



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.

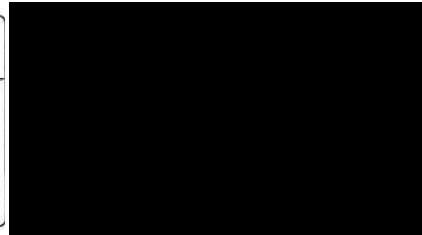
Failure to fully complete this form may result in rejection.
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number: 000076643133

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: ARNER STOP - GAS & FOOD Ontario Corporation No., if applicable: 1670103 ONTARIO INC.

Operator Name (if different from above): Mr. GABE SAAD

Telephone No.: 519-733-8886 Fax No.: 519-733-8988 E-mail: arner@live.ca

B Street No.: 1958 Street Name / 911 Number / Address, if applicable: County Road # 20, R.R. # 3

Town / City or Township / County: Kingsville Province: Ontario Postal Code: N9Y - 2E6

Mailing address if different from above.

C Street No.: 3714 Street Name / 911 Number / Address, if applicable: Howard Avenue

Town / City or Township / County: Windsor Province: Ontario Postal Code: N9E - 3N7

Information on Container Refill Centre or Filling Plant

D Location of facility.

Street No.: 1958 Street Name / 911 Number / Address, if applicable: County Road # 20 Nearest Major Intersection: County Road # 23

Town / City or Township / County: Kingsville Province: Ontario Postal Code: N9Y - 2E6

Name of Licence Holder: Mr. Gabe Saad

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): Mr. Gabe Saad ROT type: Propane Pump Attendant 100 - 01

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): Kingsville, Ontario / Borders Essex Ontario

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: <u>GABE SAAD</u>		<u>22 / 08 / 2011</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training: <u>GABE SAAD</u>		<u># 81870 29 / 04 / 2013</u>



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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.

