



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4078
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 N/A

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 Petro King Petroleum Inc. | | Corporation No. |
| Operator Name (if different from above) o/a Ultramar Service Station | | |
| Telephone No. 613.687.5610 | Fax No. 613.687.5610 | E-mail petultramar@gmail.com |

| | | | |
|--|---|---------------------|------------------------|
| B Street No. 2991 | Street Name / 911 Number / Address, if applicable Petawawa Boulevard | Province Ontario | Postal Code K8H 1X9 |
| Town / City or Township / County Petawawa | | | |

| | | | |
|--|---|---------------------|------------------------|
| C Street No. 2991 | Street Name / 911 Number / Address, if applicable Petawawa Boulevard | Province Ontario | Postal Code K8H 1X9 |
| Town / City or Township / County Petawawa | | | |

| | | |
|---|---|--|
| D Information on Container Refill Centre or Filling Plant | | |
| Location of facility. | | |
| Street No. 2991 | Street Name / 911 Number / Address, if applicable Petawawa Boulevard | Nearest Major Intersection Petawawa Boulevard & Civic Centre Road |
| Town / City or Township / County Petawawa | | Province Ontario |
| | | Postal Code K8H 1X9 |

| | | |
|--|---|--------------------|
| Name of Licence Holder Mushtaaq Ali | Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Mushtaaq Ali | ROT type 100-11 |
| Municipality (or municipalities if the facility or its hazard distance touches multiple borders) Town of Petawawa | | |
| Hours of operation. | | |

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

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

| | | |
|--|---------------|----------------------------------|
| Print name Name of Licence Holder <u>Mushtaaq Ali</u> | Signature | Date (dd-mmm-yyyy) 27-05-2015 |
| Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Mushtaaq Ali</u> | Signature | Date 27-05-2015 |



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 2015 Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. New Site so nothing to Change

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

| | PSIG | Serial Number |
|---------|------------|---------------|
| Tank 1: | <u>250</u> | <u>176-14</u> |
| 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: 580 USWG Mobile: 0 USWG

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| | | |
|--|--------------------------------------|---|
| Name of person completing this form (please print) <u>Mushtaaq Ali</u> | Official Title <u>Owner</u> | |
| Signature  | Telephone No. <u>613.687.5610</u> | Date (dd-mmm-yyyy) <u>27-05-2015</u> |



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

| | | | |
|---|--|---------------------------------|------------------------|
| Name of Propane Supplier(s) McCarthy Propane Inc. | | [Redacted] | |
| Street No. 2 | Street Name / 911 Number / Address, if applicable Mill Street, P.O. Box 249 | | |
| Town / City or Township / Country Killaloe | | Province Ontario | Postal Code K0J 2A0 |
| Telephone No. 1-613-757-2829 | Fax No. 1-613-757-3112 | Contact Name Sean Fitzgerald | |
| E-mail mccarthykillaloe@gmail.com | | | |

| | | | |
|--|--|-------------------------------|------------------------|
| Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/> | | [Redacted] | |
| Levac Propane | | | |
| Street No. 5552 | Street Name / 911 Number / Address, if applicable rue St. Catherine | | |
| Town / City or Township / Country St. Isadore | | Province Ontario | Postal Code K0C 2B0 |
| Telephone No. 613.524.2079 | Fax No. | Contact Name Chris Etienne | |
| E-mail | | | |

| | | |
|---|---|----------------------------|
| 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) Mushtaq Ali | Official Title Owner | |
| Signature | Telephone No. 613.687.5610 | Date (dd-mmm-yyyy) 27-05-2015 |



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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.

Facility is an operating Petroleum Station with some oil and cleaners on site. There are underground petroleum tanks on site used to store gasoline, diesel and premium gasoline. There may be windshield washer fluid and some aerosol cans but nothing considered hazardous.

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

The propane tank has one fire extinguishers at the tank area. Two are at the fuel dispensing area and there are some fire extinguishers inside the C-store.

List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

The tank is equipped with a ISC valve that is connected to a chain equipped with a fusible link that will melt in the event of a fire at 212 F. This will insure the spring loaded valve will close automatically to stop propane from reaching the leak. There will be an Emergency Shutdown (ESD) at the building that when depressed will stop the pump and stop flow from the tank in case of a hose leak or other problem.

