



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@licensing@tssa.org
www.tssa.org

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

Print Form

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*

For Office Use Only

Licence Number FS-LIC-50922

Check applicable type of propane operations.

☒ Cylinder ☒ Motor Fill ☐ Filling Plant ☐ Card/Keylock

Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.

SECTION A: GENERAL INFORMATION

The Undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act*,
Propane Storage and Handling Regulation.

Company Name A <u>Ultramar Kemptville Gas Station</u>		Corporation No. <u>13513203 Canada Inc.</u>
Operator Name (if different from above) <u>Raymond Salam</u>		
Telephone No. <u>613-258-9885</u>	Fax No. <u>N/A</u>	E-mail <u>raymondsalam@hotmail.com</u>
B Street No. <u>2780</u> Street Name / 911 Number / Address, if applicable <u>County Road 43</u>		
Town / City or Township / County <u>Kemptonville</u>		Province <u>Ontario</u>
		Postal Code <u>K0G 1J0</u>
Mailing address if different from above.		
Street No. <u>2780</u> Street Name / 911 Number / Address, if applicable <u>County Road 43</u>		
Town / City or Township / County <u>Kemptonville</u>		Province <u>Ontario</u>
		Postal Code <u>K0G 1J0</u>

Information on Container Refill Centre or Filling Plant

Location of facility.		
Street No. D <u>2780</u>	Street Name / 911 Number / Address, if applicable <u>County Road 43</u>	Nearest Major Intersection
Town / City or Township / County <u>Kemptonville</u>		Province <u>Ontario</u>
		Postal Code <u>K0G 1J0</u>

Name of Licence Holder <u>Ultramar Kemptonville Gas Station o/a 13513203 Canada Inc</u>	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). <u>Antoine Roumie</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>PP-3 (LPG)</u>
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) <u>North Grenville, Ontario</u>	
Hours of operation. <div style="background-color: black; width: 500px; height: 50px;"></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.

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <div style="background-color: black; width: 200px; height: 20px;"></div>	<div style="background-color: black; width: 100px; height: 20px;"></div>	<u>01-17-2023</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Antoine Roumie</u>		<div style="background-color: yellow; width: 100px; height: 20px;"></div>



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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

Tank1: 250 5-695175

Tank2: _____

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: NA Mobile: NA

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Name of person completing this form (please print)		Official Title	
		Director	
Signature		Telephone No.	Date (dd-mm-yyyy)
		819 319 8276	01-17-2023

Please Print & Sign before returning to TSSA



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) Superior General Parmer Inc. o/a Superior Propane			For Office Use - Party No.	
Street No. 7022	Street Name / 911 Number / Address: Wellington Road 124			
Town / City or Township / Country Guelph		Province Ontario	Postal Code N1H 6L3	
Telephone No. 226-821-4462	Fax No. N/A	Contact Name Ian, D'Cruz, Regional Operations Manager		
E-mail ian_DCruz@SuperiorPropane.com				

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>			For Office Use - Party No.	
Superior General Parmer Inc. o/a Superior Propane				
Street No. 65	Street Name / 911 Number / Address: Roydon Place			
Town / City or Township / Country Nepean		Province Ontario	Postal Code K2E 1A3	
Telephone No. 613-314-8003	Fax No. N/A	Contact Name Heather Ross		
E-mail RossHe@SuperiorPropane.com				

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:		
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 Raymond Salam		Official Title Director	
Signature Please Print & Sign before returning to TSSA	Telephone No. 819 319 8276	Date (dd-mmm-yyyy) 01-17-2023	



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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.

DIESEL Underground 25000 L
GASOLINE Underground 100,000 L Regular
GASOLINE Underground 25000 L Super

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

See Map / fire Extinguisher Location

- Closest Fire Hydrant , 80 metres east of propane tank on HWY 43
- Emergency shutoff Circuit Breaker Propane - Breaker Panel directly behind cash register in Cabinet

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.

20 pounds fire extinguisher in propane weight hut , two 20 pound fire extinguisher in store

Circuit breaker and emergency shutoff electrical for propane Station

Smoke detectors Melts in case of fire and shuts down propane power

Fusible link on ISC Valve

Maintenance and testing schedule for fire protection controls and devices.

