

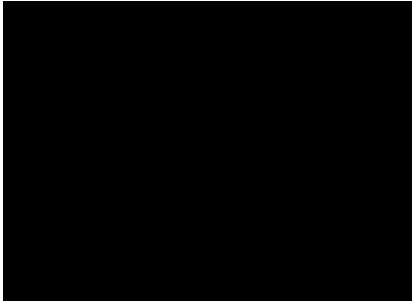


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 14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 2X4
 Fax: 416.231.4903
 Customer Service: 1.877.682.6772

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
- a facility with a fixed propane storage capacity
- USWG of portable propane storage capacity



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: 000076636947

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: UPI GAS BAR (AJ PETRO LIMITED) Ontario Corporation No., if applicable

Operator Name (if different from above)

Telephone No.: 519-664-1312 Fax No. E-mail

Street No.: 1212 Street Name / 911 Number / Address, if applicable: KING ST. NORTH, SUITE 200

Town / City or Township / County: ST. JACOBS Province: ONTAR O Postal Code: N0B 2N0

Mailing address if different from above.

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:

Street No.: 1212 Street Name / 911 Number / Address, if applicable: KING ST. NORTH Nearest Major Intersection: King Street North, between Printery Road and Henry Street

Town / City or Township / County: ST. JACOBS Province: ONTARIO Postal Code: N0B 2N0

Name of Licence Holder: UPI GAS BAR (AJ PETRO LIMITED)

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): HARRY BASRA ROT type: PPO-3

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): TOWNSHIP OF WOOLWICH

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: Robert P. Sicard, MBA, P.Ag. Signature: Date (dd-mm-yyyy): 18/01/2013

Name of Senior Management person as defined in the Regulation holding the Record of Training: President & Chief Executive Officer



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

SECTION A: GENERAL INFORMATION (cont'd)

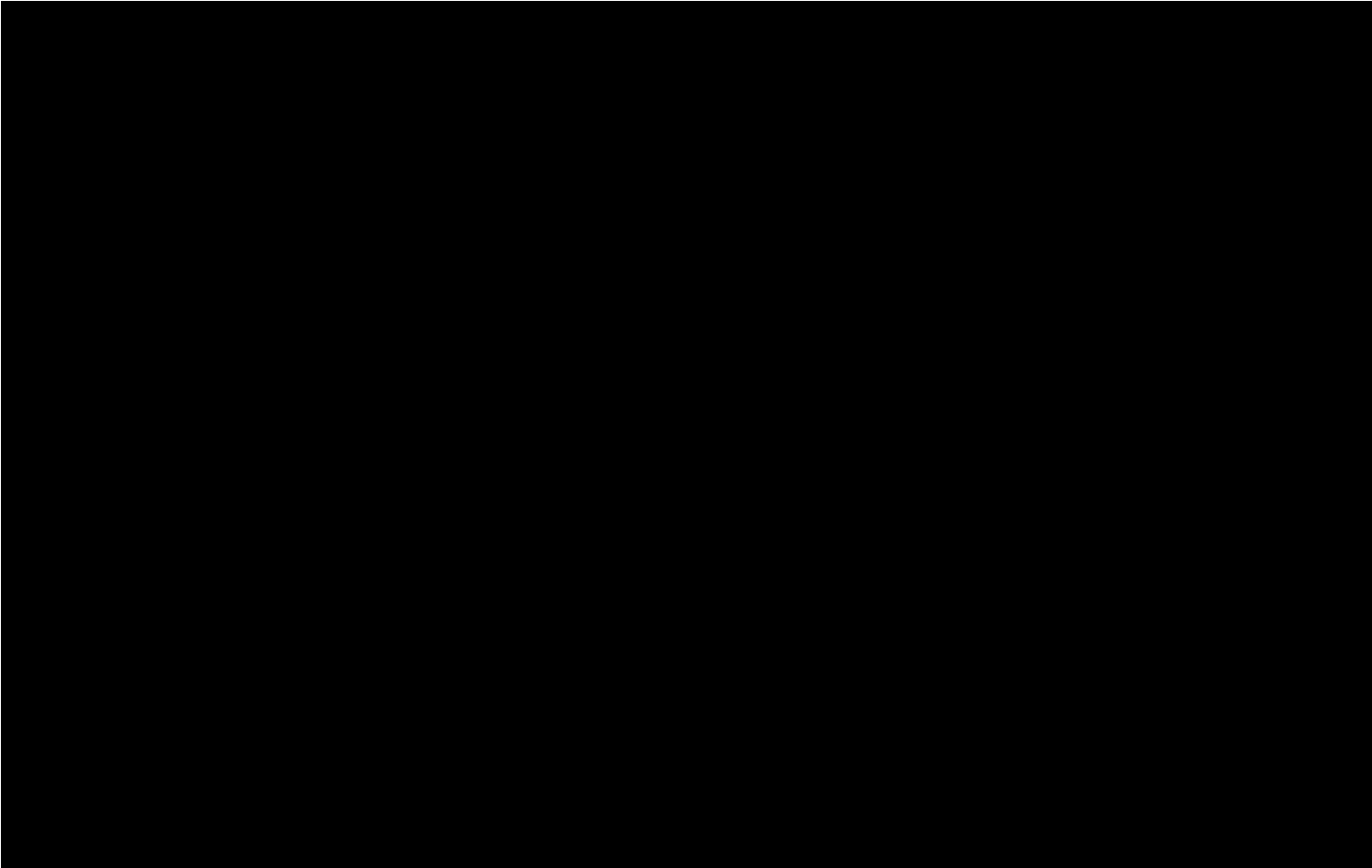
| | |
|--|--|
| Indicate the year the facility was established. August 2002 | Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. N/A |
|--|--|

