

Active License Issued



Technical Standards and Safety Authority
www.tssa.org
14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X2X4
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.

Sept 28

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: 0078446442-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: Pioneer Petroleum Limited Partnership Ontario Corporation No., if applicable: []
 Operator Name (if different from above): []
 Telephone No.: 905-639-2060 Fax No.: [] E-mail: []

B Street No.: 1122 Street Name / 911 Number / Address, if applicable: International Blvd Suite 700
 Town / City or Township / County: Burlington Province: Ontario Postal Code: L7L 6Z8

Mailing address if different from above:

C Street No.: [] Street Name / 911 Number / Address, if applicable: []
 Town / City or Township / County: [] Province: [] Postal Code: []

Information on Container Refill Centre or Filling Plant
 Location of facility:
D Street No.: 248 Street Name / 911 Number / Address, if applicable: The Queensway South Nearest Major Intersection: Riverglen Drive
 Town / City or Township / County: Town of Georgina Province: Ontario Postal Code: L4P 2B1

Name of Licence Holder: Pioneer Petroleum Limited Partnership
 Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Brian Kitchen ROT type: PPO-3
 Municipality (or municipalities if the facility or its hazard distance touches multiple borders): Keswick
 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.

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder: Pioneer Petroleum Limited Partnership		06/06/11
Name of Senior Management person as defined in the Regulation holding the Record of Training: Brian Kitchen		



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SECTION A: GENERAL INFORMATION (cont'd)

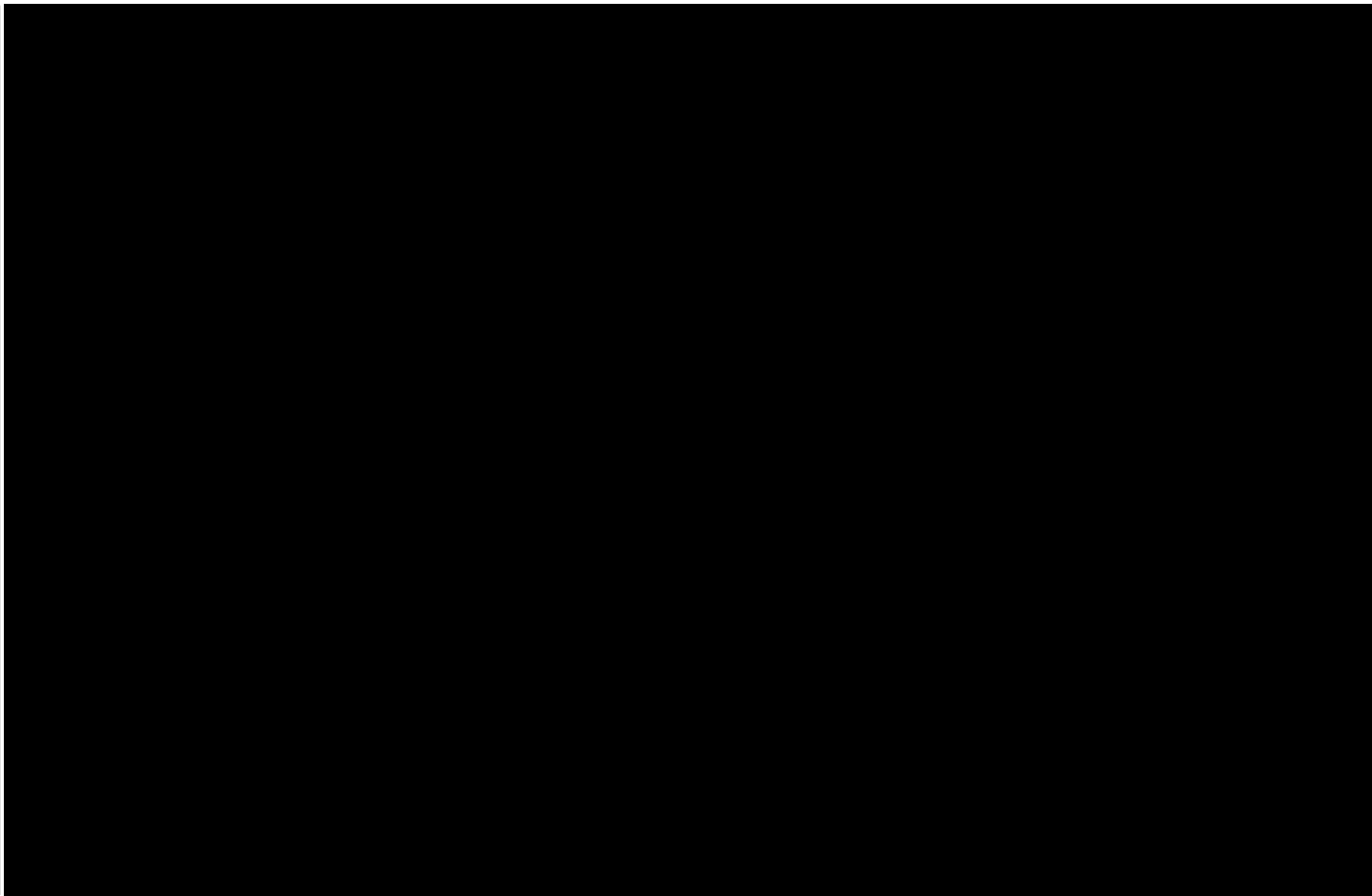
Indicate the year the facility was established. 1985
Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. N/A

