



Technical Standards and Safety Authority
 14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 2X4
 Fax: 416.231.4903
 www.tssa.org Customer Service: 1.877.683.6772

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 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.

<p style="text-align: center; font-size: small;">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</p> <p>Licence Number 0076640694</p> <p>Check applicable type of propane operations.</p> <p> <input checked="" type="checkbox"/> Cylinder <input type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Keypad </p> <p style="font-size: x-small;">Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p style="text-align: center; font-weight: bold;">For Office Use Only</p> <div style="border: 1px solid black; height: 80px; width: 100%; background-color: black;"></div>
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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*.

<p>A Company Name Ontario Corporation No., if applicable</p> <p>QUICK GAS MART INCORPORATED</p> <p>Operator Name (if different from above)</p> <p>TARIQ + AHMAD RASHID</p> <p>Telephone No. Fax No. E-mail</p> <p>709 322 0341 / 705 322 0341 / Tariq@live.ca</p>	
<p>B Street No. Street Name / D11 Number / Address, if applicable</p> <p>13103 HIGHWAY 27, RR2</p> <p>Town / City or Township / County Province Postal Code</p> <p>PHELPS TON ON L0L 2K0</p> <p>Mailing address if different from above.</p>	
<p>C Street No. Street Name / 911 Number / Address, if applicable</p> <p>Town / City or Township / County Province Postal Code</p>	

Information on Container Refill Centre or Filling Plant

Location of facility.

<p>D Street No. Street Name / 911 Number / Address, if applicable</p> <p>13103 HIGHWAY 27</p> <p>Town / City or Township / County</p> <p>PHELPS TON</p>	<p>Nearest Major Intersection</p> <p>RAINBOW VALLEY + 27 County Rd.</p> <p>Province Postal Code</p> <p>ON L0L 2K0</p>
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<p>Name of Licence Holder</p> <p>QUICK GAS MART INCORPORATED</p> <p>Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).</p> <p>TARIQ RASHID</p> <p>ROT type</p>	
<p>Municipality (or municipalities if the facility or its hazard distance touches multiple borders)</p> <p>SPRINGWATER TOWNSHIP / SIMCOE COUNTY</p>	
<p>Hours of operation.</p> <div style="background-color: black; width: 100%; height: 40px;"></div>	

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.

<p>Print name</p> <p>Name of Licence Holder TARIQ RASHID</p>	<p>Signature</p> <p></p>	<p>Date (dd-mm-yyyy)</p> <p>26/10/13</p>
<p>Name of Senior Management person as defined in the</p> <p style="text-align: center;"></p>		



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SECTION A: GENERAL INFORMATION (cont'd)

