



Technical Standards and Safety Authority
 www.tssa.org
 14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 2X4
 Fax: 416.231.4903
 Customer Service: 1.877.682.8772

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*

Licence Number 0076455880-C

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.

A Company Name CP Fuel & Variety Ontario Corporation No., if applicable _____

Operator Name (if different from above)
Paramjeet Chauhan

Telephone No. 519-393-6793 Fax No. _____ E-mail paramjitchauhan@yahoo.ca

B Street No. 180 Street Name / 911 Number / Address, if applicable Huron Road

Town / City or Township / County Sebringville Province Ontario Postal Code NOK 1X0

C Mailing address if different from above.

Street No. same as above 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. 180 Street Name / 911 Number / Address, if applicable Huron Road Nearest Major Intersection Perth Road 130 & Huron Road (Hwy 8)

Town / City or Township / County Sebringville Province Ontario Postal Code NOK 1X0

Name of Licence Holder Paramjeet Chauhan

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Paramjeet Chauhan ROT # 55165 ROT type PP0-3

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

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.

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	Print name <u>Paramjeet Chauhan</u>	Signature <u>Paramjeet Chauhan</u>	Date (dd-mm-yyyy) <u>9-5-11</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training			



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Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
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SECTION A: GENERAL INFORMATION (cont'd)

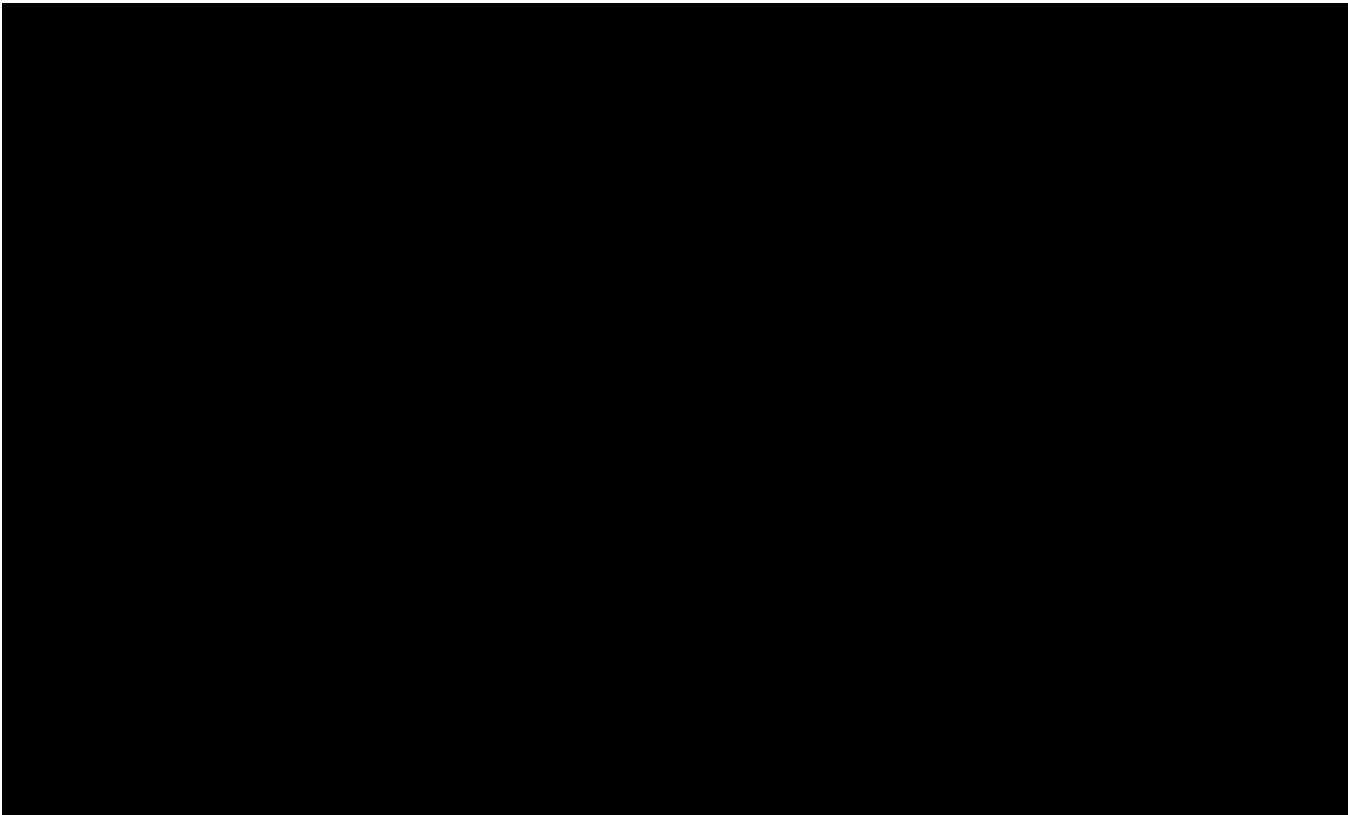
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
Aprox 1997 None