Regular monthly checks and testing of above fire protection

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Name of person completing this form (please print)	Official Title
Raymond Salam	Director
Signature	Telephone No.
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	01-17-2023



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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact

Name	For Office Use - Party No.
Antoine rounie	
Official Title	
Director / manager	
Telephone No.	Fax No.
613 762 6364	
E-mail	
tonyroumie@hotmail.com	
Role and responsibilities in emergency	
Coordinator	

5. Facility 24-Hour Contact Person

Name	For Office Use - Party No.
Antoine rounie	
Official Title	
Director / manager	
Cell No.	Fax No.
613 762 6364	
E-mail	
Tonyroumie@hotmail.com	
Role and responsibilities in emergency	
Coordinator	

2. Facility Contact Personnel - Alternate Contact

Name	For Office Use - Party No.
Raymond salam	
Official Title	
Director/ owner	
Telephone No.	Fax No.
819 319 8276	
E-mail	
raymondsalam@hotmail.com	
Role and responsibilities in emergency	
Coordinator	

6. Name of Facility Manager

Name	For Office Use - Party No.
Raymond salam	
Official Title	
Director	
Telephone No.	Fax No.
8193198276	
E-mail	
Raymondsalam@hotmail.com	
Role and responsibilities in emergency	
Coordinator	

3. Local Fire Services - Key Contact

Name	For Office Use - Party No.
Jhon Okum	
Official Title	
Fire chief	
Telephone No.	Fax No.
613-258-9569. Ext : 202	613-258-1031
E-mail	
Jokum@northgreville.on.ca	
Role and responsibilities in emergency	
Fire service	
Fire Services Address	
259 county road 44, kemptville, Ontario K0G1J0	

7. Propane Supplier Key Contact Person

Name	For Office Use - Party No.
Superior Propane Hotline	
Official Title	
Operator	
Telephone No.	Fax No.
1-877-873-7467	
E-mail	
Role and responsibilities in emergency	
Assist Fire Department as requires	
Propane Supplier Address	

4. Local Fire Services - Alternate Contact

Name	For Office Use - Party No.
Armitage Shannon	
Official Title	
Fire prevention officer	
Telephone No.	Fax No.
613-258-9569	613-258-1031
E-mail	
Role and responsibilities in emergency	
Fire Services Address	

8. Municipal Contact

Name	For Office Use - Party No.
Kimberley Casselman	
Official Title	
Director corporate services	
Telephone No.	Fax No.
613 258 9569	
E-mail	
Kcasselman@northgreville.on.ca	
Municipality Name and Address	
285 county road 44 , PO BOX 130 Kemptville,Ontario K0G1J0	

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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.

24 hours remote surveillance cameras for propane tank and station

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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-yy) 8 November 2022	Print Name of Training Provider:FTC. Fuel training Center
	Print Name of Instructor:Barry Tourgis(1238)
Training Date(dd-mmm-yy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date(dd-mmm-yy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date(dd-mmm-yy) NA	Print Name of Training Provider:
	Print Name of Instructor:
Training Date(dd-mmm-yy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date(dd-mmm-yy)	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-yy) 8 November 2022	Print Name of Training Provider:FTC fuel training center
	Print Name of Instructor:Barry tourgis
Training Date(dd-mmm-yy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date(dd-mmm-yy)	Print Name of Training Provider:
	Print Name of Instructor:

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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-y) TBD	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-y)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-y)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mmm-y) TBD	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-y)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-y)	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-y) TBD	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-y)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-y)	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.

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).

Shift supervisor: immediately order of evacuation of the facility

Call 911

Contact resident at 312 Elvira street

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).

Shift supervisor : Call 911 - Shut down electrical power of propane and fuel pumps

Contact resident at 312 Elvira street

Stop traffic on county road 43

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).

Use cell phone or phone booth at Esso corner of Prescott street and sanders street

Call 911 and superior propane 1-877-873-7467

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

24 hours unobstructed entrance to property from HWY 43 and James street

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

The shift supervisor stay in contact with 911 till emergency crew arrives

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

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	Telephone No.	Date (dd-mmm-yyyy)
	819319 8276	01-17-2023



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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>80 meters</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>NA</u>	

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Signature	<div></div>	Official Title
		Director
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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	Signature	Date (dd-mmm-yyyy)
Local Fire Services Name	Please Print & Sign before returning to TSSA	

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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)
	1996 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 9.1 metres	Right side property line: 6 metres
Rear: 61 metres	Left side property line: 49 metres
GPS coordinates of single largest vessel: 4502300075.6494	

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SECTION C: SUBMISSIONS (cont'd)