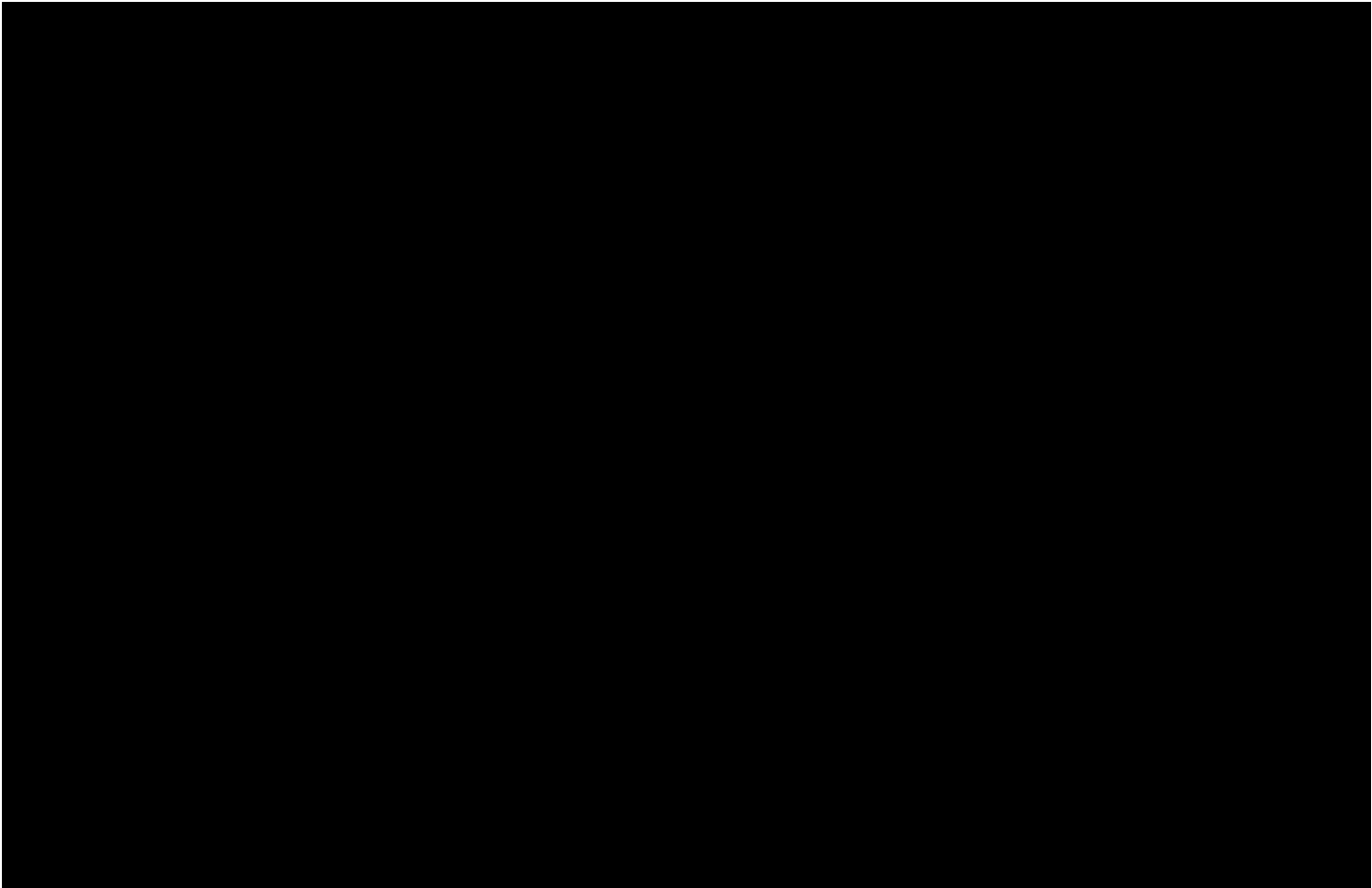
Indicate the year the facility was established. 2009 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. NONE

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

	PSIG	Serial Number
Tank1:	<u>+ 250</u>	<u>5-795283</u>
Tank2:	<u>1000 250</u>	<u>5,483113</u>
Tank3:		

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

Fixed: 1996 USWG Portable: NO Mobile: N/A



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Name of person completing this form (please print) <u>TARIQ BASHID</u>	Official Title <u>OWNER</u>
Signature <u>[Signature]</u>	Telephone No. <u>705 796-1814</u>
	Date (dd-mm-yyyy) <u>26/10/13</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) SUPERIOR PROPANE - BARRIE		For Office Use - Party No. 	
Street No. 789	Street Name / 911 Number / Address, if applicable BAYVIEW DR		
Town / City or Township / Country BARRIE		Province ON	Postal Code L4M 9A5
Telephone No. 705 726-1862	Fax No.	Contact Name DAN PARMENTER Market Manager	
E-mail parmenterd@superiorpropane.com			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No. 	
SUPERIOR PROPANE - BARRIE			
Street No. 251	Street Name / 911 Number / Address, if applicable WOODLAWN RD WEST UNIT 217		
Town / City or Township / Country GUELPH		Province	Postal Code
Telephone No. 18778737463	Fax No. 519-8367766	Contact Name BRUCE GRAHAM Cont Operation Manager	
E-mail grahamb@superiorpropane.com			

Off-site Cylinder and/or Mobile Storage N/A	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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Name of person completing this form (please print) JARIQ RASHID	Official Title OWNER
Signature 	Telephone No. 705 746-1814
	Date (dd-mm-yyyy) 26/10/13



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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.