Maintenance and testing schedule for fire protection controls and devices.

The fire extinguishers are tested routinely and tagged by an outside company certified to carry out this work.

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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 Mushtaaq Ali | For Office Use - Party No. | Name Mushtaaq Ali | For Office Use - Party No. |
| Official Title Owner | | Official Title Owner | |
| Telephone No. 613.687.5610 | Fax No. 613.687.5610 | Cell No. 613.401.8832 | Fax No. 613.687.5610 |
| E-mail petultramar@gmail.com | | E-mail petultramar@gmail.com | |
| Role and responsibilities in emergency To insure all employees are trained in the Emergency Plan annually and to make sure all equipment is maintained and operational | | Role and responsibilities in emergency Same as Item 1 | |
| 2. Facility Contact Personnel - Alternate Contact | | 6. Name of Facility Manager | |
| Name Arfan Ahmed (Malik) | For Office Use - Party No. | Name Mushtaaq Ali | For Office Use - Party No. |
| Official Title Assistant Manager | | Official Title Owner | |
| Telephone No. 613.687.5610 | Fax No. 613.687.5610 | Telephone No. 613.687.5610 | Fax No. 613.687.5610 |
| E-mail arfanjoyia@yahoo.com | | E-mail petultramar@gmail.com | |
| Role and responsibilities in emergency To insure people leave the C- Store and premises and customers leave the site. Calls 9-1-1 and shuts down the propane system | | Role and responsibilities in emergency Same as Item 1 | |
| 3. Local Fire Services - Key Contact | | 7. Propane Supplier Key Contact Person | |
| Name Steve Knott | For Office Use - Party No. | Name Sean Fitzgerald | For Office Use - Party No. |
| Official Title Fire Chief | E-mail sknott@petawawa.ca | Official Title GM/Partner | E-mail mccarthykillaloe@gmail.com |
| Telephone No. 613-687-4759 | Fax No. 613-687-7225 | Telephone No. 613.757.2829. | Fax No. 613.757.3112 |
| Role and responsibilities in emergency Main contact with Town of Petawawa Fire Services for reviewing and assigning personnel related to the RSMP process & report to Council | | Role and responsibilities in emergency Knows the Emergency Response Group and can arrange for equipment to come to the site in case of emergencies and provides training to propane handlers | |
| Fire Services Address Petawawa Fire Services, 1111 Victoria St., Petawawa, ON. K8H 2E6 | | Propane Supplier Address McCarthy Propane, 2 Mill St. P.O. Box 249, Killaloe, ON. K0J 2A0 | |
| 4. Local Fire Services - Alternate Contact | | 8. Municipal Contact | |
| Name Clem Paradis | For Office Use - Party No. | Name Dawn Recoskie | |
| Official Title Chief Fire Prevention Officer | E-mail cparadis@petawawa.ca | Official Title Deputy Clerk | |
| Telephone No. 613-687-5536 Ext: 2013 | Fax No. 687-687-7225 | Telephone No. 613-687-5536 | Fax No. 613-687-5973 |
| Role and responsibilities in emergency Chief for Fire Prevention insuring Fire Code compliance and coordinating Fire Prevention activities and resources | | E-mail drecoskie@petawawa.ca | |
| Fire Services Address Petawawa Fire Services, 1111 Victoria St., Petawawa, ON. K8H 2E6 | | Municipality Name and Address Town of Petawawa, 1111 Victoria St., Petawawa, ON. K8H 2E6 | |

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| | |
|--|----------------------------------|
| Name of person completing this form (please print) Mushtaaq Ali | Official Title Owner |
| Signature | Telephone No. 613.687.5610 |
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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

2. Additional Safety Measures

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

The facility is built to the Propane Code requirements and does not have any extra features that are over and above the Code. Tank is protected with vehicle protection on all sides and has a lockable equipment and valve cabinet that is locked and secured after closing. Solenoid valve on piping from the pump will shut-off the flow of propane in case of Emergency.

