



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.

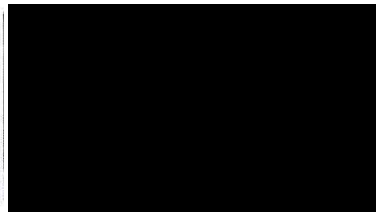
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution
 under the *Technical Standards and Safety Act*

Licence Number

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.

Company Name Ontario Corporation No., if applicable

A 8546490 CANADA INC - THUNDER BAY HUSKY TRAVEL CENTRE

Operator Name (if different from above)

WAQAS ALTAF

Telephone No. Fax No. E-mail

807-623-3236 807-623-3271 HK8585@POPMAIL.HUSKYENERGY.CA

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

1120 ALLOY DRIVE

Town / City or Township / County Province Postal Code

THUNDER BAY ONTARIO P7B 6C5

Mailing address if different from above.

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

Town / City or Township / County Province Postal Code

Information on Container Refill Centre or Filling Plant

Location of facility.

D Street No. Street Name / 911 Number / Address, if applicable Nearest Major Intersection

1120 ALLOY DRIVE BALMORAL & HARBOUR EXPRESSWAY

Town / City or Township / County Province Postal Code

THUNDER BAY ONTARIO P7B 6C5

Name of Licence Holder

8546490 CANADA INC. - THUNDER BAY HUSKY TRAVEL CENTRE

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). ROT type

WAQAS ALTAF 100-01

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

THUNDER BAY DISTRICT

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 WAQAS ALTAF		01-02-2014
Name of Senior Management person as defined in the Regulation holding the Record of Training WAQAS ALTAF		



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SECTION A: GENERAL INFORMATION (cont'd)

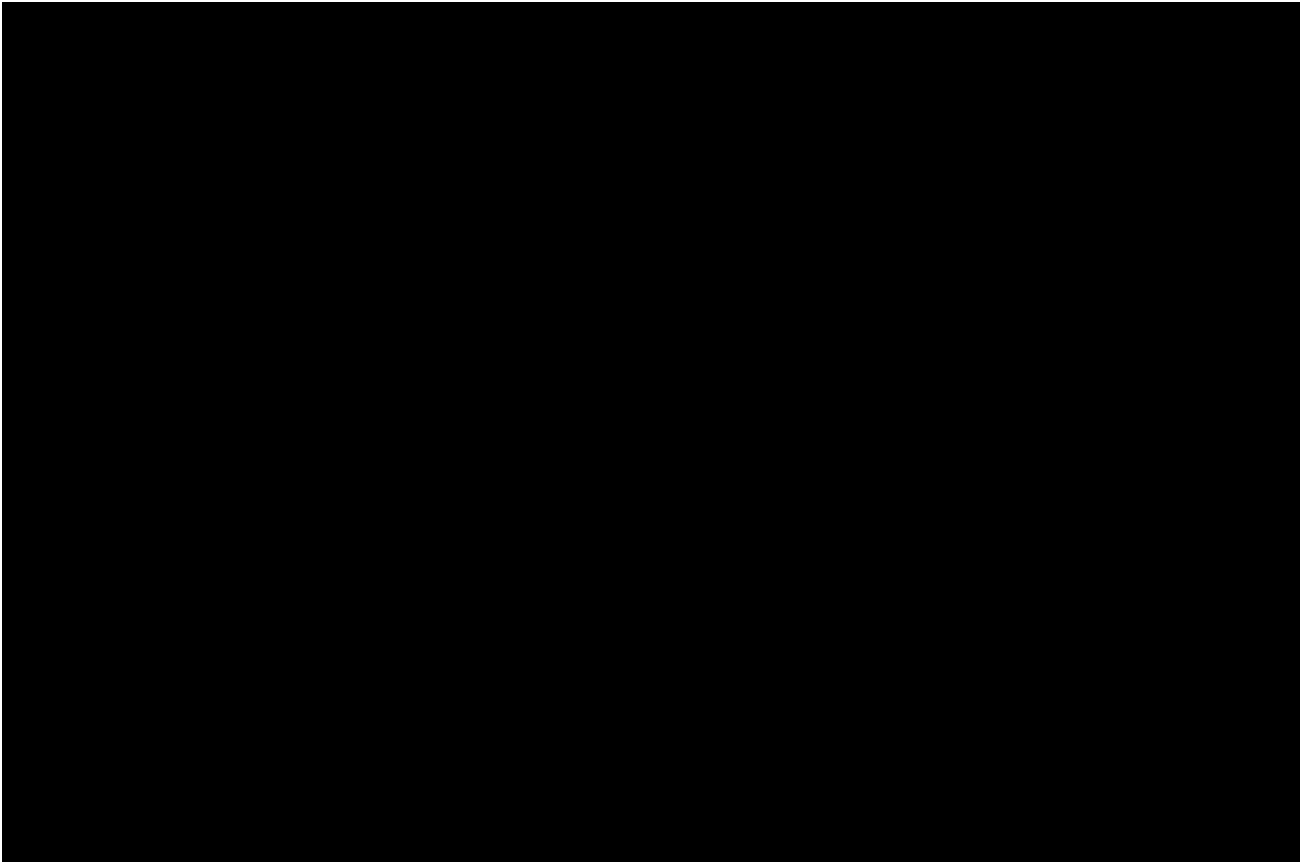
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
UNKNOWN 2008

