



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> Licence Number <u>FS-LIC-56096</u> 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.	For Office Use Only
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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.

Company Name		Corporation No.
A Dettbarn Group Inc.		17472668
Operator Name (if different from above) Canadian Tire		
Telephone No.	Fax No.	E-mail
613-584-3337		tyler.dettbarn@thetire.ca
B Street No. Street Name / 911 Number / Address, if applicable		
33277	Hwy 17 West, PO BOX 1480	
Town / City or Township / County		Province Postal Code
Deep River		ON K0J 1P0
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.		
Street No.	Street Name / 911 Number / Address, if applicable	Nearest Major Intersection
D 33277	Hwy 17 West, PO BOX 1480	Hwy 17 West & Walkers Rd
Town / City or Township / County		Province Postal Code
Deep River		ON K0J 1P0

Name of Licence Holder	
Tyler Dettbarn	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).	
Will Schneeweiss	PP0-3C
Municipality (or municipalities if the facility or its hazard distance touches multiple borders)	
Deep River	
Hours of operation.	
Monday	
Tuesday	
Wednesday	
Thursday	

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		Date (dd-mm-yyyy)
Name of Licence Holder	Tyler Dettbarn	27-Apr-2026
Name of Senior Management person as defined in the Regulation holding the Record of Training	Will Schneeweiss	



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SECTION A: GENERAL INFORMATION (cont'd)

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

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

	PSIG	Serial Number
Tank 1:	250	94J83-8
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 US Gallons Portable: 145 Mobile: n/a

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Name of person completing this form (please print)	Official Title	
Tyler Dettbarn	Owner/Director	
Signature	Telephone No.	Date (dd-mmm-yyyy)
	416-709-5566	27-Apr-2026



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) Superior Propane - Ontario Regional Operation Centre		For Office Use - Party No.	
Street No. 251	Street Name / 911 Number / Address, if applicable Woodlawn Road West, Unit		
Town / City or Township / Country Guelph		Province ON	Postal Code N1H 8J1
Telephone No. 1-877-873-7467	Fax No. 519-836-7766	Contact Name Mike Mullins	
E-mail mulinsm@superiorpropane.com			

Name of Propane Transporter. If same as above, please check box. ☐		For Office Use - Party No.	
Superior Propane - Pembroke Propane Bulk Plant			
Street No. 361	Street Name / 911 Number / Address, if applicable Boundary RD E		
Town / City or Township / Country Pembroke		Province ON	Postal Code K8A 6X7
Telephone No. 1-877-873-7467	Fax No. n/a	Contact Name Jeff Easton	
E-mail eastonj@superiorpropane.com			

Off-site Cylinder and/or Mobile Storage none	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) Tyler Dettbarn		Official Title Owner / Director	
Signature		Telephone No. 416-709-5566	Date (dd-mmm-yyyy) 27-Apr-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.

1. There are two under ground gasoline tanks with a combined capacity of 100,000 litres (operated by Canadian Tire Petroleum Agent on same site).

Note: Underground tanks are not considered a threat to the propane tank, however a leak from the gas pumps or from the delivery vehicle may pose a threat

2. Above ground waste oil recovery tank (1360 liters) located on east side of the building approximately 25 meters from the tank. 3. Service waste compound 205L used oil filters, 205L drum contaminated gasoline, 205L drum glycol, pallet - used batteries (50)

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

14 Fire extinguishers - one in the propane equipment cabinet enclosure, two in our service bay area and 11 throughout the retail store.

2 fire hydrants - 1st withing 15 meters west of propane tank, 2nd located along property line North West corner of site (within 150 meters of the propane tank)

1 Fire siamese connection - located on the east side of the building - approximately 30 meters from propane tank.

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.

1. Fusible link on ISC valve - Isolation valve between the tank and the downstream propane dispensing equipment.

2. Emergency stop push button-mounted in the propane equipment cabinet. Requires attendant to hold while dispensing propane. Release of the button

shuts down the pump. 3. Emergency stop push button - mounted in service bay area - shuts down all electricity (including pump) to propane equipment

cabinet 4.ISC valve interlock cable(interlocked with cabinet door)ISC valve closes when door is closed 4. Emergency fire pull stations-linked to 24hr alarmsys

Maintenance and testing schedule for fire protection controls and devices.