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

	PSIG	Serial Number
Tank1:	250	20J82-98
Tank2:		
Tank3:		

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 2000 Portable: 145 Mobile: 0



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Name of person completing this form (please print) Mike Dietrich	Official Title Manager, Car Wash Operations & Facilities Maintenance
Signature 	Telephone No. 905-633-3417
	Date (dd-mm-yyyy) 6-6-2011



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s)		[Redacted]	
Suncor Energy Products			
Street No.	Street Name / 911 Number / Address, if applicable		
2489	North Sheridan Way		
Town / City or Township / Country		Province	Postal Code
Mississauga		Ontario	L5K 1A8
Telephone No.	Fax No.	Contact Name	
905-804-4500		Mable Kwok	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input type="checkbox"/>		[Redacted]	
Primemax Energy			
Street No.	Street Name / 911 Number / Address, if applicable		
2558	Cedar Creek Road		
Town / City or Township / Country		Province	Postal Code
Ayr		Ontario	N0B 1E0
Telephone No.	Fax No.	Contact Name	
1-800-377-1666		Dave Reinhart	
E-mail			

Off-site Cylinder and/or Mobile Storage	Capacity stored off-site, in USWG	For Office Use - Party No.
Street No.	Street Name / 911 Number / Address, if applicable	
Town / City or Township / Country	Province	Postal Code
Telephone No.	Fax No.	Contact Name

Note: Customer storage is not considered off-site storage.

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Mike Dietrich	Manager, Car Wash Operations and Facilities Maintenance	
Signature	Telephone No.	Date (dd-mm-yyyy)
	905-633-3417	6-6-2011



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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.

4 underground storage tanks, 3 X 22,730 litres and 1 X 45,460 litres

The underground storage tanks have seal tight below grade caps with either fiberglass or steel grade caps. The pumps have below grade shear valves with heat seals in the event of above ground fires

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

3 Fire extinguishers

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.

Spring Loaded Door shut off. A steel cable with a fusible link is attached to the door. In the event of a small leak the door can be closed which will close the main valve on the bottom of the tank, stopping any further release of propane

Fusible link associated with the door shut-off

Maintenance and testing schedule for fire protection controls and devices.

Annual contractors inspection of propane equipment

Fire extinguishers maintained in accordance with Ontario fire regulations

Daily sign-off sheet (attached)

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Signature 		Telephone No. 905-633-3417	Date (dd-mm-yyyy) 6-6-2011