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| | | |
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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-mmm-yyyy) 25-06-2015 | Print Name of Training Provider: McCarthy Propane |
| | Print Name of Instructor: Sean Fitzgerald |
| Training Date (dd-mmm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |
| Training Date (dd-mmm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |

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

| | |
|---|--|
| Training Date (dd-mmm-yyyy) 25-06-2015 | Print Name of Training Provider: Petro King Petroleum Inc. |
| | Print Name of Instructor: Mushtaaq Ali |
| Training Date (dd-mmm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |
| Training Date (dd-mmm-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-mmm-yyyy) 05-06-2015 | Print Name of Training Provider: Levac Propane |
| | Print Name of Instructor: Marc Levac |
| Training Date (dd-mmm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |
| Training Date (dd-mmm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |

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| | |
|--|---|
| Name of person completing this form (please print) Mushtaaq Ali | Official Title Owner |
| Signature | Telephone No. 613.687.5610 |
| | Date (dd-mmm-yyyy) 27-05-2015 |



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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-mmm-yyyy) 20-06-2016 | Print Name of Training Provider: Petro King Petroleum Inc. |
| | Print Name of Instructor: Mushtaaq Ali |
| Target Date (dd-mmm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |
| Target Date (dd-mmm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |

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

| | |
|---|--|
| Target Date (dd-mmm-yyyy) 20-06-2016 | Print Name of Training Provider: Petro King Petroleum Inc. |
| | Print Name of Instructor: Mushtaaq Ali |
| Target Date (dd-mmm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |
| Target Date (dd-mmm-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-mmm-yyyy) 04-06-2018 | Print Name of Training Provider: Levac Propane |
| | Print Name of Instructor: Marc Levac |
| Target Date (dd-mmm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |
| Target Date (dd-mmm-yyyy) | Print Name of Training Provider: |
| | Print Name of Instructor: |

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| | |
|--|----------------------------------|
| Name of person completing this form (please print) Mushtaaq Ali | Official Title Owner |
| Signature | Telephone No. 613.687.5610 |
| | Date (dd-mmm-yyyy) 01-06-2015 |



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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 Attendant will give a verbal warning to the customers outside and in the C-Store and instruct them to leave the premises. The Attendant will also call 9-1-1 to ask for help and explain the nature of the problem. This call will be made once the nature of the emergency is determined. Only a person with fire extinguisher training is permitted to attempt to put the fire out. Otherwise a call to 9-1-1 must be made.

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

Once the warning is given the Attendant will ask the customers to leave and then contact the Manager/Owner about the problem situation.
Attendant will place cones across the entrance/exits to stop vehicles from entering the station area and Drive-Thru and then to go to the Emergency Meeting Place (See Drawing P-101). A call will also be made to the Owner after the 9-1-1 call has been made.

Communication with Emergency Response Authorities

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).

The Attendant will determine what the emergency is and if a call to 9-1-1 is required. There is a phone inside the C-Store or a cell phone can be used to make the call. The Attendant will call or the Owner to explain the nature of the problem and ask him to come to the site.

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

The tank is located at the front of the property and access is not restricted. The facility is not fenced so there is no problem for the Fire Department to gain access to the site at all times. The facility operates during the day so the Fire Department will have access to on site personnel most of the time. After hours access is just off of Petawawa Blvd. There are no restrictions to Emergency Vehicles entering the site.

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

The Owner or Manager will always be on site during working hours and can provide information about the tank contents and cylinder contents to the Emergency Responders when asked. After hours the Owner can get to the site and engage with the Emergency Responders

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

2 minutes

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| | | |
|---|-------------------------------|----------------------------------|
| Name of person completing this form (please print) Mustaaq Ali | Official Title Owner | |
| Signature | Telephone No. 613.687.5610 | Date (dd-mmm-yyyy) 01-06-2015 |



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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>76 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> | |

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| | | |
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| Name of person completing this form (please print) Mushataaq Ali | Official Title Owner | |
| Signature | Telephone No. 613.687.5610 | Date (dd-mmm-yyyy) 27-05-2015 |



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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:

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-mmm-yyyy)

LOCAL FIRE SERVICES

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

| | | |
|--|---------------|----------------------------------|
| Print name STEVE KUOTT Local Fire Services Name Clem Paradis, Chief Fire Prevention Officer | Signature | Date (dd-mmm-yyyy) 18-06-2015 |
|--|---------------|----------------------------------|