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

	PSIG	Serial Number
Tank 1:	250	5-592857
Tank 2:	_____	_____
Tank 3:	_____	_____

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 2000 USWG Portable: 139.2 Mobile: _____



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Name of person completing this form (please print) WAQAS ALTAF	Official Title OWNER/OPERATIONS MANAGER
Signature 	Telephone No. 807-623-3236
	Date (dd-mm-yyyy) 01-02-2014



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

Name of Propane Supplier(s) SUPERIOR PROPANE - PRAIRE REGIONAL OPERATIONAL CENTRE		For Office Use - Party No.	
Street No. 140	Street Name / 911 Number / Address, if applicable BANNTYNE AVENUE		
Town / City or Township / Country WINNIPEG		Province MANITOBA	Postal Code
Telephone No. 1-877-873-7467	Fax No. N/A	Contact Name BRUCE JOHNSON	
E-mail JOHNSBRV@SUPERIORPROPANE.COM			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
SUPERIOR PROPANE			
Street No. 3014	Street Name / 911 Number / Address, if applicable ARTHUR STREET WEST		
Town / City or Township / Country THUNDER BAY		Province ONTARIO	Postal Code P7B 6T8
Telephone No. 1-877-873-7467	Fax No. N/A	Contact Name PHIL EDDY	
E-mail EDDYP@SUPERIORPROPANE.COM			

Off-site Cylinder and/or Mobile Storage NONE	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	Postal Code
Telephone No.	Fax No.	Contact Name	

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

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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN

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

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

DIESEL MAX - 25,000 L CLEAR DIESEL - 75,000L & 50,000 L

MARKED DIESEL - 25,000 L

REGULAR GAS - 50,000 L

PERFORMANCE GAS - 25,000 L

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

EMERGENCY SHUT OFF BUTTON - LOCATED ON DISPENSING CABINET & AT CASHIER'S STATION IN THE CONVENIENCE STORE

FIRE EXTINGUISHER - LOCATED IN DISPENSING CABINET

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.

10 - FIRE EXTINGUISHERS INSIDE MAIN BUILDING, SMOKE & FIRE DETECTION UNITS THROUGHOUT BUILDING

2 - FIRE EXTINGUISHERS LOCATED AT GAS ISLANDS, FUSABLE LINKS ON ALL FUEL DISPENSING UNITS

3 - FIRE EXTINGUISHERS LOCATED AT CARDLOCK/DIESEL ISLANDS, Emergency shut off - located at all self serve islands, one on east side of building

1 - Fire suppression system in main kitchen over cooking grilles, Emergency shut off for all units at cashier's counter convenience store

Maintenance and testing schedule for fire protection controls and devices.