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

| | PSIG | Serial Number |
|---------|------|---------------|
| Tank 1: | 250 | 373-8 |
| 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: 2,000 USWG Portable: 593 USWG Mobile: 0 USWG



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| | | |
|--|-------------------------------|---------------------------------|
| Name of person completing this form (please print) <i>Mindy Lee</i> | Official Title | |
| Signature <i>Mindy Lee</i> | Telephone No. 416-298-9563 | Date (dd-mm-yyyy) 18-01-2013 |



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

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

| | | | |
|-----------------------------------|---|--------------|-------------|
| Name of Propane Supplier(s) | | [REDACTED] | |
| UPI ENERGY LP | | | |
| Street No. | Street Name / 911 Number / Address, if applicable | | |
| 105 | Silvercreek Parkway North, Suite 200 | | |
| Town / City or Township / Country | | Province | Postal Code |
| GUELPH | | ONTARIO | N1H 8M1 |
| Telephone No. | Fax No. | Contact Name | |
| 519-240-8591 | 519-821-4919 | Dana Wells | |
| E-mail | | | |
| dwells@upi.on.ca | | | |

| | | | |
|---|---|-----------------|-------------|
| Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/> | | [REDACTED] | |
| Primemax Energy Inc. | | | |
| Street No. | Street Name / 911 Number / Address, if applicable | | |
| 2558 | Cedar Creek Road SS 2 | | |
| Town / City or Township / Country | | Province | Postal Code |
| Ayr | | ONTARIO | N0B 1E0 |
| Telephone No. | Fax No. | Contact Name | |
| 519-740-8209 | 519-740-1015 | Anthony Hiebert | |
| E-mail | | | |
| ahiebert@primemaxenergy.com | | | |

| | | |
|---|---|----------------------------|
| Off-site Cylinder and/or Mobile Storage | Capacity stored off-site, in USWG | For Office Use - Party No. |
| N/A | | |
| 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.

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) | Official Title | |
| JUDY UE | | |
| Signature | Telephone No. | Date (dd-mm-yyyy) |
| | 416-298-9563 | 18-01-2013 |



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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.
The facility is part of a gas station. The following hazardous material storage is present:

Gas station - underground storage tanks: 1 x 45,400 L, 1x 25,400 L and 1 x 20,000 L gasoline; 1 x 15,000 L diesel.

Gas bar retail store - engine oils in 1L bottles (uncontrolled quantities)

At the property is an auto repairs shop (separate business), with uncontrolled quantities of acetylene and oxygen cylinders stored inside the building.

Description of fire and emergency equipment indicated on facility site map.
Fire extinguisher on located next to propane tank.

Emergency Stop button located at bollard around propane tank, and at gas bar cash register.

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.
Emergency Stop button located at bollard around propane tank, and at gas bar cash register. A cabinet houses the propane cylinder fill equipment, and the and tank ISC valve is connected to a lever via a fusible link. The lever is located next to the cabinet door, and must be pulled to the vertical position, which shuts the ISC valve, before the cabinet door fully closes. The ISC valve will also automatically close when the temperature-sensitive fusible link breaks.
The propane fill pump can be shut off by the 2 emergency stop buttons, as well as the local (at tank) & main power switch (at store).

Maintenance and testing schedule for fire protection controls and devices.
Annual checks are done by qualified technicians (third party) for the following: fire extinguishers, ISC valve, fusible link, emergency shut down switches.

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| | | |
|--|--------------------------------------|--|
| Name of person completing this form (please print) <i>JUDY UE</i> | Official Title | |
| Signature <i>Judy UE</i> | Telephone No. <i>416-298-4563</i> | Date (dd-mm-yyyy) <i>18-01-2013</i> |



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

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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact

| | |
|---|----------------------------|
| Name | For Office Use - Party No. |
| Harry Basra | |
| Official Title | |
| UPI Energy Agent | |
| Telephone No. | Fax No. |
| 519-664-1312 | |
| E-mail | |
| n/a | |
| Role and responsibilities in emergency | |
| ERT (Emergency Response Team) Member. Stop filler plant operations, notify others nearby & coordinate evacuation of facility. Call 911 and UPI. | |

5. Facility 24-Hour Contact Person

| | | |
|---|----------------------------|--|
| Name | For Office Use - Party No. | |
| Dana Wells (UPI Energy LP) | | |
| Official Title | | |
| Manager, ERT, Compliance & Fleet Services | | |
| Cell No. | Fax No. | |
| 519-240-8591 | 519-821-4919 | |
| E-mail | | |
| dwells@upi.on.ca | | |
| Role and responsibilities in emergency | | |
| ERT (Emergency Response Team) Member/ Coordinator | | |

2. Facility Contact Personnel - Alternate Contact

| | |
|---|----------------------------|
| Name | For Office Use - Party No. |
| Megan Golden | |
| Official Title | |
| UPI Retail Manager | |
| Telephone No. | Fax No. |
| 519-831-3267 | 519-821-2826 |
| E-mail | |
| mgolden@upi.on.ca | |
| Role and responsibilities in emergency | |
| ERT (Emergency Response Team) Member. Stop filler plant operations, notify others nearby & coordinate evacuation of facility. Call 911 and UPI. | |

