

Emergency Response Plan - Propane

715396958 RT0001 (Darshan Gas Bar)

280 Victoria St. N Kitchener ON N2H 5E2

(main arterial roads: Victoria St. N. & St. Leger St.)

Date Completed: January 26th, 2025 (to be reviewed annually)

Signed:



Darshan Gas Bar maintains a written emergency response plan at its facility to protect staff, customers and others in the public as well as the environment. The plan consists of procedures for responding to a release of a regulated substance, including the possibility of a fire or explosion if a flammable substance is accidentally released. The procedures address all aspects of emergency response, including proper first aid and medical treatment for exposures, evacuation plans and accounting for personnel after an evacuation, notification of local emergency response agencies and the public if a release occurs, along with post incident cleanup and investigation into potential causes.

This business will operate and maintain its facility in a way that reduces the possibility of accidents. To achieve this goal, every employee shall become familiar with the proper use, storage, and handling of hazardous materials and shall follow appropriate work practices. In the event of an accident, employees will follow the procedures outlined in this plan.

Emergency Contact Numbers

Fire: 911
Police: 911
Ambulance: 911

Propane Supplier: Dowler-Karn, A Division of McDougall Energy Inc. Devin Little – St Marys,
Branch Manager (519-229-6300)



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
propanelicensing@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 <i>Technical Standards and Safety Act</i>		For Office Use Only
Licence Number	FS-LIC-54337	
Check applicable type of propane operations. <input checked="" type="checkbox"/> Cylinder <input checked="" type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> 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 Darshan Gas Bar		Corporation No. 715396958 RT0001	
Operator Name (if different from above) Jitendrakumar D Modi			
Telephone No. 519-744-4591	Fax No.	E-mail rahul3270@yahoo.ca	
B Street No. 280		Street Name / 911 Number / Address, if applicable Victoria St. N.	
Town / City or Township / County Kitchener		Province ON	Postal Code N2H 5E2
Mailing address if different from above.			
C Street No.		Street Name / 911 Number / Address, if applicable	
Town / City or Township / County		Province	Postal Code

Information on Container Refill Centre or Filling Plant

Location of facility.		
D Street No. 280	Street Name / 911 Number / Address, if applicable Victoria St. N.	Nearest Major Intersection Victoria St. N. & St. Leger St.
Town / City or Township / County Kitchener		Province ON
		Postal Code N2H 5E2

Name of Licence Holder Darshan Gas Bar	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Jitendra Modi	ROT type PTI 100-11
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) City of Kitchener	
Hours of operation. <div style="background-color: black; width: 100%; 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 correct.

Print name	
Name of Licence Holder	Jitendra Modi
Name of Senior Management person as defined in the Regulation holding the Record of Training	Jitendrakumar D Modi



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established.

2002

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

2009 updated Piping

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

PSIG

Serial Number

Tank 1: 250 512-05

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 Portable: 81.2 Mobile: _____

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Name of person completing this form (please print)	Official Title	
Jitendrakumar D Modi	Owner-Operator	
Signature	Telephone No.	Date (dd-mmm-yyyy)
[Redacted Signature]	519-744-4591	26-Jan-2025



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) Dowler-Karn, A Division of McDougall Energy Inc.		For Office Use - Party No.	
Street No. 1714	Street Name / 911 Number / Address, if applicable Perth County Rd. Line 163 RR#1		
Town / City or Township / Country St Marys		Province ON	Postal Code N4X 1C4
Telephone No. 519-229-6300	Fax No. 519-229-6308	Contact Name Devin Little	
E-mail devinlittle@mcdougallenergy.com			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		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	
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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Name of person completing this form (please print) Jitendrakumar D Modi		Official Title Owner-Operator	
Signature		Telephone No. 519-744-4591	Date (dd-mmm-yyyy) 26-Jan-2025



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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.

Full serve retail fuel operation; Gasoline - 3 dual pumps (6 Supreme, 6 Plus and 6 Regular), and 1 (3 + 1 pump = 2 Supreme, 2 Plus, 2 Regular and 2 Diesel)

20,000 L storage (Supreme Gas), 20,000 L (ULSD Diesel), 60,000 L (Regular Gasoline)

Tanks located behind the kiosk (see facility drawing), some distance from the propane dispenser.

