



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 Technical Standards and Safety Act		For Office Use Only
Licence Number		
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		Corporation No.	
A	NVN INVESTMENTS INC		
Operator Name (if different from above)			
CANCO 702/ ONE STOP			
Telephone No.		Fax No.	E-mail
5196591850			CANCO702LONDON@CANCOPETROLEUM.CA
B	Street No.	Street Name / 911 Number / Address, if applicable	
	1255	KILALLY ROAD	
Town / City or Township / County		Province	Postal Code
LONDON		ONTARIO	N5Y6K9
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.	Street Name / 911 Number / Address, if applicable
	101-1255	Kilally Road
Town / City or Township / County		Nearest Major Intersection
London		Highbury Avenue & Kilally Road
Province		Postal Code
ONTARIO		N5Y6K9

Name of Licence Holder	
VIVEK KUMAR	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).	
VIVEK KUMAR	100-01 PTI
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)	
City of London	
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.

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I hereby declare that the information I have given here is true and complete.**

Print name		Date (dd-mmm-yyyy)	
Name of Licence Holder VIVEK KUMAR		05-26	
Name of Senior Management person as defined in the Regulation holding the Record of Training VIVEK KUMAR			



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 2021 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:	<u>250</u>	<u>5.592530</u>
Tank 2:	<u></u>	<u></u>
Tank 3:	<u></u>	<u></u>

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: 2000USWG Portable: 139.2 Mobile: 0

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Name of person completing this form (please print) VIVEK KHURANA	Official Title MANAGER
S [REDACTED]	Telephone No. 6478779054
	Date (dd-mmm-yyyy) 15-05-26



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

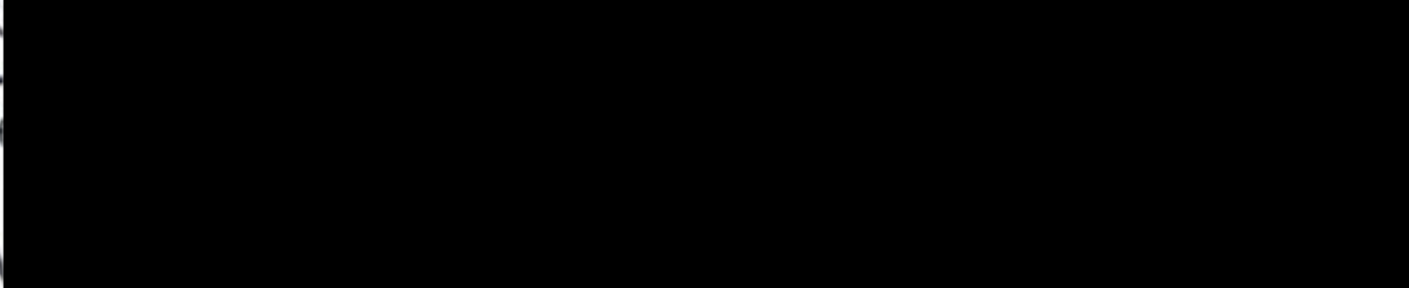
Name of Propane Supplier(s) SUPERIOR PROPANE		For Office Use - Party No.	
Street No. 29495	Street Name / 911 Number / Address, if applicable CENTRE ROAD		
Town / City or Township / Country STRATHROY		Province ONTARIO	Postal Code N7G 3H7
Telephone No. 1(877)873-7467	Fax No.	Contact Name MATT SMITH	
E-mail MATT_SMITH@SUPERIORPROPANE.COM			

Name of Propane Transporter. If same as above, please check box. ☐		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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Signature 	Telephone No. 6478779054	Date (dd-mmm-yyyy) 15-05-2026	



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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.

One three compartment underground fuel storage tank located north west of Canco building

1 - 70,000L Regular Gasoline storage tank

1 - 20,000 Premium Gasoline storage tank

1 - 20,000 diesel fuel storage tank Description of fire and emergency

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

One (1) fire extinguisher at each fuel pump for a total of three (3)

Two (2) fire extinguishers in the Canco Building as well as one (1) at tank

One (1) fire hydrant west of Canco building (43m) and one (1) fire hydrant located at the South-East corner of Highbury Ave North and Kilally Road (110m).

Two (2) emergency stop buttons - One at tank and one on south side of Canco building

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.