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

	PSIG	Serial Number
Tank 1:	250 psi	63-12515
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 USWG Portable: 69.6 uswg Mobile: n/a



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Name of person completing this form (please print)	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Pawel Chelack</i>	579 393 6793	9-9-2011

CCP



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2012 Application for Renewal of Level 1 Propane Licence
Technical Standards and Safety Act
Propane Storage and Handling Regulation

GENERAL INFORMATION

Name of Propane Supplier(s)			
Street No.		Street Name / 911 Number / Address, if applicable	
2558		PRIMEMAX ENERGY INC CEDAR CREEK ROAD	
Town / City or Township / Country		Province	Postal Code
AYR		ONT	N0B1E0
Telephone No.	Fax No.	Contact Name	
519-740-8299	519-340-1015	GARY FROESE	
E-mail			

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.

You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.

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 of person completing this form.		Official Title	
PARAJEET S. CHAHAN		President	
Signature	Telephone No.	Date (dd-mm-yyyy)	
<i>[Signature]</i>	519-393-6793	16 03 2012	



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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 X 50,000 Regular gasoline underground tank

1 X 25,000 Clear diesel underground tank

1 X 25,000 Super Gas underground tank

(See Site Plan for the location of Material Safety Data Sheets for both diesel and gasoline.)

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

6 Fire extinguishers - dry chemical

Emergency Stop Button

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.

Alarm in store - not attached to propane. Note: The burglar alarm will be set off by the fire department if they enter the building.

ISC valve on propane tank - Manual valve with automatic override that detects excess flow. It is connected to the manual opening lever with a fusible link.

(See Site Plan for location of all "No Smoking" signs for a total of 18.)

Maintenance and testing schedule for fire protection controls and devices.

Annual fire extinguisher inspection by 3rd party.

Annual propane inspection by 3rd party.

Emergency Stop button operation is tested annually by 3rd party at time of propane inspection.

Fire extinguisher is inspected daily and record is kept.

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	
<i>Prajit Chaudhary</i>	<i>President</i>	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Prajit Chaudhary</i>	<i>89 39 36793</i>	<i>9-5-11</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		5. Facility 24-Hour Contact Person	
Name Paramjeet Chauhan	For Office Use - Party No.	Name Paramjeet Chauhan	For Office Use - Party No.
Official Title Owner/Operator		Official Title Owner/Operator	
Telephone No. (519)-393-6793	Fax No. cell (519)-301-6501	Cell No. (519)-301-6501	Fax No.
E-mail paramjitchauhan@yahoo.ca		E-mail paramjitchauhan@yahoo.ca	
Role and responsibilities in emergency First Responder (See Supervisor's Responsibilities on "Schedule 1" for complete list of responsibilities)		Role and responsibilities in emergency First Responder (See Supervisor's Responsibilities on "Schedule 1" for complete list of responsibilities)	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Gurbax Chauhan	For Office Use - Party No.	Name Paramjeet Chauhan	For Office Use - Party No.
Official Title Co-owner		Official Title Owner/Operator	
Telephone No. (519)-393-6793	Fax No. cell (416)-666-0015	Telephone No. (519)-393-6793	Fax No. n/a
E-mail		E-mail paramjitchauhan@yahoo.ca	
Role and responsibilities in emergency Alternate First Responder (See Supervisor's Responsibilities on "Schedule 1" for complete list of responsibilities)		Role and responsibilities in emergency First Responder (See Supervisor's Responsibilities on "Schedule 1" for complete list of responsibilities)	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Darrell Reis	For Office Use - Party No.	Name Neil Primeau	For Office Use - Party No.
Official Title Fire Chief		Official Title Manager	
Telephone No. (519)-595-2800 ext 226	Fax No.	Telephone No. (519)-229-6300	Fax No. (519)-229-6308
E-mail dreis@pertheast.on.ca		E-mail neilprimeau@dowlerkam.com	
Role and responsibilities in emergency Emergency Responder		Role and responsibilities in emergency Activate ERAP if required. (See Supplier's Responsibilities on "Schedule 1" for a complete list of responsibilities)	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Larry Lewis	For Office Use - Party No.	Name Teresa Campbell	
Official Title Deputy Fire Chief		Official Title Clerk	
Telephone No. (519)-595-2800	Fax No.	Telephone No. (519)-595-2800	Fax No. (519)-595-2801
E-mail		E-mail tcampbell@pertheast.on.ca	
Role and responsibilities in emergency Alternate Emergency Responder		Municipality Township of Perth East, County of Perth	

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) <i>Paramjeet Chauhan</i>	Official Title <i>President</i>
Signature <i>Paramjeet Chauhan</i>	Telephone No. <i>579 393 6793</i>
	Date (dd-mm-yyyy) <i>9-5-11</i>



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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.