1996 USWA } Gasoline - 1 tank 90,000 Liters
 } Diesel - 1 tank 25,000 Liters
 } Super Gasoline - 1 tank 25,000 Liters

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

IN CABINET } 1 Extinguisher at propane dispenser (inside)
 } #1 island 1x Extinguisher #4 island 1x Extinguisher
 } #2 island 1x Extinguisher #1 Extinguisher in store
 } #3 island 1x Extinguisher

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.

Smoke detector in all buildings
Emergency switch-off for propane dispenser
Emergency shut off for all gas pumps

Maintenance and testing schedule for fire protection controls and devices.

System is checked every month.

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Name of person completing this form (please print) TARIO RASHID	Official Title OWNER
Signature 	Telephone No. 705 796-1814
	Date (dd-mm-yyyy) 26/10/13



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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 TARIQ RASHID	For Office Use - Party No.	Name TARIQ RASHID	For Office Use - Party No.
Official Title OWNER		Official Title OWNER	
Telephone No. 705 796-1814	Fax No. 705 322-0341	Cell No. 705 796 1814	Fax No. 705 322-0341
E-mail Tariq@live.ca		E-mail Tariq@live.ca	
Role and responsibilities in emergency		Role and responsibilities in emergency	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name AHMAD RASHID	For Office Use - Party No.	Name AHMAD RASHID	For Office Use - Party No.
Official Title DIRECTOR - MANAGER		Official Title MANAGER	
Telephone No. 705 321-1285	Fax No. 705 322 0341	Telephone No. 705 321 1285	Fax No. 705 322 0341
E-mail ahmadrashidburrie@gmail.com		E-mail ahmadrashidburrie@gmail.com	
Role and responsibilities in emergency		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Tony Vandom	For Office Use - Party No.	Name Shayne Morrison	For Office Use - Party No.
Official Title Fire Chief	E-mail tony.vandom@spirif.ca	Official Title Sale Rep.	E-mail
Telephone No. 705 728-4784	Fax No. 705 726-7232	Telephone No. 705 726-1862	Fax No.
Role and responsibilities in emergency Supervision of Fire		Role and responsibilities in emergency *Superior Propane Hotline # 1877-897 7467	
Fire Services Address Fill in for Fire Chief		Propane Supplier Address 784 Bayview Dr. To dispatch emergency Barrie	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Creg Williams	For Office Use - Party No.	Name Amy Knapp	For Office Use - Party No.
Official Title Deputy Chief	E-mail	Official Title Planner	
Telephone No. 705 728-4748	Fax No. 726-7232	Telephone No. 705 728-4784	Fax No.
Role and responsibilities in emergency		E-mail	
Fire Services Address Fill in for Fire Chief		Municipality Name and Address 2231 Nursery Rd.	

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Name of person completing this form (please print) TARIQ RASHID	Official Title OWNER
Signature <i>Tariq</i>	Telephone No. 705 796 1814
	Date (dd-mm-yyyy) 26/10/13



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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.

In case of emergency

Everyone leaves buildings & will meet at South Side apartment buildings.

Employee is instructed to call 911 if possible before leaving building

Every employee is trained on emergency response before being hired

All emergency Tel #'s are at Gas bar counters

Security alarm system's pad has one touch button for emergency Fire, ambulance, police

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

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

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

Training Date (dd-mm-yyyy) 25/04/13	Print Name of Training Provider: Taria Rashid
	Print Name of Instructor: W. H. Bird
Training Date (dd-mm-yyyy) 25/04/13	Print Name of Training Provider: Ahmad Rashid
	Print Name of Instructor: W. H. Bird
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) 25/04/13	Print Name of Training Provider: Taria Rashid
	Print Name of Instructor: W. H. Bird
Training Date (dd-mm-yyyy) 25/04/13	Print Name of Training Provider: Ahmad Rashid
	Print Name of Instructor: W. H. Bird
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) 25/04/13	Print Name of Training Provider: Taria Rashid
	Print Name of Instructor: W. H. Bird
Training Date (dd-mm-yyyy) 25/04/13	Print Name of Training Provider: Ahmad Rashid
	Print Name of Instructor: W. H. Bird
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) Taria Rashid	Official Title OWNER
Signature 	Telephone No. 705 796 1814
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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) 25/04/15 2014	Print Name of Training Provider: OPA
	Print Name of Instructor: W.H. Bird
Target Date (dd-mm-yyyy) 25/04/15 2014	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) 25/04/15 2014	Print Name of Training Provider: Taria Rashid
	Print Name of Instructor: W.H. Bird
Target Date (dd-mm-yyyy) 25/04/15 2014	Print Name of Training Provider: Ahmad Rashid
	Print Name of Instructor: W.H. Bird
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) 25/04/15 2016	Print Name of Training Provider: Taria Rashid
	Print Name of Instructor: W.H. Bird
Target Date (dd-mm-yyyy) 25/04/15 2016	Print Name of Training Provider: Ahmad Rashid
	Print Name of Instructor: W.H. Bird
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Note: ROT training will be arranged as required as ROT certification is valid for 3 years