6. Name of Facility Manager

| | |
|---|----------------------------|
| Name | For Office Use - Party No. |
| Harry Basra | |
| Official Title | |
| UPI Energy Agent | |
| Telephone No. | Fax No. |
| 519-664-1312 | |
| E-mail | |
| n/a | |
| Role and responsibilities in emergency | |
| ERT (Emergency Response Team) Member. Stop filler plant operations, notify others nearby & coordinate evacuation of facility. Call 911 and UPI. | |

3. Local Fire Services - Key Contact

| | |
|---|----------------------------|
| Name | For Office Use - Party No. |
| Rick Pedersen | |
| Official Title | E-mail |
| Township Fire Chief | rpedersen@woolwich.ca |
| Telephone No. | Fax No. |
| 519-664-2887 | 519-664-2018 |
| Role and responsibilities in emergency | |
| Evacuation, establish safety zones, fire suppression, cool propane tank | |
| Fire Services Address | |
| 3 Water Street, St. Jacobs, ON | |

7. Propane Supplier Key Contact Person

| | | |
|---|----------------------------|--|
| Name | For Office Use - Party No. | |
| Dana Wells (UPI Energy LP) | | |
| Official Title | E-mail | |
| Manager, ERT, Compliance & Fleet | dwells@upi.on.ca | |
| Telephone No. | Fax No. | |
| 800-396-2667 or 519-240-8591 | 519-821-4919 | |
| Role and responsibilities in emergency | | |
| ERT (Emergency Response Team) Coordinator | | |
| Propane Supplier Address | | |
| 105 Silvercreek Parkway N, Suite 200, Guelph ON N1H 8M1 | | |

4. Local Fire Services - Alternate Contact

| | |
|---|----------------------------|
| Name | For Office Use - Party No. |
| Craig Hoffman | |
| Official Title | E-mail |
| Deputy Fire Chief | |
| Telephone No. | Fax No. |
| 519-664-2887 | 519-664-2018 |
| Role and responsibilities in emergency | |
| Evacuation, establish safety zones, fire suppression, cool propane tank | |
| Fire Services Address | |
| 3 Water St St., Jacobs ON N0B 2N0 | |

8. Municipal Contact

| | |
|---|--------------|
| Name | |
| Rick Pederson | |
| Official Title | |
| Township Fire Chief | |
| Telephone No. | Fax No. |
| 519-664-2887 | 519-664-2018 |
| E-mail | |
| rpedersen@woolwich.ca | |
| Municipality Name and Address | |
| 24 Church St W, PO Box 158, Elmira ON N3B 2Z6 | |

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) | Official Title | |
| JUDY UE | | |
| Signature | Telephone No. | Date (dd-mm-yyyy) |
| <i>Judy UE</i> | 416-298-9563 | 18-01-2013 |



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Technical Standards and Safety Act
Propane Storage and Handling Regulation

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.

All staff members are trained on proper usage of fire extinguishers.

All staff members, certificate holders and non-certificate holders are trained on emergency procedures.

Elevated training standard: UPI Energy LP requires a passing mark of 90% on all tests.

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| | | | |
|---|-------------------------------|---------------------------------|--|
| Name of person completing this form (please print) JUDY UE | | Official Title | |
| Signature | Telephone No. 416-298-9563 | Date (dd-mm-yyyy) 18-01-2013 | |



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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) FEBRUARY 2012 | Print Name of Training Provider: UPI ENERGY LP |
| | Print Name of Instructor: MEGAN GOLDEN |
| 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) DECEMBER 2012 | Print Name of Training Provider: UPI ENERGY LP |
| | Print Name of Instructor: HARRY BASRA |
| Training Date (dd-mm-yyyy) JULY 2012 | Print Name of Training Provider: UPI ENERGY LP |
| | Print Name of Instructor: HARRY BASRA |
| 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) DECEMBER 2012 | Print Name of Training Provider: UPI ENERGY LP |
| | Print Name of Instructor: HARRY BASRA |
| Training Date (dd-mm-yyyy) JULY 2012 | Print Name of Training Provider: UPI ENERGY LP |
| | Print Name of Instructor: HARRY BASRA |
| 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) JUDY LIE | Official Title | |
| Signature <i>Judy Lie</i> | Telephone No. 416-298-9563 | Date (dd-mm-yyyy) 18-01-2013 |



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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) FEBRUARY 2013 | Print Name of Training Provider: UPI ENERGY LP |
| | Print Name of Instructor: MEGAN GOLDEN |
| 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) FEBRUARY 2013 | Print Name of Training Provider: UPI ENERGY LP |
| | Print Name of Instructor: HARRY BASRA |
| 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) FEBRUARY 2013 | Print Name of Training Provider: UPI ENERGY LP |
| | Print Name of Instructor: HARRY BASRA |
| 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) <i>JUDY LIE</i> | Official Title | |
| Signature <i>Judy Lie</i> | Telephone No. <i>416-298-9563</i> | Date (dd-mm-yyyy) <i>18-01-2013</i> |



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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 Propane Facility employee is an Emergency Response Team (ERT) member. Upon detection of ignited or unignited propane leak that is not contained, he will verbally notify personnel nearby to evacuate safely to the mustering point and ensure that all directions are followed. From a safe location, he will then call 911 and UPI Energy LP emergency response @ 1-800-396-2667. See Emergency Response and Preparedness Plan (ERPP) in the attached supplementary information package.

