



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

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

This Level 1 RSMP applies to:

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

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

For Office Use Only

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

Corporation No.

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).

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

Hours of operation.

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Holiday:

\_\_\_\_\_ am \_\_\_\_\_ pm

\_\_\_\_\_ am \_\_\_\_\_ pm

\_\_\_\_\_ am \_\_\_\_\_ pm

\_\_\_\_\_ am \_\_\_\_\_ pm

\_\_\_\_\_ am \_\_\_\_\_ pm

\_\_\_\_\_ am \_\_\_\_\_ pm

\_\_\_\_\_ am \_\_\_\_\_ pm

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-mmm-yyyy)
Name of Licence Holder		
Name of Senior Management person as defined in the Regulation holding the Record of Training		

FORM #: FS-030-v4



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

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

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

PSIG

Serial Number

Tank 1: \_\_\_\_\_

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: \_\_\_\_\_ Portable: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Activity Information**

To protect the confidentiality of this information, it will be protected by the Technical Standards and Safety Authority (TSSA) and fire services as sensitive, competitive information under provincial and municipal privacy legislation.

Note: Newly built facilities are to complete this section with best available estimates.

Provide the following information for the most recent 12-month period.

Description	Months											
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Throughput (litres) .....												
Maximum No. of transfers (if applicable)												
Number of Deliveries received.....												
Number of Cylinder-fills.....												
Number of Motor-fills .....												

Provide the daily throughput on the ten highest throughput days of the past year and dates of occurrences.

Date of Occurrence (dd-mm-yyyy)	Throughput (litres)	Date of Occurrence (dd-mm-yyyy)	Throughput (litres)
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____	10. _____	_____

If throughput exceeds the fixed storage capacity of the site, provide an explanatory note as to the cause.

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

Activity Information

<b>Name of Propane Supplier(s)</b>		For Office Use - Party No.	
Street No.	Street Name Lot / Concession No.		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
Street No.	S Street Name/ 911 Number/Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			

<b>Off-site Cylinder and/or Mobile Storage</b>	Capacity stored off-site, in USWG	For Office Use - Party No.	
Street No.	Street Name Lot / Concession No.		
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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**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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Maintenance and testing schedule for fire protection controls and devices.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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	For Office Use - Party No.	Name	For Office Use - Party No.
Official Title		Official Title	
Telephone No.	Fax No.	Cell No.	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	
<b>2. Facility Contact Personnel - Alternate Contact</b>		<b>6. Name of Facility Manager</b>	
Name	For Office Use - Party No.	Name	For Office Use - Party No.
Official Title		Official Title	
Telephone No.	Fax No.	Telephone No.	Fax No.
E-mail		E-mail	
Role and responsibilities in emergency		Role and responsibilities in emergency	
<b>3. Local Fire Services - Key Contact</b>		<b>7. Propane Supplier Key Contact Person</b>	
Name	For Office Use - Party No.	Name	For Office Use - Party No.
Official Title	E-mail	Official Title	E-mail
Telephone No.	Fax No.	Telephone No.	Fax No.
Role and responsibilities in emergency		Role and responsibilities in emergency	
Fire Services Address		Propane Supplier Address	
<b>4. Local Fire Services - Alternate Contact</b>		<b>8. Municipal Contact</b>	
Name	For Office Use - Party No.	Name	For Office Use - Party No.
Official Title	E-mail	Official Title	
Telephone No.	Fax No.	Telephone No.	Fax No.
Role and responsibilities in emergency		E-mail	
Fire Services Address		Municipality Name and Address	

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



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

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

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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)	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:

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

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:

**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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**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:
	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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**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 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).

**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).

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

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

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

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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 type="checkbox"/>
2. Is there adequate night lighting at the site?	<input 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 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 type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input 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 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 type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input 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 type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input 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)	<input type="text"/>	
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)	<input type="text"/>	

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

The licence holder will complete Section B in consultation with the local Fire Services.

**8. Licence holder and local Fire Services Review**

**To be completed by the Local Fire Services**

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

**Yes**

☐

**No**

☐

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

Fire services comments, if any:


**To be completed by the Licence Holder**

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


The licence holder will respond to the Local Fire Services comments by: \_\_\_\_\_  
(dd-mmm-yyyy)

**LOCAL FIRE SERVICES**

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

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

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**SECTION C: SUBMISSIONS**

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

**Facility Site Plan.**

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

**Map of Surrounding Area.**

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "**Required Mapping Information from Updated Site Plan**" in table below .

**Required Mapping Information from Updated Site Plan**

Date map prepared (dd-mmm-yyyy)	Capacity of single largest propane storage vessel (USWG)
Tank setback coordinates. Indicate placement on the map.	
Front: _____	Right side property line: _____
Rear: _____	Left side property line: _____
GPS coordinates of single largest vessel: _____	