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) Taria Rashid	Official Title OWNER
Signature 	Telephone No. 705 796 1814
	Date (dd-mm-yyyy) 26/10/13



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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).

TARIQ + AHMAD RASHID will give warnings to staff when procedures are not followed.
Will also notify F/D + Police if required.

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).

All employee (if required) will activate plan + all persons will meet at south East corner of property.

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).

If required employees will call 911 or press Security alarm F/D button.

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

Employee lives on site, alarms will sound if fire employee is to contact owner + manager.

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

Any changes or updates will be put in binder to ensure up dates are filed properly.

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

15 minutes

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Name of person completing this form (please print)	Official Title	
TARIQ RASHID	OWNER	
Signature	Telephone No.	Date (dd-mm-yyyy)
	705 796 1814	26/10/13



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

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

6. Building and Site Security and Procedures

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

7. Water Supply

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

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)		<u>6000 m Springwater TWP.</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>6000 m Springwater TWP.</u>

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Name of person completing this form (please print) TARIQ RASHID	Official Title OWNER
Signature 	Telephone No. 705-796-1814
	Date (dd-mm-yyyy) 26/10/13



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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:

NONE

To be completed by the Licence Holder

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

The licence holder will respond to the Local Fire Services comments by:

(dd-mm-yyyy)

LOCAL FIRE SERVICES

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

Local Fire Services Name	Print name TONY Van Dam	Signature 	Date (dd-mm-yyyy) October 2 2013
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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) TONY VAN DAM	Official Title FIRE CHIEF
Signature 	Telephone No. 705-728-4784 x031
	Date (dd-mm-yyyy) October 2 2013



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SECTION C: SUBMISSIONS

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

Facility Site Plan.

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

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

Map of Surrounding Area.

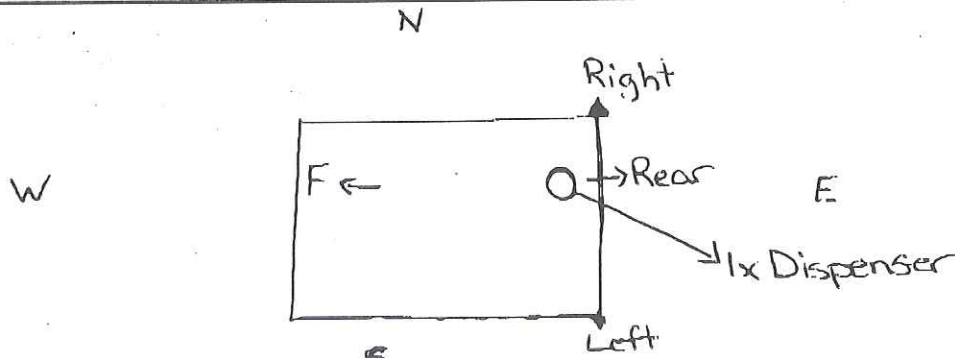
The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

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

Required Mapping Information from Updated Site Plan

Date Map Prepared (dd-mm-yyyy) <u>27-10-08 02 07 12</u>	Capacity of single largest propane storage vessel (USWG) <u>1996 USWG</u>
Tank setback coordinates. Indicate placement on the map.	
Front: <u>35 meters to tank</u>	Right side property line: <u>133 meters</u>
Rear: <u>3.5 meters</u>	Left side property line: <u>44 meters</u>
GPS coordinates of single largest vessel: <u>N 45° 30.589 W 79° 48,096</u>	