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

Fire extinguishers at the propane dispenser, in the kiosk and with each pump

Master hydro shutoff inside manned kiosk

Propane shutoff well marked on fuse panel

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.

Master hydro shutoff allows for shut down of dispenser, closing valve and stopping flow of propane in the system

Maintenance and testing schedule for fire protection controls and devices.

Annual inspections, supplier of tank and system as required per B-149 gas code, copy left on site

Fire extinguishers - annual inspection (external)

Dispenser, daily inspection, upon opening of facility

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Name of person completing this form (please print)	Official Title	
Jitendra	Owner-Operator	
Signature	Telephone No.	Date (dd-mmm-yyyy)
	519-744-4591	26-Jan-2025



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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
Jitendrakumar D Modi

For Office Use - Party No.

Official Title
Owner-Operator

Telephone No.
519-744-4591

Fax No.

E-mail
rahul3270@yahoo.ca

Role and responsibilities in emergency

Ensure emergency response plan is executed, Alert authorities following confirmation that staff & customers are evacuated

2. Facility Contact Personnel - Alternate Contact

Name
Nita Modi

For Office Use - Party No.

Official Title
Owner's Spouse

Telephone No.
519-569-9764

Fax No.

E-mail
nitamodi@ikumon.com

Role and responsibilities in emergency

Ensure emergency response plan is executed, Alert authorities following confirmation that staff & customers are evacuated

3. Local Fire Services - Key Contact

Name
Bob Gilmore

For Office Use - Party No.

Official Title
Fire Chief

E-mail
Bob.Gilmore@kitchener.ca

Telephone No.
519-783-8689

Fax No.

Role and responsibilities in emergency

Co-ordination of multiple fire services and resources during an emergency

Fire Services Address

270 Strasburg Rd, Kitchener, ON N2E 3M6

4. Local Fire Services - Alternate Contact

Name
Patrick O'Halloran

For Office Use - Party No.

Official Title
Deputy Fire Chief

E-mail
Patrick.O'Halloran@kitchener.ca

Telephone No.
519-783-8749

Fax No.

Role and responsibilities in emergency

Co-ordination of multiple fire services and resources during an emergency

Fire Services Address

270 Strasburg Rd, Kitchener, ON N2E 3M6

5. Facility 24-Hour Contact Person

Name
Jitendrakumar D Modi

For Office Use - Party No.

Official Title
Owner-Operator

Cell No.
519-897-9424

Fax No.

E-mail
rahul3270@yahoo.ca

Role and responsibilities in emergency

Ensure emergency response plan is executed, Alert authorities following confirmation that staff & customers are evacuated

6. Name of Facility Manager

Name
Jitendrakumar D Modi

For Office Use - Party No.

Official Title
Owner-Operator

Telephone No.
519-744-4591

Fax No.

E-mail
rahul3270@yahoo.ca

Role and responsibilities in emergency

Ensure emergency response plan is executed, Alert authorities following confirmation that staff & customers are evacuated

7. Propane Supplier Key Contact Person

Name
Devin Little

For Office Use - Party No.

Official Title
Branch Manager - St Marys Branch

E-mail
devinlittle@modougallenergy.com

Telephone No.
519-229-6300

Fax No.

Role and responsibilities in emergency

Alert support services as necessary and address any concerns. Implement supplier ERP plan if required.

Propane Supplier Address

1714, Perth County Rd. Line 163 RR#1, St Marys ON. N4X 1C4

8. Municipal Contact

Name
Amanda Fusco

For Office Use - Party No.

Official Title
City of Kitchener Clerk

Telephone No.
519-741-2203

Fax No.

E-mail
Amanda.Fusco@kitchener.ca

Municipality Name and Address

City of Kitchener, 200 King Street, West, Kitchener, ON. N2G 4V6

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Name of person completing this form (please print)

Jitendrakumar D Modi

Signature

Official Title

Owner-Operator

Telephone No.

519-744-4591

Date (dd-mmm-yyyy)

26-Jan-2025



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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.

