

# Plan Summary Preview

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## Company Details

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Company Legal Name

Hammond Manufacturing Co Ltd.

Company Address

394 Edinburgh Road North, Guelph (Ontario)

## Report Details

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NPRI ID

11602

Facility Name

Edinburgh Road

Facility Address

394 Edinburgh Road North, Guelph (Ontario)

Update Comments

## Activities

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## Contacts

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Select the Facility Contacts

### Facility Contacts

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Please assign the appropriate contact under each category below.

Public Contact: \*

Jennifer Holmes

Highest Ranking Employee

Rob Hammond

Person responsible for Toxic Substance Reduction Plan preparation

Jennifer Holmes

## Organization Validation

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## Company and Parent Company Information

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### Company Details

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Company Legal Name: \*

Company Trade Name: \*

Business Number: \*

### Mailing Address

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Delivery Mode

PO Box

Rural Route Number

Address Line 1

City \*

Province/Territory \*\*

Postal Code: \*\*

### Physical Address

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Address Line 1

City

Province/Territory \*\*

Postal Code \*\*

Additional Information

Land Survey Description

National Topographical Description

### Parent Companies

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Empty

## Facility Validation

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The information in this section was copied from the Single Window Information Manager (SWIM) at the time the plan summary was created. Please verify the information and update it where required. Please note that any changes made here will only be reflected in this plan summary. To ensure updates reflected in future reports, please ensure the information is updated in SWIM. After making updates in SWIM, return here and click the "Refresh" button to trigger a reload of the SWIM information. Please note all previously entered data will be modified.

## Facility Information

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Facility Name: *	<input type="text" value="Edinburgh Road"/>
NAICS Code: *	<input type="text" value="335315"/>
NPRI Id: *	<input type="text" value="11602"/>
ON Reg 127/01 Id	<input type="text"/>

## Facility Mailing Address

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Delivery Mode	<input type="text" value="General Delivery"/>
PO Box	<input type="text"/>
Rural Route Number	<input type="text"/>
Address Line 1	<input type="text" value="394 Edinburgh Road North"/>
City *	<input type="text" value="Guelph"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="N1H1E5"/>

## Physical Address

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Address Line 1	<input type="text" value="394 Edinburgh Road North"/>
City	<input type="text" value="Guelph"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code **	<input type="text" value="N1H1E5"/>
Additional Information	<input type="text"/>

Land Survey Description

National Topographical Description

## Geographical Address

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Latitude \*\*

Longitude \*\*

UTM Zone \*\*

UTM Easting \*\*

UTM Northing \*\*

## Contact Validation

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## Contacts

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### Public Contact

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First Name: \*

Last Name: \*

Position: \*

Telephone: \*

Ext

Fax

Email: \*

### Highest Ranking Employee

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First Name: \*

Last Name: \*

Hammond

Position: \*

President

Telephone: \*

5198222960

Ext

1101

Fax

5198227799

Email: \*

rhammond@hammfg.com

## Person responsible for the Toxic Substance Reduction Plan preparation

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First Name: \*

Jennifer

Last Name: \*

Holmes

Position: \*

HSE Manager

Telephone: \*

5198222960

Ext

1171

Fax

5198227799

Email: \*

jholmes@hammfg.com

## Employees

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### Employees

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Number of Full-time Employees: \*

390

## Copy of Certifications of Plan

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Copy of Certifications of Plan

### Upload Document

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A copy of the certification statement(s) from the Highest Ranking Employee and the Licensed Planner(s), for the Toxic Substance Reduction Plan for which the Plan Summary is being submitted are required. Please upload a single document containing all certifications.

Do not upload any certification statements that are dated after December 31. If this applies, click "?" (Help) for more information.

Comments

Website address where the Plan Summary is posted for the public

**File Name**

**Date**

## Plan Summary Submission

### Electronic Submission

Company Name

Facility Name

Report Submitted By (authorized delegate)

I, the authorized delegate, acknowledge that by pressing the "Continue" button, I am electronically submitting the facility TRA Plan Summary for the identified facility.

### Substances

#### NA - 05, Cobalt (and its compounds)

NA - 05, Cobalt (and its compounds)

### Substances Section Data

### Statement of Intent

Are the following included in the Facility's TRA Plan?

### Use

Is there a statement that the owner or operator of the facility intends to reduce the use of the toxic substance at the facility?: \*

If 'yes', exact statement of the intent that is included in the facility's TRA Plan to reduce the use of the toxic substance at the facility: \*\*

If 'no', reason in the facility's TRA Plan for no intent to reduce the use of the toxic substance at the facility: \*\*

## Creation

Is there a statement that the owner or operator of the facility intends to reduce the creation of the toxic substance at the facility?: \*

No

If 'yes', exact statement of the intent that is included in the facility's TRA Plan to reduce the creation of the toxic substance at the facility: \*\*

If 'no', reason in the facility's TRA Plan for no intent to reduce the creation of the toxic substance at the facility: \*\*

We do not create cobalt

## Objectives, Targets and Description

### Objectives

Objectives in plan: \*

Hammond plans on focusing on training to improve efficient use of stainless steel.

