



Technical Standards and Safety Authority
345 Carleton Place Drive
Toronto, Ontario M9W 6N9
Tel: 416.734.3300
Fax: 416.231.4078
Customer Service: 1.877.682.8772
propane.licensing@tssa.org
www.tssa.org

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

This Level 1 RSMP applies to:
• a facility with a total propane storage capacity of 5,000 USWG or less; or
• a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the Technical Standards and Safety Act	For Office Use Only
Licence Number FS-LIC-56098	
Check applicable type of propane operations. ☒ Cylinder ☐ Motor Fuel ☐ Filling Plant ☐ Card Keylock	
Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.	

SECTION A: GENERAL INFORMATION

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

Company Name A MSoffar Holdings Ltd.	Corporation No. 1293619-21
Operator Name (if different from above) Canadian Tire Listowel, ON #0057	
Telephone No. 514-291-1960	Fax No. / E-mail soffarm@gmail.com
Street No. / Street Name / 911 Number / Address, if applicable 500 Mitchell Road South	
Town / City or Township / County Listowel	Province / Postal Code ON N4W 3G7
Mailing address if different from above.	
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 500 Mitchell Road South	Nearest Major Intersection Mitchell and Lincoln St
Town / City or Township / County Listowel	Province / Postal Code ON N4W 3G7

Name of Licence holder
Mohamed Soffar

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT).
Zachary Lampman

Municipality (for municipalities if the facility or its hazard distance touches multiple borders)
North Perth

Hours of operation.
Monday: [redacted]
Tuesday: [redacted]
Wednesday: [redacted]
Thursday: [redacted]

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.

Name of Licence Holder Mohamed Soffar	Signature [redacted]	Date (dd-mm-yyyy) 19-08-2026
Name of Senior Management person as defined in the Regulation holding the Record of Training Zachary Lampman	Signature [redacted]	Date 19-08-2026



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established.

1998

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

2018

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

	PSIG	Serial Number
Tank 1:	250	20081108
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: 1000 Portable: 139.7 Mobile:

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Name of person completing this form (please print) Mohamed Saif	Official Title President / owner
Signature [Redacted]	Telephone No. 519-291-1960
	Date (dd-mm-yyyy) 19-08-2026



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

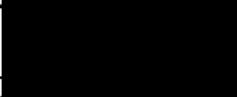
Name of Propane Supplier(s) <i>Superior General Partner Inc. o/a Superior propane</i>		For Office Use - Party No.	
Street No. <i>7022</i>	Street Name / 911 Number / Address, if applicable <i>Wellington Road 124</i>		
Town / City or Township / Country <i>Guelph</i>		Province <i>ON</i>	Postal Code <i>N1H 6L3</i>
Telephone No. <i>226-821-4462</i>	Fax No.	Contact Name <i>Ian D'Cruz</i>	
E-mail <i>ian-dcruz@superiorpropane.com</i>			

Name of Propane Transporter. If same as above, please check box. ☐		For Office Use - Party No.	
<i>Superior General Partner Inc. o/a Superior propane</i>			
Street No. <i>155</i>	Street Name / 911 Number / Address, if applicable <i>Monteith Avenue</i>		
Town / City or Township / Country <i>Stratford</i>		Province <i>ON</i>	Postal Code <i>N5A 2P6</i>
Telephone No. <i>519-831-6564</i>	Fax No.	Contact Name <i>Mario Cristiano</i>	
E-mail <i>mario-cristiano@superiorpropane.com</i>			

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) <i>Mohamed Soffar</i>		Official Title <i>Owner</i>	
Signature 	Telephone No. <i>519-241-1960</i>	Date (dd-mm-yyyy) <i>19-08-2026</i>	



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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: Moahamed Soffar For Office Use - Party No.
Official Title: President / Owner
Telephone No.: 519-700-0376 Fax No.
E-mail: soffarm@gmail.com

Role and responsibilities in emergency

Communication & leadership

2. Facility Contact Personnel - Alternate Contact

Name: Zachary Lampman For Office Use - Party No.
Official Title: Store Manager
Telephone No.: 416-808-3258 Fax No.
E-mail: zacharylampman@gmail.com

Role and responsibilities in emergency

Execution and communication

3. Local Fire Services - Key Contact

Name: Junny Paice For Office Use - Party No.
Official Title: Director of Development & Public Services
Telephone No.: 519-241-6825/226-367113 Fax No.

Role and responsibilities in emergency

Execution / Leadership

Fire Services Address: 620 Wallace Avenue South Listowel ON

4. Local Fire Services - Alternate Contact

Name: Scott Wolske For Office Use - Party No.
Official Title: Propane and Education officer
Telephone No.: 519-241-6825/226-367113 Fax No.