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| | |
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| Name of person completing this form (please print) Mushtaq Ali | Official Title Owner |
| Signature | Telephone No. 613.687.5610 |
| | Date (dd-mmm-yyyy) 01-06-2015 |



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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) <u>19-06-2015</u> | Capacity of single largest propane storage vessel (USWG) <u>2000 USWG</u> |
| Tank setback coordinates. Indicate placement on the map. | |
| Front: <u>13.7 m</u> | Right side property line: <u>59.1 m</u> |
| Rear: <u>22.6 m</u> | Left side property line: <u>3.0 m</u> |
| GPS coordinates of single largest vessel: <u>Lat45°53'14.80"N Long77°15'33.37"W</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) <u>Mushtaaq Ali</u> | Official Title <u>Owner</u> |
| Signature | Telephone No. <u>613.687.5610</u> |
| | Date (dd-mmm-yyyy) <u>04-06-2015</u> |



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4078
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

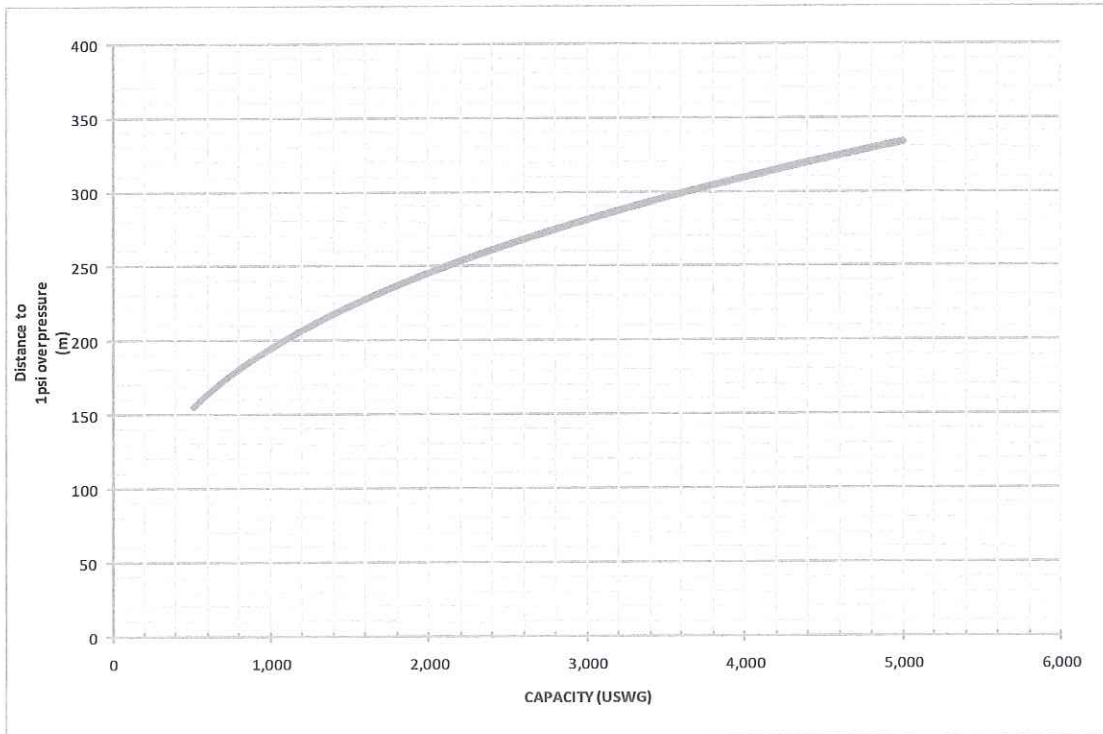
Table 1: Distance Table

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

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

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

Hazard Distance Chart (EPA-TNT model)





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SECTION C: SUBMISSIONS (cont'd)