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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 Jeffery Schwartz	For Office Use - Party No.	Name Mike Dietrich	For Office Use - Party No.
Official Title Manager		Official Title Facilities Manager	
Telephone No. 905-476-7432	Fax No.	Cell No. 905-515-2698	Fax No.
E-mail		E-mail miked@ploneer.ca	
Role and responsibilities in emergency Implement evacuation plan and contact 911		Role and responsibilities in emergency Respond to incident. Notify Pioneer stakeholders of incident.	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name Ray Angrove	For Office Use - Party No.	Name	For Office Use - Party No.
Official Title District Manager		Official Title	
Telephone No. 416-726-5780	Fax No.	Telephone No.	Fax No.
E-mail raya@ploneer.ca		E-mail	
Role and responsibilities in emergency Reactive response to emergency. No immediate response. District Manager would be notified of incident and attend site promptly		Role and responsibilities in emergency	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name Bill O'Neill	For Office Use - Party No.	Name Mable Kwok	For Office Use - Party No.
Official Title Fire Chief		Official Title Manager	
Telephone No. 905-476-5167	Fax No. 905-476-7740	Telephone No. 905-804-4500	Fax No.
E-mail b.onnell@georgina.ca		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name Steve Richardson	For Office Use - Party No.	Name Velvet Ross	For Office Use - Party No.
Official Title Deputy Fire Chief / CEMC		Official Title Manager of Planning	
Telephone No. 905-476-5167	Fax No. 905-476-7740	Telephone No. 905-476-4301 X251	Fax No.
E-mail srichardson@georgina.ca		E-mail vross@georgina.ca	
Role and responsibilities in emergency		Municipality	

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	Date (dd-mm-yyyy) 6-6-2011



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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) 01-06-2011	Print Name of Training Provider: Mike Dietrich
	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:

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

Training Date (dd-mm-yyyy) 01-06-2011	Print Name of Training Provider: Jeff Schwartz
	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)	Print Name of Training Provider:
	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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	Date (dd-mm-yyyy) 6-6-2011



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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:
N/A	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:

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

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:
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:
	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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Name of person completing this form (please print)	Official Title	
Mike Dietrich	Manager, Car Wash Operations and Facilities Maintenance	
Signature	Telephone No.	Date (dd-mm-yyyy)
	905-633-3417	6-6-2011



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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).

Upon discovery of a leak the staff would push the emergency button and close the door at the tank, call 911 and move all customers by foot off the site cars would not be started. When the staff calls 911 they would detail the type of release and if fire is present

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).

The site staff will immediately call 911 to report the incident while on site if time allows. They will then move to the North side of the property across the bridge.

If they were unable to call from the store they will use either cell phones or a business land line to call 911 and either confirm or

reconfirm the type of release so fire service would know what is happening and what type of equipment will be required.

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).

In the event of an emergency the site staff would call 911 from a safe location to reconfirm the type of incident so the fire service has up-to-date information regarding the incident

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

The site has 24 hour clear access for the fire service

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

Every 6 months the license holder will email the Director of Fire Services. The email will detail any changes to the facility if applicable.

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

If at home the facility liaison would be able to be on site within 45 minutes

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	Date (dd-mm-yyyy) 6-6-2011



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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)	41 m	
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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Signature 	Telephone No. 905-633-3417	Date (dd-mm-yyyy) 6-6-2011



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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-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: <i>Howell</i>	<i>[Signature]</i>	<i>17/08/2011</i>

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Name of person completing this form (please print) MIKE DISTRICH	Official Title MANAGER, CAR WASH OPERATIONS & FACILITY MAINTENANCE
Signature <i>[Signature]</i>	Telephone No. 905-633-3417
	Date (dd-mm-yyyy) 23-08-2011



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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) 11-04-2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 16.1 m	Right side property line: 88.7m
Rear: 46.9m	Left side property line: 5.2m
GPS coordinates of single largest vessel: N44°13'37" W79°27'53"	

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SECTION C: SUBMISSIONS (cont'd)

