

# 5306 Main Street, Comber ON

1000 USWG Horizontal Propane Refill Centre

SPS Coordinates:  
12°14'8.13"N 82°33'5.62"W

## PROPERTY LINES:

FRONT: 72.9m  
REAR: 5.1m  
RIGHT: 57.8m  
LEFT: 44.7m

Distance to 1 PSI Overpressure = 246m

Municipal Contact:  
Morris Harding  
Division Leader - Chief Building Official  
Municipality of Lakeshore  
119 Notre Dame Street, Belle River, ON  
N0R 1A0  
519-728-2700

Map prepared: January 31, 2025

5306 Main Street, Comber ON  
Roll #800-15800

Propane E-Stop Inside Building

Google Earth



2000 USWG Propane Tank

Propane E-stop

Steel Bollards Surrounding Propane Tank

Sodium Hypochlorite (3000USWG)

10 m





# 6306 Main Street, Comber ON

2000 USWG Horizontal Propane Refill Centre

GPS Coordinates:  
42°14'6.13"N 82°33'5.62"W

## PROPERTY LINES

FRONT: 72.9m  
REAR: 5.1m  
RIGHT: 57.8m  
LEFT: 44.7m

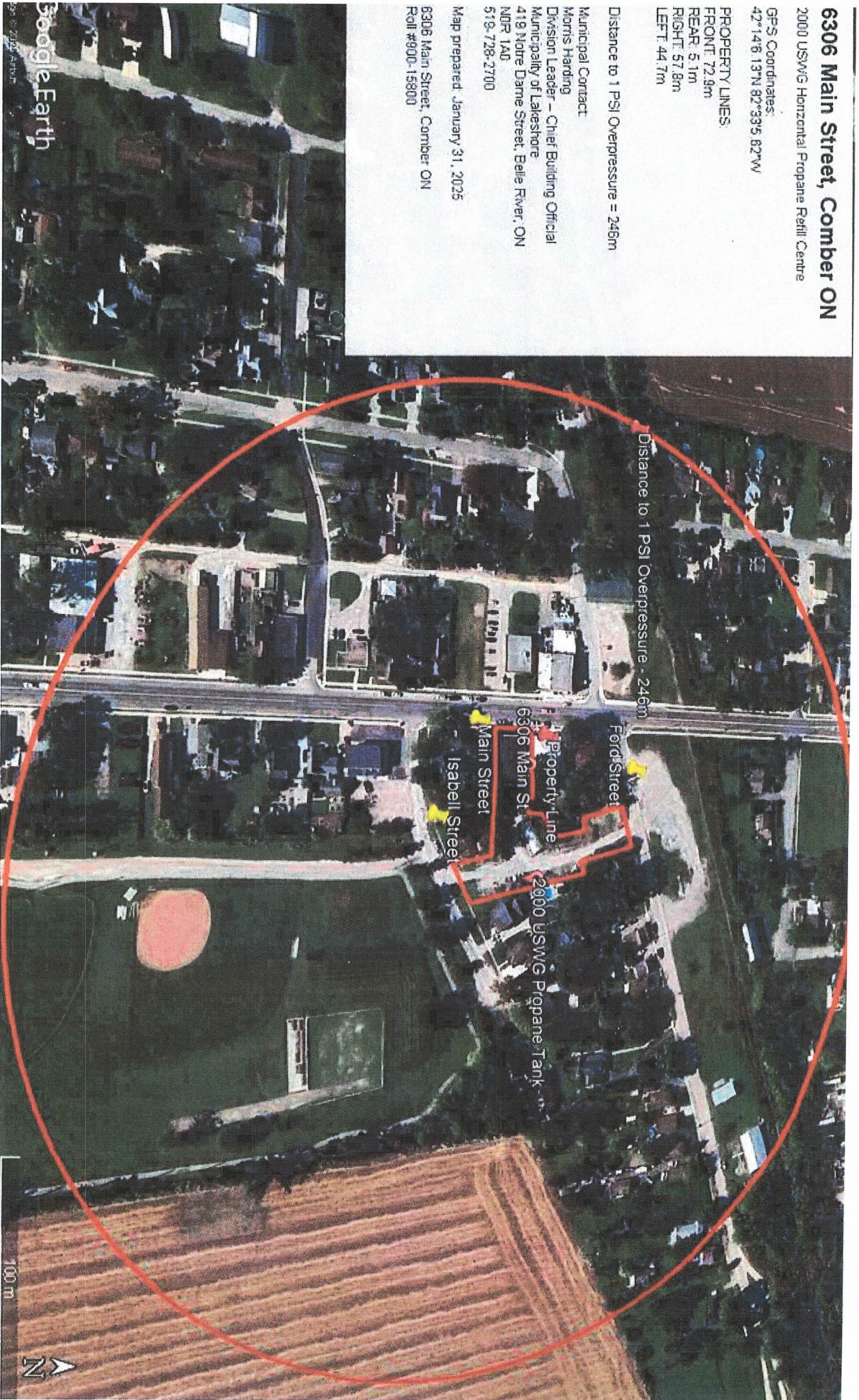
Distance to 1 PSI Overpressure = 246m

## Municipal Contact

Morris Harding  
Division Leader - Chief Building Official  
Municipality of Lakeshore  
419 Notre Dame Street, Belle River, ON  
N0R 1A0  
519-728-2700

Map prepared: January 31, 2025

6306 Main Street, Comber ON  
Roll #900-15800





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2000 USWG Horizontal Propane Refill Centre

3PS Coordinates:  
42°14'8.13"N 82°33'5.62"W

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REAR 5.1m  
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LEFT 44.7m

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Division Leader - Chief Building Official  
Municipality of Lakeshore  
419 Notre Dame Street, Belle River, ON  
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519-728-2700

Map prepared January 31, 2025

6306 Main Street, Comber ON  
Roll #900-15800





# 5306 Main Street, Comber ON

1000 USW/G Horizontal Propane Refill Centre

SPS Coordinates:  
42°14'6.13"N 82°33'5.62"W