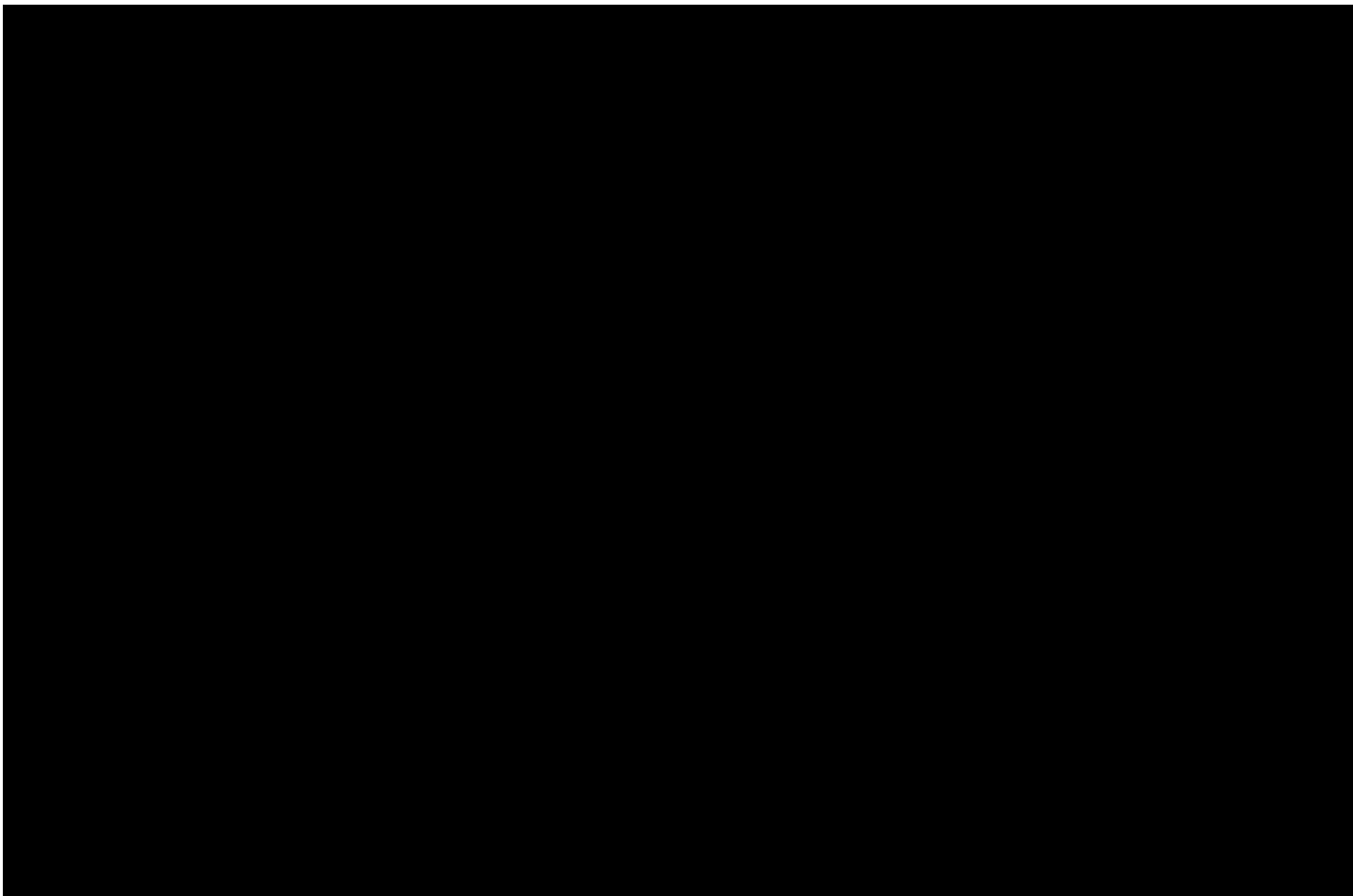
2005 2008 New Installation

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


	PSIG	Serial Number
Tank1:	<u>1000 USWG</u>	<u>914 - 98</u>
Tank2:	<u>0</u>	<u>0</u>
Tank3:	<u>0</u>	<u>0</u>

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

Fixed: 1000 USWG Portable: 0 Mobile: 0



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Name of person completing this form (please print) <u>GABE SAAD</u>		Official Title <u>OWNER</u>
Signature 		Telephone No. <u>519-733-8886</u>
		Date (dd-mm-yyyy) <u>22 / 08 / 2011</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) AABCO PROPANE INC.			
Street No. 5475	Street Name / 911 Number / Address, if applicable DiCocco Court, P.O. Box 41		
Town / City or Township / Country Oldcastle		Province Ontario	Postal Code N0R - 1L0
Telephone No. 519-737-9635	Fax No. 519-737-9137	Contact Name Paul Lauzon	
E-mail p.lauzon@aabcopropane.com			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>			
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 0	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		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.

Flammable Liquid Diesel - 5000 gallon tank

Unleaded gasoline (underground) - 20,000 gallon tank

NOTE: There is a natural gas transfer area - located on west side of County Road #23 - 30 m from building and 50 m from propane site.

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

Portable Fire Extinguishers - ABC - located inside Convenience Store, at gasoline pumps, and at propane site.

Fire Suppression Equipment - Class "K" - located over cooking area in kitchen.

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 System - located inside building.

Surveillance System Plan - cameras to be installed at later date (around exterior of building)

Maintenance and testing schedule for fire protection controls and devices.

Portable Fire Extinguishers - inspected annually (third party inspection)

Fire Suppression Equipment - inspected bi-annually (third party inspection)

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

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact

Name GABE SAAD	For Office Use - Party No.
Official Title OWNER	
Telephone No. 519-733-8886	Fax No. 519-733-8886
E-mail arner@live.ca	
Role and responsibilities in emergency Emergency Response Liaison / Advisor	

5. Facility 24-Hour Contact Person

Name GABE SAAD	For Office Use - Party No.
Official Title OWNER	
Cell No. 519-324-8868	Fax No. 519-733-8886
E-mail arner@live.ca	
Role and responsibilities in emergency Emergency Response Liaison / Advisor	

2. Facility Contact Personnel - Alternate Contact

Name JOHN SAAD	For Office Use - Party No.
Official Title EMPLOYEE	
Telephone No. 519-962-2542 (home)	Fax No. None
E-mail None	
Role and responsibilities in emergency Advisor	

6. Name of Facility Manager

Name GABE SAAD	For Office Use - Party No.
Official Title OWNER	
Telephone No. 519-733-8988	Fax No. 519-733-8886
E-mail arner@live.ca	
Role and responsibilities in emergency Emergency Response Liaison / Advisor	

3. Local Fire Services - Key Contact

Name ROBERT KISSNER JR.	For Office Use - Party No.
Official Title Fire Chief	
Telephone No. 519-733-2314	Fax No. 519-733-2399
E-mail blissner@kingsville.ca	
Role and responsibilities in emergency Incident Command, Mitigate, Delegate, Suppression, Prevention	