Superior safety checks done every six months on fire extinguishers and fire suppression system (certificate provided)

Superior Propane - 6 month inspection of propane dispensing unit including pump and storage tank (certificate provided)

Safety Inspection of Site done monthly - forms completed, signed and kept on site for future reference

daily Propane Inspections done by owner or assigned employee - forms completed, signed and kept on site

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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 WAQAS ALTAF	For Office Use - Party No.	Name WAQAS ALTAF	For Office Use - Party No.
Official Title OWNER/OPERATIONS MANAGER		Official Title OWNER/OPERATIONS MANAGER	
Telephone No. 807-623-3236	Fax No. 807-623-3271	Cell No. 403-448-0136	Fax No. 807-623-3271
E-mail HK8585@POPMAIL.HUSKYENERGY.CA		E-mail HK8585@POPMAIL.HUSKYENERGY.CA	
Role and responsibilities in emergency Co ordinate implementation of emergency response plan		Role and responsibilities in emergency Co ordinate implementation of emergency response plan	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Huzaiifa Labib	For Office Use - Party No.	Name WAQAS ALTAF	For Office Use - Party No.
Official Title Assistant Manager		Official Title OWNER/OPERATIONS MANAGER	
Telephone No. 807-623-3236	Fax No. 807-623-3271	Telephone No. 807-623-3236	Fax No. 807-623-3271
E-mail HK8585@POPMAIL.HUSKYENERGY.CA		E-mail HK8585@POPMAIL.HUSKYENERGY.CA	
Role and responsibilities in emergency Co ordinate on site activity		Role and responsibilities in emergency Co ordinate implementation of emergency response plan	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name JOHN BOORMAN	For Office Use - Party No.	Name SUPERIOR PROPANE HOT LINE	For Office Use - Party No.
Official Title CAPTAIN	E-mail	Official Title	E-mail
Telephone No. 807-625-2103	Fax No. 807-623-4545	Telephone No. 1-877-873-7467	Fax No.
Role and responsibilities in emergency Co.ordinate on site activity		Role and responsibilities in emergency ROLE AND RESPONSIBILITIES IN EMERGENCY	
Fire Services Address		Propane Supplier Address	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name (DEPENDS WHO IS ON DUTY)	For Office Use - Party No.	Name LESLIE MCEACHEM	For Office Use - Party No.
Official Title	E-mail	Official Title MUNICIPAL PLANNER	
Telephone No. 807-625-2849	Fax No. 807-623-4545	Telephone No. 807-625-2833	Fax No.
Role and responsibilities in emergency Co ordinate on site activity		E-mail	
Fire Services Address		Municipality Name and Address DISTRICT OF THUNDER BAY	

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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.

24 - HR camera surveillance inside the building, including cameras at the fuel islands

personal panic button for cashier's working the evening shifts

Emergency response Training at time of hire and annual review with management, cashiers and those holding their propane dispensing certificates receive training & sign off that they have received the training. Copy of the emergency response plan for customer service representatives and propane emergency response procedures reviewed with employees

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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) ANNUAL UPDATE & REVIEW	Print Name of Training Provider: HUSKY ENERGY
	Print Name of Instructor: DAVE BROWN, DISTRICT MANAGER
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) 14-11-2013	Print Name of Training Provider: 8646490 CANADA INC.
	Print Name of Instructor: WAQAS ALTAF
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) 14-11-2013	Print Name of Training Provider: SUPERIOR PROPANE
	Print Name of Instructor: MARK MCNABB
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) 24-10-2014	Print Name of Training Provider: HUSKY ENERGY
	Print Name of Instructor: DAVE BROWN, DISTRICT MANAGER
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) 14-11-2017	Print Name of Training Provider: 8648490 CANADA INC
	Print Name of Instructor: WAQAS ALTAF
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) 14-11-2017	Print Name of Training Provider: SUPERIOR PROPANE
	Print Name of Instructor: MARK MCNABB
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

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

5. Emergency Response Communications Plan

Warnings and Actions

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

Management personnel on site or cashier to call 911 - customers requested to leave site - area blocked to prevent public access to site

Area will be evacuated with all employees meeting at the assembly area as shown on the emergency response plan.

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).

Management personnel or cashier on duty to page -- instructing customers and employees to evacuate building

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).

24 - hr, cashier on duty will call 911, evacuate area, inform management, if not on site.

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

Site is open 24hrs and can be entered from cobalt street or Alloy drive

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

Waqas Altaf and Huzaiifa Labib will keep information updated

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

10 - 20 minutes depending on the time of day

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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 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>20 METERS</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>20 METERS</u> |

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

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

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

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

Yes No

If not, please explain (e.g., no fire services).