This dispenser has been installed to code and to achieve compliance with all regulatory standards

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Name Jitendra	Official Title Owner-Operator	Date (dd-mmm-yyyy) 26-Jan-2025
Signature	Telephone No. 519-744-4591	



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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) 14-May-2024	Print Name of Training Provider: In- house
	Print Name of Instructor: Jitendrakumar D Modi
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) 14-May-2024	Print Name of Training Provider: In- house
	Print Name of Instructor: Jitendrakumar D Modi
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) As required based on expiry date	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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Signature [Redacted Signature]	Telephone No. 519-744-4591
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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) 14-May-2024	Print Name of Training Provider: In-house
	Print Name of Instructor: Jitendrakumar D Modi
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) 14-May-2024	Print Name of Training Provider: In-house
	Print Name of Instructor: Jitendrakumar D Modi
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) As required based on expiry date	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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Signature [Redacted]	Telephone No. 519-744-4591
	Date (dd-mmm-yyyy) 26-Jan-2025



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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).
Emergency response coordinator is point person for executing the ERP. In the event of a confirmed emergency, verbal warnings and evacuation will occur on-site for all customers and employees to assemble at the designated evacuation site per the ERP. All other communications will be through the emergency response personnel once on-site. In the absence of the EC, the backup or a designate will assume this role.

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).

In the event that a warning has been issued, an evacuation will be undertaken and the emergency coordinator will attempt to activate emergency shutoff and hydro shutoffs if feasible and immediately contact 911 with pertinent information specific to the location and details of the emergency. All is noted in the ERP.

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).

In the event of a suspected leak, spill, fire or explosion, the emergency coordinator (or backup) is to call 911 once employees and customers have been ushered to safety and the evacuation point. All steps and details are listed in the ERP.

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

All equipment is readily accessible as it is an open air facility in a strip mall parking lot with a kiosk at the fuel dispensing area. Hydro shut off in kiosk

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

Via phone or cell phone until such time as they arrive. Upon arrival, the EC will liaise with the Emergency services personnel to provide update. At that stage control will be given to the Fire Service to manage the emergency. In a proactive manner, Tavistock ESSO will provide site and contact information along with a copy of their ERP to the fire services when the RSMP is reviewed.

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

15 - 20 minutes from home

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Name of person completing this form (please print)

Jitendra

Official Title

Owner-Operator

Signature

Telephone No.

519-744-4591

Date (dd-mmm-yyyy)

26-Jan-2025



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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>28.6</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		Telephone No. 519-744-4591	Date (dd-mmm-yyyy) 26-Jan-2025



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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		

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Signature	Telephone No. 519-744-4591	Date (dd-mmm-yyyy) 26-Jan-2025



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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) 19-May-2010 updated 26-Jan-2025	Capacity of single largest propane storage vessel (USWG) 2000
Tank setback coordinates. Indicate placement on the map.	
Front: 6.5m	Right side property line: 67.3m
Rear: 45.2m	Left side property line: 7.9m
GPS coordinates of single largest vessel: 42.272791N, - 80.290812W	

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Signature [Redacted]	Telephone No. 519-744-4591
	Date (dd-mmm-yyyy) 26-Jan-2025



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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
345 Carlingview Drive
Toronto, Ontario M9W 6N9
Tel: 416.734.3300
Fax: 416.231.4078
Customer Service: 1.877.682.8772
propanelicensing@tssa.org
www.tssa.org

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>Josephs and Company Inc</u> Address: <u>257 Victoria St N</u> City: <u>Kitchener</u> Province <u>ON</u> Postal Code <u>N2H 5C5</u>			x		<u>66.07m</u> m
Residential buildings Name: [REDACTED] Address: [REDACTED] City: [REDACTED]				x	<u>29.58m</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>MY Convenience Store</u> Address: <u>280 Victoria St N, Unit 1</u> City: <u>Kitchener</u> Province <u>ON</u> Postal Code <u>N2H 5C5</u>				x	<u>17.8m</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ 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: _____ Address: _____ City: _____ Province _____ Postal Code _____	x				_____ 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>Jitendrakumar D Modi</u>	Official Title <u>Owner-Operator</u>
Signature [REDACTED]	Telephone No. <u>519-744-4591</u>
	Date (dd-mm-yyyy) <u>26-Jan-2025</u>



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Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
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WORKSHEET