Daily inspection

Emergency Shut-off Valve

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Name of person completing this form (please print)	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>[Handwritten Signature]</i>	<i>519 3936793</i>	<i>9-5-11</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) 01-02-2011	Print Name of Training Provider: Beatty Petroleum Consulting Inc. (Trained on responsibilities as per "Schedule 1")
	Print Name of Instructor: Alex Beatty
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) 03-02-2011	Print Name of Training Provider: Parmajeet Chauhan (Trained on responsibilities as per "Schedule 1")
	Print Name of Instructor:
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) 21-01-2011	Print Name of Training Provider: Parmajeet Chauhan (Trained on responsibilities as per "Schedule 1")
	Print Name of Instructor:
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)	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Parmajeet Chauhan</i>	<i>579 393 6793</i>	<i>9-5-11</i>



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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) 15/12/2011	Print Name of Training Provider: Beatty Petroleum Consulting Inc. (Trained on responsibilities as per "Schedule 1")
	Print Name of Instructor: Alex Beatty
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:

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

Target Date (dd-mm-yyyy) 31-12-2011	Print Name of Training Provider: Parmajeet Chauhan (Trained on responsibilities as per "Schedule 1")
	Print Name of Instructor:
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) 31-12-2011	Print Name of Training Provider: Parmajeet Chauhan (Trained on responsibilities as per "Schedule 1")
	Print Name of Instructor:
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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Signature	Telephone No.
	Date (dd-mm-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).

Schedule 1 has complete listing. However the following abbreviated version is listed here: Discovery of fire or leak, the attendant yells "Fire, Fire, Fire"

Notifies supervisor - Supervisor does the following: 1) Evacuates site.

2) Stops flow if safe to do so

3) Calls 9-1-1

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).

Schedule 1 has complete listing. However the following abbreviated version is listed here:

Muster point is the Bell box on the east side of property

Secondary meeting place, if emergency is severe, is located at Huron Rd. and Jean St. outside of the 246 metre hazard distance.

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 licence holder will follow procedures & provide annual training to staff - see Schedule 1 for emergency response procedures

See Schedule 2 for call out procedures to 911 and all other potential responders

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

Propane cabinet is locked with a padlock. Fire protection vehicles carry bolt cutters to remove such locks as required.

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

Set up off site command post as per Schedule 1 see Supervisor's Responsibilities point 3.

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

Lives on site - immediately

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Name of person completing this form (please print)	Official Title	
<i>Project Engineer</i>	<i>President</i>	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>[Signature]</i>	<i>89 3936793</i>	<i>9541</i>



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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>750 M. to Fire Hall</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>750 M. to Fire Hall</u> | |

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Name of person completing this form (please print)	Official Title	
<i>Parvinder Arora</i>	<i>Proprietor</i>	
Signature	Telephone No.	Date (dd-mm-yyyy)
<i>Parvinder Arora</i>	<i>519-3936795</i>	<i>9/5/11</i>



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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:

Yes

Please review the attached Fire Service Comment Form that is attached

To be completed by the Licence Holder

In response to the above comments, the following action(s) is required:

See Schedule 3 for the response letter

The licence holder will respond to the Local Fire Services comments by: 06-05-2011 See Schedule 3

(dd-mm-yyyy)

LOCAL FIRE SERVICES

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

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name		

see attached for next fire signatures

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
Signature	Telephone No.
	Date (dd-mm-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.

