



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*.

A Company Name 2447911 ONTARIO INC Corporation No. 2447911
 Operator Name (if different from above) _____

Telephone No. 905-994-1111 Fax No. 905-994-1112 E-mail akikhera@hotmail.com

B Street No. 1396 Street Name / 911 Number / Address, if applicable Garrison Rd
 Town / City or Township / County Fort Erie Province ON Postal Code L2H 1P1
 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. 1396 Street Name / 911 Number / Address, if applicable Garrison Rd Nearest Major Intersection Garrison & Pettit Rd
 Town / City or Township / County Fort Erie, Canada Province ON Postal Code L2H 1P1

Name of Licence Holder Amit Khera

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Amit Khera ROT type 100-01

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Town of Fort Erie

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 <u>Amit Khera</u>	Print name <u>Amit Khera</u>	Signature	Date (dd-mmm-yyyy) <u>07-03-2016</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Amit Khera</u>	Print name <u>Amit Khera</u>		



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SECTION A: GENERAL INFORMATION (cont'd)

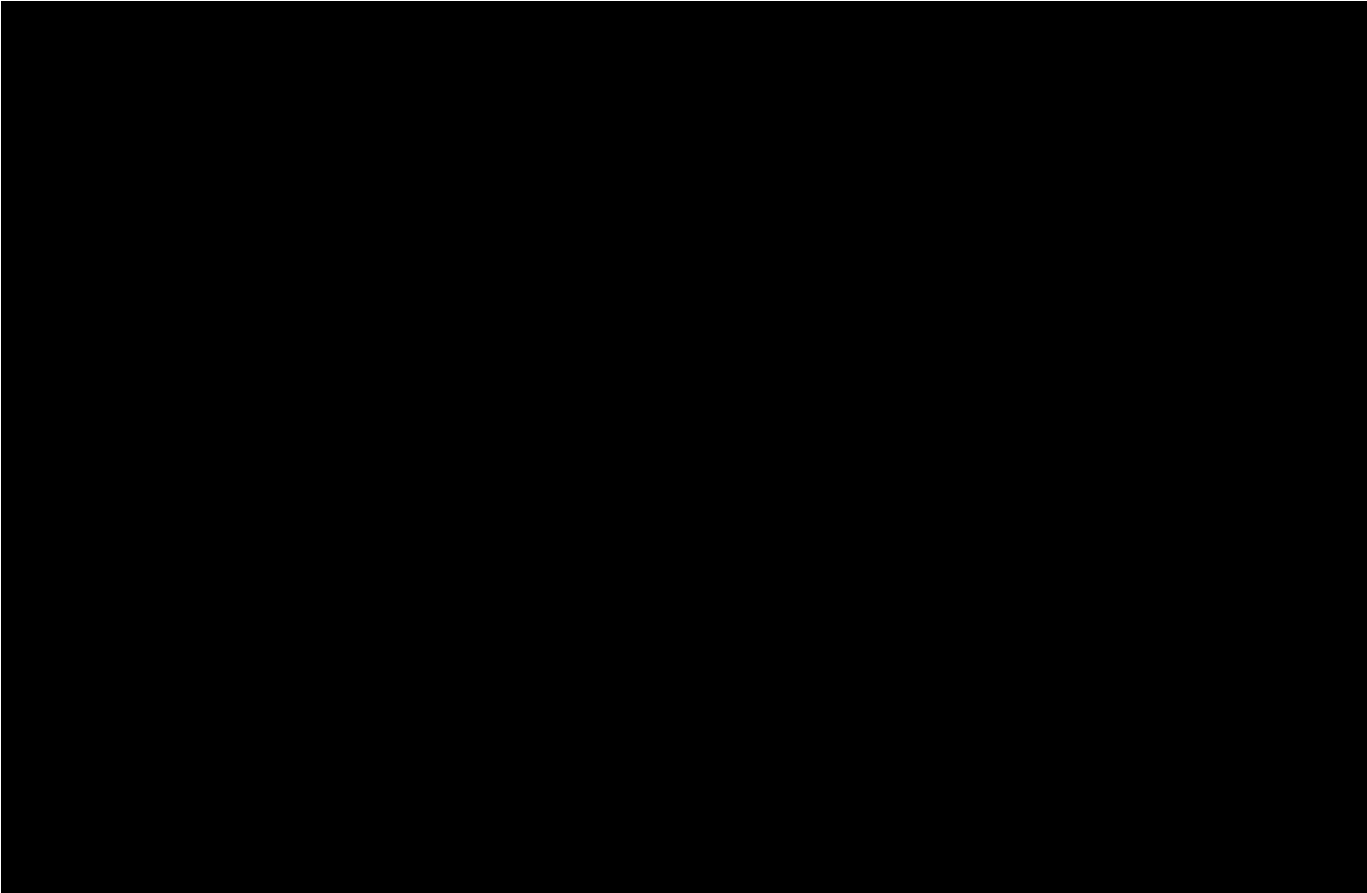
Indicate the year the facility was established. _____ Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. _____