7. Propane Supplier Key Contact Person

Name ANDY BURTON	For Office Use - Party No.
Official Title Owner / Operator	
Telephone No. 519-737-9635	Fax No. 519-737-9137
E-mail a.burton@aabcopropane.com	
Role and responsibilities in emergency Supplier	

4. Local Fire Services - Alternate Contact

Name JEFF DEAN	For Office Use - Party No.
Official Title Assistant Fire Chief	
Telephone No. 519-733-2314	Fax No. 519-733-2399
E-mail jdean@kingsville.ca	
Role and responsibilities in emergency Alternate Incident Command, Mitigation, Prevention.	

8. Municipal Contact

Name RUTH ORTON-PERT	
Official Title Director of Corporate Services / Clerk	
Telephone No. 519-733-2305	Fax No. 519-733-8108
E-mail rorton-pert@kingsville.ca	
Municipality Corporation of The Town of Kingsville	

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2. Additional Safety Measures

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

Minimum Standards at this time.

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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) 25 - 08 - 2011	Print Name of Training Provider: Arner Stop Emergency Action Plan
	Print Name of Instructor: Gabe Saad
Training Date (dd-mm-yyyy) 0	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy) 0	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) 25 - 08 - 2011	Print Name of Training Provider: Arner Stop Emergency Action Plan
	Print Name of Instructor: Gabe Saad
Training Date (dd-mm-yyyy) 0	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy) 0	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) 02 - 10 - 2008	Print Name of Training Provider: Aabco Propane Inc.
	Print Name of Instructor: Andy Burton
Training Date (dd-mm-yyyy) 0	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy) 0	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) 09 - 01 - 2012	Print Name of Training Provider: Emergency Response Plan
	Print Name of Instructor: Gabe Saad
Target Date (dd-mm-yyyy) 0	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy) 0	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) 09 - 01 - 2012	Print Name of Training Provider: Emergency Response Plan
	Print Name of Instructor: Gabe Saad
Target Date (dd-mm-yyyy) 0	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy) 0	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) 17 - 09 - 2011	Print Name of Training Provider: Aabco Propane Inc
	Print Name of Instructor: Andy Burton
Target Date (dd-mm-yyyy) 0	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy) 0	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).

Trained personnel operating the propane station will sound the "Air-Horn" and will call "911" to activate Emergency Responders.

Staff and general public on site will be given verbal communication to evacuate the area if needed.

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 licence holder will dial "911" and meet emergency responders at a specified area to be determined by emergency responders.

Consideration will be given to the parking lot, north of the facility, as a "safe zone".

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).

Once an emergency is identified (during business hours), the licence holder will immediately dial "911".

There are no early warning signals. For an emergency (after hours), licence holder will have to rely on the general public to alert emergency responders.

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

Fire Department access to this site is off County Road # 20. Entrance is on north side of road.

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

Licence holder will be on site and available to Incident Command / Emergency Responders during business hours and after hours as needed.

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

After hours, licence holder will be on site within 15 minutes of call from emergency responders.

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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 type="checkbox"/>	<input checked="" 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>60 m</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>None</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

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

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

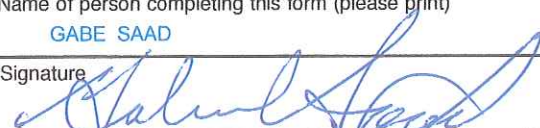
The licence holder will respond to the Local Fire Services comments by: _____ (dd-mm-yyyy)

LOCAL FIRE SERVICES

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

Print name ROBERT KISSNER Local Fire Services Name	Signature 	Date (dd-mm-yyyy) 25-10-11
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Signature 	<table border="0"> <tr> <td style="width: 50%;">Telephone No.</td> <td style="width: 50%;">Date (dd-mm-yyyy)</td> </tr> <tr> <td style="text-align: center;">519-733-8886</td> <td style="text-align: center;">22 / 08 / 2011</td> </tr> </table>	Telephone No.	Date (dd-mm-yyyy)	519-733-8886	22 / 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) 26 - 08 - 2011	Capacity of single largest propane storage vessel (USWG) 1000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: <u>12.2 m</u>	Right side property line: <u>15.8 m</u>
Rear: <u>46.1 m</u>	Left side property line: <u>9.0 m</u>
GPS coordinates of single largest vessel: <u>82° 49' 23.40" W</u> <u>42° 1' 55.36" N</u>	

