



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.

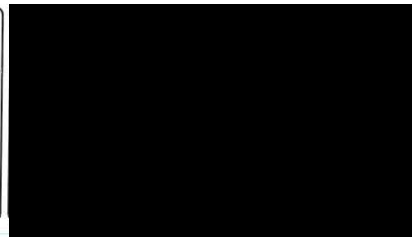
Failure to fully complete this form may result in rejection.  
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number

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  Ontario Corporation No., if applicable

Operator Name (if different from above)

Telephone No.  Fax No.  E-mail

**B** Street No.  Street Name / 911 Number / Address, if applicable

Town / City or Township / County  Province  Postal Code

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**

**D** Location of facility.

Street No.  Street Name / 911 Number / Address, if applicable  Nearest Major Intersection

Town / City or Township / County  Province  Postal Code

Name of Licence Holder

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

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

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 Name of Licence Holder <input type="text" value="ESSO Tavistock (2398332 Ont. Ltd.)"/>	Signature 	Date (dd-mm-yyyy) 07-03-2014
Name of Senior Management person as defined in the Regulation holding the Record of Training <input type="text" value="Fazal Mahmood"/>		



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 Propane Storage and Handling Regulation

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 a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i> .		<b>For Office Use Only</b> <div style="border: 1px solid black; height: 60px;"></div>
Licence Number: <b>010758182</b> Check applicable type of propane operation: <input checked="" type="checkbox"/> Cylinder <input type="checkbox"/> Motor Fuel <input type="checkbox"/> Filling Plant <input type="checkbox"/> Cylinders		
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 (or an RSMP under Ontario's *Technical Standards and Safety Act*, Propane Storage and Handling Regulation.

<b>A</b> Company Name: <b>ESSO Tavistock (2398332 Ontario Inc.)</b> Operator Name (if different from above):		Ontario Corporation No. (if applicable):
Telephone No.: <b>781-310-8404</b> Fax No.: E-mail: <b>farzadmahmoud244@gmail.com</b>		
<b>B</b> Street No.: <b>244</b> Side/Name/RT1 Number/Address, if applicable: <b>Ahmadzya Ave.</b> Town / City or Township / County:    Province: <b>Ontario</b> Postal Code: <b>L9A 1A8</b>		
Mailing address (if different from above): <b>C</b> Street No.:    Street Name / RT1 Number / Address, if applicable: Town / City or Township / County:    Province:    Postal Code:		

<b>Information on Container Railing Centre or Filling Plant</b> Location of facility: <b>D</b> Street No.: <b>5</b> Street Name / RT1 Number / Address, if applicable: <b>Woodstock Street North</b> Nearest Major Intersection: <b>Hwy 58 and Perth Street Road</b> Town / City or Township / County: <b>Tavistock</b> Province: <b>Ontario</b> Postal Code: <b>N0B 2R0</b>		
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Name of Licence Holder: <b>ESSO Tavistock (2398332 Ontario Inc.)</b> Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): <b>Fazal Mahmood</b> Municipality (or municipalities if the facility or its hazard district touches multiple boundaries): <b>Township of East Zorra-Tavistock</b>		ROT type: <b>P11-100-01</b>
Hours of operation: <div style="background-color: black; width: 100%; height: 40px;"></div>		

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Name of Licence holder: <b>ESSO Tavistock (2398332 Ontario Inc.)</b> Name of Senior Management person as defined in the Regulation holding the Record of Training: <b>Fazal Mahmood</b>	Signature: Date (dd-mm-yyyy): <b>16-07-2017</b>
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**Level 1 Risk and Safety Management Plan (RSMP)**  
**Technical Standards and Safety Act**  
Propane Storage and Handling Regulation