Internal Safety Control (ISC) valves

Fusible link on actuator holding open ISC valve causes liquid outlet to automatically close in the event of a fire

Normally closed solenoid on automotive fill meter

Emergency shutdown button closes ISC, solenoid valves, and shuts off the pump

Maintenance and testing schedule for fire protection controls and devices.

Fire extinguishers are inspected visually every month as part of the HSE monthly inspection and annually

Comprehensive dispenser inspection conducted annually by G2-LP Liquid Endorsed certificate holder or higher

Each time dispenser is used operator should check for any observable leaks.

Facility inspection by TSSA completed as required

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Name of person completing this form (please print) VIVEK KUMAR	Official Title MANAGER
Signature [Redacted Signature]	Telephone No. 6478779054
	Date (dd-mmm-yyyy) 15-05-2026



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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
VIVEK KUMAR
For Office Use - Party No.
Official Title
MANAGER
Telephone No.
6478779054
Fax No.
E-mail
canco702london@gmail.com
Role and responsibilities in emergency
Liaison for the facility, coordinate site response.

5. Facility 24-Hour Contact Person

Name
VIVEK KUMAR
For Office Use - Party No.
Official Title
MANAGER
Cell No.
6478779054
Fax No.
E-mail
canco702london@gmail.com
Role and responsibilities in emergency
Liaison for the facility, coordinate site response.

2. Facility Contact Personnel - Alternate Contact

Name
Neeraj tina
For Office Use - Party No.
Official Title
assistant manager
Telephone No.
7785984997
Fax No.
E-mail
canco702london@gmail.com
Role and responsibilities in emergency
Ensure site emergency equipment is maintained, site is clear and drivers
Liaison for the facility, coordinate site response.

6. Name of Facility Manager

Name
Vivek Kumar
For Office Use - Party No.
Official Title
Manager
Telephone No.
6478779054
Fax No.
E-mail
canco702london@gmail.com
Role and responsibilities in emergency
Liaison for the facility, coordinate site response.

3. Local Fire Services - Key Contact

Name
Lori Harmer
For Office Use - Party No.
Official Title
FIRE CHIEF
E-mail
lhamer@london.ca
Telephone No.
5196612489
Fax No.
Role and responsibilities in emergency
Coordinate advise on London Fire Department

7. Propane Supplier Key Contact Person

Name
SUPERIOR PROPANE HOTLINE
For Office Use - Party No.
Official Title
OPERATOR
E-mail
Telephone No.
8778737467
Fax No.
Role and responsibilities in emergency
Assist fire department as required ;identify and dispatch Superior propane and ERAC
emergency response personnel as required

Fire Services Address
400 Horton Street East, London, Ontario N6B 1L7

Propane Supplier Address
29495 Centre Road, Strathroy, Ontario N7G 3H7

4. Local Fire Services - Alternate Contact

Name
AI HUNT
For Office Use - Party No.
Official Title
DEPUTY FIRE CHIEF
E-mail
ahunt@london.ca
Telephone No.
5196612489
Fax No.
Role and responsibilities in emergency
alternate coordinate advise on London fire department response ,liaise with
police

8. Municipal Contact

Name
CATHY SAUNDERS
For Office Use - Party No.
Official Title
CITY CLERK
Telephone No.
5196612489
Fax No.
E-mail
CSAUNDER@LONDON.CA

Fire Services Address
400 Horton Street East, London, Ontario N6B 1L7

Municipality Name and Address
300 Dufferin Avenue, London, Ontario NGB 122

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Signature	Telephone No. 6478779054
	Date (dd-mmm-yyyy) 15-05-2026



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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.

Internal Safety Control (ISC) valves are equipped with electric actuators with fusible links

ISC and other valves in closed position when unattended

Emergency response assistance plan (ERAP) through Superior Propane's contract with ERAC, which provides emergency counseling and equipment.