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

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

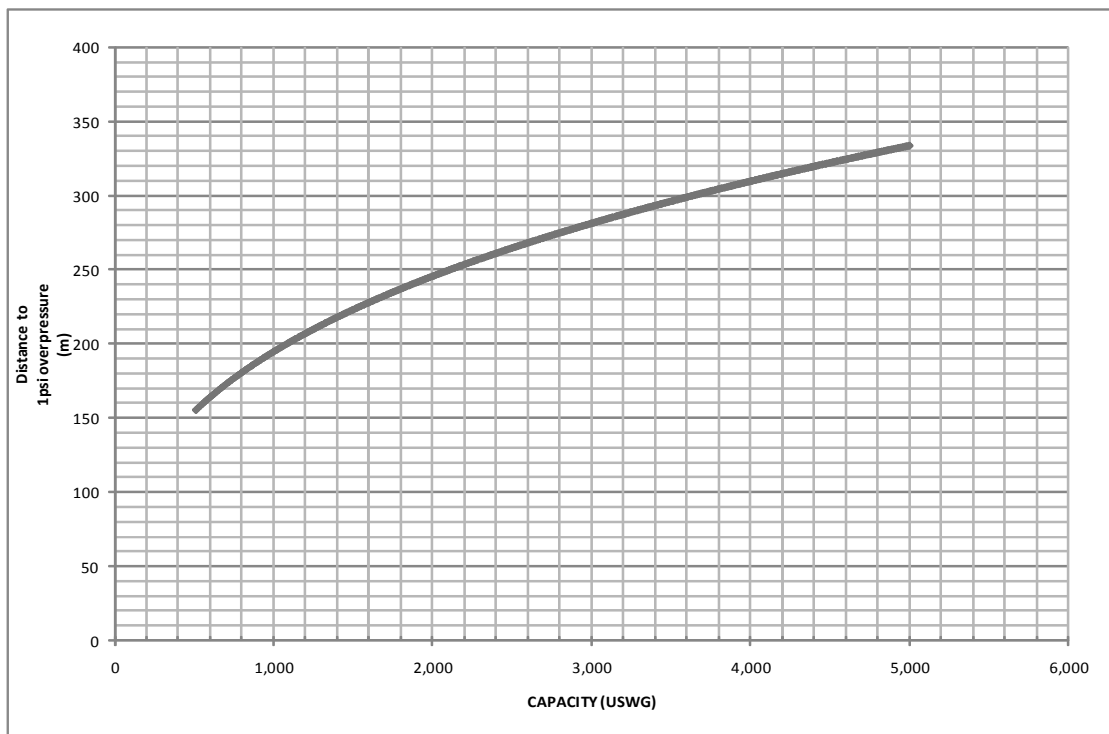
**Table 1: Distance Table**

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 _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ 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: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ 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".

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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		
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			

**Tanks Stored On-site Not Connected for Use**

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

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

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

**Note:**

The following fees are applicable only if there are changes to the most recent RSMP submission.

If this RSMP is for a new facility/License Holder Change, RSMP fees are charged as part of the initial application fee and the fees below do not apply.

If there are no changes to the RSMP, no RSMP fees are due.

**FEES**  
**(HST Registration No: 891131369)**

Select	Service	Fee Type	Fee	HST	Total (Including HST)	Total Fees Due
	<b>Risk Safety Management Plan (RSMP) -</b> Changes to RSMP from prior year's submission					
	<b>Bulk Plant &amp; Fill Sites - L1, &lt;5,000 Gallons</b> (includes review)	Flat*	\$ 232.00	\$ 30.16	\$ 262.16	
	<b>Expedited Services**</b>					
	<b>Expedited Engineering Services</b> (Additional charge to engineering review per site application)	Flat	\$ 581.00	\$ 75.53	\$ 656.53	

<b>Total Fees Due</b>				
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**1**

If paying by credit card, amount in Box 1 to be entered in TSSA Service Prepayment Portal

**All required fees must be prepaid for application to be processed. Fees are non-refundable.**  
**For payment options, see Payment Instructions**

\*Flat fees relating to engineering services or initial inspection may be subject to additional billing if engineering submissions are inadequate or require excessive engineering review/initial inspection time. Additional billing, if any, will be billed in 1/4 hour increments at the applicable hourly labour rate based on TSSA's posted fee schedule. All labour rates are per inspector or engineer.

**\*\*Expedited Services**

Expedited service fees are non-refundable

Expedited services places your application in an expedited service line.





Technical Standards and Safety Authority  
345 Carlingview Drive  
Toronto, Ontario M9W 6N9  
Customer Service: 1.877.682.8772  
Email: customerservices@tssa.org  
www.tssa.org

## PAYMENT INSTRUCTIONS

<b>TSSA use only</b> WO # _____	L # _____ CH # _____
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If paying by cheque, bank draft, money order, this form must accompany all applications submitted to TSSA. A separate payment form is required for each application. Please refer to our fee schedule posted on our website [www.tssa.org](http://www.tssa.org). HST Registration No: 891131369.

### Payment Options:

**Credit Card - Click link below**

**[TSSA Service Prepayment Portal](https://forms.tssa.org/Payments/Service-Prepayment-Portal)**

<https://forms.tssa.org/Payments/Service-Prepayment-Portal>

**Cheque, Bank Draft or Money Order (payable to Technical Standards and Safety Authority)**

Name of Applicant/Organization:

Telephone No:

Email Address:

Cheque/Bank Draft/Money Order #: \_\_\_\_\_

**Mail payment along with a copy of your application to:**

Attention: Accounts Receivable  
Technical Standards and Safety Authority  
345 Carlingview Drive  
Toronto, Ontario M9W 6N9

If a copy of the application is not submitted with your payment, this will delay the processing of the application.

Dishonored Payments: A \$35 administration fee will apply for each returned item