**SECTION A: GENERAL INFORMATION (cont'd)**

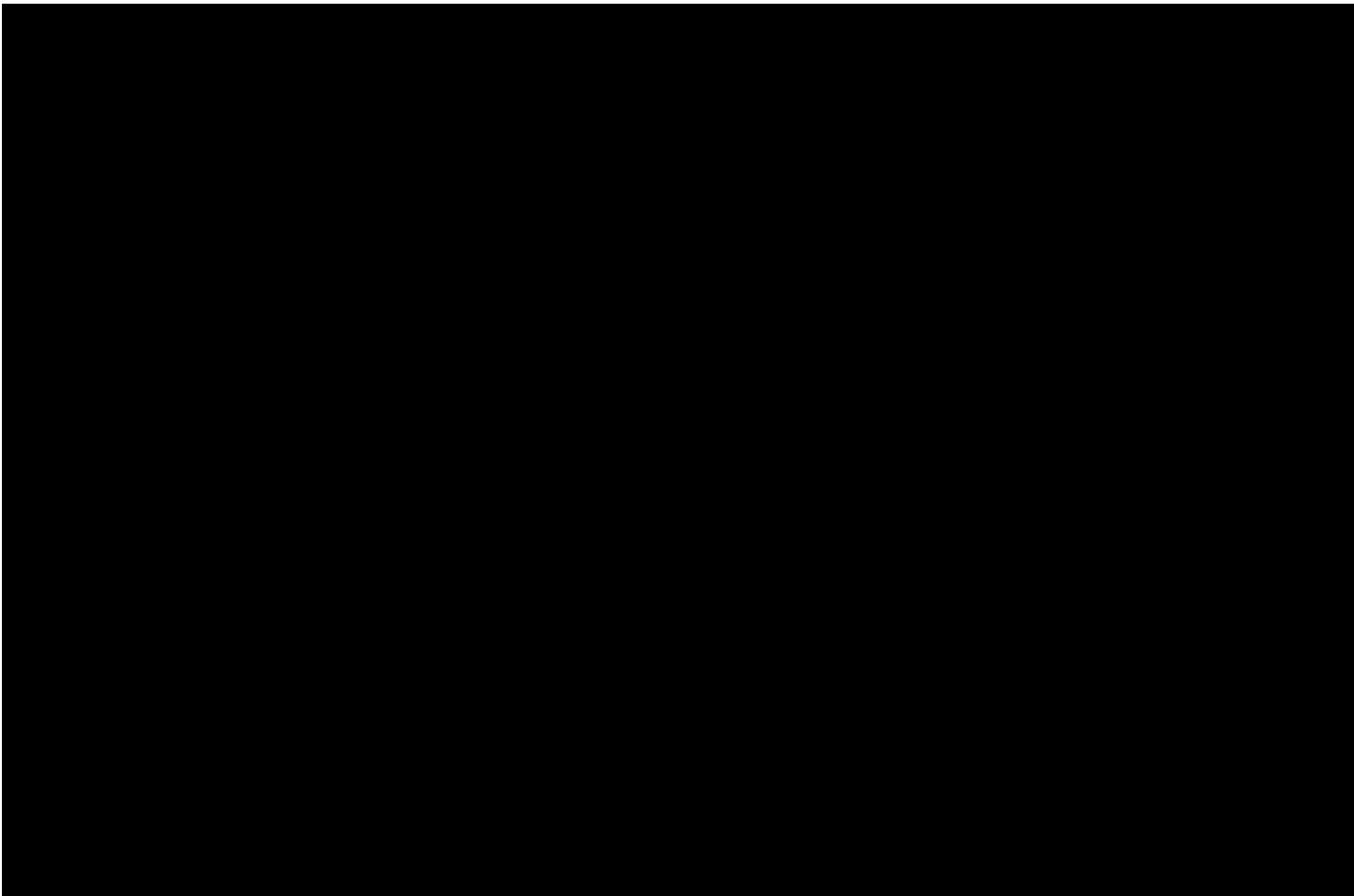
Indicate the year the facility was established.      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.  
unknown      unknown

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

	PSIG	Serial Number
Tank 1:	250	601417
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: 2,000uswg      Portable: 81.2 uswg      Mobile: 0



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Name of person completing this form (please print) Fazal Mahmood	Official Title Director	
Signature 	Telephone No. 416-318-8464	Date (dd-mm-yyyy) 07-03-2014