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services	Yes	No
Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If not, please explain (e.g., no fire services).		
Fire services comments, if any:		
Yes		
Please review the attached Fire Service Comment Form that is attached		
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.		
Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name Darrell Reis		27-04-2011

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	
Signature	Telephone No.	Date (dd-mm-yyyy)
	529 393 6793	9511



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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-mm-yyyy) 01/04/2006	Capacity of single largest propane storage vessel (USWG) 2000 uswg
Tank setback coordinates. Indicate placement on the map.	
Front: 50'	Right side property line: 188'
Rear: 304'	Left side property line: 32'
GPS coordinates of single largest vessel: 43°24'10.92"N 81°03'05.65"W	

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Name of person completing this form (please print) <i>Baronnet Chauhan</i>	Official Title <i>President</i>	
Signature <i>Baronnet Chauhan</i>	Telephone No. <i>519 393 6793</i>	Date (dd-mm-yyyy) <i>9-5-10</i>



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SECTION C: SUBMISSIONS (cont'd)

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

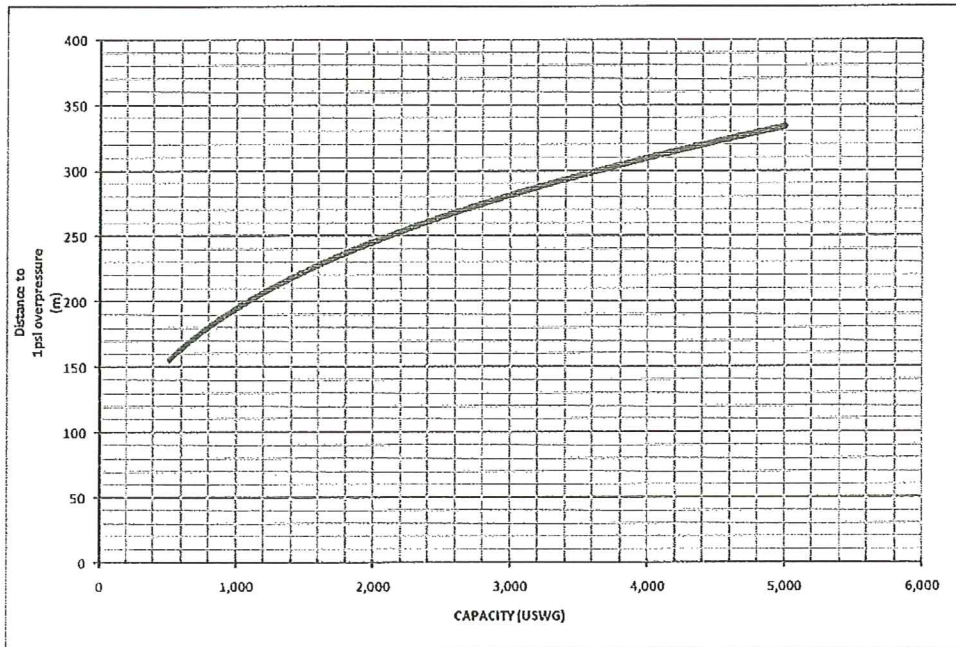
Table 1: Distance Table

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)



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	
Signature	Telephone No.	Date (dd-mm-yyyy)

Parvinder Arora
Parvinder Arora

Propane
819 393 6793 *9541*



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
Customer Service: 1.877.682.8772

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

SECTION C: SUBMISSIONS (cont'd)

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

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>Hoffmeyer's</u> Address: <u>189 Huron Road</u> City: <u>Sebringville</u> Province <u>ON</u> Postal Code <u>NOK 1X0</u>			2		<u>54</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]				47	<u>45</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Alexa's Cafe</u> Address: <u>188 Huron Road</u> City: <u>Sebringville</u> Province <u>ON</u> Postal Code <u>NOK 1X0</u>			2		<u>27</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>none</u> Address: _____ City: _____ Province _____ Postal Code _____	0				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>none</u> Address: _____ City: _____ Province _____ Postal Code _____	0				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: <u>none</u> Address: _____ City: _____ Province _____ Postal Code _____	0				_____ m

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

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Name of person completing this form (please print)	Official Title
Signature	Telephone No. Date (dd-mm-yyyy)
<i>[Signature]</i>	<i>[Signature]</i> <u>529 393 6793</u> <u>9-5-11</u>



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SECTION C: SUBMISSIONS (cont'd)

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

Portable Storage Additional Information Sheet

Cylinder Size	Capacity In USWG	Quantity	Total Volume in USWG
# 420	123.9	0	
# 100	29.5	0	
# 40	11.75	0	
# 33.3	9.62	0	
# 30	8.8	0	
# 20	5.8	12	69.6
# 10	2.9	0	
# 5	1.5	0	
Total Cylinder Capacity 69.6 uswg			

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	70 uswg
Total Tank Capacity	0
Total Portable Capacity	70 uswg