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

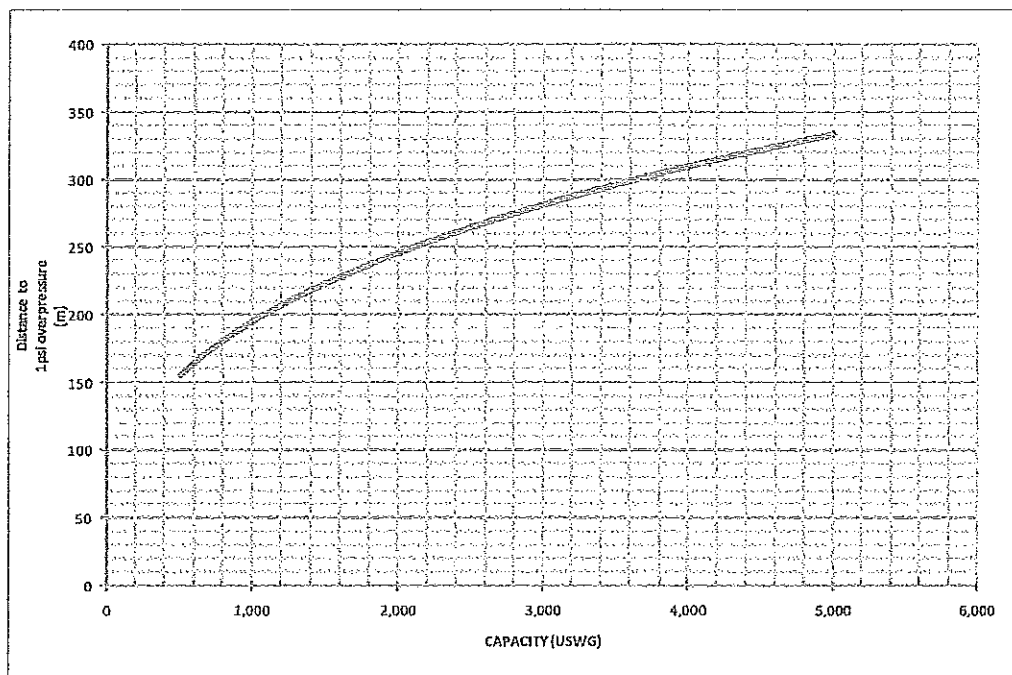
Table 1: Distance Table

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

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

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

Hazard Distance Chart (EPA-TNT model)



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SECTION C: SUBMISSIONS (cont'd)
Applicant must include a Facility Site Plan and Map of Surrounding Area

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

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____				X	62 _____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Mr. Sub Address: 256 The Queensway City: Keswick Province Ontario Postal Code L4P 2B1				X	21 _____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

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

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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		
# 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		

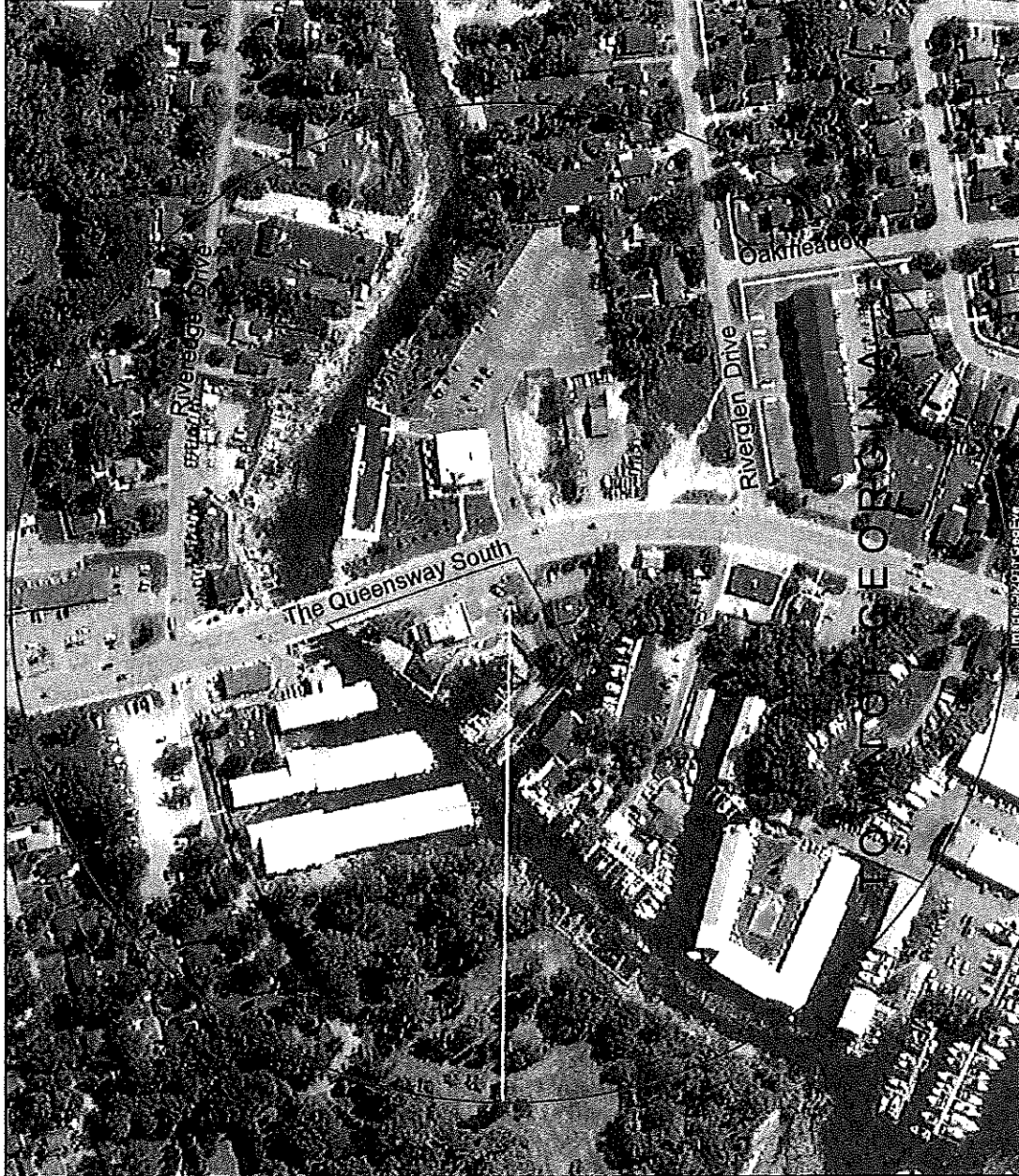
Total Cylinder Capacity	145
Total Tank Capacity	2000
Total Portable Capacity	