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

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

Table 2: Buildings and Features

| Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature | * Number of Buildings and Features (mark with an "X") | | | | Distance from Tank to Closest Building or Feature |
|---|---|---|------|-----|---|
| | 0 | 1 | 2-10 | 11+ | |
| Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____ | X | | | | _____ m |
| Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ | | | | X | 112 m |
| Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>LCBO</u> Address: <u>2 Renfrew Street</u> City: <u>Petawawa</u> Province <u>Ontario</u> Postal Code <u>K8H 2H3</u> | | | X | | 82 m |
| Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>Perkins Self Storage</u> Address: <u>2997 Petawawa Blvd.</u> City: <u>Petawawa</u> Province <u>Ontario</u> Postal Code <u>K8H 1X9</u> | | | X | | 13 m |
| Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____ | X | | | | _____ m |
| Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>Petawawa Fire Station #2</u> Address: <u>1111 Victoria Street</u> City: <u>Petawawa</u> Province <u>Ontario</u> Postal Code <u>K8H 2E6</u> | | X | | | 2800 m |

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

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| | |
|---|---|
| Name of person completing this form (please print) <u>Mushtaaq Ali</u> | Official Title <u>Owner</u> |
| Signature | Telephone No. <u>613.687.5610</u> |
| | Date (dd-mmm-yyyy) <u>18-06-2015</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 | | |
| # 40 | 11.75 | | |
| # 33.3 | 9.62 | | |
| # 30 | 8.8 | | |
| # 20 | 5.8 | 100 | 580 USWG |
| # 10 | 2.9 | | |
| # 5 | 1.5 | | |
| Total Cylinder Capacity | | | 580 USWG |

Tanks Stored On-site Not Connected for Use

| Tank Size In USWG | Quantity | Total Volume in USWG |
|----------------------------|----------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Tank Capacity | | |

| | |
|---|----------|
| Total Cylinder Capacity | 580 USWG |
| Total Tank Capacity | 0 USWG |
| Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity) | 580 USWG |



TOWN OF
PETAWAWA

R246000 (1800)
2000 USWG
PROpane TANK



KEY PLAN
SCALE: 1:5000

NOTES:
CORRESPONDENCE TO AN OVERPRESSURE LEVEL OF 1
CONSIDERED FOR THE DETERMINATION OF THE RISK AND
SAFETY MANAGEMENT PLAN

$$D = 17 \times \left(0.1 \times \frac{1}{2} \times \frac{1}{2} \right) = 24m$$

| PROPERTY LINE SETBACKS | |
|------------------------|-------|
| NORTH/EAST | 22.0m |
| NORTH/WEST | 2.0m |
| SOUTH/WEST | 13.2m |
| SOUTH/EAST | 93.1m |

| GPS COORDINATES | |
|-----------------|----------------|
| LATITUDE | 45°57'14.80"N |
| LONGITUDE | -77°53'33.37"W |

AS PER TEST CONDITIONS FOR THE IMPLEMENTATION OF THE
RISK AND SAFETY MANAGEMENT PLAN, THIS FACILITY ONLY
REQUIRES A LEVEL 1 RISK SUBMISSION.

PLANNING ADVISORY INFORMATION:

AS PER TEST ADVISORY INFORMATION, THE
FOLLOWING PLANNING INFORMATION IS
PROVIDED BELOW:
TOWN OF PETAWAWA
PETAWAWA, ON
R246000
ATTN: MS. DAWN REICHERT, DEPUTY
MAYOR
PHONE: 1.813.887.2973
EMAIL: dreichert@petawawa.ca

| NO. | DATE | DESCRIPTION | BY |
|-----|------------|--------------------------|-----|
| 0 | JAN 15, 18 | ISSUED FOR RISK APPROVAL | JKC |
| 1 | NOV 18, 18 | ISSUED | JKC |



ALTENG Inc.
Alternative Energy Consulting
126 Main Street, Newell, Ontario L1T 2J1
Telephone: (505)784-1644 Fax: (505)784-5588
Email: info@alteng.ca

Project: PETAWAWA PROpane TANK
Client: PETAWAWA TOWN
Drawing No: 1800-110
Drawing Title: RISK LAYOUT
Drawing Scale: 1:500
Drawing Date: 1/15/18
Drawing Title: RISK LAYOUT
Drawing Scale: 1:500
Drawing Date: 1/15/18
Drawing Title: RISK LAYOUT
Drawing Scale: 1:500
Drawing Date: 1/15/18