Fire services comments, if any:

CONDUCTED REVIEW. UPDATES REQUIRED AND PROVIDED BY OWNER.

To be completed by the Licence Holder

In response to the above comments, the following action(s) is required:

N/A

The licence holder will respond to the Local Fire Services comments by: _____ (dd-mm-yyyy)

LOCAL FIRE SERVICES

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

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name <i>M-PATTERSON</i>	<i>[Signature]</i>	<i>25/06/2014</i>

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SECTION C: SUBMISSIONS (cont'd)
Applicant must include a Facility Site Plan and Map of Surrounding Area

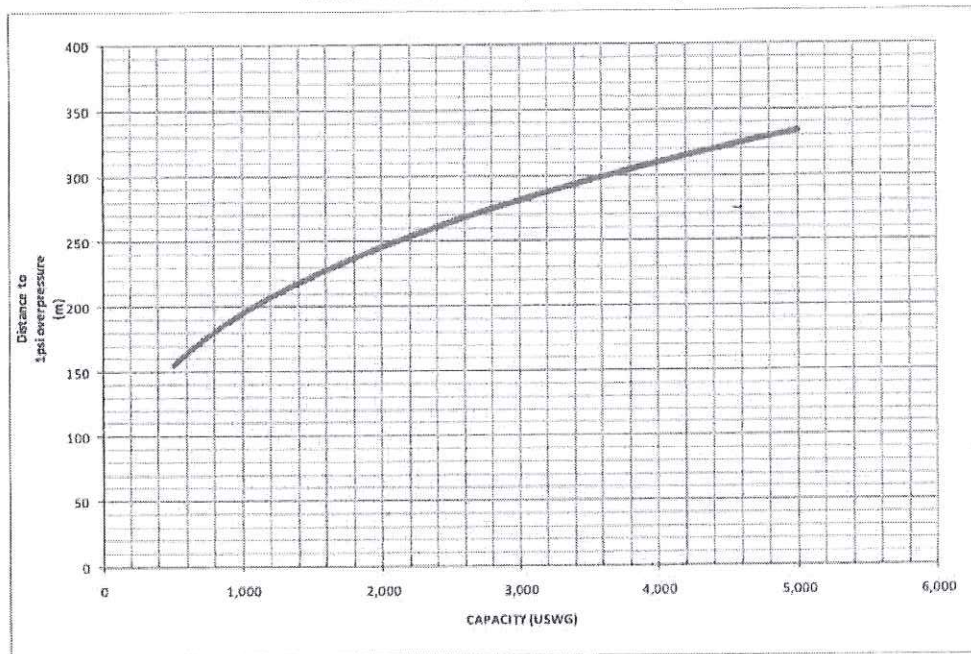
Table 1: Distance Table

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

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

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

Hazard Distance Chart (EPA-TNT model)





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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: CANADA POST SORTING PLANT Address: 1005 ALLOY DRIVE City: THUNDER BAY Province ONTARIO Postal Code P7B 5W4		X			80 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments Name: NONE Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: DAYTONA Address: 965 COBALT CRESCENT City: THUNDER BAY Province ONTARIO Postal Code P7B 5Z4			X		50 m
Commercial building units -- continuous occupancy specifically hotels, campgrounds, and resorts. Name: MAN-SHIELDS INC. Address: 955 COBALT CRESCENT City: THUNDER BAY Province ONTARIO Postal Code P7B 5Z4				X	70 m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: NONE Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: NONE Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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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

WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		NONE
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	24	139.2
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

Tank Size in USWG	Quantity	Total Volume in USWG
		NONE
Total Tank Capacity		

Total Cylinder Capacity	
Total Tank Capacity	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	139.2