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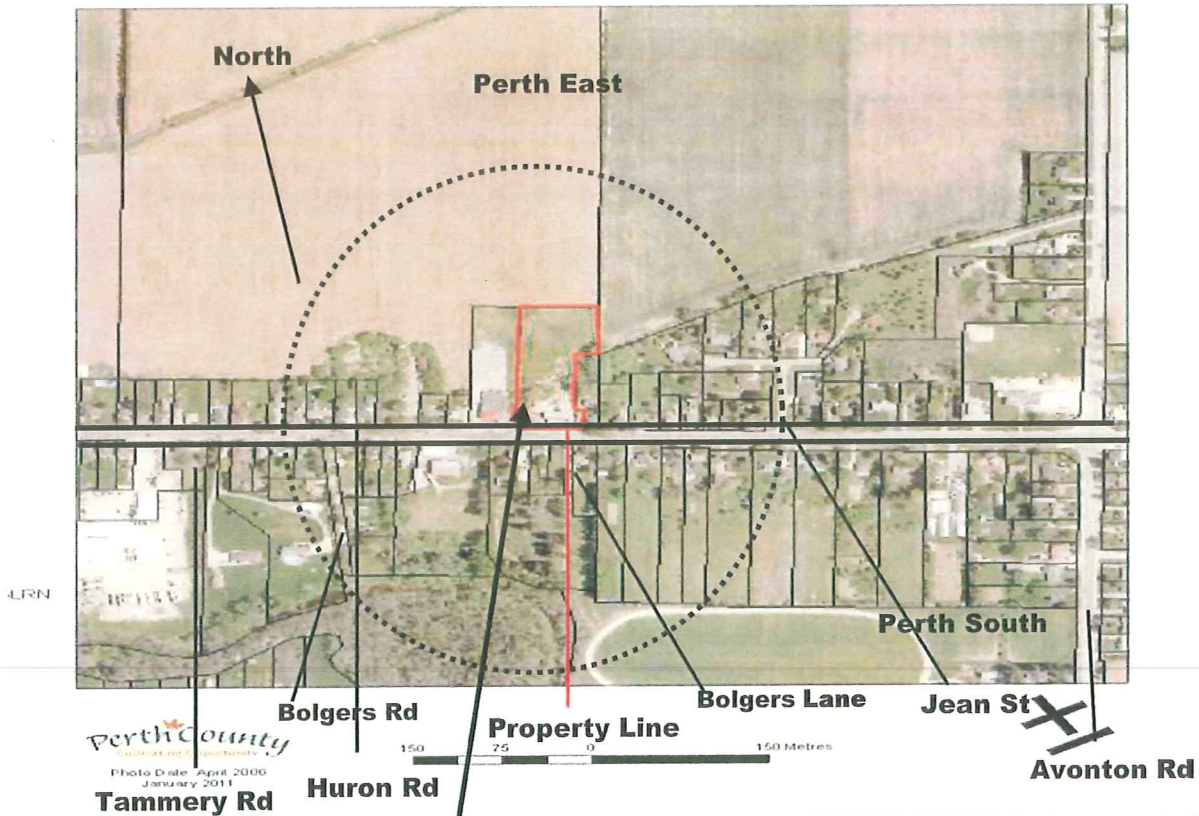
Name of person completing this form (please print)	Official Title	
Signature	Telephone No.	Date (dd-mm-yyyy)

Rasouli
Manager
519 393 6293
9-5-11

CP Fuels Sebringville, Ont

180 HURON RD

PLAN 511 LOT 28
Ellrice Ward, Township of Perth East



Location	180 Huron Rd. Sebringville, ON
Prepared	Photo taken April 2006, Imagery Prepared Jan 2011
Tank Size	2000 USWG Vertical tank
Radius	246 m
GPS Coordinates	43°24.10.92"N 81°03.05.55" W
Tank Set Backs	Front 50', Right side 188', Rear 304', Left side 32'
Municipality 1	Township of Perth East denoted by double lines
Chief Administrative Officer	Theresa Campbell
Address	P.O. Box 455, 25 Mill St. East, Milverton, ON, N0K 1M0
Phone	(519) 595-2800 ext. 223
Fax	(519) 595-2801
Municipality 2	Township of Perth South denoted by double lines
Chief Administrative Clerk	Tim Ivanyshyn
Address	3191 Rd 122, St. Pauls, ON, N0K 1V0
Phone	(519)271-0619 ext. 231
Fax	(519) 271-0647
Toll Free	(519) 771-0619
Municipality 3	County of Perth
Chief Administrative Officer	Bill Arthurs
Address	1 Huron Street, Stratford, ON, N5A 5S4
Phone	(519) 271-0531
Fax	(519) 271-6252