Role and responsibilities in emergency

Execution

Fire Services Address: 620 Wallace Avenue South Listowel

5. Facility 24-Hour Contact Person

Name: Moahamed Soffar For Office Use - Party No.
Official Title: Owner
Cell No.: 519-700-0376 Fax No.
E-mail: soffarm@gmail.com

Role and responsibilities in emergency

communication & leadership

6. Name of Facility Manager

Name: Abdullah Soffar For Office Use - Party No.
Official Title: General Manager
Telephone No.: 437-218-0919 Fax No.
E-mail: soffar.a92@gmail.com

Role and responsibilities in emergency

Execution and leadership

7. Propane Supplier Key Contact Person

Name: Mario Cristiano For Office Use - Party No.
Official Title: Manager
Telephone No.: 519-831-6564 Fax No.
E-mail: mario-cristiano@superiorpropane.com

Role and responsibilities in emergency

Facility check up and recommendations

Propane Supplier Address: 1551 Bonten Avenue Stratford N5A 2P6

8. Municipal Contact

Name: Lindsay Cline For Office Use - Party No.
Official Title: Clerk/Legislative Services Supervisor
Telephone No.: 519-292-2062 Fax No.
E-mail:

Municipality Name and Address: 330 Wallace Ave N. Listowel ON N4W1L3

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Name of person completing this form (please print)	Official Title	
<u>Moahamed Soffar</u>	<u>Owner</u>	
Signature	Telephone No.	Date (dd-mm-yyyy)
	<u>519-291-1960</u>	<u>19-08-2026</u>



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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.

Used oil tank in the outside compound, 9.5 meters away. There are up to 3 oxygen tanks inside the shop, bay #6. Acetylene tank in bay #6. Two propane cylinder exchange cages, 9.5 meters away.

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

There is a fire extinguisher at the propane tank. Three fire extinguishers in the shop plus 20 extinguishers throughout the retail store. Both retail and shop equipped with sprinkler system and fire hydrant is 14 meters from the station.

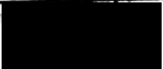
List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

There is a fusible link on LC valve isolation between the tank and downstream propane dispenser. There is a pump shutoff switch at the propane station which shuts off power to the pump. An emergency electrical shut off switch in Bay #2. Emergency fire pull station located inside the door.

Maintenance and testing schedule for fire protection controls and devices.

This is completed annually by Superior Propane.

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Name of person completing this form (please print) Richard Soffer		Official Title President / owner	
Signature 	Telephone No. 514-291-1960	Date (dd-mm-yyyy) 19-08-2026	



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

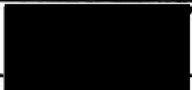
2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

Documented visual inspection of the propane site. Enhanced housekeeping and snow/ice removal around the propane installation and emergency access routes, procedure to suspend filling operation immediately whenever an unsafe condition is identified.

The facility also maintains procedures for immediately contacting all North York fire rescue and Superior propane when required. Employees are instructed not to place themselves at risk attempting to control a propane emergency and evacuate the area when conditions can not be controlled.

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Name of person completing this form (please print) <i>Mohamed Soffar</i>		Official Title <i>Owner</i>	
Signature 		Telephone No. <i>514-291-1960</i>	Date (dd-mm-yyyy) <i>19-08-2024</i>



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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-mm-yyyy) 08-05-2026	Print Name of Training Provider: Mike Kennedy / FSN
	Print Name of Instructor: Mike Kennedy / FSN
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Training Date (dd-mm-yyyy) 08-05-2026	Print Name of Training Provider: Mike Kennedy / FSN
	Print Name of Instructor: Mike Kennedy
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-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-mm-yyyy) 08-05-2026	Print Name of Training Provider: Mike Kennedy / FSN
	Print Name of Instructor: Mike Kennedy
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) Ibrahim Soffor	Official Title Owner
Signature [Redacted]	Telephone No. 514-291-1960
	Date (dd-mm-yyyy) 19-08-2026



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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-mm-yyyy)	Print Name of Training Provider:
19th January 2027	Mike Kennedy / FSN
	Print Name of Instructor:
	Mike Kennedy
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
19th January 2027	
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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

Target Date (dd-mm-yyyy)	Print Name of Training Provider:
19th Jan 2027	Mike Kennedy / FSN
	Print Name of Instructor:
	Mike Kennedy
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-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-mm-yyyy)	Print Name of Training Provider:
19th Jan 2027	Mike Kennedy / FSN
	Print Name of Instructor:
	Mike Kennedy
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print)	Official Title
Michael Soffer	Owner
Signature	Telephone No.
	519-291-1960
	Date (dd-mm-yyyy)
	19-08-2022



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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).

~~Describe the risk immediately steps operators are to take~~
Please see attached document for detailed steps

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).

Please see attached document for detailed steps

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).

Each day an operating procedure is done for the filling station. If system is not operational it will be closed with a sign if deemed a safety issue. It will be contacted by owner or manager on duty.

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

The propane tank is located near both entrances to the parking lot.

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

If there are any changes, the authorities will be called again with an update.

