



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Tel: 416.734.3300
 Fax: 416.231.4078
 Customer Service: 1.877.682.8772
 propane@tssa.org
 www.tssa.org

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 000301847

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: M.B.B.M corporation Corporation No.: 1025882-0
 Operator Name (if different from above): Mhd Maher Kraieh
 Telephone No.: 9059604762 Fax No.: E-mail: easodunrobin@gmail.com

B Street No.: 3798 Street Name / 911 Number / Address, if applicable: Dunrobin Road
 Town / City or Township / County: Woodlawn Province: Ontario Postal Code: K0A 3M0

Mailing address if different from above:

C Street No.: Street Name / 911 Number / Address, if applicable: Province: Postal Code:

Information on Container Refill Centre or Filling Plant

D Location of facility:
 Street No.: 3798 Street Name / 911 Number / Address, if applicable: Dunrobin Road Nearest Major Intersection:
 Town / City or Township / County: Woodlawn Province: Ontario Postal Code: K0A 3M0

Name of Licence Holder: M.B.B.M Corporation
 Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Mhd Maher Kraieh ROT type: Filling propane cylinder
 Municipality (or municipalities if the facility or its hazard distance touches multiple borders):
 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.

Printname	Signature	Date (dd-mm-yyyy)
Name of Licence Holder: M.B.B.M Corporation		16-10-2018
Name of Senior Management person as defined in the Regulation holding the Record of Training: Mhd Maher Kraieh		16-10-2018



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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:	250	6960
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: 1300 Portable: 278 Mobile: 0

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Name of person completing this form (please print) Mhd Maher Kraieh	Official Title Director	
Signature 	Telephone No. 9059604762	Date (dd-mmm-yyyy) 16-10-2018



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

Name of Propane Supplier(s) Superior			For Office Use - Party No.	
Street No. 63	Street Name / 911 Number / Address, if applicable Roydon Place			
Town / City or Township / Country Nepean			Province Ontario	Postal Code K2E 1A3
Telephone No. 6132238493	Fax No. 6137271316	Contact Name Robin Vejar		
E-mail vejarr@superiorpropane.com				

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>			For Office Use - Party No.	
Trimal Trans.				
Street No. 300-950	Street Name / 911 Number / Address, if applicable Boule Cadieux			
Town / City or Township / Country Valleyfield			Province Quebec	Postal Code J6T 6L4
Telephone No. 18008953554	Fax No.	Contact Name		
E-mail				

Off-site Cylinder and/or Mobile Storage		Capacity stored off-site, in USWG	For Office Use - Party No.	
Street No. / Street Name / 911 Number / Address, if applicable				
Town / City or Township / Country			Province	Postal Code
Telephone No.	Fax No.	Contact Name		

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

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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN
 The licensee 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.
 There are no hazardous materials on site. There is underground gasoline and diesel tanks located at the front of the property between Dunrobin Road and dispensers

Diesel-22700 Ltr, Gasoline 3 Tanks- 59000 Ltr

Description of fire and emergency equipment indicated on facility site map.
 There is a fire Extinguishers at the fuel island next to dispensers and at the propane storage tank inside the lockable enclosure.

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.
 Propane tank is equipped with fusible link at the tank which melts at 212 F and release the handle on the ISC valve to close the pump suction opening.

Maintenance and testing schedule for fire protection controls and devices.
 Maintenance inspection is done twice a year by the supplier and once a year for testing and tune up leak checks, piping condition, pump seals, hose condition, rust removal etc..

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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)
 Contacts for Emergency Response

1. Facility Contact: Personnel Key Contact		5. Facility 24-Hour Contact Person	
Name Maher Kraieh	For Office Use: Party No.	Name	For Office Use: Party No.
Official Title Director		Official Title	
Telephone No. 9059604762	Fax No.	Cell No.	Fax No.
E-mail essodunrobin@gmail.com		E-mail	
Role and responsibilities in emergency To initiate emergency response plan and alert customers and contact 911		Role and responsibilities in emergency	

2. Facility Contact: Personnel Alternate Contact		6. Name of Facility Manager	
Name Gaganbir Panjehazari	For Office Use: Party No.	Name	For Office Use: Party No.
Official Title Landlord		Official Title	
Telephone No. 4168332394	Fax No. 6138324722	Telephone No.	Fax No.
E-mail gpanjehazari@gmail.com		E-mail	
Role and responsibilities in emergency Assist with ER direct customers check washrooms and evacuate to muster point		Role and responsibilities in emergency	

3. Local Fire Services Key Contact		7. Propane Supplier Key Contact Person	
Name John	For Office Use: Party No.	Name	For Office Use: Party No.
Official Title Ottawa fire chief	E-mail	Official Title	E-mail
Telephone No. 6135802866	Fax No.	Telephone No.	Fax No.
Role and responsibilities in emergency Fire Chief		Role and responsibilities in emergency	
Fire Services Address 1445 Carling Ave.		Propane Supplier Address	