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SECTION C: SUBMISSIONS (cont'd)

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

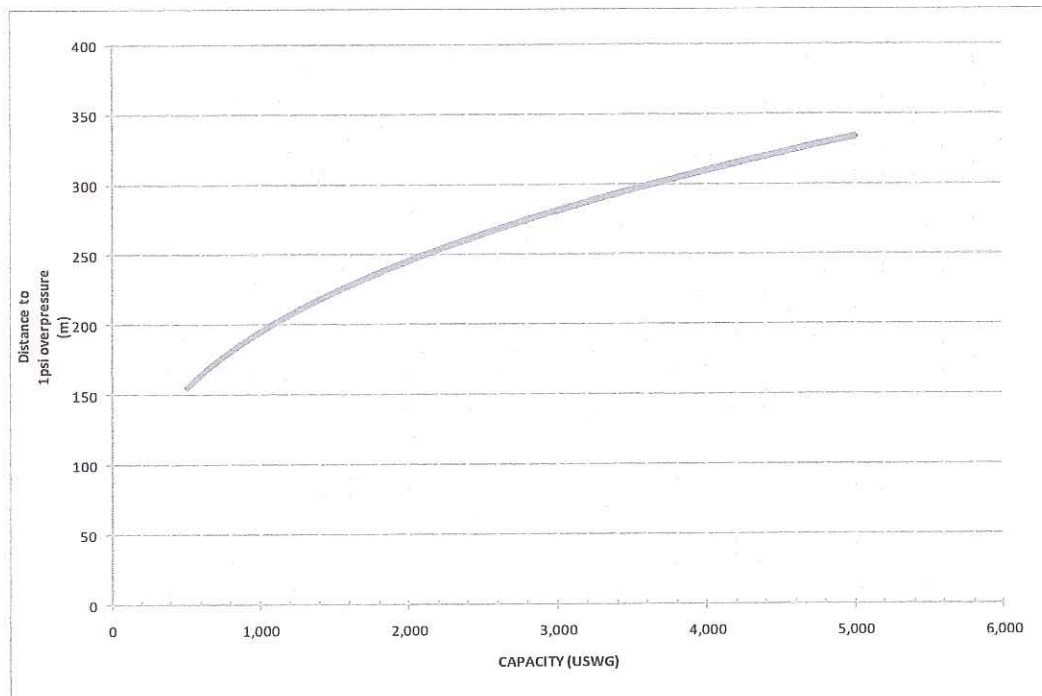
Table 1: Distance Table

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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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: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				0 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [REDACTED]			X		70.1 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				0 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				0 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				0 m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				0 m

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

Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Name of person completing this form (please print) GABE SAAD	Official Title OWNER
Signature 	Telephone No. 519-733-8886
	Date (dd-mm-yyyy) 22 / 08 / 2011



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)
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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	0
# 100	29.5	0	0
# 40	11.75	0	0
# 33.3	9.62	0	0
# 30	8.8	0	0
# 20	5.8	0	0
# 10	2.9	0	0
# 5	1.5	0	0
Total Cylinder Capacity		0	

Tanks Stored On-site Not Connected for Use

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

Total Cylinder Capacity	0
Total Tank Capacity	0
Total Portable Capacity	0

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) GABE SAAD		Official Title OWNER	
Signature 		Telephone No. 519-733-8886	Date (dd-mm-yyyy) 22 / 08 / 2011