1. Pump (pump every 3 months: Pump motor: check and grease motor every 6 months)

2. ISC valves (test for closure every 6 months)

3. Storage tank relief valves - inspect every two years; replace schedule as per provincial regulations.

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Tyler Dettbarn	Owner / Director	
Signature	Telephone No.	Date (dd-mmm-yyyy)
	416-709-5566	27-Apr-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	For Office Use - Party No.
Tyler Dettbarn	
Official Title	
Owner / Director	
Telephone No.	Fax No.
416-709-5566	
E-mail	
tyler.dettbarn@thetire.ca	
Role and responsibilities in emergency	
Co-ordinate site response	

5. Facility 24-Hour Contact Person

Name	For Office Use - Party No.
Tyler Dettbarn	
Official Title	
Owner / Director	
Cell No.	Fax No.
416-709-5566	
E-mail	
tyler.dettbarn@thetire.ca	
Role and responsibilities in emergency	
Co-ordinate site response	

2. Facility Contact Personnel - Alternate Contact

Name	For Office Use - Party No.
Mike Schneeweiss	
Official Title	
Floor Manager	
Telephone No.	Fax No.
613-584-3337	
E-mail	
tyler.dettbarn@thetire.ca	
Role and responsibilities in emergency	
Co-ordinate site response with Dealer not Present	

6. Name of Facility Manager

Name	For Office Use - Party No.
Tyler Dettbarn	
Official Title	
Owner / Director	
Telephone No.	Fax No.
416-709-5566	
E-mail	
tyler.dettbarn@thetire.ca	
Role and responsibilities in emergency	
Co-ordinate site response	

3. Local Fire Services - Key Contact

Name	For Office Use - Party No.
Gerry Mcrae	
Official Title	E-mail
Fire Cheif - Deep River Fire Departmen	gmcræ@deepriver.ca
Telephone No.	Fax No.
613-584-2000 (ext 123)	613-584-3237
Role and responsibilities in emergency	
Co-ordinate/advise Deep River fire service response. Liaise with Police	

7. Propane Supplier Key Contact Person

Name	For Office Use - Party No.
Superior Propane Handling	
Official Title	E-mail
Telephone No.	Fax No.
1-877-873-7467	
Role and responsibilities in emergency	
Identify and dispatch Superior Propane and or LPERGC emergency response personnel as required	

Fire Services Address
100 Deep River, Deep River, Ontario, PO BOX 400, K0J 1P0

Propane Supplier Address

4. Local Fire Services - Alternate Contact

Name	For Office Use - Party No.
Duty Captain	
Official Title	E-mail
Duty Captain	
Telephone No.	Fax No.
613-584-2000 (ext190)	613-584-1724
Role and responsibilities in emergency	
Alternate - co-ordinate / advise on Deep River fire service response, Liaise with Police	

8. Municipal Contact

Name	For Office Use - Party No.
Robert Labre	
Official Title	
Chief Building Official	
Telephone No.	Fax No.
613-584-2000 (ext106)	613-584-3237
E-mail	
rlabre@deepriver.ca	

Fire Services Address
100 Deep River, Deep River, Ontario, PO BOX 400, K0J 1P0

Municipality Name and Address
Town of Deep River

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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.
Emergency shut off push button to shut down pump and close solenoid valve up stream of dispensing hoses.

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Signature 		Telephone No. 416-709-5566	Date (dd-mm-yyyy) 27/Apr/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: FSN
11-JUN-2026	Print Name of Instructor: WILLIAM FITTON
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: FSN
11-JUN-2026	Print Name of Instructor: WILLIAM FITTON
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: FSN
11-JUN-2026	Print Name of Instructor: WILLIAM FITTON
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
JULIA PEREZ	DEALER
Signature	Telephone No.
	416-707-5566
	Date (dd-mmm-yyyy)
	26 AUG 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: FSN
10-SEP-2026	Print Name of Instructor: WILLIAM FITTON
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: FSN
10-SEP-2026	Print Name of Instructor: WILLIAM FITTON
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: FSN
10-SEP-2026	Print Name of Instructor: WILLIAM FITTON
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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Name of person completing this form (please print)	Official Title
TYLER DETTBAHN	DEALER
Signature	Telephone No.
	416-709-5566
	Date (dd-mmm-yyyy)
	26 Aug 2026



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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).
The ROT person(s) on duty will contact emergency services by calling 911 and will provide warnings outlined in the attached "Propane Emergency Response Procedures" placard, if it is safe to do so. The ROT person(s) will also notify management and facility key contact persons as soon as appropriately possible

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).

Actions and warnings will be taken by a ROT person(s) as per our attached PERT placard. The ROT person(s) will pull the most immediate / available fire pull station to announce the evacuation of the building. The muster location will be the North West parking lot (generally up wind from the prevailing winds) However that location may be changed if a propane plume is blow towards the muster location by the wind.. Note that the propane facility is in a wide open area allowing people to self evacuate

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).

When the system is operational, a ROT person will be present in the propane area. The person will be able to visually ascertain any abnormal / accident events and implement the appropriate emergency response actions. When the system is not in operation, the ISC valve (main isolation valve) is closed and the propane system is unattended. Any accidents involving the propane tank during such times will require the intervention of random, nearby individuals or store / service staff.