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

The owner and manager live in listowel, less than 5 minutes away

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Name of person completing this form (please print)	Official Title	
Mohamed Saffar	President Owner	
Signature	Telephone No.	Date (dd-mm-yyyy)
[Redacted]	519-291-1960	19-08-2016



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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) | <u>14 meters</u> | |
| 4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only) | <u>NA</u> | |

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<u>Richard Sciffor</u>	<u>President / Owner</u>	
Signature	Telephone No.	Date (dd-mm-yyyy)
	<u>519-291-1960</u>	<u>19-08-2026</u>



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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.

B. 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-mm-yyyy)

LOCAL FIRE SERVICES

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

North Perth
Fire Department
Local Fire Services Name

Print name

Janice Pape

Date (dd-mm-yyyy)

25/08/2026

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Name of person completing this form (please print)	Official Title
Michael Soffner	Owner
Signature	Telephone No.
	519-291-1960
	Date (dd-mm-yyyy)
	19-08-2026



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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>A&W Restaurant</u> Address: <u>310 Mitchell Rds</u> City: <u>Listowel</u> Province <u>ON</u> Postal Code _____		X			<u>30</u> m
Residential buildings specifically houses, townhomes, and apartments Name: _____ Address: _____ City: _____				X	<u>94-198</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: <u>440 Mitchell Road South</u> City: <u>Listowel</u> Province <u>ON</u> Postal Code <u>N4W 3G7</u>		X			<u>50</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>Trillium Motel</u> Address: <u>445 Mitchell Road South</u> City: <u>Listowel</u> Province <u>ON</u> Postal Code <u>N4W 3G7</u>		X			<u>190</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>Pioneer</u> Address: <u>605 Mitchell Road South</u> City: <u>Listowel</u> Province <u>ON</u> Postal Code <u>N4W 0R8</u>		X			<u>190</u> m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>Police station</u> Address: <u>330 Walker Ave North</u> City: <u>Listowel</u> Province <u>ON</u> Postal Code <u>N4W 1L3</u>		X			<u>1.9 km</u> m

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

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Signature [Redacted]	Telephone No. <u>519-291-1960</u> Date (dd-mm-yyyy) <u>19-08-2026</u>



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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>Wendy's</u> Address: <u>605A Mitchell Road S Unit A, Listowel</u> City: <u>Listowel</u> Province <u>ON</u> Postal Code <u>N4W0B8</u>		X			<u>150</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: [REDACTED] Address: [REDACTED] City: [REDACTED]		X			<u>150</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>Big Boss</u> Address: <u>500 Mitchell Road South</u> City: <u>Listowel</u> Province <u>ON</u> Postal Code <u>N4W3J5</u>		X			<u>0</u> 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: _____ 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)	Official Title <u>Owner,</u>	
Signature [REDACTED]	Telephone No. <u>519-291-1960</u>	Date (dd-mm-yyyy) <u>19-08-2028</u>



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Tel: 416.734.3300
 Fax: 416.231.4078
 Customer Service: 1.877.682.8772
 propane@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

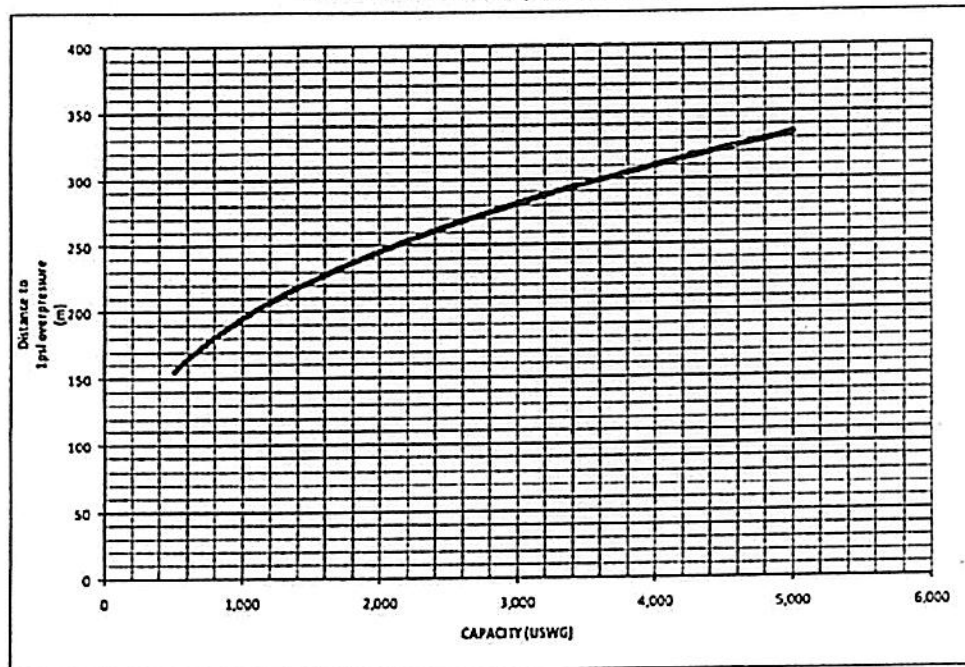
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

Formula: $D = 16.94 \times (1.524 \times C)^{1/3}$
 D = Distance to overpressure of 1 psi (meters)
 C = Tank Total Capacity in USWG

Parameters: Density of Propane is 0.5033 kg per litre @ 15 C
 Assume all vessels are 80% full
 1 gallon [US, liquid] = 0.003785411784 cubic meter
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)





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Propane Storage and Handling Regulation

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	24	139.2
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			139.2.