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

**SECTION A: GENERAL INFORMATION (cont'd)**

Activity Information

<b>Name of Propane Supplier(s)</b>			
Dowler-Karn Limited			
Street No.	Street Name / 911 Number / Address, if applicable		
43841	Talbot line		
Town / City or Township / Country		Province	Postal Code
St Thomas		Ontario	N5P 3S7
Telephone No.	Fax No.	Contact Name	
519-631-3810	519-631-4755	Ralph Harvey	
E-mail			
ralphharvey@dowlerkarn.com			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input type="checkbox"/>			
Dowler-Karn Limited - St Marys Branch			
Street No.	Street Name / 911 Number / Address, if applicable		
1714	Perth Road 163 RR1		
Town / City or Township / Country		Province	Postal Code
St Marys		ON	N4X 1C4
Telephone No.	Fax No.	Contact Name	
519-229-6300	519-229-6308	Neil Primeau	
E-mail			
neilprimeau@dowlerkarn.com			

<b>Off-site Cylinder and/or Mobile Storage</b>	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)	Official Title	
Fazal Mahmood	Director	
Signature	Telephone No.	Date (dd-mm-yyyy)
	416-318-8464	07-03-2014



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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.

3x 25,000 litre - regular unleaded gasoline - underground tanks / 4500L underground diesel

9,000 litre premium unleaded gasoline - underground tank

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

fire extinguishers - manually operated - see site map.

Emergency propane shutoff

Video surveillance of property

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.

Emergency propane shutoff switch installed per B-149 of Ontario gas code-allows for hydro shutoff at dispenser, closing a valve and stopping the flow of propane from the tank.

Fusible links on tank as described under B-149 of Ontario gas code - heat sensitive closure valve is activated with the main valve spring closes because the link breaks under heat, restricting the flow of gas/liquids.

Maintenance and testing schedule for fire protection controls and devices.

External fire extinguisher inspection yearly

Daily dispenser inspection

Annual inspection of tank and emergency shut-off system as per requirements under section B-149 of Ontario gas code. Copy left on site.

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	Date (dd-mm-yyyy) 07-03-2014



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**Level 1 Risk and Safety Management Plan (RSMP)**  
**Technical Standards and Safety Act**  
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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

1. Contacts for Emergency Response

<b>1. Facility Contact Personnel - Key Contact</b>		<b>5. Facility 24-Hour Contact Person</b>	
Name Fazal Mahmood	For Office Use - Party No.	Name Fazal Mahmood	For Office Use - Party No.
Official Title Director		Official Title Director	
Telephone No. 416-318-8464	Fax No.	Cell No. 416-318-8464	Fax No.
E-mail fazal244@hotmail.com		E-mail fazal244@hotmail.com	
Role and responsibilities in emergency Alert authorities / confirm evacuation of staff . Implement emergency response plan.		Role and responsibilities in emergency Alert authorities / confirm evacuation of staff . Implement emergency response plan.	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name Lea Anne Devouge	For Office Use - Party No.	Name Lea Anne Devouge	For Office Use - Party No.
Official Title Site Manager		Official Title Site Manager	
Telephone No. 519-404-1043	Fax No.	Telephone No. 519-404-1043	Fax No.
E-mail l_d46@rocketmail.com		E-mail l_d46@rocketmail.com	
Role and responsibilities in emergency Alert authorities / confirm evacuation of staff . Implement emergency response plan.		Role and responsibilities in emergency Alert authorities / confirm evacuation of staff . Implement emergency response plan.	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name Scott Alexander	For Office Use - Party No.	Name Neil Primeau	For Office Use - Party No.
Official Title Township Fire Chief	E-mail salexander@twp.ezt.on.ca	Official Title Branch Manager	E-mail neilprimeau@dowlerkarn.com
Telephone No. 519-462-2697	Fax No. 519-462-2961	Telephone No. 519-229-6300	Fax No. n/a
Role and responsibilities in emergency Lead and coordinate emergency services resources and response in the event of an emergency.		Role and responsibilities in emergency Address any concerns, alert support personnel as required, implement supplier erp. Participate in service requirements that may be necessary for re-starts.	
Fire Services Address Box 100, 90 Loveys Street Hickson ON N0J 1L0		Propane Supplier Address 43841 Talbot Line, St Thomas, ON. N5P 3S7	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name Paul Roth	For Office Use - Party No.	Name Jeff Carswell	For Office Use - Party No.
Official Title Station Chief - Tavistock	E-mail	Official Title CAO	
Telephone No. 519-801-0724	Fax No.	Telephone No. 519-462-2697	Fax No. 519-462-2961
Role and responsibilities in emergency Lead and coordinate emergency services resources and response in the event of an emergency.		E-mail jcarswell@twp.ezt.on.ca	
Fire Services Address 260 Woodstock St S Tavistock, ON N0B 2R0		Municipality Name and Address Township of East Zorra - Tavistock -Box 100, 90 Loveys Street Hickson ON N0J 1L0	