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RIGHT: 57.8m  
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Distance to 1 PSI Overpressure = 246m

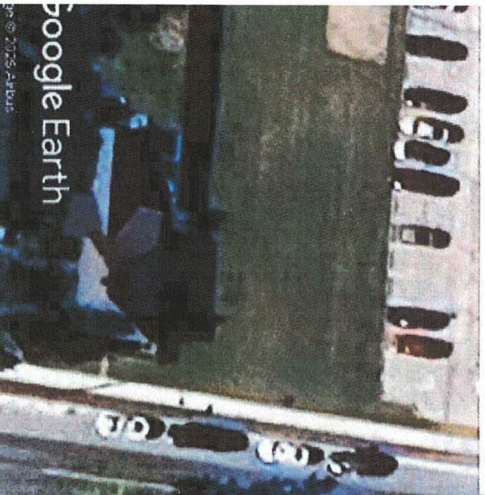
## Municipal Contact

Norm Harding  
Division Leader - Chief Building Official  
Municipality of Lakeshore  
119 Notre Dame Street, Belle River, ON  
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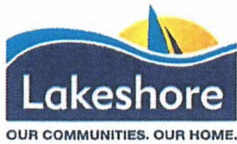
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5306 Main Street, Comber ON  
Roll #900-15800

Google Earth







May 10, 2024

Re: **6306 MAIN ST – Roll #900-15800**

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Thank you for your request which we have received.

Please be advised that the property located at 6306 MAIN ST, in Comber, ON is zoned "CA" (Central Area Commercial). The dispensing of bulk propane is a permitted use on the property.

Attached please find applicable zoning regulations and permitted uses.

Should you have any questions please do not hesitate to contact the undersigned.

Sincerely,

Morris Harding

Digitally signed by Morris Harding  
DN: cn=CA,  
e=mharding@lakeshore.ca,  
o=Municipality of Lakeshore,  
ou=Building and By-Law, cn=Morris  
Harding  
Date: 2024.05.10 12:18:01-04'00'

Morris Harding  
Division Leader - Chief Building Official  
Building Services





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.

<p>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></p> <p>Licence Number <u>000281755</u></p> <p>Check applicable type of propane operations.</p> <p><input checked="" type="checkbox"/> Cylinder    <input type="checkbox"/> Motor Fill    <input type="checkbox"/> Filling Plant    <input type="checkbox"/> Card/Keylock</p> <p>Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p>For Office Use Only</p>
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**SECTION A: GENERAL INFORMATION**