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).

See above. The mustering point is the Northwest corner of the property (see drawing 8.3 in the attached supplementary information package.)

See ERPP in the attached supplementary information package.

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).

Upon detection of ignited or unignited propane leak that is not contained, the ERT member will call 911, as well as UPI Energy LP @ 1-800-396-2667, from a safe location. See ERPP in the attached supplementary information package.

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

The propane facility is accessible at all times. The metal cabinet which houses the propane cylinder fill equipment is closed and locked outside of operating hours. This lock can be broken open for fire department access.

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

UPI Energy LP Emergency Response Team (ERT) Coordinator is available 24 hr/day, 365 days/year @ 1-800-396-2667. When the ERT member places the call to alert the ERT Coordinator, the ERT Coordinator will assign a Qualified Local Person to be the main liaison to the local authorities responsible for the external emergency plan and will provide an estimated time for a the Qualified Local Person to respond to the site. See ERPP in the attached supplementary information package.

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

30 min to 60 min.

See ERPP in the attached supplementary information package.

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| | | |
|--|----------------|-------------------|
| Name of person completing this form (please print) | Official Title | |
| JUDY UE | | |
| Signature | Telephone No. | Date (dd-mm-yyyy) |
| | 416-248-9563 | 18-01-2013 |



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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 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>30 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> |

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>JUDY LIE</i> | Official Title | |
| Signature <i>Judy Lie</i> | Telephone No. <i>416-298-9563</i> | Date (dd-mm-yyyy) <i>18-01-2013</i> |



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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:

Please see attached letter from Rick Pedersen, Township of Woolwich Fire Chief.

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.

| Print name | Signature | Date (dd-mm-yyyy) |
|---|-----------|-------------------|
| Local Fire Services Name Rick Pedersen, Township of Woolwich Fire Chief | | |

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) JUDY UE | Official Title |
| Signature <i>Judy UE</i> | Telephone No. 416-298-9563 |
| | Date (dd-mm-yyyy) 18-01-2013 |



THE TOWNSHIP OF

WOOLWICH

BOX 108, 24 CHURCH ST. W.
E. MIRA, ONTARIO N3B 2Z0
TEL. 519 669 1647 • 648 Ex. 519-669-2613
COUNCIL/CAO CLERKS FAX 519 669-1670
PLANNING/ENGINEERING BUILDING FAX 519 669 4669
FINANCE/RECREATION/FACILITIES FAX 519 669 9349

April 19, 2011

Approval of Level 2 Risk and Safety Management Plan-Subsection 27, 1(1) of Ontario Regulation 211/01 as amended, made under the Technical Standards and Safety Act, 2000

This approval is made for the purpose of subsection 27. (1) Of Ontario Regulation 211/01 as amended, and for no other purpose. The approval relates to documents entitled Level 2 Risk and Safety management Plan for propane facility located at 1212 King Street North, Unit 2, St. Jacobs, Ontario received February 12th 2011.

This approval is provided by the Woolwich Fire Department, a fire service defined in Ontario Regulation 211/01 as amended, which is responsible, for where UPI Gas Bar, AJ Petro Limited is located.

In accordance with subsection 27.1(2) of Ontario Regulation 211/01 as amended, the above mentioned fire service hereby approves all components of the risk and safety management plan for the UPI Gas Bar that address fire safety, fire protection and emergency preparedness.

1212 King Street North, Unit 2, St. Jacobs: A retail outlet looking for an application for the renewal of a license occurring in the first year after subsection 27 (2.1) of the Regulation comes into force.

Date of Approval: April 19th 2011.

Township of Woolwich Fire Chief: Rick Pedersen

Signature: _____



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

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) January 2012 | Capacity of single largest propane storage vessel (USWG) 2,000 USWG |
| Tank setback coordinates. Indicate placement on the map. | |
| Front: 25' | Right side property line: 165' |
| Rear: 99' | Left side property line: 55' |
| GPS coordinates of single largest vessel: | 43° 31'51.02" N, 80° 33'16.87" W |

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>JUDY UE</i> | Official Title | |
| Signature <i>[Signature]</i> | Telephone No. <i>416-298-9563</i> | Date (dd-mm-yyyy) <i>18-01-2013</i> |



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www.tssa.org

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Toronto Ontario M8X 2X4
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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