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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.  
 Facility meets all applicable codes and regulations.

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Propane Storage and Handling Regulation

**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) On or before 07-03-2014	Print Name of Training Provider: Inhouse
	Print Name of Instructor: Fazal Mahmood
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) On or before 07-03-2014	Print Name of Training Provider: Inhouse
	Print Name of Instructor: Fazal Mahmood
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) As required based on expiry date	Print Name of Training Provider: Dowler-Karn Limited
	Print Name of Instructor: Ralph Harvey or Neil Primeau-certified CPA instructors
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) Fazal Mahmood	Official Title Operator
Signature 	Telephone No. 416-318-8464
	Date (dd-mm-yyyy) 07-03-2014





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

**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) 07-03-2014	Print Name of Training Provider: Inhouse
	Print Name of Instructor: Fazal Mahmood
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) 07-03-2014	Print Name of Training Provider: Inhouse
	Print Name of Instructor: Fazal Mahmood
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) As required based on expiry date	Print Name of Training Provider: Dowler-Karn Limited
	Print Name of Instructor: Ralph Harvey or Neil Primeau -certified CPA instructors
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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**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).  
Emergency response coordinator is point person for executing the ERP. In the event of a confirmed emergency, verbal warnings and evacuation will occur on-site for all customers and employees to assemble at the designated evacuation site per the ERP. All other communications will be through the emergency response personnel once on-site. IN the absence of the EC, the backup or a designate will assume this role.

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).  
In the event that a warning has been issued, an evacuation will be undertaken and the emergency coordinator will attempt to activate emergency shutoff and hydro shutoffs if feasible and immediately contact 911 with pertinent information specific to the location and details of the emergency. All is noted in the ERP.

**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 a suspected leak, spill, fire or explosion, the emergency coordinator (or backup) is to call 911 once employees and customers have been ushered to safety and the evacuation point. All steps and details are listed in the ERP.

Describe provisions for fire department entry when there are no operations or staffing at the propane site.  
If equipment relevant to propane is accessible outside the building, including the emergency shutoff. The main hydro and fuel system shutoff is located inside the building (see site plan). Should access be required and personnel are not on site, then emergency service personnel will have to determine the best course of action to obtain entry.

Describe how the licence holder will ensure continual flow of updated information to authorities.  
Via phone or cell phone until such time as they arrive. Upon arrival, the EC will liaise with the Emergency services personnel to provide update. At that stage control will be given to the Fire Service to manage the emergency. In a proactive manner, Tavistock ESSO will provide site and contact information along with a copy of their ERP to the fire services when the RSMP is reviewed.

How long will it take the facility liaison person to respond to the site.  
Approx. 10 minutes, Lea Anne Devouge

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Name of person completing this form (please print) Fazal Mahmood	Official Title Operator	
Signature 	Telephone No. 416-318-8464	Date (dd-mm-yyyy) 07-03-2014



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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 type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> | <input 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>0 - hydrants onsite</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>n/a</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.

**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?      

If not, please explain (e.g., no fire services).

Fire Service previously provided signoff in December 2011. Updated plan and contact information: provided to chief

*(72013)*

Fire services comments, if any:

Previous report included. any new information is to be forwarded to the TSSA once received.