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) Mike Dietrich	Official Title Manager, Car Wash Operations and Facilities Maintenance
Signature 	Telephone No. 905-633-3417
	Date (dd-mm-yyyy) 6-6-2011

Map of Surrounding Area

248 The Queensway, South, Keswick
 Part of Lot 9,
 Concession 3,
 Town of Georgina



Municipal Contact Information
 NAME: Velvet Ross
 TITLE: Manager of Planning
 TELEPHONE No.: 905 478 4301 x 251
 E-MAIL: vross@georgina.ca
 MUNICIPALITY: Town of Georgina

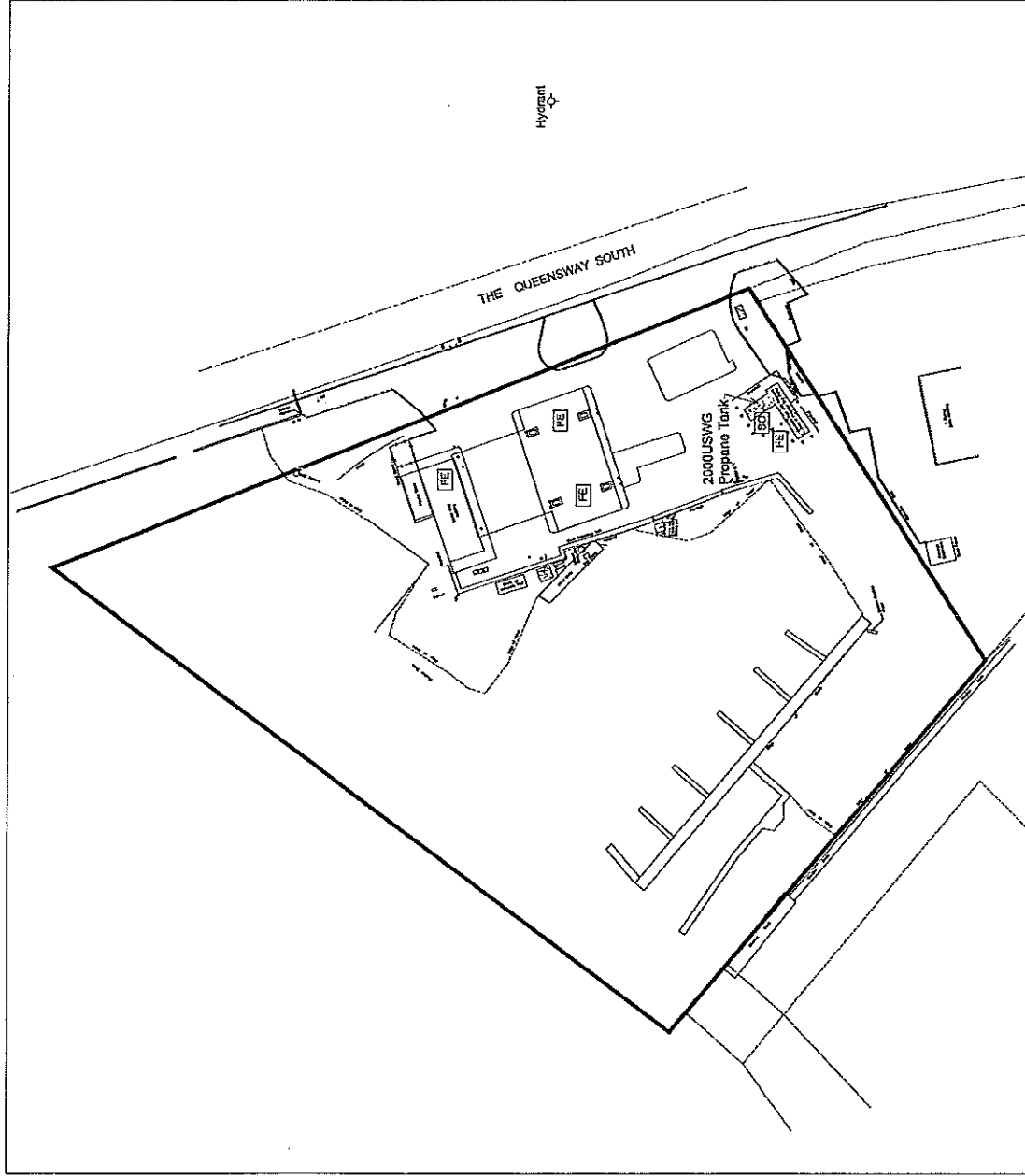
DATE MAP PREPARED: (11-04-2011)
 IMAGERY DATE: 8/27/2010
 TANK SETBACK COORDINATES:
 FRONT: 16.1 m
 BACK: 46.9 m
 GPS COORDINATES OF SINGLE LARGEST VESSEL: N44°13'37" W79°27'53"

CAPACITY OF SINGLE LARGEST PROPANE STORAGE VESSEL: 2000USWG
 RIGHT SIDE PROPERTY LINE: 88.7 m
 LEFT SIDE PROPERTY LINE: 5.2 m

PIONEER
 1122 International Blvd., Suite 700
 Burlington, Ontario L7L 6Z8
 Ph: 905 633 2060 Fax: 905 638 2366

Facility Site Plan

248 The Queensway South, Keswick
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Town of Georgina



Legend

- FE Fire Extinguisher
- FH Fire Hydrant
- SO Shut off Switch



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Technical
Standards and
Safety Authority

Ontario Fuels Safety Licence