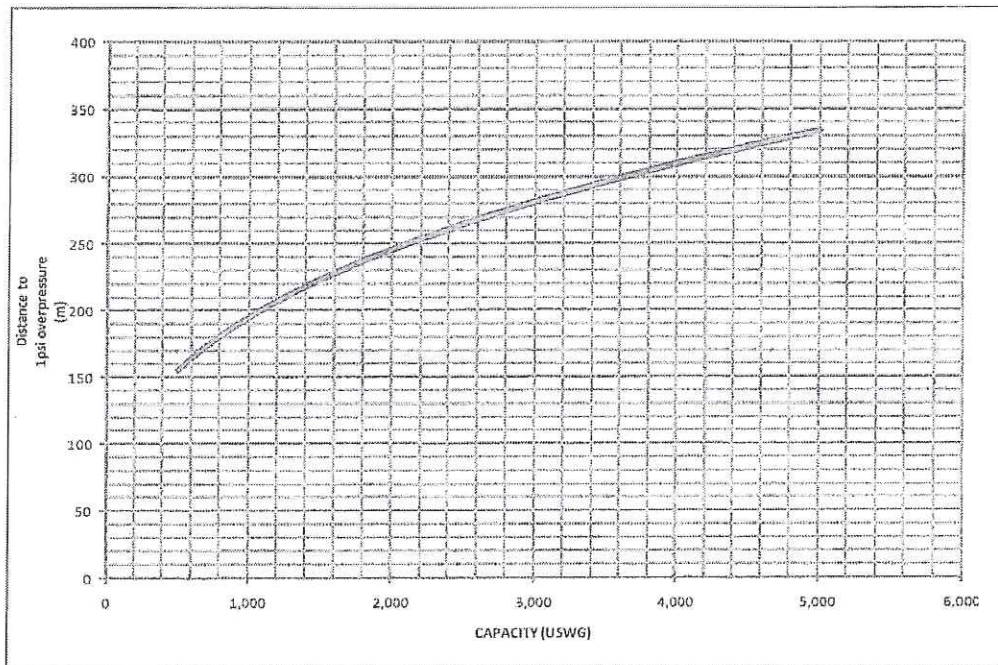
Table 1: Distance Table

| 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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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: Fairway Lumber Company Limited (Home Hardware) Address: P.O. Box 151, 1205 King Street North City: St. Jacobs Province Ontario Postal Code N0B 2N0 | | | X | | 60 m |
| Residential building units specifically permanent single family dwellings, condominiums, and apartments [Redacted] | | | | X | 25 m |
| Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Pop's Pizza and Restaurant Address: 1212 King Street North, City: St. Jacobs Province Ontario Postal Code N0B 2N0 | | | | | 20 m |
| Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: N/A Address: City: Province Postal Code | X | | | | N/A m |
| Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: N/A Address: City: Province Postal Code | X | | | | N/A m |
| Emergency responders specifically fire stations, ambulance stations, and police stations. Name: N/A Address: City: Province Postal Code | X | | | | N/A 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) <i>JUDY UE</i> | Official Title | |
| Signature <i>Judy UE</i> | Telephone No. 416-298-9563 | Date (dd-mm-yyyy) 18-01-2013 |



Technical Standards and Safety Authority
www.issa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X2X4
Fax: 416.231.4903
Customer Service: 1.877.582.8772

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

WORKSHEET

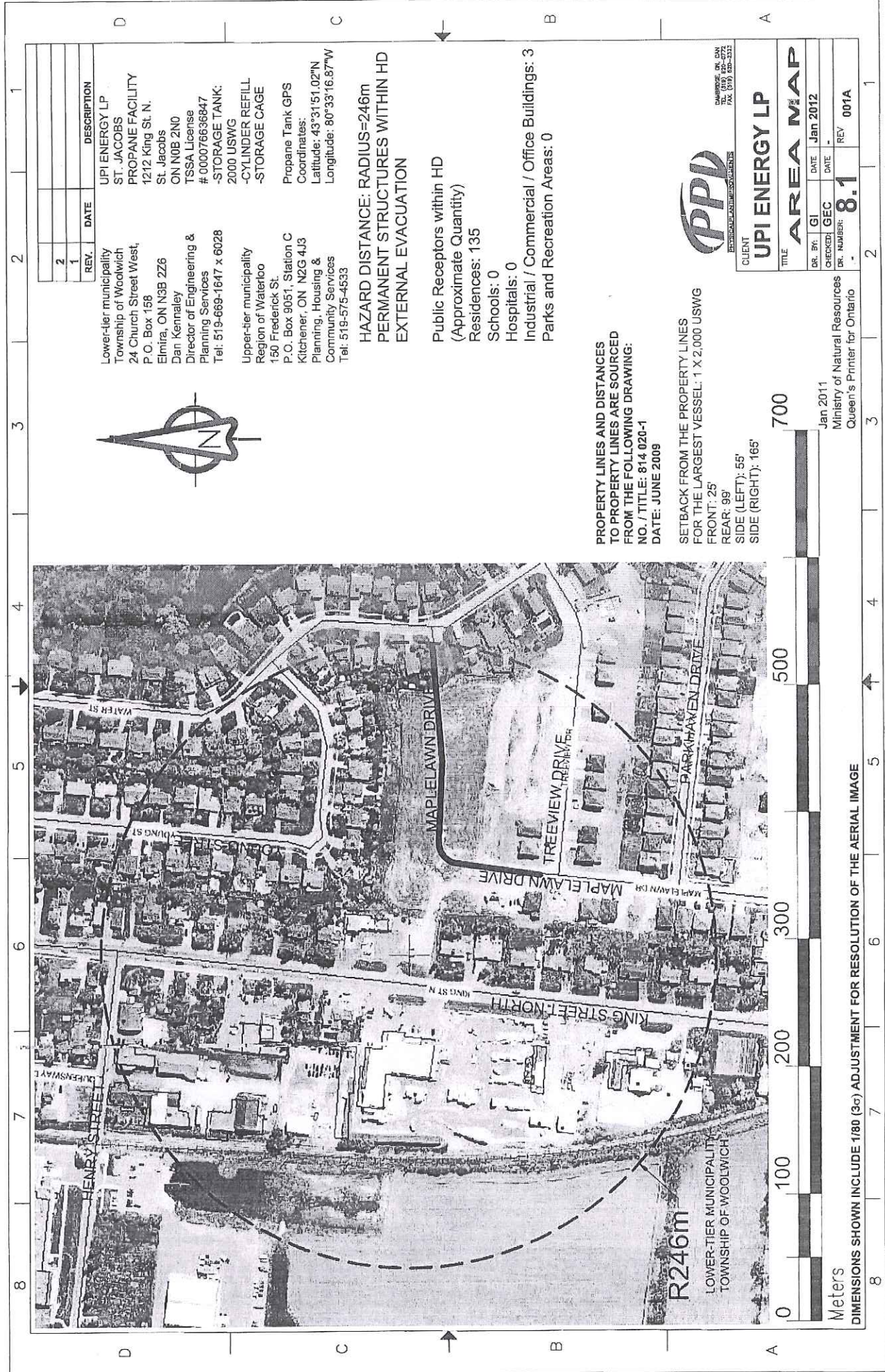
Portable Storage Additional Information Worksheet