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

<b>A</b>	Company Name <u>Sauves's GenX Inc.</u>	Corporation No. <u>766747158</u>
	Operator Name (if different from above) <u>Rona Sauve's Home Center</u>	
	Telephone No. <u>519-728-2940</u>	Fax No. <u></u>
	E-mail <u>sauvesrona@gmail.com</u>	
<b>B</b>	Street No. <u>581</u>	Street Name / 911 Number / Address, if applicable <u>Railways St</u>
	Town / City or Township / County <u>Belle River</u>	Province <u>ON</u>
		Postal Code <u>N0R 1A0</u>
	Mailing address if different from above.	
<b>C</b>	Street No. <u></u>	Street Name / 911 Number / Address, if applicable <u></u>
	Town / City or Township / County <u></u>	Province <u></u>
		Postal Code <u></u>
<b>Information on Container Refill Centre or Filling Plant</b>		
	Location of facility.	
<b>D</b>	Street No. <u>6306</u>	Street Name / 911 Number / Address, if applicable <u>Main Street</u>
		Nearest Major Intersection <u>Main Street &amp; Taylor Ave</u>
	Town / City or Township / County <u>Comber</u>	Province <u>ON</u>
		Postal Code <u>N0P 1J0</u>

Name of Licence Holder <u></u>	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). <u></u>	
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) <u></u>	
Hours of operation.	
Monday:	<u></u>
Tuesday:	<u></u>
Wednesday:	<u></u>
Thursday:	<u></u>

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>Bret Drew Limited</u>	Signature <u></u>	Date (dd-mm-yyyy) <u>02 May 2024</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u></u>	<u></u>	<u></u>





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

**SECTION A: GENERAL INFORMATION (cont'd)**

Indicate the year the facility was established.

2013

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	439-97
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: 2000 USWG      Portable:      Mobile:

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Name of person completing this form (please print)	Official Title
	Assistant Manager
	Telephone No.
	519-728-2940
	Date (dd-mmm-yyyy)
	07 May 2024





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

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

Name of Propane Supplier(s) McDougall Energy Inc.			For Office Use - Party No.	
Street No. 24151	Street Name / 911 Number / Address, if applicable St. Clair Rd			
Town / City or Township / Country Chatham		Province On	Postal Code N7M 5J2	
Telephone No. 519-351-8000	Fax No.	Contact Name Ken Lloyd		
E-mail kenlloyd@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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	Official Title Assistant Manager
	Telephone No. 519-728-2940





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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.

Onsite is 1 2000 uswg vertical propane tank

3000 us gal Sodium Hypochlorite (Pool Chlorine) 13.6M south of Propane

Air Liquid Cylinders 48.4 M West of Propane (Oxy/Act) Sizes 22-44 Cubin inch

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

Fire extinguishers located at the filling station 1-4A 40BC and also inside of building 1-C02 5lbs, 3-10A120Bc

Hydrant off Ford Street 70.1M / Hydrant off Isabella Street 70.1 M / Hydrant of James & Main Street 184.5M

No smoking signage located on all entrance of building / located on door of propane filling station

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.

Location is equipped with 24 hour monitor surveillance. Filling station is equipped with manual shut of button inside of filling station cabinet on the right hand side. Also a emergency shut of located on the pole located to the left of the filling station. - Monitoring comapny is Security One.

Maintenance and testing schedule for fire protection controls and devices.

Daily check by operator

Annually inspeciton completed by propane supplier

Fire extinguishers are inspected annually

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Name of person completing this form (please print)

Official Title

Assistant Manager

Telephone No.

519-728-2940

Date (dd-mm-yyyy)