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

	PSIG	Serial Number
Tank 1:	W.P. 250 PSI @ 60°F	5592540
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: _____ Mobile: _____



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Name of person completing this form (please print) Amit Khera		Official Title Director	
Signature 		Telephone No. 905-994-1111	Date (dd-mmm-yyyy) 07-03-2016



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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. 251	Street Name Lot / Concession No. Woodlawn Rd. W Unit 217			
Town / City or Township / Country Cheltenham Canada		Province ON	Postal Code M1A 8T1	
Telephone No. 1-877-873-7677	Fax No. 519-836-7761	Contact Name Mike Mullins		
E-mail www.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. 3089	S Street Name/ 911 Number/Address, if applicable Regional Rd 12			
Town / City or Township / Country Smithville Canada		Province ON	Postal Code L0R 2A0	
Telephone No. 905-516-2301	Fax No. 905-945-0577	Contact Name Tom Amies		
E-mail AmiesT@SuperiorPropane.com				

Off-site Cylinder and/or Mobile Storage N/A		Capacity stored off-site, in USWG N/A	For Office Use - Party No.	
Street No.	Street Name Lot / Concession No.			
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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Name of person completing this form (please print) Amit Khem		Official Title Director	
Signature 	Telephone No. 905-994-1111	Date (dd-mmm-yyyy) 07-03-2018	



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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.

3 Tanks 50,000 Liter Underground gasoline & Diesel Storage Tank

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

Total number of Fire Ext 13 & 1 in Propane Area
12 Fire Ext in Convenience Store & Service Bay

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.

Building has Alarm System monitored by Ensign Alarms
Propane Kill Switch at Front Counter
Propane Breaker in Electrical Panel
ISC Valve shuts off when Door Closed & Locked

Maintenance and testing schedule for fire protection controls and devices.

Maintenance & testing By Superior Propane According to their maintenance schedule every 3 months or so. Fire Ext. Inspected by Birmingham Fire Control every 6 months. - TAGS on Fire Ext.

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) Amir Khora	Official Title Director
Signature 	Telephone No. 905-994-1111
	Date (dd-mmm-yyyy) 07-03-2016



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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 <i>Amit Khera</i>	For Office Use - Party No.	Name <i>Amit Khera</i>	For Office Use - Party No.
Official Title <i>Manager</i>		Official Title <i>Manager</i>	
Telephone No. <i>905-994-1111</i>	Fax No. <i>905-994-1112</i>	Cell No. <i>778-242-9484</i>	Fax No. <i>905-994-1112</i>
E-mail <i>AkKhera@hotmail.com</i>		E-mail <i>AkKhera@hotmail.com</i>	
Role and responsibilities in emergency <i>Kill all the switch & make sure everyone evacuate.</i>		Role and responsibilities in emergency <i>Contact all Local Authorities.</i>	