4. Local Fire Services Alternate Contact		8. Municipal Contact	
Name Duncan Mcnaughton	For Office Use: Party No.	Name	For Office Use: Party No.
Official Title Engineer	E-mail duncanmcnaughton@ottawa.com	Official Title	
Telephone No. 6139780647	Fax No.	Telephone No.	Fax No.
Role and responsibilities in emergency Fire Protection engineer		E-mail	
Fire Services Address 101 Centorpoint Drive, Ottawa		Municipality Name and Address	

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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)
 3. Record of Emergency Training Provided - For most recent 2-month period

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

Training Date (dd-mmm-yyyy)	Print Name of Training Provider: AltEng Inc.
	Print Name of Instructor: J Ross Keys
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)	Print Name of Training Provider: AltEng Inc
	Print Name of Instructor: J Ross Keys
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)	Print Name of Training Provider:
	Print Name of Instructor:
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)	Official Title	
Mhd Maher Kraieh	Director.	
Signature	Telephone No.	Date (dd-mmm-yyyy)
	9059604762	16-10-2018



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)
 Emergency Training Plan for Coming Year

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

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:
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)	Print Name of Training Provider:
	Print Name of Instructor:
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)	Print Name of Training Provider:
	Print Name of Instructor:
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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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)
 The licence holder will complete Section B in consultation with the local Fire Services
 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 key contact or alternate will be on site all times. They will issue the warning to the customers immediately and call 911.
 If necessary a call to propane supplier will 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).
 The key contact is responsible for insuring the area is evacuated and all personnel will meet at muster point.
 (corner of Dunrobin and Kinburn Road)
 Head court will be taken, in the absence of key contact alternate will assume these responsibilities.

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 licence holder or alternate will always be on site. In case of emergency either will be able to assess the situation and make the necessary 911 call

Describe provisions for fire department entry when there are no operations or staffing at the propane site.
 The facility has highway access of Dunrobin Road. There are no restrictions to the propane tank.
 The owner lives on site, so any communication required will be available to the emergency responders.

Describe how the licence holder will ensure continual flow of updated information to authorities.
 The licence holder will always be on site and will wait for ER's to arrive so the information about the situation can be provided to the ER's.
 He will stay on site until all clear is given or assess to leave or close the facility any changes will be updated requires with TSSA.

How long will it take the facility liaison person to respond to the site.
 The key contact lives on site in the house next to the store, so they will always be available on site to provide information to authorities.

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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)
 The licence holder will complete Section B in consultation with the local Fire Services.
 6. Building and Site Security and Procedures

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

7. Water Supply

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

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1. Is a pressurized water system available at the propane facility site? | <input type="checkbox"/> | <input checked="" 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) | N/A | |
| 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) | 1700 Metres | |

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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	Yes	No
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	Signature	Date (dd-mmm-yyyy)
Local Fire Services Name		

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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) 02-03-2011	Capacity of single largest propane storage vessel (USWG) 1300 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 14.3 M	Right side property line: 6.7 M
Rear: 102.2 M	Left side property line: 48.5 M
GPS coordinates of single largest vessel: Lat: 45 27'44.91"N Long 76'4'27.66"	

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

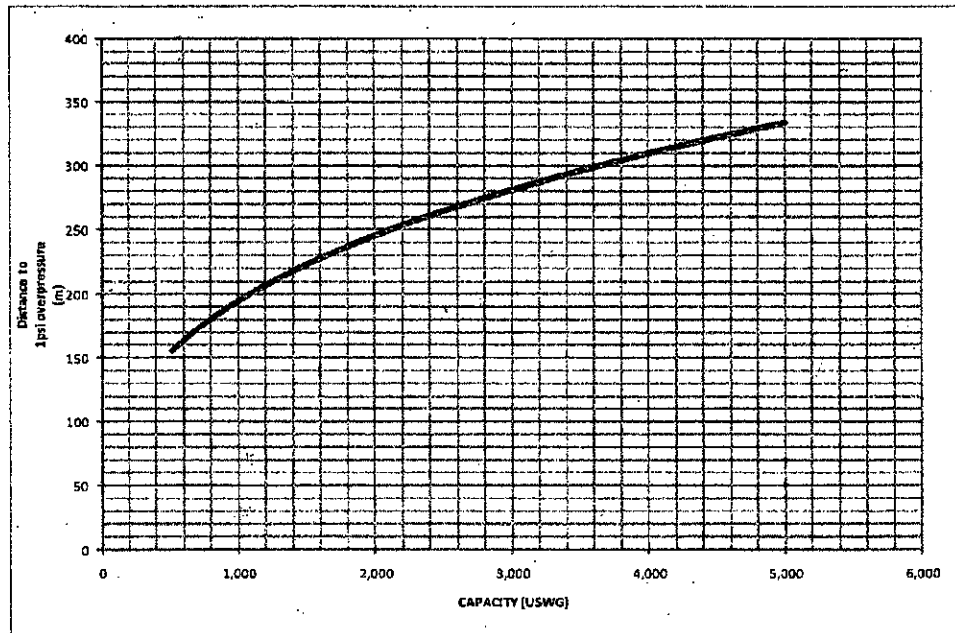
Table 1: Distance Table

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

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

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

Hazard Distance Chart (EPA-TNT model)





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

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

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]					22.5 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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

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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	72	417.6 USWG
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	417.6
Total Tank Capacity	1300
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	1817.6

