

1. APPROVAL IS SUBJECT TO T.S.S.A. APPROVAL.
2. FACILITY USED FOR RETAIL PROPANE CYLINDER REFILLING ONLY.
3. EXISTING USE OF PROPERTY IS A PETROLEUM SERVICE STATION & CONVENIENCE STORE.

PROPERTY LINE SETBACKS	
NORTH	17.7m
SOUTH-EAST	8.5m
SOUTH-WEST	49.5m

LEGEND:

- FP ◉ FIRE POST
- FH ◐ FIRE HYDRANT
- ESD ■■■ EMERGENCY SHUT-DOWN
- ◉ MUSTER POINT

No.	Date	Description	By
0	JAN. 24, '11	ISSUED FOR RSMP	D.F.

REVISIONS



ALTENG Inc.
 Alternative Energy Consulting
 126 Holm Crescent, Thornhill, Ontario L3T 5J3
 Telephone: (905)764-1644 Fax: (905)764-5986

Project: 1700048 Ontario Inc. (Ultramar) 2048 Highway B11 Lunenburg, ON. K0G 1K0	Drawn By: D.F. Checked By: J.R.K. Date: JAN. 24, '11
Drawing Title: EMERGENCY FIRE PLAN	Drawing Scale: 1:200
Drawing Number: P-102	File Number: 102800
ACAD INFORMATION Drawing File: 102800-P-102 Drawing Size: D Plotting Scale: 1=1	



1000 USWG PROPANE TANK

TOWN OF BARN

HWY 511

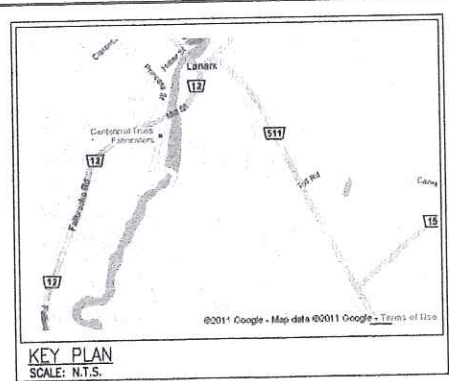
Pleasant Farm Rd

Ferguson Falls Rd

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Image © 2011 DigitalGlobe

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NOTES:

CONSEQUENCE DISTANCE TO AN OVERPRESSURE LEVEL OF 1 psi BASED ON TNT-EQUIVALENCY METHOD, AS PER T.S.S.A. GUIDELINES FOR THE IMPLEMENTATION OF THE RISK AND SAFETY MANAGEMENT PLAN

$$D = 17 \times \left(0.1 \times W_f \times \frac{HC_f}{HC_{TNT}} \right)^{1/3} = 195m$$

PROPERTY LINE SETBACKS	
NORTH	17.7m
SOUTH-EAST	8.5m
SOUTH-WEST	49.5m

PUBLIC RECEPTOR	DESCRIPTION	DISTANCE FROM TANK	POPULATION DENSITY
R-1	RESIDENTIAL	74.2m	RURAL

GPS COORDINATES	
LATITUDE	LONGITUDE
45°0'39.50"N	76°21'22.65"W

PLANNING ADVISORY INFORMATION:

THE TOWNSHIP OF DRUMMOND/NORTH ELSLEY
310 PORT ELSLEY ROAD R. R. #5
PERTH, ON. K7H 3C7
ATTN: MS. LINDA VAN ALSTINE ACTING CLERK-TREASURER
PH: 613-267-6500 FAX: 613-267-2083

0	JAN. 24, '11	ISSUED FOR RSPM	D.F.
No.	Date	Description	By

REVISIONS



ALTENG Inc.
Alternative Energy Consulting
126 Halm Crescent, Thornhill, Ontario L3T 5J3
Telephone: (905)764-1644 Fax: (905)764-5986

Project: 1789942 Ontario Inc. (o/a Ultramar) 2948 Highway 511 Lanark, ON. K0G 1K0	Drawn By: D.F. Checked By: J.R.K. Date: JAN. 24, '11
Drawing Title: BLAST RADIUS PLAN LAYOUT	Drawing Scale: 1:1000
Drawing Number: P-200	File Number: 10280D
ACAD INFORMATION	
Drawing File: 102800-P-200	
Drawing Size: D	
Plotting Scale: 1=1	

Daily Dispenser Inspection & Maintenance Report

Location:	Lanark Ultramar
Inspector:	SARWAN HANIF
Inspector's Certificate #:	R-Rot # 1227
Date of Inspection:	Sep 1 2011

Product Levels	
Tank # 1	50%

	Yes	No	NA
Valves, Piping & Pump			
1. Are hoses in acceptable condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any signs of product leakage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the cylinder fill valves operating freely	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the ISC Valve opening & closing freely	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safety & Security			
5. Lighting operating in dispenser area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Emergency shut downs operating as designed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fire Extinguisher charged & in date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Signage (no smoking, transporting cylinders etc.) in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is fire fighting access & clearances maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESULTS: Acceptable: Rejected:.....

Reasons for Rejection:
(1)
(2)
(3)
(4)

Action taken to resolve rejection:
(1)
(2)
(3)
(4)

Inspectors signature: 

Distribution: Retain copy in plant file

If a propane cylinder is accidentally overfilled the following procedures are to be used to reduce the propane volume within the cylinder to the maximum volume permitted.

Procedure:

1. Leave the customer's overfilled propane cylinder on the scale.
2. Verify the Tare Weight and beam scale setting for the customer's propane cylinder.
3. Using the hose assembly connected to the receiving cylinder, connect the nozzle to the overfilled propane cylinder service valve.
4. Slowly open the service valves on both cylinders.
5. When the beam scale falls to centre, close the service valves on both cylinders.
6. Disconnect the nozzle from the customer's cylinder.
7. Return the correctly filled cylinder to the customer.
8. Return the receiving cylinder to Casey's Propane and obtain another empty cylinder for receiving overfills.

9: If this procedure is not acceptable, then we will call Superior Propane at 1-877-873-7467 advise for overfill cylinder and make arrangements to pickup same day.

Lock off Procedure:

- 1- Turn off main valve by releasing chain.
- 2- Lock The Case.
- 3- Single For Leak.
- 4- Turn off main power to Propane.

SAFWAN HANIF

[Signature]

19/01/2011

President / Manager, Date