2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <i>Liray Khera</i>	For Office Use - Party No.	Name <i>Amit Khera</i>	For Office Use - Party No.
Official Title <i>Manager</i>		Official Title <i>Manager</i>	
Telephone No. <i>905-994-1111</i>	Fax No. <i>905-994-1112</i>	Telephone No. <i>905-994-1111</i>	Fax No. <i>905-994-1112</i>
E-mail <i>Liray.komarkhera@hotmail.com</i>		E-mail <i>AkKhera@hotmail.com</i>	
Role and responsibilities in emergency <i>Shut off all power & make sure everyone leave the site.</i>		Role and responsibilities in emergency	

3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <i>Kevin Winney</i>	For Office Use - Party No.	Name <i>Tom Amies</i>	For Office Use - Party No.
Official Title <i>Fire Prevention Inspector</i>	E-mail <i>kwinney@town.forterie.on.ca</i>	Official Title <i>Manager Repairs</i>	E-mail <i>Amiest@SuperiorPropane.com</i>
Telephone No. <i>905-871-1600</i>	Fax No. <i>905-871-6422</i>	Telephone No. <i>905-516-2301</i>	Fax No. <i>905-945-0577</i>
Role and responsibilities in emergency <i>Make sure all the measures are taking to prevent fire.</i>		Role and responsibilities in emergency <i>All the propane equipment test & maintain every 3 months</i>	
Fire Services Address <i>Municipal Centre Dr. Fort Erie, ON L2A 2S6</i>		Propane Supplier Address <i>3089 Regional Rd 12, Smithville, ON L0R 2A0</i>	

4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <i>Winne Hardy</i>	For Office Use - Party No.	Name <i>Dianne Walsh</i>	For Office Use - Party No.
Official Title <i>Fire Prevention Inspector</i>	E-mail <i>whardly@town.forterie.on.ca</i>	Official Title <i>Licensing Manager</i>	
Telephone No. <i>905-871-1600</i>	Fax No. <i>905-871-6422</i>	Telephone No. <i>905-871-1600</i>	Fax No. <i>905-871-6422</i>
Role and responsibilities in emergency <i>All the prevention measures in place.</i>		E-mail <i>DWalsh@town.forterie.on.ca</i>	
Fire Services Address <i>Municipal Centre Dr. Fort Erie, ON L2A 2S6</i>		Municipality Name and Address <i>Town of Fort Erie, Municipal Ctr Dr. Fort Erie,</i>	

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

Name of person completing this form (please print) <i>Amit Khera</i>	Official Title <i>Director</i>
Signature <i>[Signature]</i>	Telephone No. <i>905-994-1111</i>
	Date (dd-mmm-yyyy) <i>07-03-2016</i>



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2. Additional Safety Measures

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

Daily Check up List is made up at the site and every morning the manager checks out the propane pump, cylinder fill to see if all are working fine, there is no smell of propane gas, condition of hoses. Everything is up to date like fire ext, and around the storage tank & container.

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Name of person completing this form (please print)	Official Title	
Amit Khora	Director	
Signature	Telephone No.	Date (dd-mmm-yyyy)
	905-994-1111	07-03-2016



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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) 01-02-2016	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: Jamie Reckhoff
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) 20-02-2016	Print Name of Training Provider: 2447911 ONTARIO INC
	Print Name of Instructor: AMIT Khera
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

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

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) Amit Khera	Official Title Director
Signature 	Telephone No. 905-994-1111
	Date (dd-mmm-yyyy) 0703-2016



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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) 22-02-2016	Print Name of Training Provider: Superior Propane
	Print Name of Instructor: John Morrison
Target Date (dd-mm-yyyy) 22-08-2016	Print Name of Training Provider: Superior Propane
	Print Name of Instructor:
Target Date (dd-mm-yyyy) 22-02-2017	Print Name of Training Provider: Superior Propane
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy) 15-03-2016	Print Name of Training Provider: 2447911 Ontario Inc & Suncor Energy
	Print Name of Instructor: Amit Khera & Garrett Oswald
Target Date (dd-mm-yyyy) 15-07-2016	Print Name of Training Provider: 2447911 Ontario Inc & Suncor Energy
	Print Name of Instructor: Amit Khera & Garrett Oswald
Target Date (dd-mm-yyyy) 15-12-2016	Print Name of Training Provider: 2447911 Ontario Inc & Suncor Energy
	Print Name of Instructor: Amit Khera & Garrett Oswald