See Map Pg. 16-17



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Name of person completing this form (please print) <u>TARIC RASHID</u>	Official Title <u>OWNER</u>
Signature 	Telephone No. <u>705 796 1814</u>
	Date (dd-mm-yyyy) <u>26/10/13</u>



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SECTION C: SUBMISSIONS (cont'd)

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

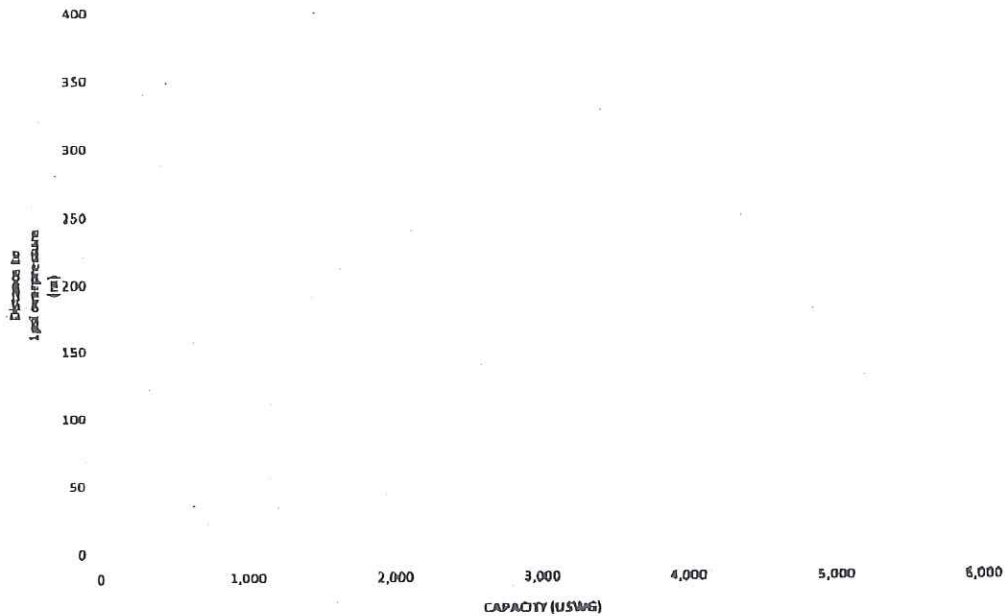
Table 1: Distance Table

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>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: <u>OWN - SHOWN ON MAP</u> Address: <u>13103 Hwy 27 RR2</u> City: <u>PHHELPSTON</u> Province <u>ON</u> Postal Code <u>L0L 2K0</u>		1			<u>17</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>QUICK GAS MART INCORPORATED</u> Address: <u>13103 Hwy 27 RR2</u> City: <u>PHHELPSTON</u> Province <u>ON</u> Postal Code <u>L0L 2K0</u>			2		<u>Garage</u> <u>5</u> m <u>Store</u> <u>11m</u>
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>NONE</u> Address: _____ City: _____ Province _____ Postal Code _____					_____ 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>TARIQ BASHID</u>	Official Title <u>OWNER</u>
Signature <u>[Signature]</u>	Telephone No. <u>705 796-1814</u>
	Date (dd-mm-yyyy) <u>26/10/13</u>



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Level 1 Risk and Safety Management Plan (RSMP)
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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		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