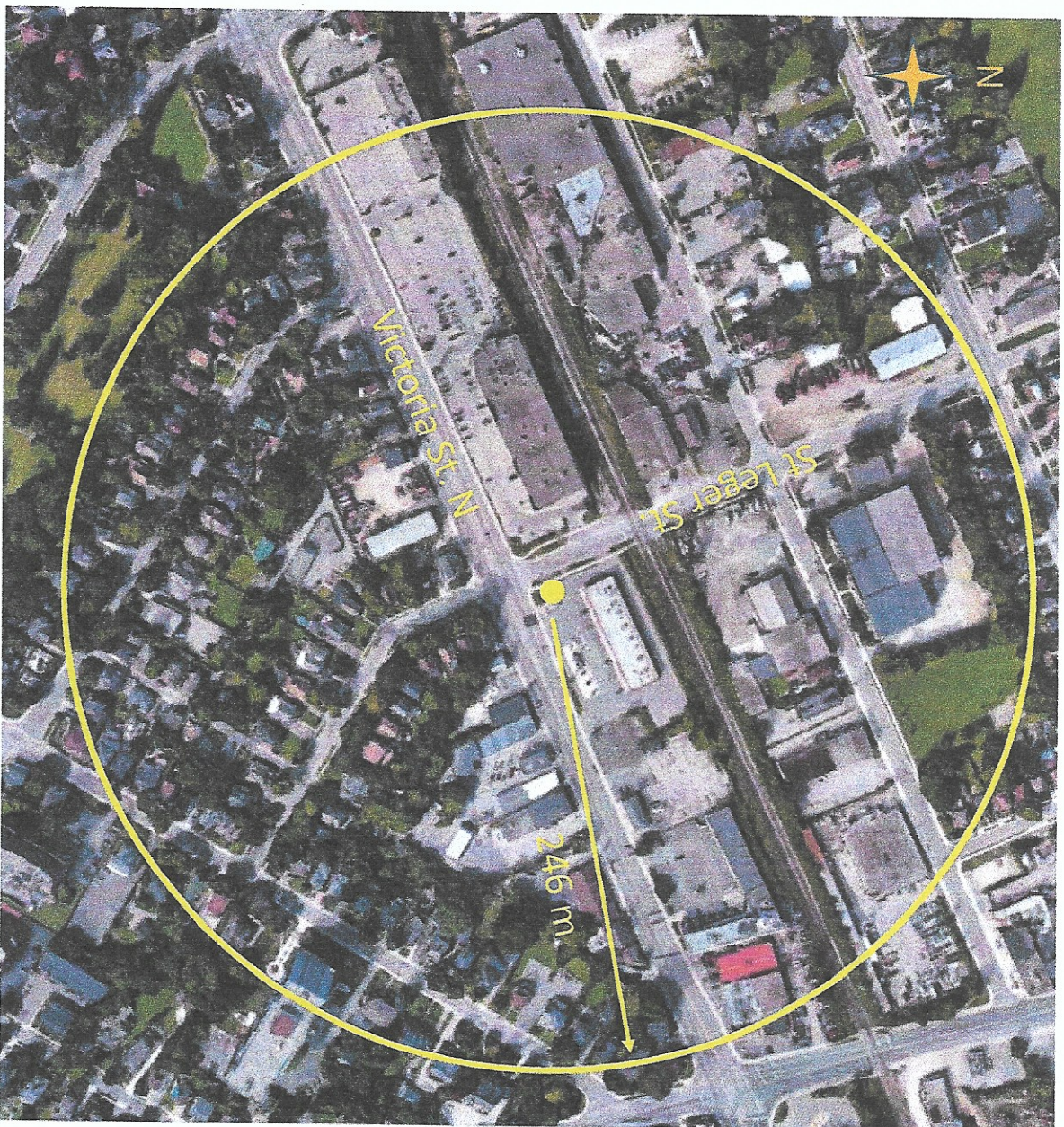
Portable Storage Additional Information Worksheet

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			

Tanks Stored On-site Not Connected for Use

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

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



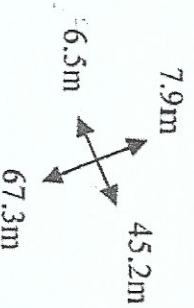
715396958 RT0001

Darshan Gas Bar 867246605F
280 Victoria St N.
Kitchener ON N2H 5E2

2000 uswg capacity
Vertical propane storage tank denoted by yellow dc
GPS co-ordinates - 42.272791N 80.290812W