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

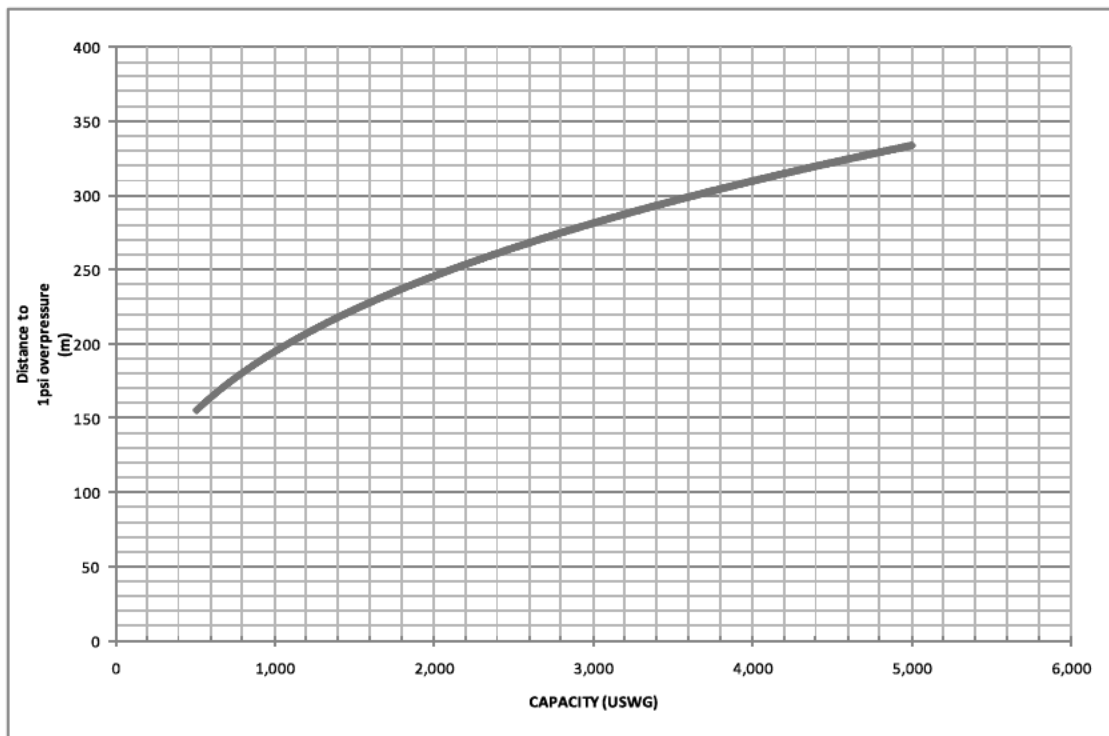
Table 1: Distance Table

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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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>Community living North Grenville</u> Address: <u>2830 County road 43</u> City: <u>Kemptville</u> Province <u>Ontario</u> Postal Code <u>K0G1J0</u>		X			<u>250</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: [REDACTED] Address: [REDACTED] City: [REDACTED]					
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Kemptville family restaurant</u> Address: <u>2794 county road 43</u> City: <u>Kemptville</u> Province <u>Ontario</u> Postal Code <u>K0G1J0</u>		X			<u>250</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>Kemptville suites by robthompson</u> Address: <u>103 clothier street east</u> City: <u>Kemptville</u> Province <u>Ontario</u> Postal Code <u>K0G1J0</u>					<u>650</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>St Michael height school</u> Address: <u>2755 county road 43</u> City: <u>Kemptville</u> Province <u>Ontario</u> Postal Code <u>K0G1J0</u>		X			<u>250</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>North Grenville fire station</u> Address: <u>259 HWY 44</u> City: <u>Kemptville</u> Province <u>Ontario</u> Postal Code <u>K0G1J0</u>		X			<u>1000</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): [REDACTED]		Official Title: [REDACTED]	
Signature: [REDACTED]	Telephone No.: <u>819 319 8276</u>	Date (dd-mmm-yyyy): <u>20-12-2022</u>	
Please Print & Sign before returning to TSSA			



Technical Standards and Safety Authority
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Toronto, Ontario M9W 6N9
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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	N/A	
# 33.3	9.62		
# 30	8.8		
# 20	5.8		
# 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
	N/A	
Total Tank Capacity		

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

*Information provided in this application is releasable under the Freedom of Information and Privacy Protection Act and may be disclosed upon request.

Ultramar Kemptville Gas Station
o/a 13513203 Canada Inc.
2780 County Road 43
Kemptville ON, K0G 1N0

January 1, 2023

North Grenville Fire Station 1
259 County Road 33, Kemptville,
Ontario K0G 1J0

Attention Fire Chief – John Okum

Dear Mr. Okum:

As you are aware, the new Provincial Regulation under Ontario Regulation 440/08 requires all propane handlers in Ontario to complete a Risk and Safety Management Plan (RSMP).

This RSMP is required by the Technical Standards and Safety Authority (TSSA) in order to produce a propane license.

Part of the process includes the local Fire Department's review of the RSMP.

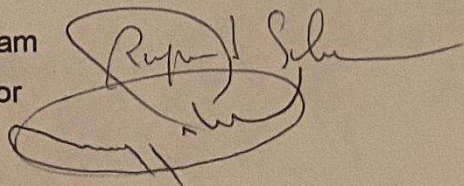
Therefore, we kindly ask you to review the RSMP for Ultramar Kemptville Gas Station o/a 13513203 Canada Inc. located at 2780 Count Road 43, Kemptville, ON L0A 1K0

Please complete page 11, with your comments and recommendations, sign, and return to the attention of: Raymond Salam, email: raymondsalam@hotmail.com

Your earliest response would be greatly appreciated.

Sincerely,

Raymond Salam
Owner/ director

A handwritten signature in black ink, appearing to read 'Raymond Salam', is written over a circular stamp or seal that is partially obscured.