**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 Scott Alexander, Fire Chief		

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Name of person completing this form (please print) Fazal Mahmood	Official Title Director	
Signature <i>Fazal Mahmood</i>	Telephone No. 416-318-8464	Date (dd-mm-yyyy) 07-03-2014



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www.tssa.org

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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**

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) November 2011	Capacity of single largest propane storage vessel (USWG) 2,000 uswg
Tank setback coordinates. Indicate placement on the map.	
Front: 23m (facing Woodstock st)	Right side property line: 52m
Rear: 115m	Left side property line: 3.3m
GPS coordinates of single largest vessel: 43deg19'17.12"N / 80deg50'11.43"W	

**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) Fazal Mahmood	Official Title Director
Signature 	Telephone No. 416-318-8464
	Date (dd-mm-yyyy) 07-03-2014



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**SECTION C: SUBMISSIONS (cont'd)**

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

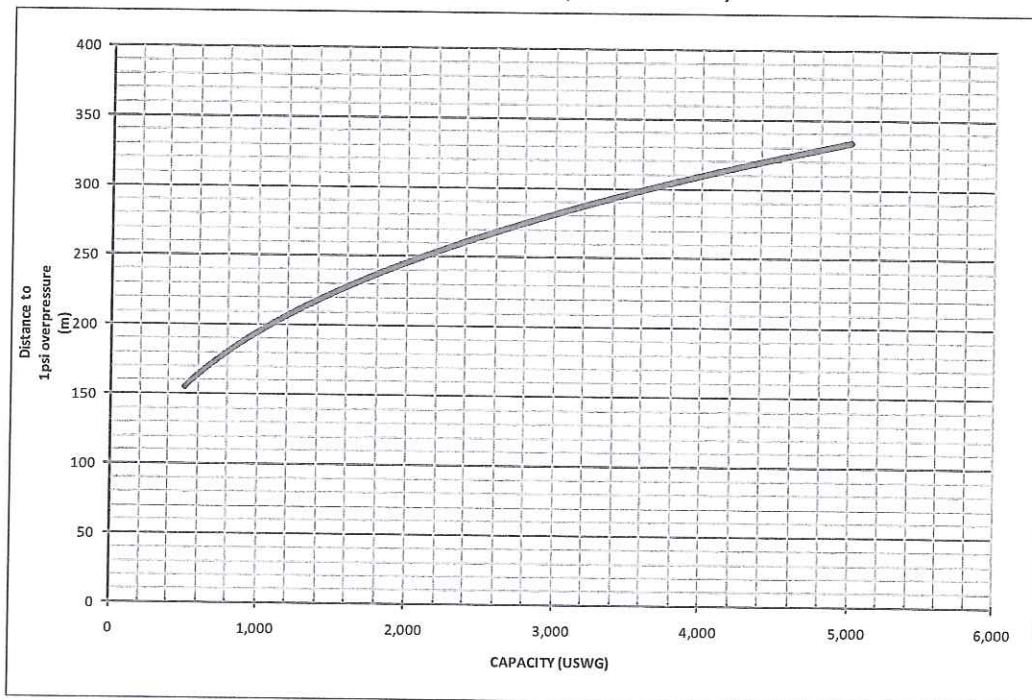
Table 1: Distance Table

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: <u>Schultz Automotive</u> Address: <u>27 Woodstock Street North</u> City: <u>Tavistock</u> Province <u>ON</u> Postal Code <u>N0B 2R0</u>			x		<u>32</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments [Redacted]				x	<u>43</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>Tim Horton's</u> Address: <u>21 Woodstock Street North</u> City: <u>Tavistock</u> Province <u>ON</u> Postal Code <u>N0B 2R0</u>				x	<u>28</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: <u>Tavistock Pub</u> Address: <u>32 Woodstock Street North</u> City: <u>Tavistock</u> Province <u>ON</u> Postal Code <u>N0B 2R0</u>		x			<u>62</u> m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: <u>Bonnie Brae Nursing home</u> Address: <u>55 Woodstock Street North</u> City: <u>Tavistock</u> Province <u>ON</u> Postal Code <u>N0B 2R0</u>		x			<u>90</u> 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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Name of person completing this form (please print) Fazal Mahmood	Official Title Director
Signature 	Telephone No. 416-318-8464
	Date (dd-mm-yyyy) 07-03-2014