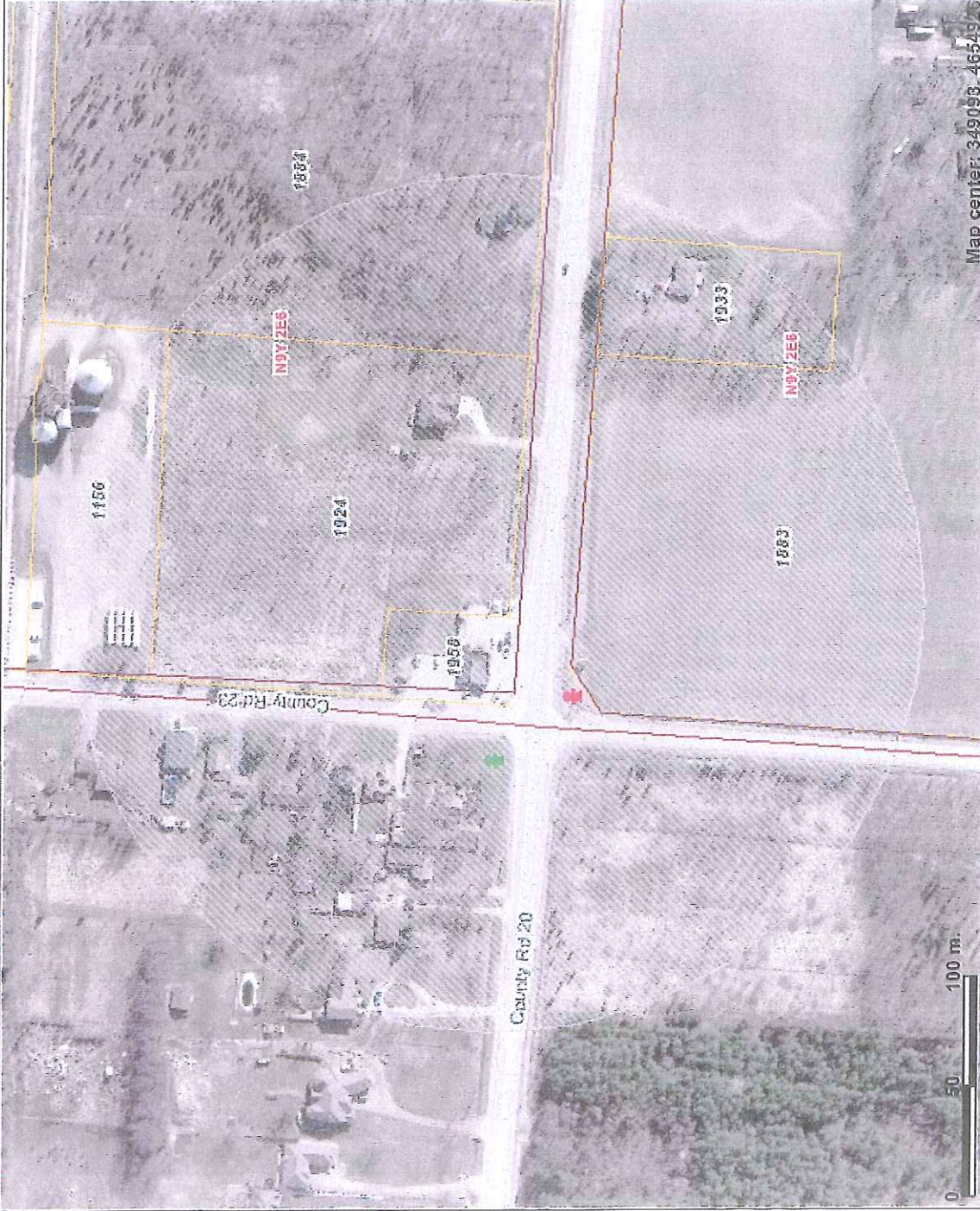
ARNER STOP – GAS & FOOD

RSMP – LEVEL 1 PLAN

AUGUST 2011



Hazard Distance 195m



Map center: 349093, 4654926



Legend

- Postal Codes
- Hydrants
 - BLUE
 - GREEN
 - ORANGE
 - OTHERS
 - RED
- Municipal Boundary
- Streets
- Kingsville Assessment