| Cylinder Size | Capacity in USWG | Quantity | Total Volume in USWG |
|--------------------------------|------------------|----------|----------------------|
| # 420 | 123.9 | 0 | 0 |
| # 100 | 29.5 | 6 | 177 |
| # 40 | 11.75 | 6 | 71 |
| # 33.3 | 9.62 | 6 | 58 |
| # 30 | 8.8 | 6 | 53 |
| # 20 | 5.8 | 36 | 209 |
| # 10 | 2.9 | 6 | 17 |
| # 5 | 1.5 | 6 | 9 |
| Total Cylinder Capacity | | | 593 |

Tanks Stored On-site Not Connected for Use

| Tank Size In USWG | Quantity | Total Volume in USWG |
|----------------------------|----------|----------------------|
| N/A | N/A | N/A |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Tank Capacity | | N/A |

| | |
|---|----------|
| Total Cylinder Capacity | 593 USWG |
| Total Tank Capacity | 0 USWG |
| Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity) | 593 USWG |



| REV. | DATE | DESCRIPTION |
|------|------|-------------|
| 1 | | |
| 2 | | |

Lower-tier municipality
 Township of Woolwich
 24 Church Street West,
 P.O. Box 168
 Elmira, ON N3B 2Z6
 Dan Kennaley
 Director of Engineering &
 Planning Services
 Tel: 519-669-1647 x 6028

Upper-tier municipality
 Region of Waterloo
 150 Frederick St.
 P.O. Box 9051, Station C
 Kitchener, ON N2G 4J3
 Planning, Housing &
 Community Services
 Tel: 519-575-4533

UPI ENERGY LP
 ST. JACOBS
 PROPANE FACILITY
 1212 King St. N.
 St. Jacobs
 ON N0B 2N0
 TSSA License
 # 000076636847
 -STORAGE TANK:
 2000 USWG
 -CYLINDER REFILL
 -STORAGE CAGE

Propane Tank GPS
 Coordinates:
 Latitude: 43°31'51.02"N
 Longitude: 80°33'16.87"W

HAZARD DISTANCE: RADIUS=246m
PERMANENT STRUCTURES WITHIN HD
EXTERNAL EVACUATION

Public Receptors within HD
 (Approximate Quantity)
 Residences: 135
 Schools: 0
 Hospitals: 0
 Industrial / Commercial / Office Buildings: 3
 Parks and Recreation Areas: 0



| | | | |
|-------------|-----|---------------|----------|
| CLIENT | | UPI ENERGY LP | |
| TITLE | | | |
| AREA MAP | | | |
| DR. BY: | GI | DATE | Jan 2012 |
| CHECKED: | GEC | DATE | - |
| DR. NUMBER: | 8.1 | | REV 001A |