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**WORKSHEET**

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	14	81.2
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			81.2

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
<b>Total Tank Capacity</b>		0

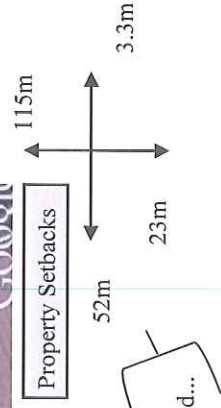
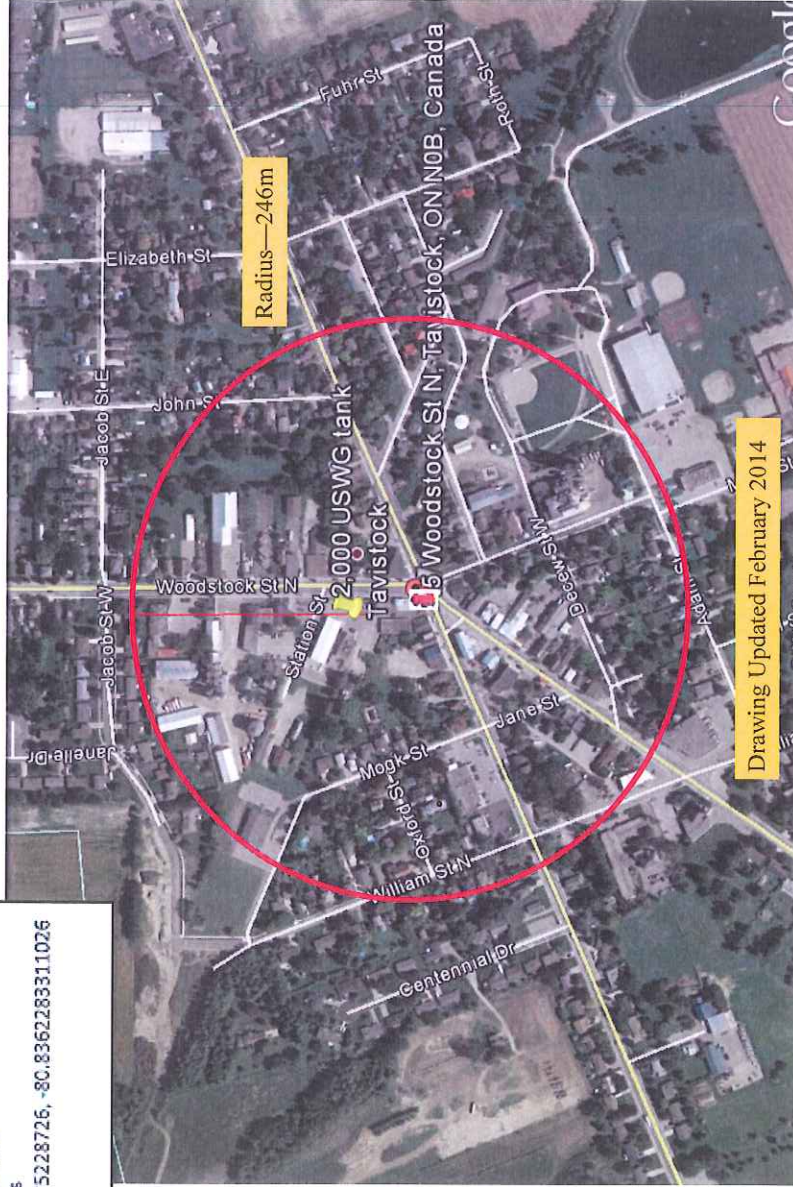
<b>Total Cylinder Capacity</b>	81.2
<b>Total Tank Capacity</b>	0
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	81.2



ESSO Tavistock  
5 Woodstock Street North, Tavistock, ON. N0B 2R0

County of Oxford, Town of Tavistock

Location: 5 Woodstock Street North, Tavistock  
2000 USWG vertical tank  
Radius: 246 Metres  
Latitude: 43.321075228726, -80.8362283311026  
Fire Hydrant