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

Target Date (dd-mm-yyyy) 01-06-2016	Print Name of Training Provider: FSN Training
	Print Name of Instructor: Mike Farah [3 more ROT cert to be issued]
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:

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) Amit Khera	Official Title Director
Signature 	Telephone No. 905-994-1111
	Date (dd-mmm-yyyy) 28-03-2016



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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).

R.O.T. Persons On Duty Contact Emergency Service by Calling 911 + will provide warning outlined in the propane Emergency Response Procedures Placard + will contact key person.

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).

Action to be taken by on duty R.O.T. Person as per E.R.O.P. Placard Posted in front office & Con. Store Meeting Location - East Parking Facility is open Area Allows for self Evacuation

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).

R.O.T. Person to Call 911 - Report Fire Dept & Police ASAP ISC Valve is closed when Facility Unattended

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

Its easily accessed from Garrison Rd & Pettit Rd its wide Open from both Side of the Roads

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

Telephone & or Verbal Contact Indicating Tank

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

Approx 15-20mins after receiving Call

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Name of person completing this form (please print)	Official Title	
Amit Khera	Director	
Signature	Telephone No.	Date (dd-mmm-yyyy)
	905-994-1111	07-03-2016



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

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

6. Building and Site Security and Procedures

- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Is there adequate night lighting at the site? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are weighing systems validated for accuracy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves) | <input type="checkbox"/> | <input checked="" 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>34</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) | | _____ |

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Name of person completing this form (please print) Amit Khora		Official Title Director
Signature 	Telephone No. 905-994-1111	Date (dd-mmm-yyyy) 07-03-2016



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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:

Reviewed emergency response plan provided
By owner.

To be completed by the Licence Holder

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

All Fire and emergency response plan in ~~place~~ place,
No extra needed.

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

LOCAL FIRE SERVICES

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

Fort Erie Fire Emergency Services Local Fire Services Name	Print name K. Winney	Signature <i>K. Winney</i>	Date (dd-mmm-yyyy) 04-APR-2016
------------------------------------------------------------------	-------------------------	-------------------------------	-----------------------------------

Senior Fire Prevention Inspector.

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>Ajit Khara</i>	Official Title <i>Director</i>
Signature <i>[Signature]</i>	Telephone No. <i>905-994-1111</i>
	Date (dd-mmm-yyyy) <i>04-04-2016</i>



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SECTION C: SUBMISSIONS

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

Facility Site Plan.

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

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

Map of Surrounding Area.

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

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

Required Mapping Information from Updated Site Plan

Date map prepared (dd-mmm-yyyy)	Capacity of single largest propane storage vessel (USWG)
Oct 01, 2015	2000
Tank setback coordinates. Indicate placement on the map.	
Front: 72 FT	Right side property line: 217 FT
Rear: 172 FT	Left side property line: 23 FT
GPS coordinates of single largest vessel:	
North 42° 54.308 FT	
West 78° 57.892 FT	

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Name of person completing this form (please print)	Official Title
Alvit Knors	Director
Signature	Telephone No.
	905-994-1111
	Date (dd-mmm-yyyy)
	07-03-2016



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SECTION C: SUBMISSIONS (cont'd)