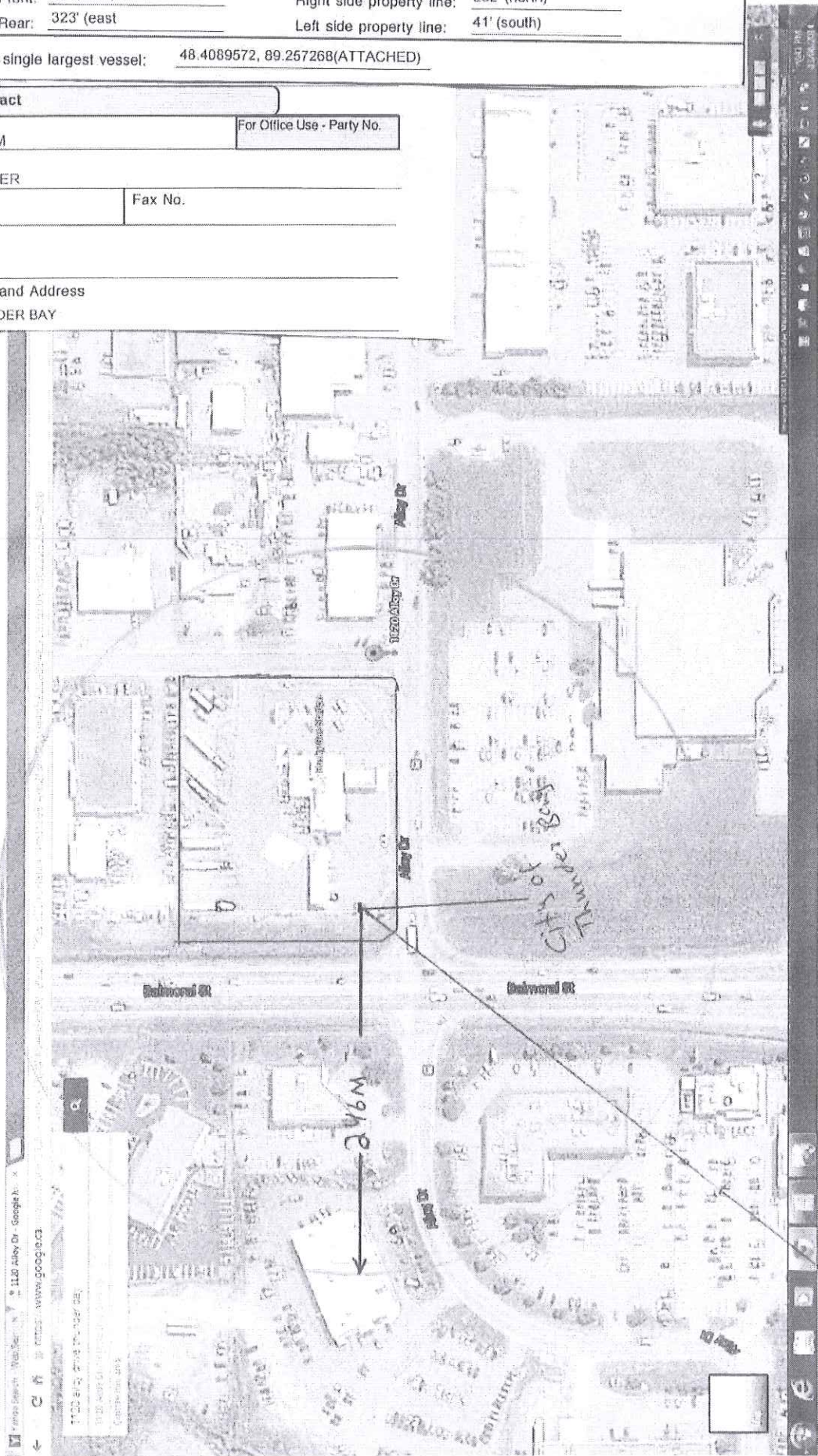
Required Mapping Information from Updated Site Plan

Date Map Prepared (dd-mm-yyyy)	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates: Indicate placement on the map.	
Front: 49' (west)	Right side property line: 262' (north)
Rear: 323' (east)	Left side property line: 41' (south)
GPS coordinates of single largest vessel: 48.4089572, 89.257268(ATTACHED)	

8. Municipal Contact

Name LESLIE MCEACHEM	For Office Use - Party No.
Official Title MUNICIPAL PLANNER	
Telephone No. 807-625-2833	Fax No.
E-mail	
Municipality Name and Address DISTRICT OF THUNDER BAY	

Map of Surrounding Area



1120 Alloy Dr.
Thunder Bay, ON
June 03, 2014

2000 USWG
Propane Tank

Site Plan