Property Setbacks

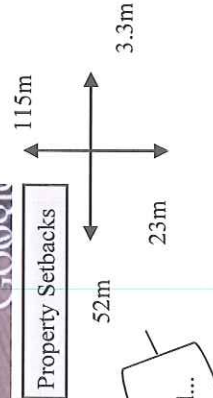
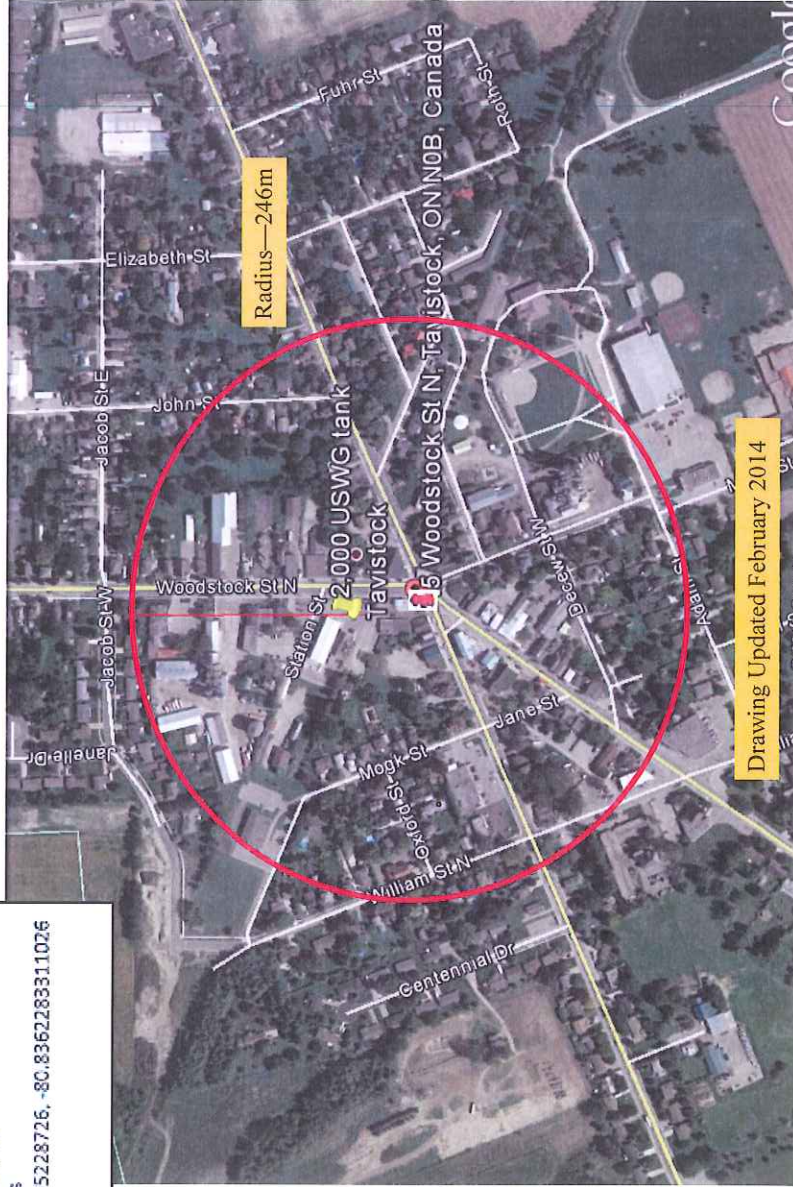
Please note: Property lines are depicted on site drawing attached...

MUNICIPAL CONTACT -  
Jeff Carswell, CAO: 519-462-2697  
jcarswell@twp.ezt.on.ca  
Box 100, 90 Loveys Street, Hickson, ON. N0J 1L0

ESSO Tavistock  
5 Woodstock Street North, Tavistock, ON. N0B 2R0

County of Oxford, Town of Tavistock

Location: 5 Woodstock Street North, Tavistock  
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