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

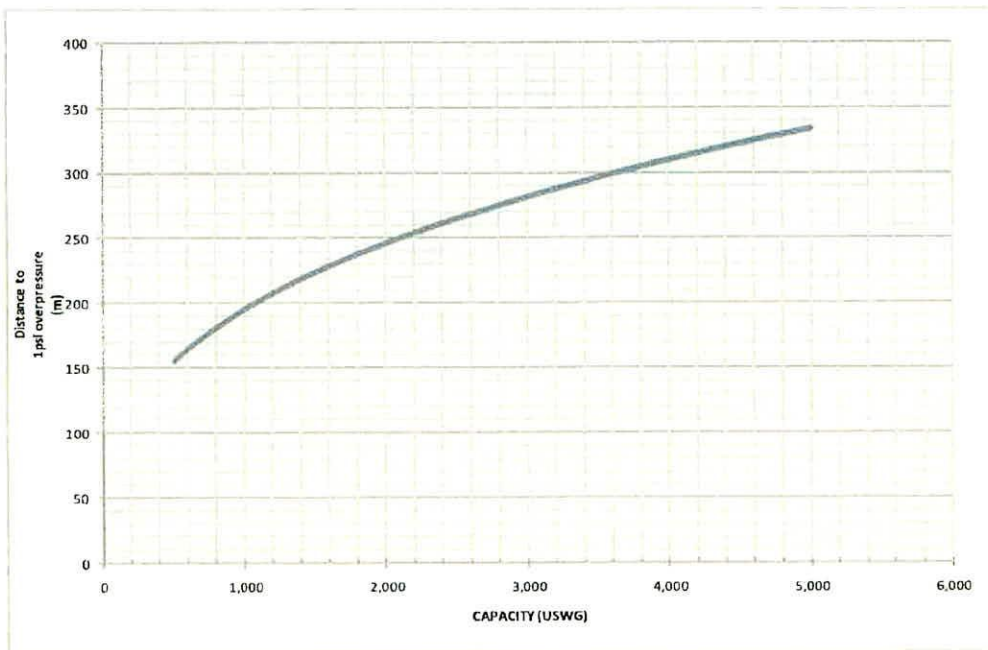
Table 1: Distance Table

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)





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: <u>Fort Erie Golf Club</u> Address: <u>1210 Garrison Rd</u> City: <u>Fort Erie</u> Province <u>ON</u> Postal Code <u>L2A5M4</u>				X	<u>1600</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]				X	<u>52</u> m
Commercial building units, specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Park Plaza Strip Mall</u> Address: <u>1264 Garrison Rd</u> City: <u>Fort Erie</u> Province <u>ONT</u> Postal Code <u>L2A1P9</u>				X	<u>135</u> m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>Clarion Hotel & Conference Centre</u> Address: <u>1485 Garrison Rd</u> City: <u>Fort Erie</u> Province <u>ON</u> Postal Code <u>L2A1P8</u>				X	<u>500</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>United Brethren Church</u> Address: <u>1351 Garrison Rd</u> City: <u>Fort Erie</u> Province <u>ON</u> Postal Code <u>L2A1P9</u>				X	<u>83</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>Fort Erie Fire Station 3</u> Address: <u>1015 Dominion Rd</u> City: <u>Fort Erie</u> Province <u>ON</u> Postal Code <u>L2A1H3</u>	X			X	<u>2000</u> 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) <u>Amit Khera</u>	Official Title <u>Director</u>
Signature 	Telephone No. <u>905-994-1111</u>
	Date (dd-mmm-yyyy) <u>28-03-2016</u>



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WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5	1	29.50
# 40	11.75	2	23.50
# 33.3	9.62		
# 30	8.8	2	17.60
# 20	5.8	48	278.40
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			349.00