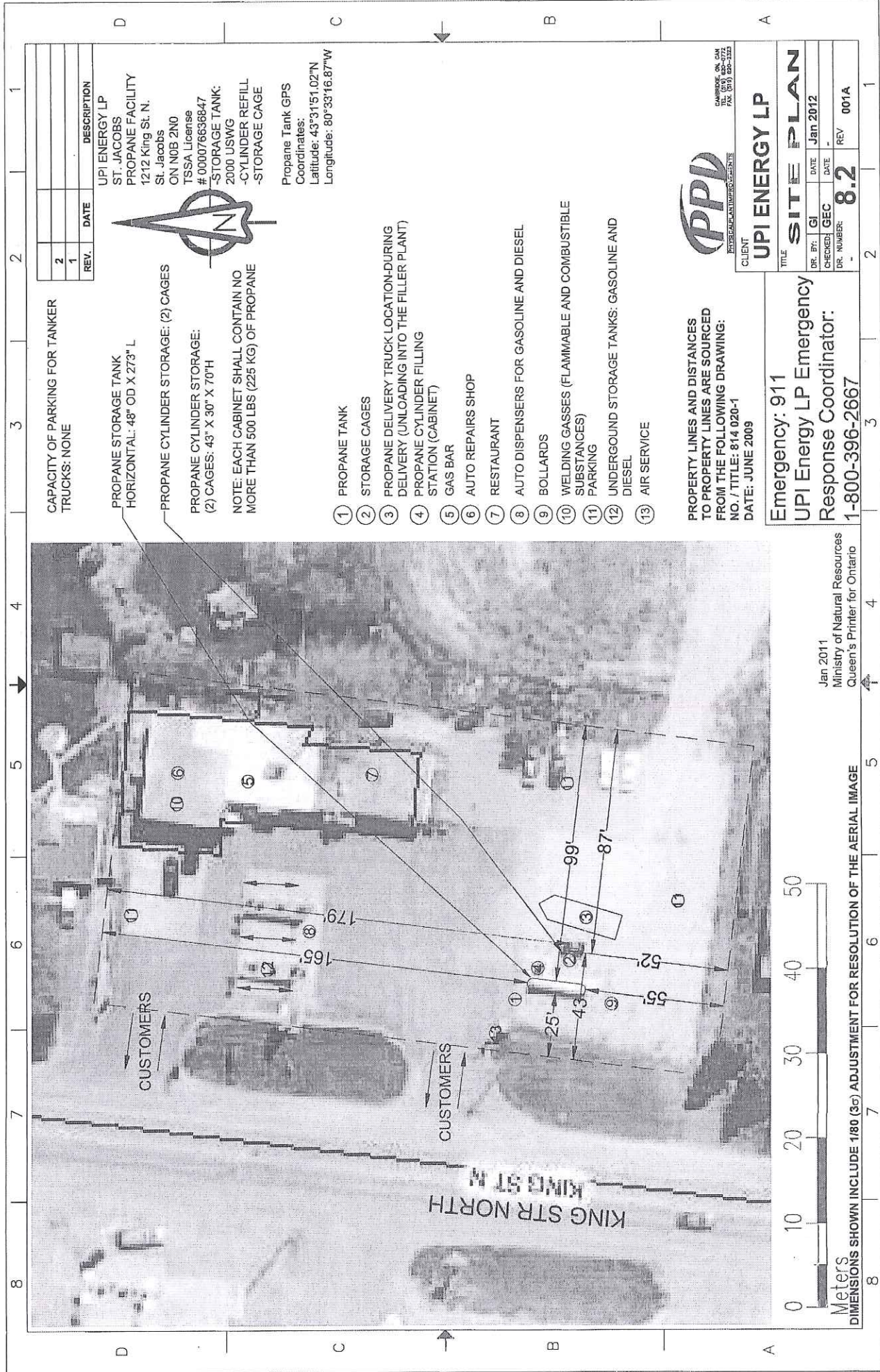
PROPERTY LINES AND DISTANCES
 TO PROPERTY LINES ARE SOURCED
 FROM THE FOLLOWING DRAWING:
 NO. / TITLE: 814 020-1
 DATE: JUNE 2009

SETBACK FROM THE PROPERTY LINES
 FOR THE LARGEST VESSEL: 1 X 2,000 USWG
 FRONT: 25'
 REAR: 95'
 SIDE (LEFT): 55'
 SIDE (RIGHT): 165'



Jan 2011
 Ministry of Natural Resources
 Queen's Printer for Ontario

DIMENSIONS SHOWN INCLUDE 1180 (30) ADJUSTMENT FOR RESOLUTION OF THE AERIAL IMAGE



CAPACITY OF PARKING FOR TANKER TRUCKS: NONE

PROANE STORAGE TANK HORIZONTAL: 48" OD X 273" L

PROANE CYLINDER STORAGE: (2) CAGES

PROANE CYLINDER STORAGE: (2) CAGES: 43" X 30" X 70"H

NOTE: EACH CABINET SHALL CONTAIN NO MORE THAN 500 LBS (225 KG) OF PROANE

| REV. | DATE | DESCRIPTION |
|------|------|-------------|
| 1 | | |
| 2 | | |

UPI ENERGY LP
 ST. JACOBS
 PROPANE FACILITY
 1212 King St. N.
 St. Jacobs
 ON N0B 2N0
 TSSA License
 # 000076636847
 -STORAGE TANK:
 2000 USWG
 -CYLINDER REFILL
 -STORAGE CAGE
 Propane Tank GPS
 Coordinates:
 Latitude: 43°31'51.02"N
 Longitude: 80°33'16.87"W



- ① PROANE TANK
- ② STORAGE CAGES
- ③ PROANE DELIVERY TRUCK LOCATION DURING DELIVERY (UNLOADING INTO THE FILLER PLANT)
- ④ PROANE CYLINDER FILLING STATION (CABINET)
- ⑤ GAS BAR
- ⑥ AUTO REPAIRS SHOP
- ⑦ RESTAURANT
- ⑧ AUTO DISPENSERS FOR GASOLINE AND DIESEL
- ⑨ BOLLARDS
- ⑩ WELDING GASSES (FLAMMABLE AND COMBUSTIBLE SUBSTANCES)
- ⑪ PARKING
- ⑫ UNDERGROUND STORAGE TANKS: GASOLINE AND DIESEL
- ⑬ AIR SERVICE



PROPERTY LINES AND DISTANCES TO PROPERTY LINES ARE SOURCED FROM THE FOLLOWING DRAWING:
 NO. / TITLE: 814 020-1
 DATE: JUNE 2009