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)	1139.2.

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



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

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)
14-08-2026	1000
Tank setback coordinates. Indicate placement on the map.	
Front: 83 meters	Right side property line: 116 meters
Rear: 67 meters	Left side property line: 30 meters
GPS coordinates of single largest vessel: 43.7235, -80.9669	

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	
Michael Soffer	Owner	
Signature	Telephone No.	Date (dd-mmm-yyyy)
[Redacted Signature]	519-291-1960	14-08-2026

SURROUNDING AREA MAP PROpane FILLING STATION RISK & SAFETY MANAGEMENT I

CANADIAN TIRE LISTOWEL

500 MITCHELL ROAD SOUTH, LISTOWEL, ON N4

LEGEND

- Propane Filling & Storage Location (1,000 USWG Vessel)
- 195 m Radius (1 psi Overpressure)
- Canadian Tire Property Boundary
- Commercial / Business Occupancy
- Residential Occupancy
- Roads

7. LOCATION OF THE PROpane STORAGE
500 Mitchell Road South, Listowel, ON N4W 3G7

8. CAPACITY OF LARGEST PROpane STORAGE VESSEL
1,000 USWG

9. TABLE 1. RADIUS (1 PSI OVERPRESSURE)
195 METRES

10. MUNICIPALITY IN WHICH VESSELS ARE LOCATED
Municipality of North Perth

11. GPS COORDINATES OF STORAGE LOCATION (CENTER G)
Latitude: 43.70490° N Longitude: -80.37663° W

12. PROPERTIES & OCCUPANCIES LOCATED
WITHIN TABLE 1. RADIUS
(See map - commercial & residential properties are identified within the 195 m radius)

13. NEAREST PUBLIC ROAD ACCESS
Mitchell Road South & Kincaid Street West

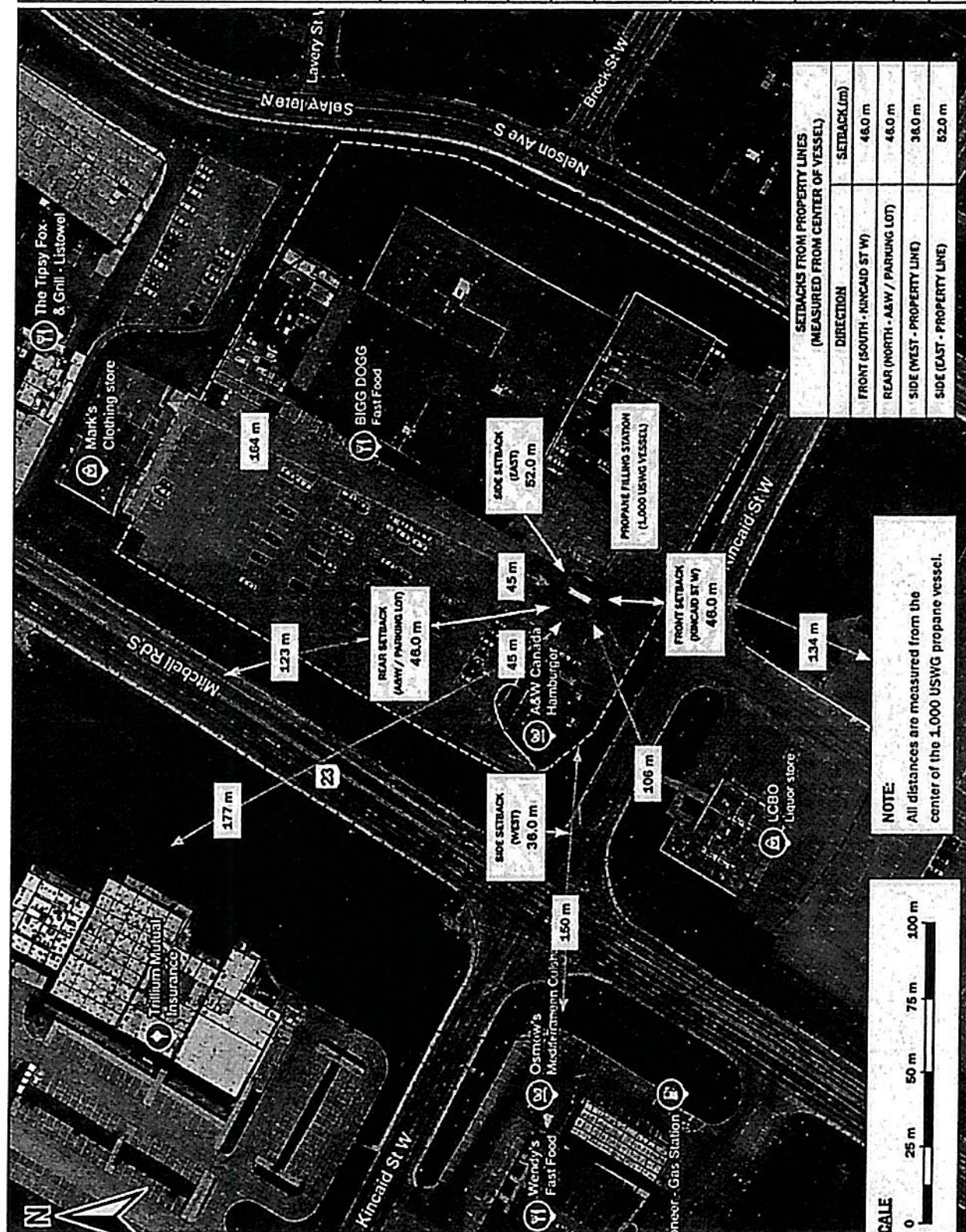
14. PROPERTY LINES OF OWNER / OPERATOR
(Shown as yellow dashed line on map)