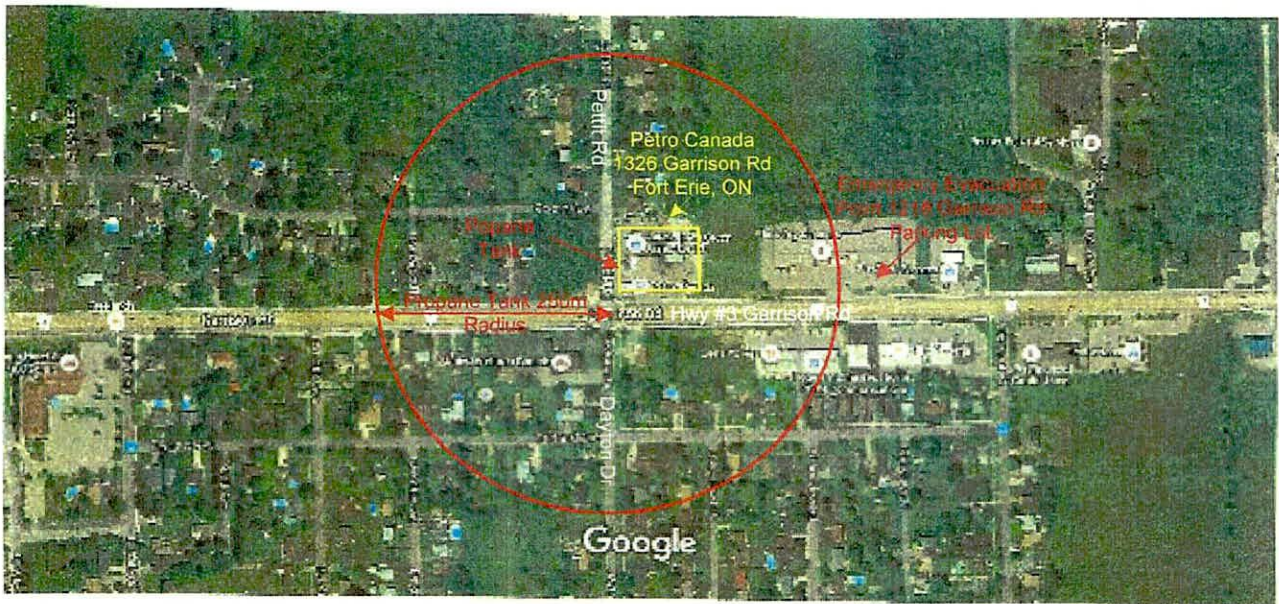
Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	349
Total Tank Capacity	0
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	349



PETRO CANDA
1326 GARRISON ROAD
FORT ERIE



Map data ©2016 Google 11 m

PROPANE TANK CAPACITY: 2000 USWG

PROPANE TANK SET BACKS:

- FRONT SIDE: 72 ft
- REAR SIDE: 172 ft
- RIGHT SIDE: 217 ft
- LEFT SIDE 23 ft

GPS COORDINATES:

LATITUDE: NORTH 42° 54.300 ft
LONGITUDE: WEST 78° 577.892 ft

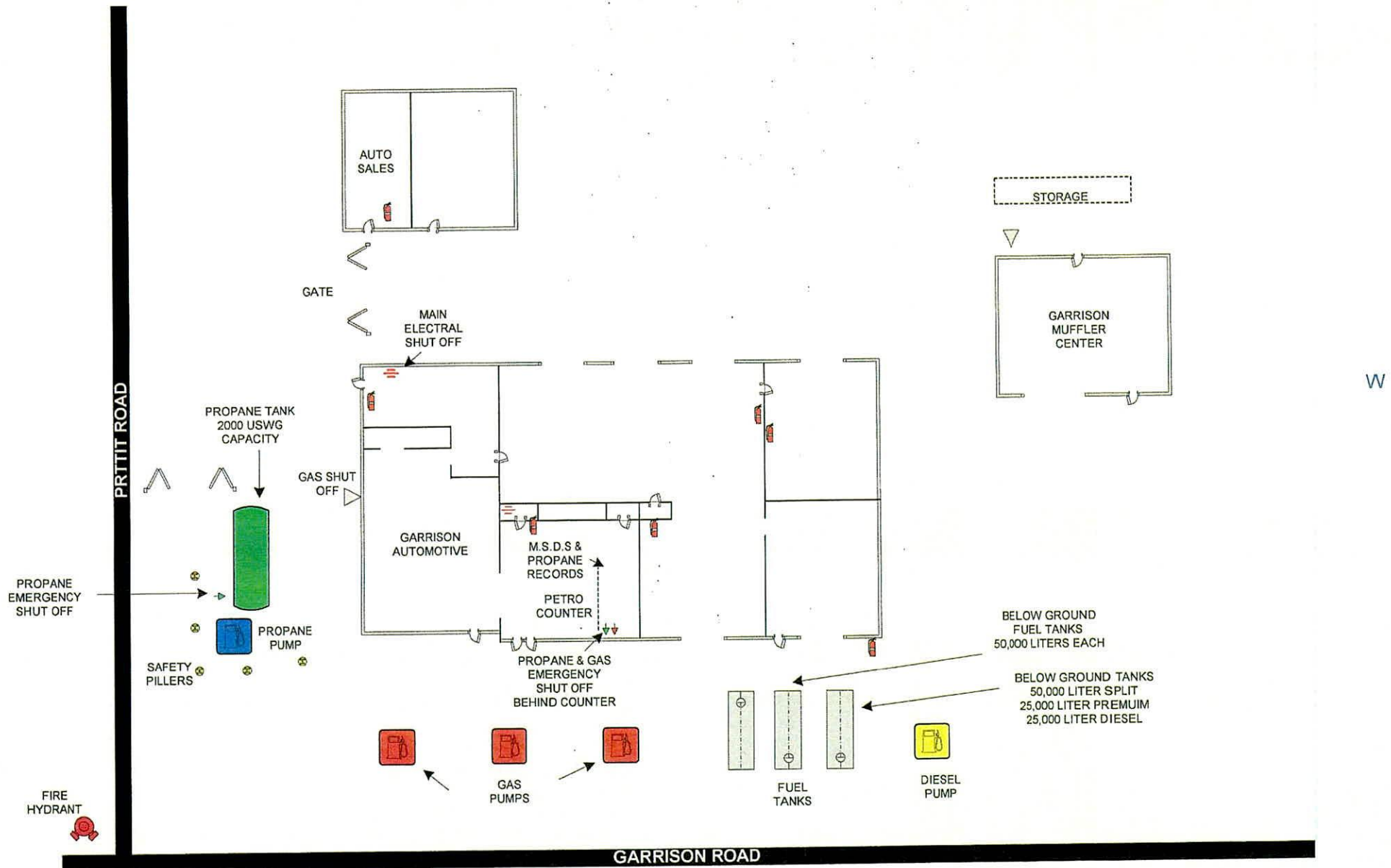
MUNICIPALITY: TOWN OF FORT ERIE

MUNICIPALITY CONTACTS:

DARYL VANDER VEEN
TEL: 905 871-1600
FAX: 905 871-6422
EMAIL: dvanderveen@forterie.ca

DATE: MAY 2016

Produced By
Activ Fire Safety
activfiresafety@cogeco.ca
905 651-5540



EMERGENCY RESPONSE PLAN & MATERIAL SAFETY DATA SHEETS & PROPANE RECORDS BEHIND PETRO COUNTER	PROPANE EMERGENCY SHUT OFF	GAS EMERGENCY SHUT OFF	FIRE EXTINGUISHER	GAS SHUT OFF	ELETRICAL SHUT OFF	FIRE HYDRANT
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	PETRO CANADA 1326 GARRISON ROAD FORT ERIE, ON	SITE PLAN	Activ Fire Safety activfiresafety@cogeco.ca 905 651-5540	
			MAY, 2016	