The pumping equipment will be located within a locked cabinet underneath or adjacent to the propane tank. This will be locked and the system will be de-energized/ the liquid withdraw opening will be closed when not in operation. Declaration:

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Name of person completing this form (please print)	Official Title
VIRGIL M. [REDACTED]	MANAGER
S [REDACTED]	Telephone No.
	6478779054
	Date (dd-mmm-yyyy)
	15-05-2026



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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)	Print Name of Training Provider: FUEL TRAINING CENTRE
27-10-2025	Print Name of Instructor: JANEK MATERNICKI
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: FUEL TRAINING CENTRE
27-10-2025	Print Name of Instructor: JANEK MATERNICKI
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: FUEL TRAINING CENTRE
27-10-2025	Print Name of Instructor: JANEK MATERNICKI
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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VIVEK KUMAR	MANAGER
S [REDACTED]	Telephone No.
	8776479054
	Date (dd-mmm-yyyy)
	15-05-2026



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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)	Print Name of Training Provider: NVN INVESTMENTS INC
01-02-2027	Print Name of Instructor: VIVEK KUMAR
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: NVN INVESTMENTS INC
01-02-2027	Print Name of Instructor: VIVEK KUMAR
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: FUELS TRAINING CENTRE
01-02-2027	Print Name of Instructor: JANEK MATERNICKI
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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	Date (dd-mmm-yyyy)
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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 an emergency, staff will hit the emergency shut off at the dispenser or the building to shut off power to the pump, dispenser and close the ISC valve and solenoid valves.

Staff are instructed to call 9-1-1 in an emergency and initiate facility evacuation to the muster point.

Facility contact will contact propane supplier key contact who will activate ERAP (if necessary) and report to TSSA through Spills Action Centre.

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).

Staff will hit the emergency shut off and announce a propane emergency.

If necessary, all employees and visitors will immediately vacate the building and premises and meet at the muster point.

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).

All employees are instructed and authorized to activate emergency response authorities by calling 9-1-1 upon occurrence of fire and/or significant leak.

Continued flow of information to be provided as it occurs by the person of responsibility to the fire services.

In the event of an emergency, the person in charge at the time of an emergency is required to be present to provide updated information.

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

The dispenser is accessible to fire department entry at all times

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

Key facility contact (Karandeep Singh) will provide information to authorities via cell phone

Fire services are formally invited for a full site review on an annual basis with supplementary site access for training and orientation as requested (Superior).

Site specific emergency procedures are reviewed annually with all employees.

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

Facility Key contact (VIVEK KUMAR) or Alternate Contact (NEERAJ TINNA) are present on site during working hours and will respond

24 hour Facility Contact (VIVEK KUMAR) will be available after hours and will respond. Approximate response time is 8 minutes

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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

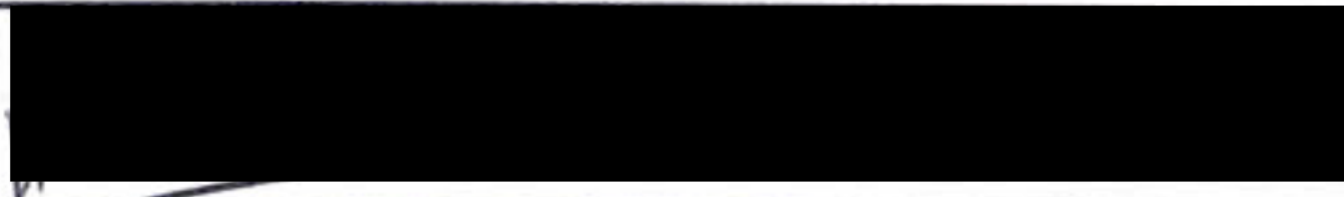
	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	☒	☐
2. Is there adequate night lighting at the site?	☒	☐
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from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

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?	☒	☐
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	☒	☐
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	40m	
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)	N/A	

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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.

Kyle Kierasiewicz
Print name
Local Fire Services Name

Date (dd-mmm-yyyy)

09/JUN/2026

1255 KILALLY ROAD, LONDON

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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-JULY-2021	Capacity of single largest propane storage vessel (USWG) 2000USGW
Tank setback coordinates. Indicate placement on the map.	
Front: (N)66.8m	Right side property line: (E)6.1m
Rear: (S)21.6m	Left side property line: (W)181.4m
GPS coordinates of single largest vessel: 43°1'50.00"N ; 81°13'16.51"W	

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SECTION C: SUBMISSIONS (cont'd)