Technical Standards and Safety Act

This Licence is issued to operate a
FS PROPANE REFILL CNTR - CYLR FILL
FS PROPANE REFILL CNTR - MOTOR FILL

Licence Number:
0076446442-C

Site ID: 10127144
Located at:
248 THE QUEENSWAY S
KESWICK ON L4P 2B1
CANADA

Licensed/Registered Capacity (if applicable)
Fixed Capacity 2000 USWG
Mobile Capacity 0 USWG
Portable Capacity 145 USWG

Mailed Sept 14

Expires on 31-MAY-2012



Issued by the Director

PIONEER ENERGY MANAGEMENT INC.
1122 INTERNATIONAL BLVD
SUITE 700
BURLINGTON ON L7L 6Z8
CANADA

FS 09164 (04/09)

This Licence Is Not Transferable.

OPERATION OF THIS FACILITY WITHOUT A VALID LICENCE IS AN OFFENCE UNDER THE ACT.

This licence, or a copy of the licence, shall be displayed in a conspicuous place at the business premises set out on the licence.

Issued under the *Technical Standards and Safety Act, 2000*,
and the applicable regulation and subject to the limitations thereof.

Propane Storage and Handling Regulation (O.Reg. #211/01)

**For all enquiries or to update any of the information on this licence,
please contact the Technical Standards and Safety Authority.**

Telephone: 1.877.682.8772
E-mail: customerservices@tssa.org

PIONEER ENERGY MANAGEMENT INC.
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