15. SURROUNDING AREA MAP
(See map to the left)

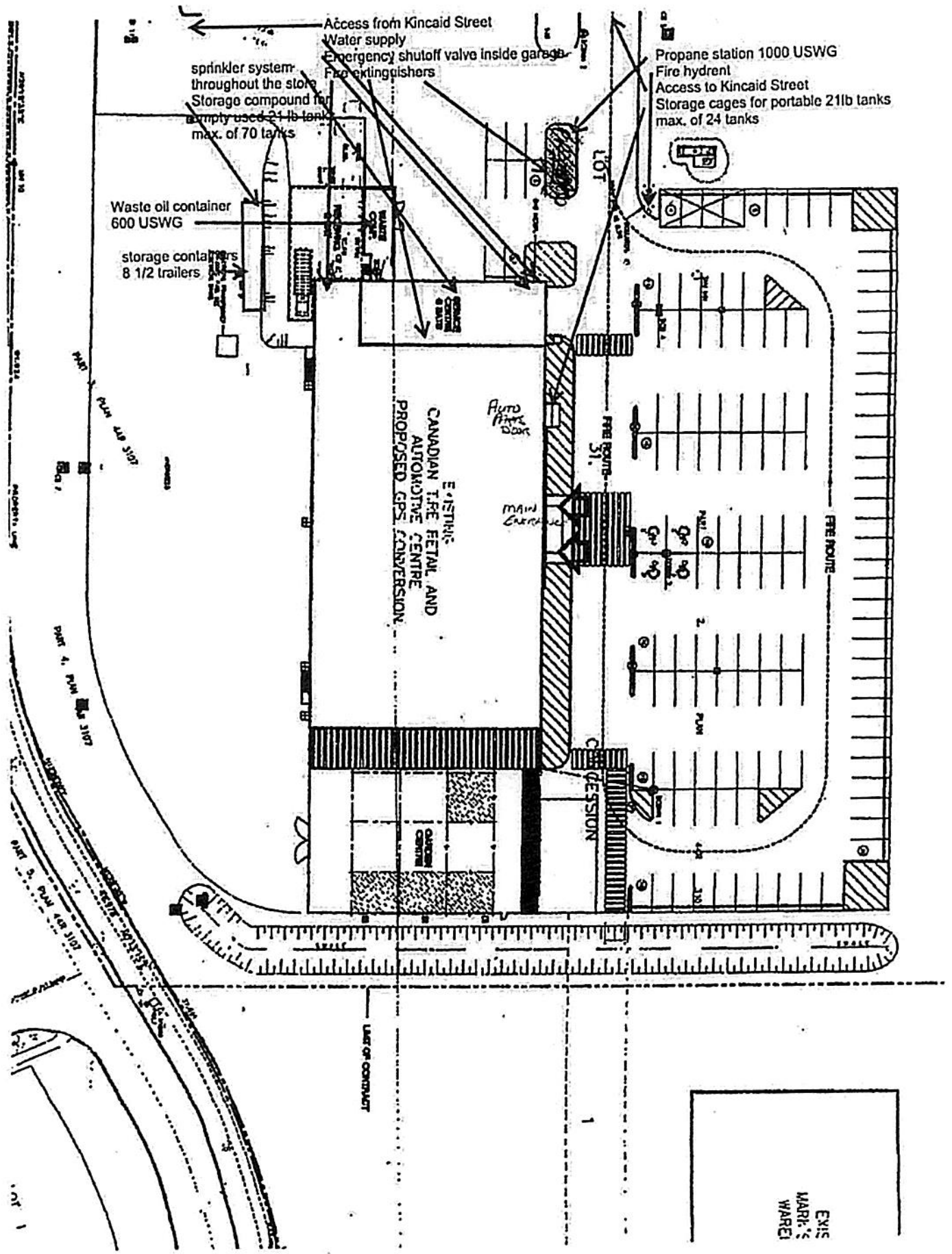
PREPARED FOR:
CANADIAN TIRE LISTOWEL
500 Mitchell Road South, Listowel, ON N4W 3G7