07 May 2024





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

**1. Contacts for Emergency Response**

<b>1. Facility Contact Personnel - Key Contact</b>				<b>5. Facility 24-Hour Contact Person</b>			
Name <u>Sylvain Pitre</u>		For Office Use - Party No.		Name <u>Shawn Sauve</u>		For Office Use - Party No.	
Official Title <u>Assistant Manager</u>				Official Title <u>Owner</u>			
Telephone No. <u>519-562-1192</u>		Fax No.		Cell No. <u>519-91-4967</u>		Fax No.	
E-mail <u>sylvain.sauvesrona@gmail.com</u>				E-mail <u>sauvesrona@gmail.com</u>			
Role and responsibilities in emergency <u>will contact emergency service and owners, direct staff of the roles they are to take.</u>				Role and responsibilities in emergency <u>owner - will be first onsite in case of an emergency.</u>			
<b>2. Facility Contact Personnel - Alternate Contact</b>				<b>6. Name of Facility Manager</b>			
Name <u>Brandy Sauve-Puccio</u>		For Office Use - Party No.		Name <u>Robert Gagnier</u>		For Office Use - Party No.	
Official Title <u>Manager/Owner</u>				Official Title <u>Manager</u>			
Telephone No. <u>519-818-5195</u>		Fax No.		Telephone No. <u>519-919-7020</u>		Fax No.	
E-mail <u>brandysp@icloud.com</u>				E-mail <u>robert.sauvestrona@gmail.com</u>			
Role and responsibilities in emergency <u>Will be lead contact onsite if 24 hour contact person unavailable</u>				Role and responsibilities in emergency <u>will be first contact during working hours will contact owner</u>			
<b>3. Local Fire Services - Key Contact</b>				<b>7. Propane Supplier Key Contact Person</b>			
Name <u>Jason Suchiu</u>		For Office Use - Party No.		Name <u>Ken Lloyd</u>		For Office Use - Party No.	
Official Title <u>Fire Chief</u>		E-mail <u>jsuchiu@lakeshore.ca</u>		Official Title <u>Branch Manager</u>		E-mail <u>kenlloyd@mcdougallenergy.com</u>	
Telephone No. <u>519-728-0550</u>		Fax No.		Telephone No. <u>519-808-4515</u>		Fax No.	
Role and responsibilities in emergency <u>onsite first responder</u>				Role and responsibilities in emergency <u>assist with supplying information on the propane system.</u>			
Fire Services Address <u>6400 Main Street Comber, On</u>				Propane Supplier Address <u>24151 St. Clair Rd Chatham On.</u>			
<b>4. Local Fire Services - Alternate Contact</b>				<b>8. Municipal Contact</b>			
Name <u>Jeff Pulleyblank</u>		For Office Use - Party No.		Name <u>Morris Harding</u>		For Office Use - Party No.	
Official Title <u>Deputy Chief</u>		E-mail <u>jpulleyblank@lakeshore.ca</u>		Official Title <u>Division Leader</u>			
Telephone No. <u>519-728-0550</u>		Fax No.		Telephone No. <u>519-728-1975</u>		Fax No.	
Role and responsibilities in emergency <u>Onsite First responder if Fire Chief is not available.</u>				E-mail <u>mharding@lakeshore.ca</u>			
Fire Services Address <u>6400 Main Street Comber, On</u>				Municipality Name and Address <u>419 Notre Dame Street Belle River, On N8L 0P8</u>			

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	Official Title <u>Assistant Manager</u>
	Telephone No. <u>519-728-2940</u>
	Date (dd-mm-yyyy) <u>07 may 2024</u>





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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.

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Name of person completing this form (please print)	Official Title	
Signature	Telephone No.	Date (dd-mmm-yyyy)





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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) 01 Sep 2024	Print Name of Training Provider: review of Emergency Responce Plan
	Print Name of Instructor: Tom Mitchell
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) 01 Sep 2024	Print Name of Training Provider: Review of Emergency Repsone Plan
	Print Name of Instructor: Tom Mitchell
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) 01 sep 2024	Print Name of Training Provider: Review of ROT all card holders Due in 2025
	Print Name of Instructor: Tom Mitchell
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
	Assistant Store manager
Telephone No.	Date (dd-mmm-yyyy)
519-728-2940	07 May 2024





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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) 01 Sep 2025	Print Name of Training Provider: Emergency Response Plan and Procedures
	Print Name of Instructor: Tom Mitchell
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) 01 Sept 2025	Print Name of Training Provider: Facility emergency management /fire drill
	Print Name of Instructor: tom Mitchell
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) 01 Apr 2025	Print Name of Training Provider: Propane Pump review - 100-18 - update course
	Print Name of Instructor: Tom Mitchell
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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	07 May 2024





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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).  
In Case of a fire, leakage or any other incident, the staff on duty will call the owner operator on his cell phone or home phone if necessary. If there is no answer he will call second in command

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 staff on duty will immediately close the tank valve and shut of the power to the propane dispenser if safe to do so. They will also clear people from the area and move everyone to a save designated area. Additionally they will attempt to extinguish any fire if necessary as long as it is safe to do so. if unable to shut down system safely they will contact 911.

**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 staff on duty will call 911 through the business phone line, home phone or cell. They will also phone the owner operator or alternate contact on there cell or home number immediatley. the owner operator or alternate contact will insue the 911 call was made and procedures are followed as per the training they have received and reviewed.

Describe provisions for fire department entry when there are no operations or staffing at the propane site.  
The propane refill center is located at the back of property and can be accessed off of Ford Street. Full access can be made by emergency service vehicles. The fire department can contact the owner operator by cell or home number.

Describe how the licence holder will ensure continual flow of updated information to authorities.  
Authorities will be kept informed using cell or land line phones or in person.

How long will it take the facility liaison person to respond to the site.  
The facility liasion will be onsite with in 5 minutes of phone call.

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	Assistant Manager
	Telephone No.
	519-728-2940
	Date (dd-mmm-yyyy)
	07 May 2024





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

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

**6. Building and Site Security and Procedures**

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

**7. Water Supply**

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

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input 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>105.62m</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>105.62m</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.