Emergency: 911
 UPI Energy LP Emergency Response Coordinator:
 1-800-396-2667



Meters
 DIMENSIONS SHOWN INCLUDE 1/80 (3σ) ADJUSTMENT FOR RESOLUTION OF THE AERIAL IMAGE

Jan 2011
 Ministry of Natural Resources
 Queen's Printer for Ontario

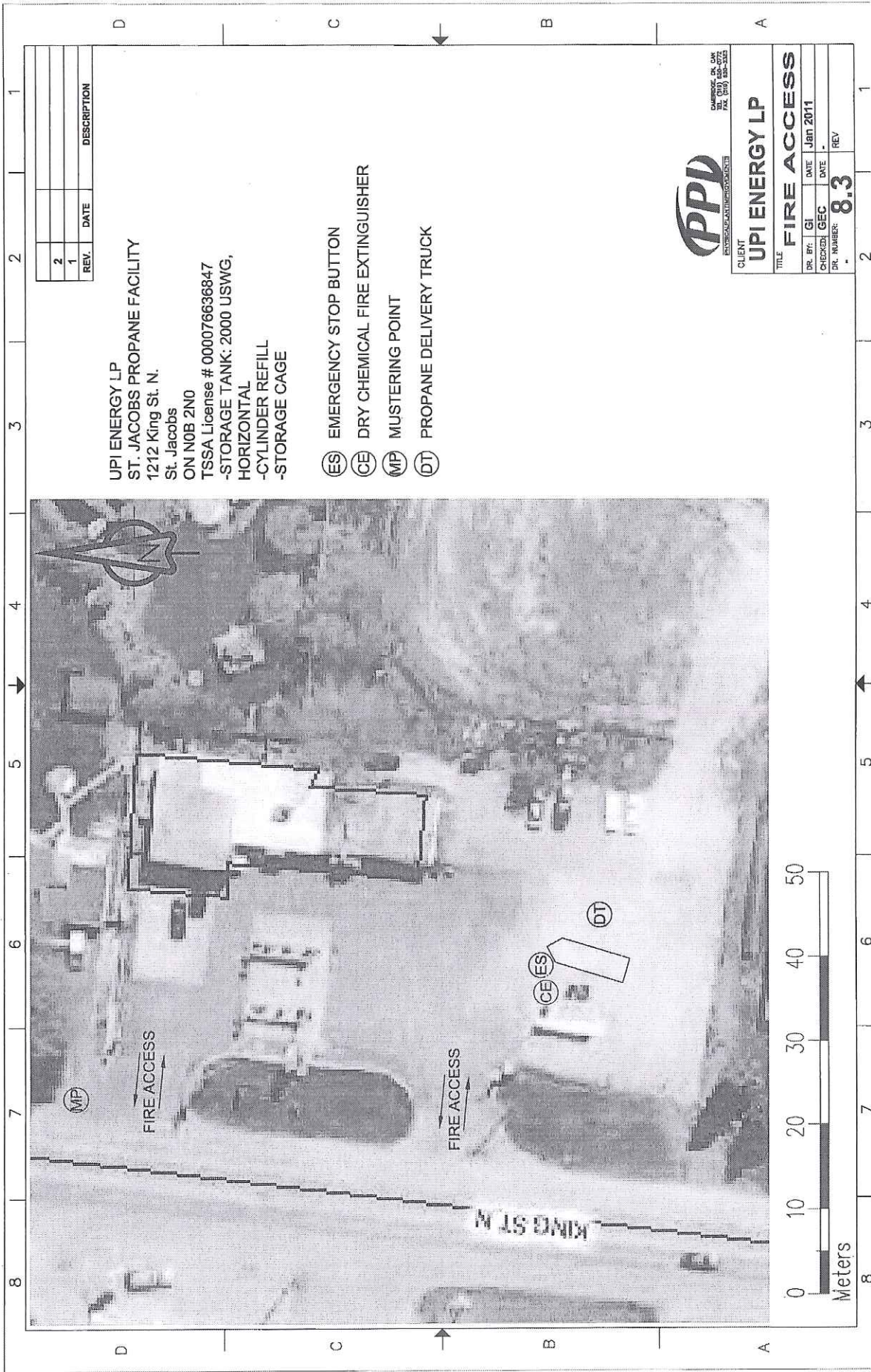
| DR. BY: | GI | DATE |
|---------|----|----------|
| | | Jan 2012 |

| CHECKED: | GEC | DATE |
|----------|-----|------|
| | | |

| DR. NUMBER: | REV. |
|-------------|------|
| 8.2 | 001A |

CLIENT: UPI ENERGY LP
 TITLE: SITE PLAN

CAMBRIDGE, ON, CAN
 TEL: (519) 882-3222
 FAX: (519) 882-3223



UPI ENERGY LP
 ST. JACOBS PROPANE FACILITY
 1212 King St. N.
 St. Jacobs
 ON N0B 2N0
 TSSA License # 000076636847
 -STORAGE TANK: 2000 USWG,
 HORIZONTAL
 -CYLINDER REFILL
 -STORAGE CAGE

- (ES) EMERGENCY STOP BUTTON
- (CE) DRY CHEMICAL FIRE EXTINGUISHER
- (MP) MUSTERING POINT
- (DT) PROPANE DELIVERY TRUCK

| REV. | DATE | DESCRIPTION |
|------|------|-------------|
| 2 | | |
| 1 | | |



| | | | |
|-------------|-----|---------------|----------|
| CLIENT | | UPI ENERGY LP | |
| TITLE | | | |
| FIRE ACCESS | | | |
| DR. BY: | GI | DATE | JUN 2011 |
| CHECKED: | GEC | DATE | - |
| DR. NUMBER: | 8.3 | REV | - |