DATE: MAY 21, 2025

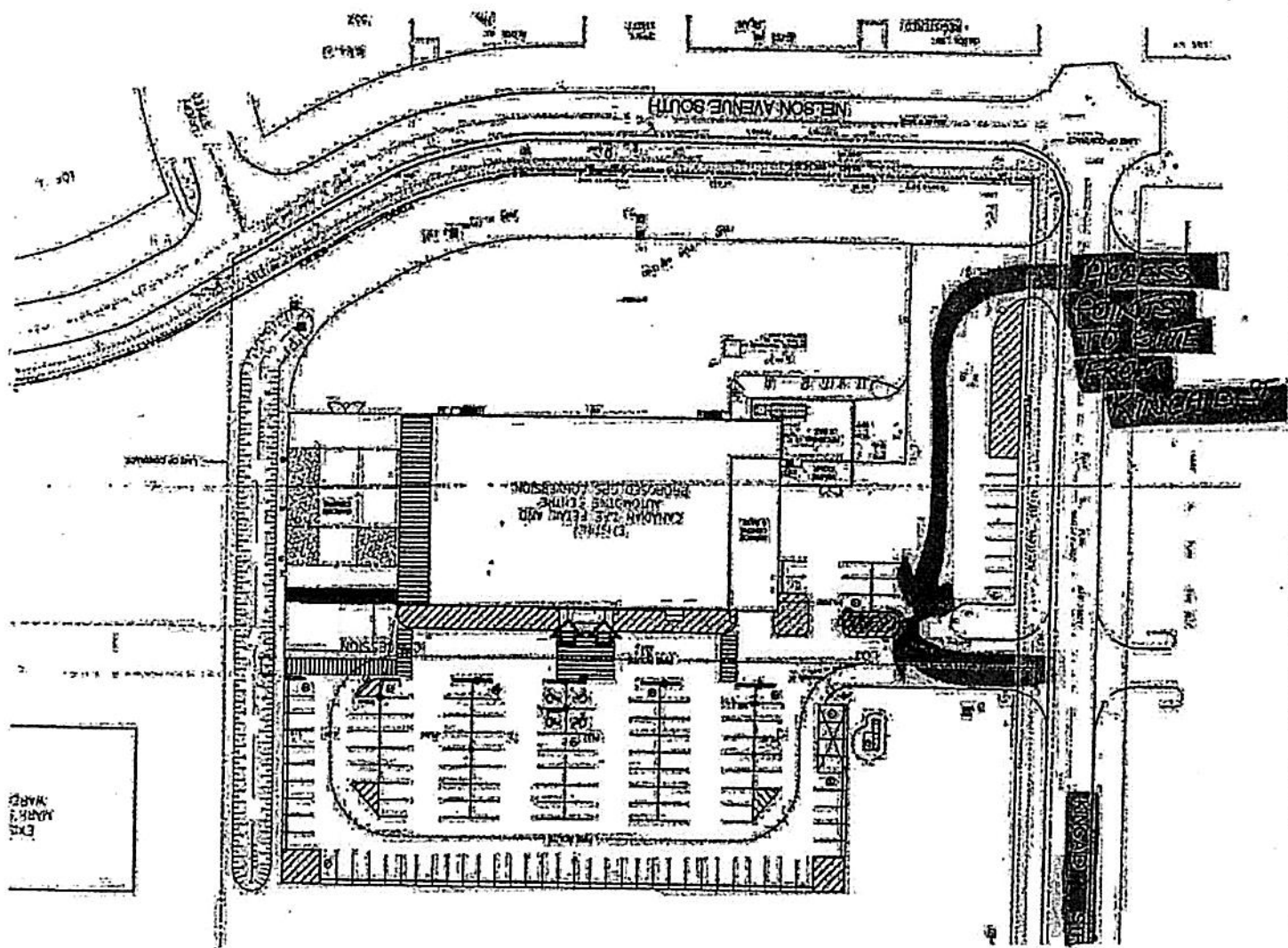
MAP SOURCE: GOOGLE MAPS (APRIL 2025)