### Use Targets

What is the targeted reduction in use of the toxic substance at the facility? \*

No quantity target

Quantity

Unit

or

What is the targeted timeframe for this reduction? \*

No timeline target

years

or

Description of targets

### Creation Targets

What is the targeted reduction in creation of the toxic substance at the

facility? \*

No quantity target

Quantity

Unit

or



What is the targeted timeframe for this reduction? \*

No timeline target

years

or

Description of Target

## Reasons for Use

Why is the toxic substance used at the facility?: \*

Other

Summarize why the toxic substance is used at the facility: \*\*

It is a component of stainless steel

## Reasons for Creation

Why is the toxic substance created at the facility?: \*

This substance is not created at the facility

Summarize why the toxic substance is created at the facility: \*\*

## Toxic Reduction Options for Implementation

### Description of the toxic reduction option(s) to be implemented

Is there a statement that no option will be implemented?: \*

No, we are implementing

If you answered "No" to this question, please add the option(s) under the appropriate Toxic Substance Reduction Categories (e.g. Materials or feedstock substitution, Product design or reformulation, etc.).

If you answered "Yes" please select the appropriate reason(s) in the picklist below for why no option was implemented for this substance at your facility. You may choose to provide an explanation in the text box that is beneath the picklist.



**Materials or feedstock substitution**

Empty

**Product design or reformulation**

Empty

**Equipment or process modifications**

Empty

**Spill or leak prevention**

Empty

**On-site reuse, recycling or recovery**

Empty

**Improved inventory management or purchasing techniques**

Empty

**Good operator practice or training**

**Other**

**Which activities will be undertaken to implement these reduction options?**

Which activities will be undertaken to implement these reduction options?: \*

Other

Describe the option: \*

Training operators to use their equipment in a more efficient manner

**Estimates**

N/A	kg	%
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Estimate of the amount by which the **use** of the toxic substance at the facility will be reduced as a result of implementing the option:

<input checked="" type="checkbox"/>		
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Estimate of the amount by which the **creation** of the toxic substance at the facility will be reduced as a result of implementing the option:

<input checked="" type="checkbox"/>		
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Estimate of the amount by which the toxic substance **contained in the product** leaving the facility will be reduced as a result of implementing the option:

<input checked="" type="checkbox"/>		
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Estimate of the amount by which the total <strong>releases to air</strong> of the toxic substance at the facility will be reduced as a result of implementing the option:

Estimate of the amount by which the total <strong>releases to water</strong> of the toxic substance at the facility will be reduced as a result of implementing the option:

Estimate of the amount by which the total <strong>releases to land</strong> of the toxic substance at the facility will be reduced as a result of implementing the option:

Estimate of the amount by which the <strong>disposals on-site</strong> (including tailing and waste rock) of the toxic substance at the facility will be reduced as a result on implementing this option:

Estimate of the amount by which the <strong>disposals off-site</strong> of the toxic substance at the facility will be reduced as a result on implementing this option:

Estimate of the amount by which total <strong>recycling off-site</strong> of the toxic substance at the facility will be reduced as a result on implementing this option:

## Timelines

**N/A** **years**

Anticipated timelines for achieving the estimated reduction of the <strong>use</strong> of the toxic substance:

Anticipated timelines for achieving the estimated reduction of the <strong>creation</strong> of the toxic substance:

Identify at least one reason why no option to reduce the use or creation of this substance was implemented at your facility:

Select the applicable reason or reasons \*\*

Explanation of the reasons why no option will be implemented

Rationale for why the listed options were chosen for implementation

Hammond believes when operators are fully trained less mistakes are made and therefore less scrap, fume and dust are created.

General description of any actions undertaken by the owner and operator of the facility to reduce the use and creation of the toxic substance at the facility that are outside of the plan

License Number of the toxic substance reduction planner who made recommendations in the toxic substance reduction plan for this substance (format TSRPXXXX): \*

TSRP0044

Name of the toxic substance reduction planner who made recommendations in the toxic substance reduction plan for this substance (First Name Last Name)

Jennifer Holmes

License Number of the toxic substance reduction planner who has certified the toxic substance reduction plan for this substance (format TSRPXXXX): \*

TSRP0044

Name of the toxic substance reduction planner who has certified the toxic substance reduction plan for this substance (First Name Last Name)

Jennifer Holmes

What version of the plan is this summary based on?: \*

New Plan