NO CYLINDERS ON SITE

Tanks Stored On-site Not Connected for Use

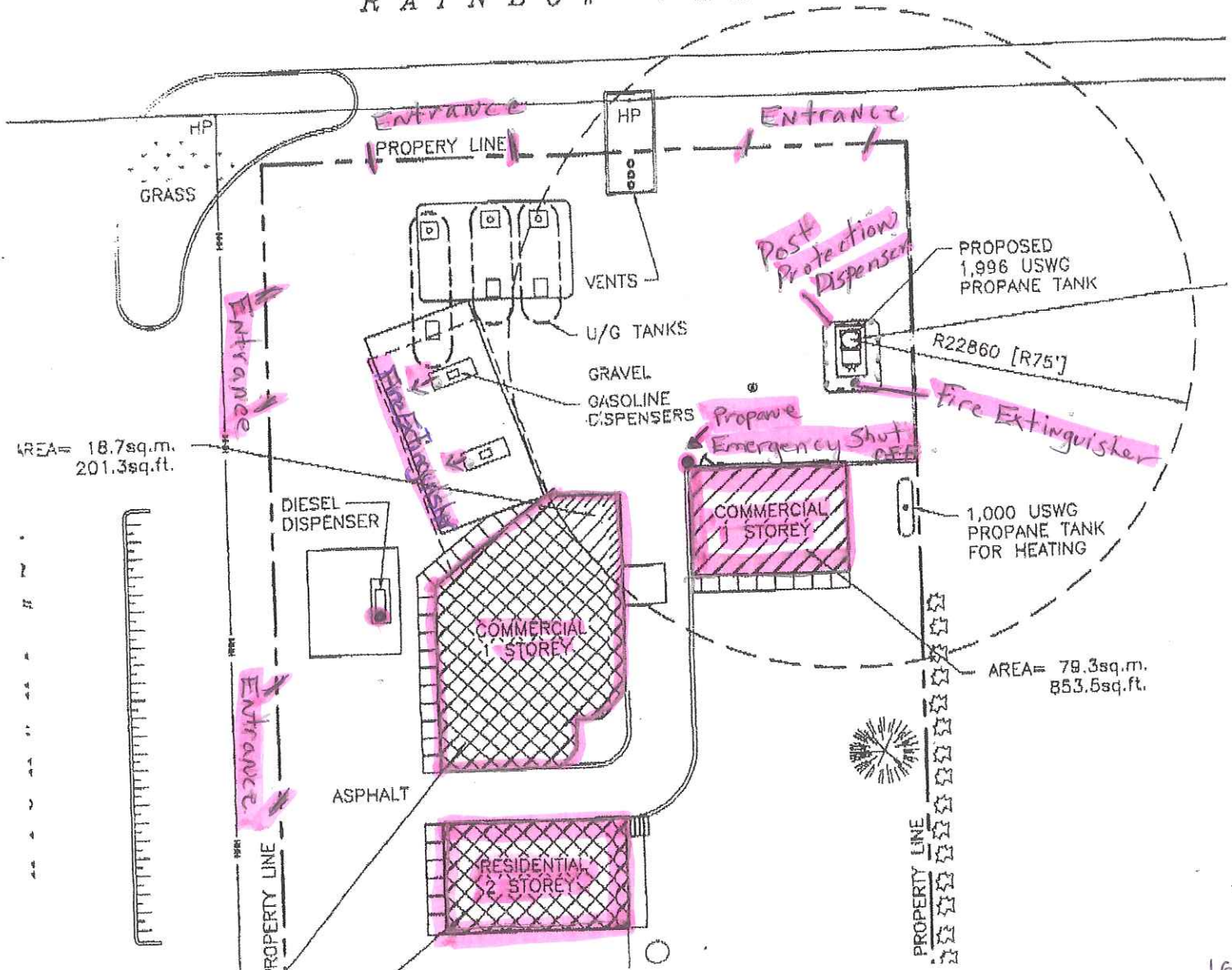
Tank Size in USWG	Quantity	Total Volume in USWG
2000 USWG	1	2000 USWG
1000 (heating) USWG	1	1000 USWG
Total Tank Capacity		

Total Cylinder Capacity	0
Total Tank Capacity	2000 USWG
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	0

Pg 12 of the TSSA Rsmp report ²¹⁰⁰⁴
 lists 6 things they want
 shown on the site plan.