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

The propane tank system is located in a wide open store parking lot that is easily accessible by two entrances off Walkers Road and one access off of HWY 17. These fire routes are identified in the attached site plan.

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

The critical information required from the license holder is the fill level in the tank. Fill level is relevant from a time - to - BLEVE perspective (a near empty tank will BLEVE sooner than a full tank if there is a fire impingement on the tank). The information will be provided to the authorities by the Facility key contacts, time permitting.

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

Approximately 15-30 minutes, after receiving the emergency call.

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Tyler Dettbarn	Owner / Director	
Signature	Telephone No.	Date (dd-mmm-yyyy)
	416-709-5566	27/Apr/2026



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Level 1 Risk and Safety Management Plan (RSMP)

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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)	13	
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.

Local Fire Services Name	Print name <i>Alex Bailey</i>	S [Redacted]	Date (dd-mmm-yyyy) <i>31 AUG 2016</i>
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Name of person completing this form (please print)	Official Title <i>Owner</i>	
Signature [Redacted]	Telephone No. <i>416-709-5566</i>	Date (dd-mmm-yyyy) <i>26 Aug 2016</i>



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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) 01-07-2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 3m	Right side property line: 4m
Rear: 3m	Left side property line: 120m
GPS coordinates of single largest vessel: N 46 05.91 W77 30.005	

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SECTION C: SUBMISSIONS (cont'd)

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

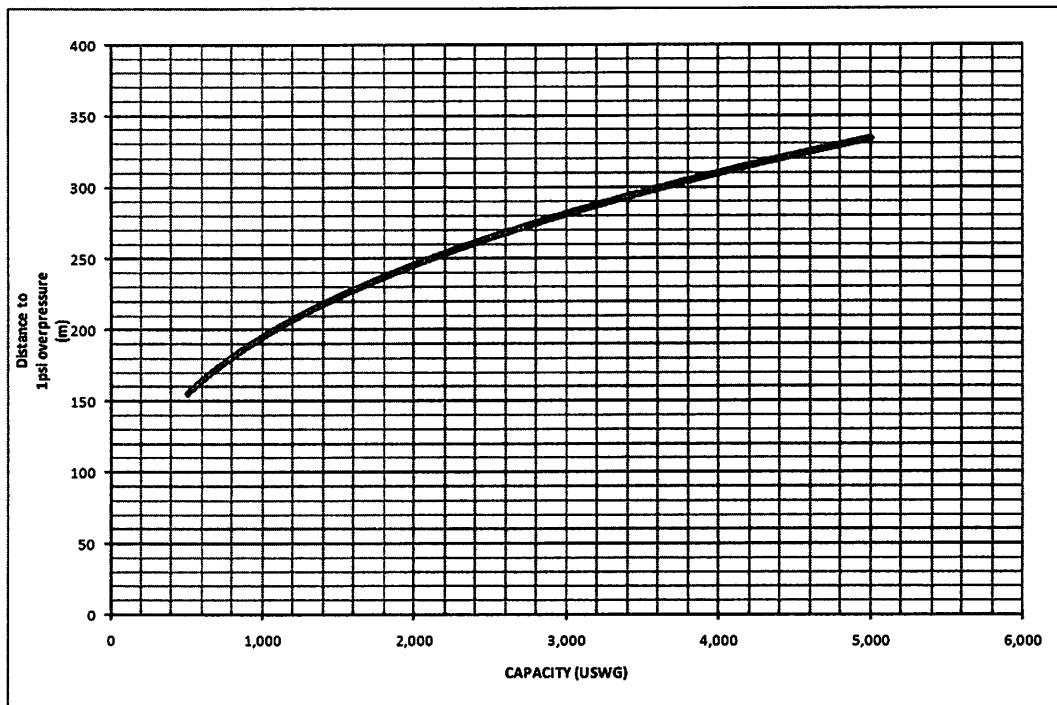
Table 1: Distance Table

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: N/A Address: _____ City: _____ Province _____ Postal Code _____	x				N/A m
Residential building units specifically permanent single family dwellings, condominiums, and apartments Name: _____ Address: _____ City: _____				x	150 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Tim Hortons Address: 33235 HWY 17 W City: Deep River Province Ontario Postal Code K0J 1P0			x		150 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: Walkers Van and Storage Ltd. Address: 33305 HWY 17 W City: Deep River Province Ontario Postal Code K0J 1P0		x			200 m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: N/A Address: _____ City: _____ Province _____ Postal Code _____	x				N/A m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: N/A Address: _____ City: _____ Province _____ Postal Code _____	x				N/A 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) Tyler Dettbarn	Official Title Owner / Director
Signature _____	Telephone No. 416-709-5566
	Date (dd-mm-yyyy) 27/Apr/2026



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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	25	145
# 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.