SETBACKS FROM PROPERTY LINES (MEASURED FROM CENTER OF VESSEL)	
DIRECTION	SETBACK (m)
FRONT (SOUTH - KINCAID ST W)	46.0 m
REAR (NORTH - A&W / PARKING LOT)	48.0 m
SIDE (WEST - PROPERTY LINE)	36.0 m
SIDE (EAST - PROPERTY LINE)	52.0 m



EXIST.
MARI'S
WARE



KINCAID STR

NELSON AVENUE SOUTH

EXISTING
CANADIAN TYPE RETAIL AND
AUTOMOTIVE CENTRE
PROPOSED GPS CONVERSION

EXIS
MARK'S
WARE

LOT 44

BLOCK 22
REGISTERED

EURO. 33
PLAN

BRICK
STRUCTURE

BLOCK 51
NO.

BLOCK 12
557

LAUREY STREET

LOT 1

PROPANE EMERGENCY RESPONSE PLAN

WARNING

Person Giving the Warning

The propane attendant or employee who first discovers or becomes aware of a propane emergency is responsible for immediately giving the initial warning.

Persons to be Warned

The warning must immediately be given to:

- All customers, employees, contractors and other persons in or near the propane filling station area.
- The Manager on Duty (MOD).
- Any other persons who may be exposed to or affected by the emergency.

The employee discovering the emergency shall clearly announce:

"PROPANE EMERGENCY — EVACUATE THE AREA IMMEDIATELY."

The Manager on Duty will ensure that the warning is communicated to other employees and occupants who may be affected and will initiate a broader evacuation of the store or property when required.

Evacuation and life safety take priority over telephone notifications, investigation of the incident, or attempts to control the emergency.

All persons being evacuated shall be directed away from the propane filling station and proceed to the designated meeting place:

DESIGNATED MEETING PLACE

North end of the building – Garden Centre area

No person shall re-enter the propane filling station, store, or affected area until authorized by emergency personnel.

ACTION

1. Warn and Evacuate

The propane attendant or employee discovering the emergency shall:

- Immediately warn everyone in or near the propane filling station.
- Direct customers, employees and other persons to move away from the affected area.
- Notify the Manager on Duty as soon as it can be done safely.
- Proceed to the designated meeting place.

Do not delay evacuation to investigate the source of the leak, make telephone calls, retrieve personal belongings or attempt to control the emergency.

2. Proceed to the Meeting Place

Employees and other evacuated persons shall proceed to:

North end of the building – Garden Centre area

Everyone must remain at the meeting place or another safe location designated by the Manager on Duty or emergency responders.

3. Account for Employees

The Manager on Duty or designated supervisory employee shall account for employees at the meeting place.

If anyone is missing or believed to remain in the affected area, immediately provide this information to emergency responders.

Employees must not re-enter the hazardous area to search for a missing person.

4. Call 911

Once evacuation is underway and the caller is in a safe location, the Manager on Duty or designated employee shall call 911.

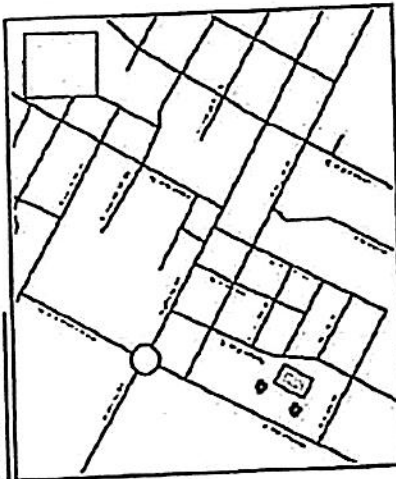
Provide:

- Canadian Tire Store #057
- 500 Mitchell Road South, Listowel, Ontario
- Advise that there is a propane emergency
- Nature and location of the emergency
- Whether there is a fire, leak or uncontrolled propane release
- Whether anyone is injured, missing or unaccounted for