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

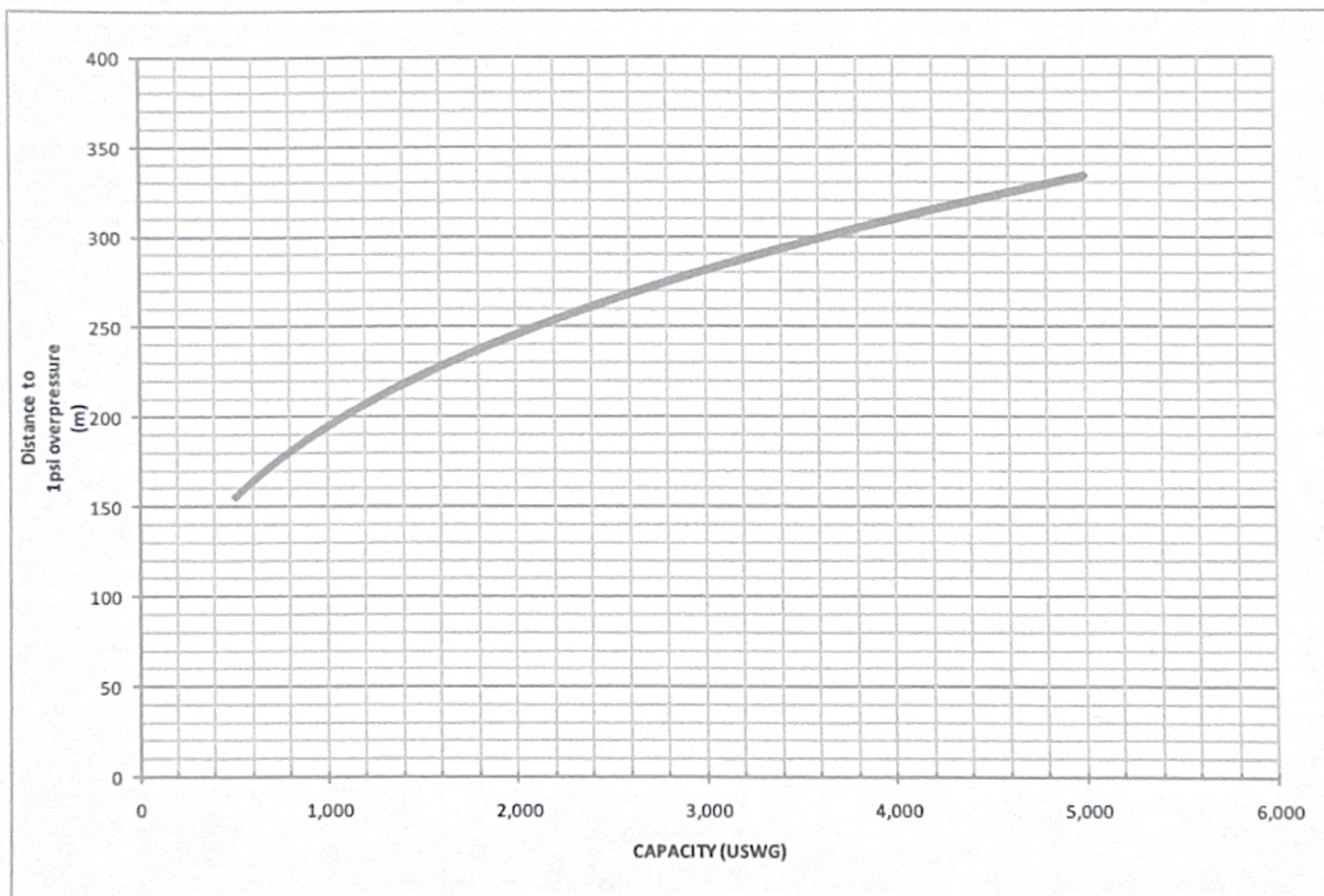
Table 1: Distance Table

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
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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: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
[REDACTED]					34 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ MULTI- TENANT COMMERCIAL Address: _____ 1255 KILALLY ROAD City: _____ LONDON Province _____ ONTARIO Postal Code _____ N5Y 6K9					40 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: THE KANGROO'S POUCH DAYCARE Address: 1410 KILALLY ROAD City: LONDON Province _____ ONTARIO Postal Code _____ N5V 5A3					147 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".

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) VIVEK KUMAR	Official Title MANAGR
Signature [REDACTED]	Telephone No. 6478779054
	Date (dd-mmm-yyyy) 15-05-2026



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WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9	0	0
# 100	29.5	0	0
# 40	11.75	0	0
# 33.3	9.62	0	0
# 30	8.8	00	0
# 20	5.8	24	139.2
# 10	2.9	0	0
# 5	1.5	0	0
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
0	0	0
0	0	00
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
Total Tank Capacity 0		

Total Cylinder Capacity	139.2
Total Tank Capacity	0
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	139.2

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