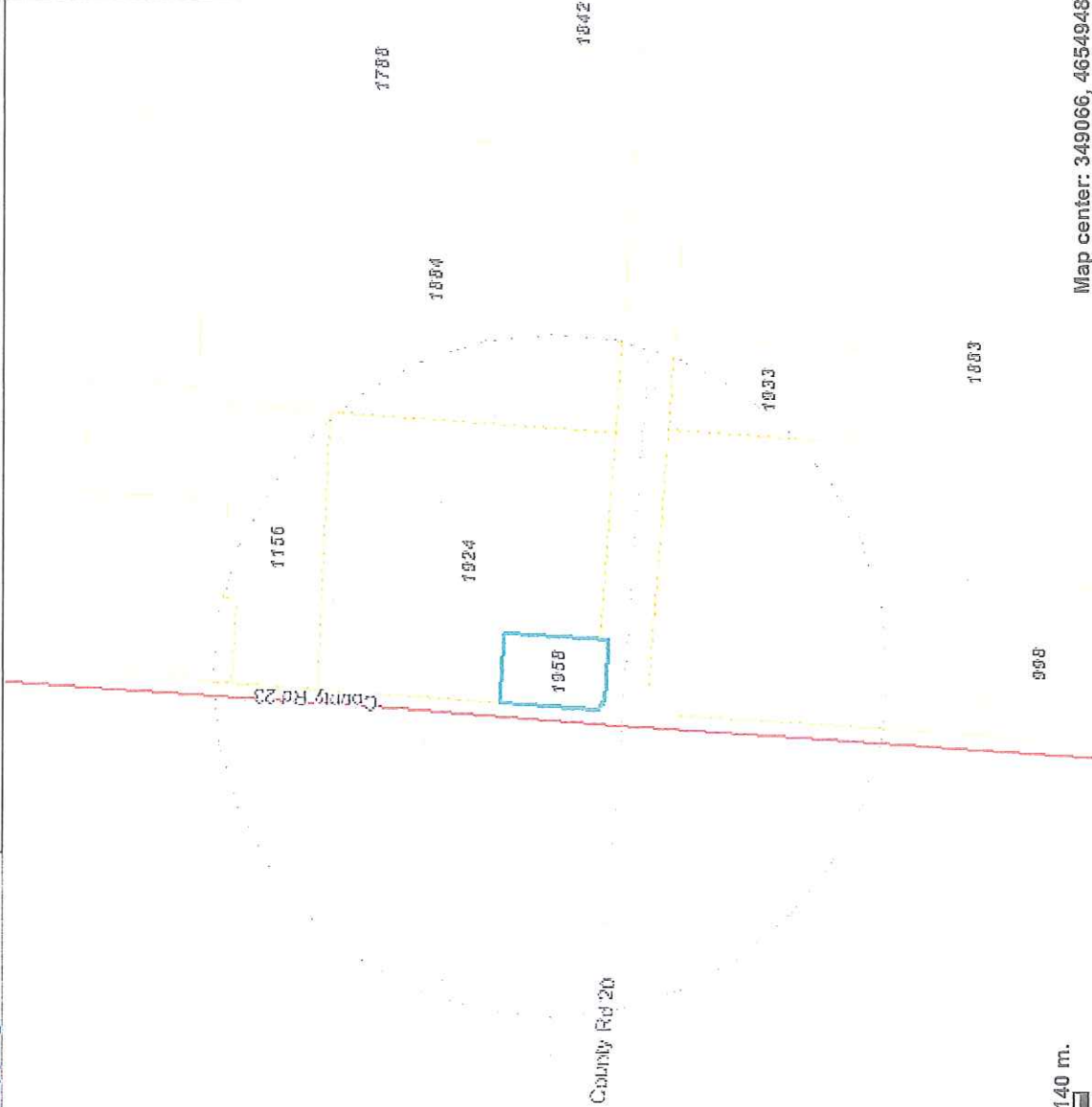


Scale: 1:2,761

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Hazard Distance 195 m



Map center: 349066, 4654948

Scale: 1:3,887



- Legend**
- Municipal Boundary
 - Streets
 - Kingsville Assessment
 - Water



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EXISTING RESIDENTIAL HOUSE

EXISTING UNDEVELOPED PROPERTY

HIGHWAY #18

AREA 'B'

PROPOSED LOCATION OF NEW 1000 GALLON HORIZ. PROPANE TANK

REFER TO DWG. M08-173-2 FOR ENLARGED PLAN INDICATING THE NEW TANK LOCATION

EX. PAVED AREA

UNDERGROUND TANK FILL COVER

EXISTING PROPERTY LINE

EXISTING AGRICULTURAL

EX. PAVED AREA

CB

ARNER TOWN LINE

AREA 'D'

FUEL PUMP ISLAND

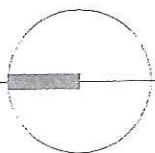
R300'-0"

EXISTING AGRICULTURAL

EXISTING RESIDENTIAL HOUSES

PARTIAL SITE PLAN

SCALE : 1" = 100'-0"



Hazard Distance 195m



0 100 m

Map center: 349053, -46549



Legend

- Postal Codes
- Hydrants
 - BLUE
 - GREEN
 - ORANGE
 - OTHERS
 - RED
- Municipal Boundary
- Streets
- Kingsville Assessment



Scale: 1:2,761

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