To Haven marked them on
 this page using highlighter (pink)

RAINBOW VALLEY ROAD EAST



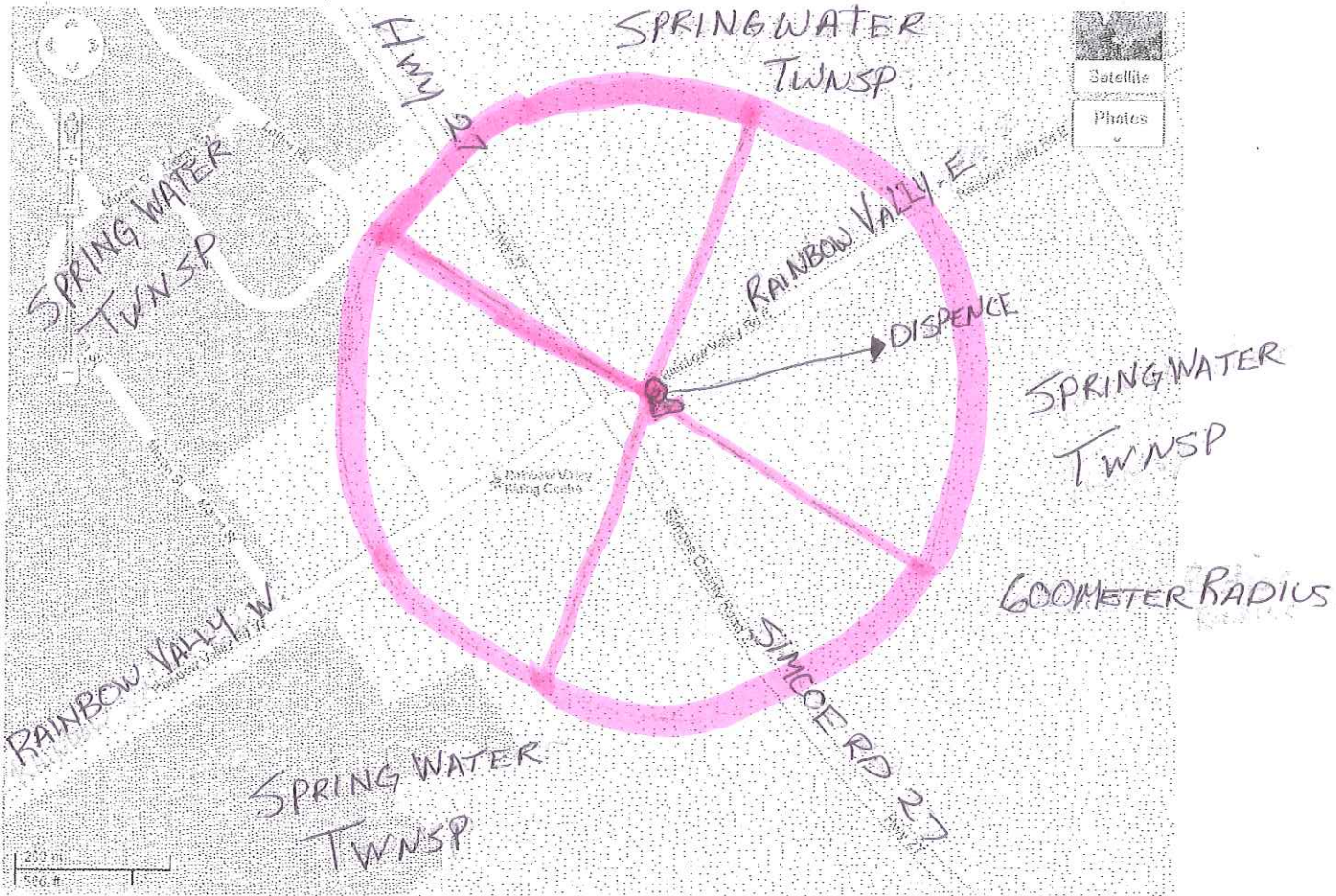
QUICK GAS MART Apto Ontario

N 45° 30.589 W 79° 48.096

PROPANE TANK 2000V

13103 County Rd 27

CON 1 North Plot #5



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 Map data ©2011 Google, Tele Atlas



Location: QUICK GAS MART

13103 #497 County Road

Prepared: Feb 20/2012

2000 USWG horizontal tank

Tank Setbacks: 13.3 meters North, 3.5 meters East, 44 meters South, 35 meters West

Radius = 246 m

GPS coordinates: 45° 30.589' N 79° 48.096' W

municipality: Township of Springwater

city clerk: John Daly

Address: Township of Springwater
2231 Nursery Road

Minesing - Ont E0L-142