	Official Title Assistant Manager	
	Telephone No. 519-728-2940	Date (dd-mmm-yyyy) 07 May 2024





Technical Standards and Safety Authority  
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Tel: 416.734.3300  
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**Level 1 Risk and Safety Management Plan (RSMP)**  
**Technical Standards and Safety Act**  
**Propane Storage and Handling Regulation**

**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:

Plan has been reviewed and no additional comments at this time.

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 Jason Suchiu

23-Oct-2024

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Official Title

Assistant Store Manager

Telephone No.

519-728-2940

Date (dd-mmm-yyyy)

07 May 2024





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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:

No additional comments at this time. By signing, we are acknowledging reviewing the plan only.

**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 Jason Suchiu

23-Oct-2024

**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)

Official Title

Assistant Store Manager

Telephone No.

519-728-2940

Date (dd-mmm-yyyy)

07 May 2024





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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)
	2000 uswg
Tank setback coordinates. Indicate placement on the map.	
Front: 72.9	Right side property line: 57.8
Rear: 5.1	Left side property line: 44.7
GPS coordinates of single largest vessel: 42.235094,-82.551574	

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	Telephone No. 519-728-2940





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**SECTION C: SUBMISSIONS (cont'd)**

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

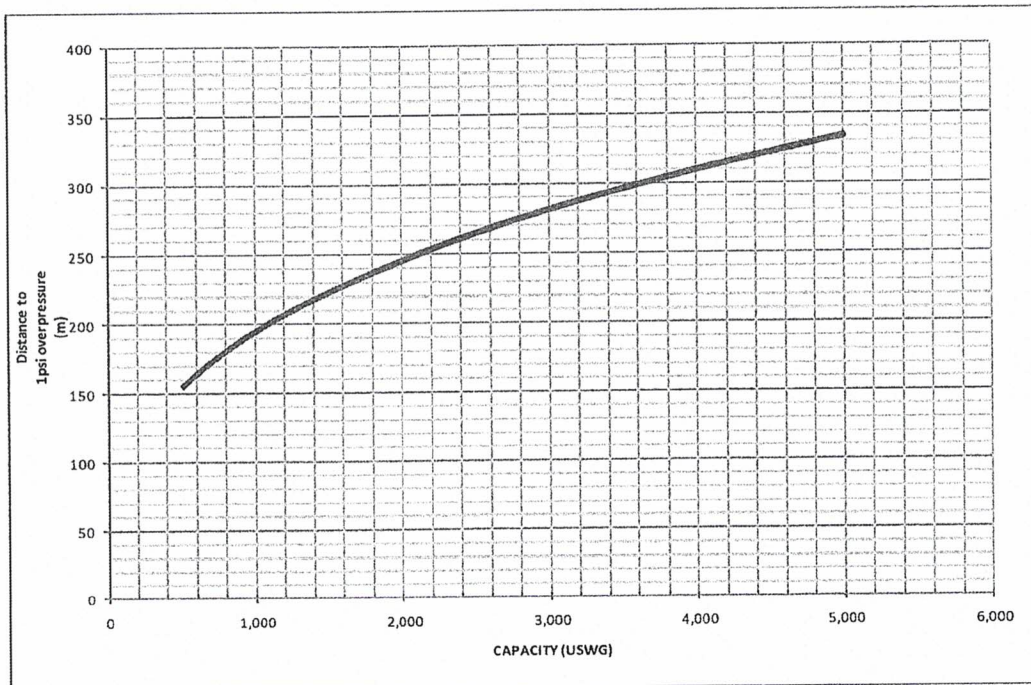
Table 1: Distance Table

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: <u>Community Centre Park and Recreation (end of Park off Isabella)</u> Address: <u>7100 Community Centre St</u> City: <u>Comber</u> Province <u>ON</u> Postal Code _____	x				<u>71.3</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____			x		<u>4.44</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Comber Drug Store</u> Address: _____ <u>B-6304 Main Street</u> City: _____ <u>Comber</u> Province <u>ON</u> Postal Code <u>N0P 1J0</u>		x			<u>3.54</u> 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: <u>Lakeshore Fire Station 5</u> Address: <u>6400 Main Street</u> City: <u>Comber</u> Province <u>ON</u> Postal Code <u>N0P1J0</u>		x			<u>4.44</u> m

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

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Name of person completing this form (please print)	Official Title
_____	<u>Assistant Manager</u>
_____	Telephone No.
_____	<u>519-728-2940</u>
_____	Date (dd-mmm-yyyy)
_____	<u>07 May 2024</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		
# 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)	

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