PETRO CANDA
1326 GARRISON ROAD
FORT ERIE



PROPANE TANK CAPACITY: 2000 USWG

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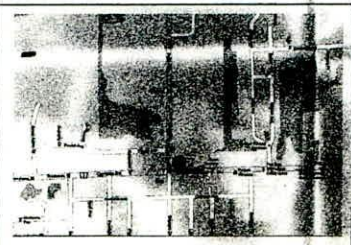
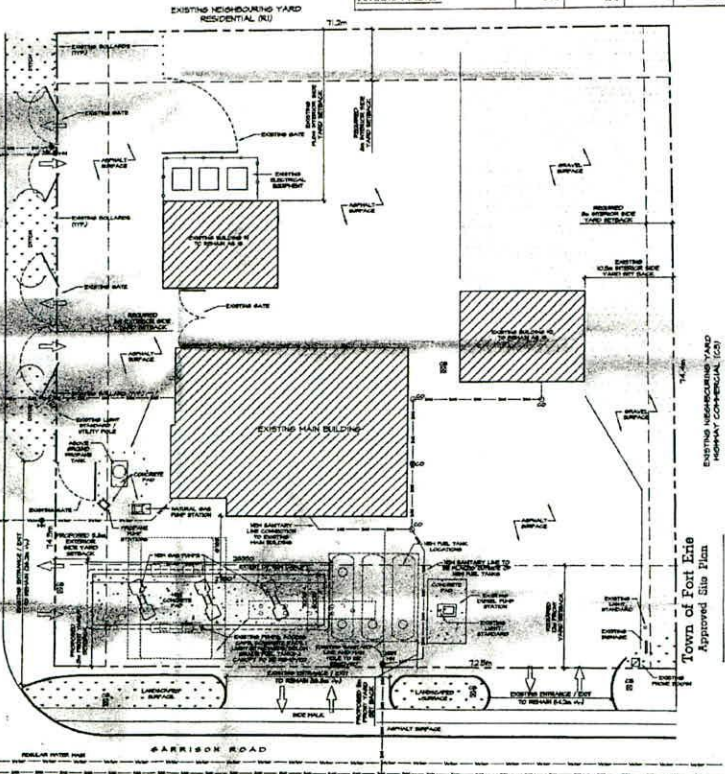
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FAX: 905 871-6422
EMAIL: dvanderveen@forterie.ca

DATE: MAY 2016

SITE STATISTICS - PROPOSED vs EXISTING - EXISTING AUTOMOBILE SERVICE STATION CA ZONE				
	EXISTING		PROPOSED	
	AREA (SQ FT)	PERCENTAGE (%)	AREA (SQ FT)	PERCENTAGE (%)
TOTAL LOT AREA	104,417	100.0	104,417	100.0
BASELINE COVERAGE				
PDP BUILDING	222	0.2	222	0.2
EXISTING BUILDING B	82	0.1	82	0.1
EXISTING BUILDING F	12	0.0	12	0.0
TOTAL BASELINE COVERAGE	316	0.3	316	0.3
SOFT LANDSCAPE COVERAGE	1,047	1.0	1,047	1.0
HARD LANDSCAPE COVERAGE	1,267	1.2	1,267	1.2
TOTAL LANDSCAPE COVERAGE	2,314	2.2	2,314	2.2
SOFT PDR COVERAGE	487	0.5	487	0.5
PDR COVERAGE	164	0.2	164	0.2



NOTE: EXISTING PLUMBING, WATER, SEWER, & BOUNDARY LINES ARE SHOWN FOR REFERENCE TO BUILDING FOOTPRINTS. THESE LINES ARE TO BE USED AS REFERENCE ONLY AND NOT TO ACCURATELY LOCATE EXISTING LINES.

SITE PLAN
SCALE: 1:500

DATE: 02/20/2015
 DRAWN BY: J. B. [unreadable]
 CHECKED BY: J. B. [unreadable]
 SCALE: 1:500

PLANNING & RECREATION

ROADS & UTILITIES

ENVIRONMENTAL

ENGINEERING

ARCHITECTURE

LANDSCAPE ARCHITECTURE

LEGAL

PLANNING & RECREATION

ROADS & UTILITIES

ENVIRONMENTAL

ENGINEERING

ARCHITECTURE

LANDSCAPE ARCHITECTURE

LEGAL

PROPOSAL DESCRIPTION

EXISTING NEIGHBORING YARD PROPERTY COMMERCIAL (C2)

PETRO CANADA

USE: LANDSCAPE ARCHITECTURE

OPEN SPACE: AUTO SERVICE

SITE PLAN

SHEET NO:
A1