SITE PLAN

CANADIAN TIRE STORE
500 MITCHELL ROAD SOUTH / LESTOWEL

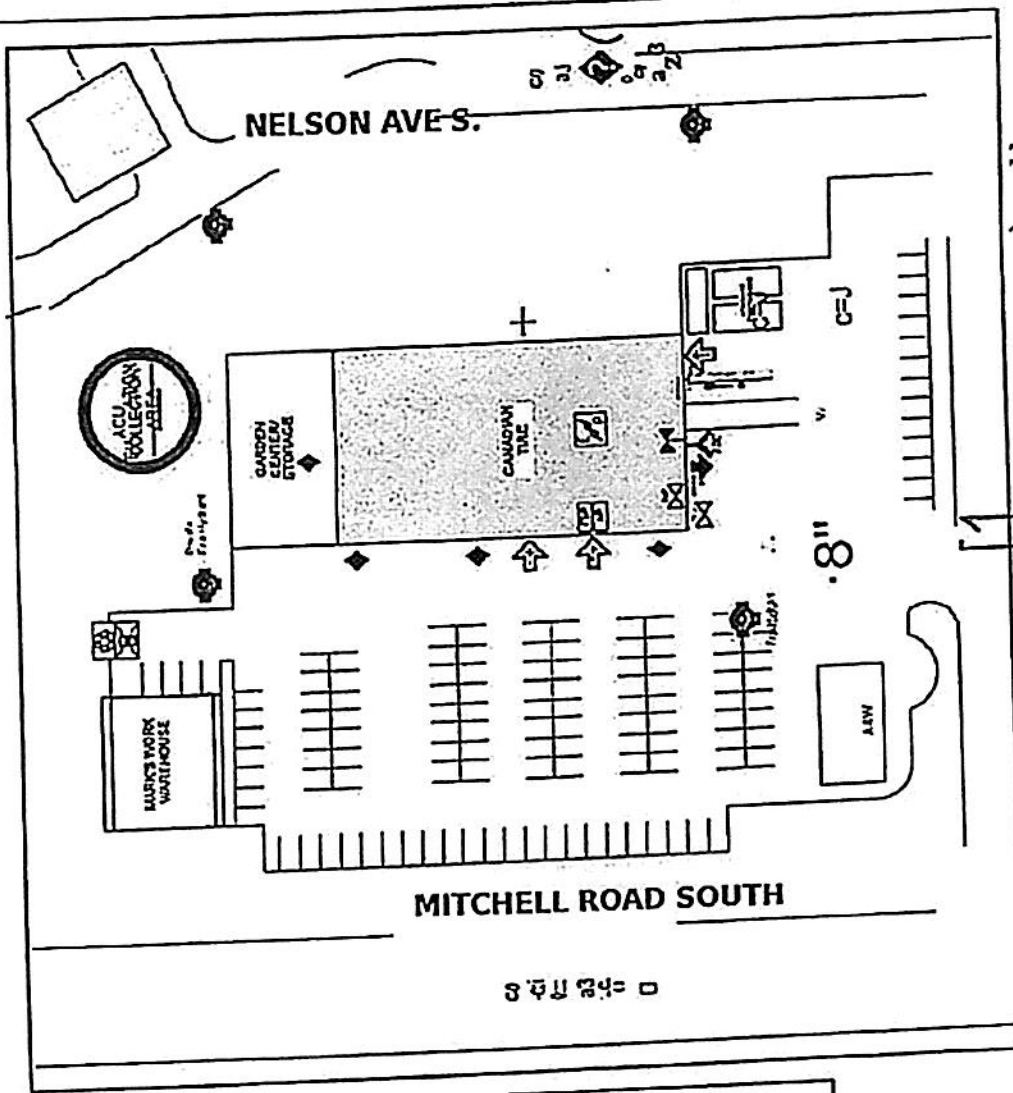
KEY PLAN



LEGEND

	Entrances/Exits		Fire Safety Plan
	Fire Hydrant		Annunciator Panel
	Natural Gas Shut-off Valve		Main Domestic Water Shut-off
	Fire Dept. Connection		Main Electrical Service
	Garbage Storage Area		Propane Shut-off Valve

STUMPF
FIRE PROTECTION LIMITED



Kingsold St.



Technical Standards and Safety Authority
345 Carlingview Drive
Toronto, Ontario M9W 6N9
Tel: 416.734.3300
Fax: 416.234.9169
Customer Service: 1.877.682.8772
E-mail: Intake@tssa.org
www.tssa.org

**Record of Training
Confirmation and Designation Form**
Technical Standards and Safety Act

To be completed by an applicant for a propane license or propane license renewal:

Name of Company: MSoffar Holdings LTD	Corporation No. 1293619-4 Business Identification No:
Name of Applicant: Mohamed Soffar	
Email: soffarm@gmail.com	

A. Complete Mailing Address			
Street No.: 500	Street Name: Mitchell Rd South		
Unit/Suite:			
City/Town: Listowel	Province: ON	Postal Code: K0J1P0	
Telephone No.: 519-291-1960	Fax No.: 519-291-5854	Cell No.: 519-200-0376	

B. If your service address is different from your mailing address, please complete this section.			
Street No.:	Street Name:		
Unit/Suite:			
City/Town:	Province:	Postal Code:	
Telephone No.:	Fax No.:	Cell No.:	

Pursuant to section 27.1(3) and (4) of the Propane Storage and Handling Regulation (O. Reg. 211/01), I confirm that the Record of Training [ROT] holder indicated below holds an appropriate ROT as is required for the referenced facility and is an officer or director, partner, or a person in senior management designated by me as responsible for the oversight of the propane operations to which the license applies:

Licence No.: 51802

Name: Zachery Lampman

Position Title: Store Manager

ROT Certificate No. (copy attached): 60395

Applicant Name: Mohamed Soffar	Applicant's Title: Owner
Applicant's Signature: [Redacted]	Date: 19-08-2026