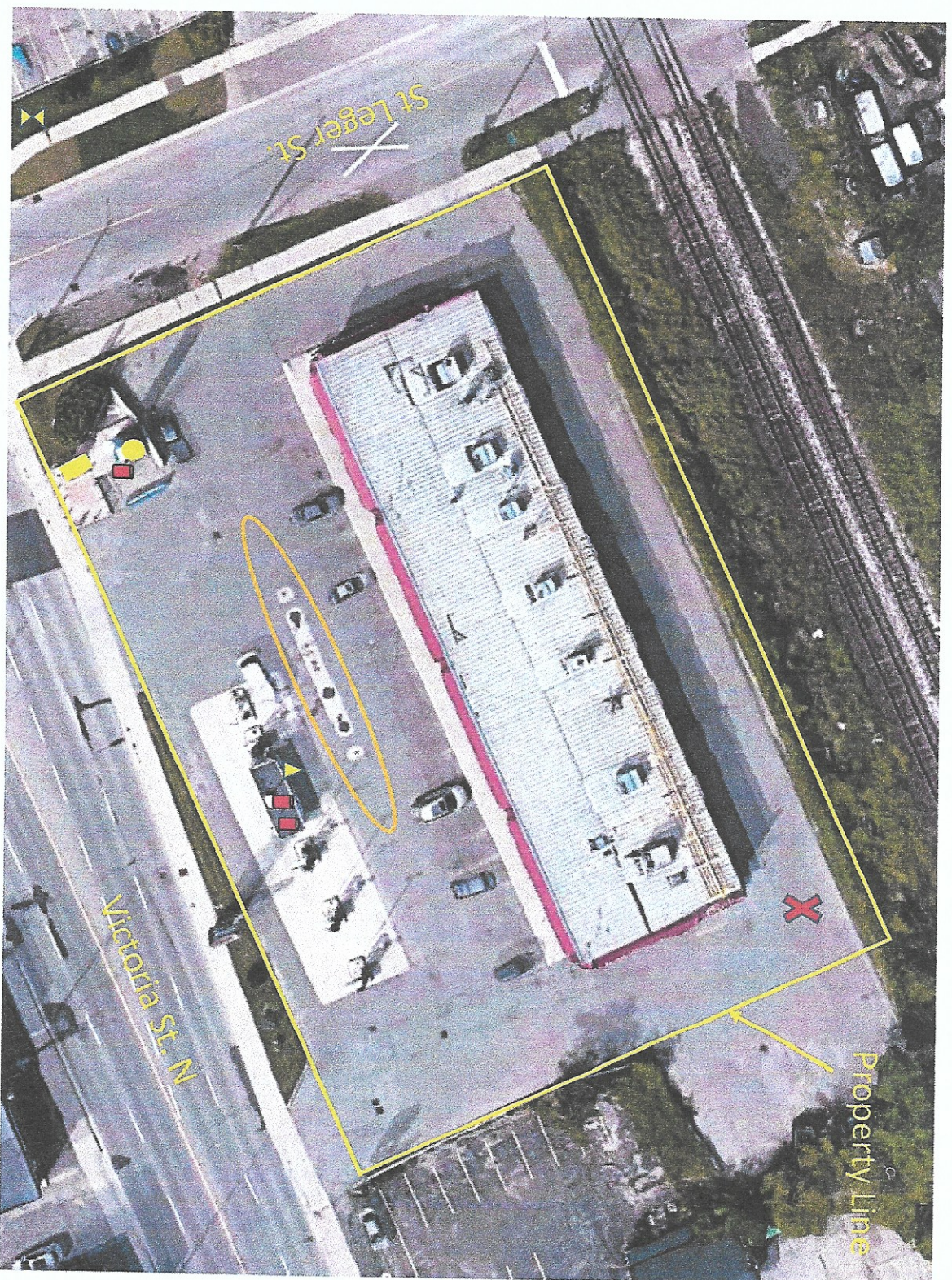
City of Kitchener
200 King St. W. Kitchener, ON, N2G 4V6
Christine Tarling - Clerk
519-741-2345 2203
AMANDA FUSCO

Property Line Setbacks



715396958 RT0001

Darshan Gas Bar
280 Victo
Kitchener ON



- Fire Extinguisher - 3
- ▲ Emerge Shut Off - 1
- ✕ Evacuation Meeting Area
- Cylinder Cage
- ⊗ Fire Hydrant
- Propane Tank
- 20 20,000L storage (su)
- 20 20,000L (diesel)
- 60 45,000L (regular ga)