



# National Pollutant Release Inventory (NPRI) and Partners



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SWIM > 2017 > Hammond Manufacturing Co Ltd. > Wilbert > Report Preview

\* indicates a required field, \*\* indicates a conditionally required field

## Plan Summary Preview

### Company Details

Company Legal Name

Hammond Manufacturing Co Ltd.

Company Address

394 Edinburgh Road North, Guelph (Ontario)

### Report Details

NPRI ID

29957

Facility Name

Wilbert

Facility Address

55 Wilbert Street, Guelph (Ontario)

Update Comments

### Activities

#### Contacts

Select the Facility Contacts

#### Facility Contacts

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

#### Company and Parent Company Information

#### Company Details

Company Legal Name: \*

Hammond Manufacturing Co Ltd.

Company Trade Name: \*

Hammond Manufacturing Co Ltd.

Business Number: \*

102260528

#### Mailing Address

Delivery Mode

General Delivery

PO Box

Rural Route Number

Address Line 1

394 Edinburgh Road North

City \*

Guelph

Province/Territory \*\*

Ontario

Postal Code: \*\*

N1H1E5

### Physical Address

Address Line 1

55 Wilbert Street

City

Guelph

Province/Territory \*\*

Ontario

Postal Code \*\*

N1H1E5

Additional Information

Land Survey Description

National Topographical Description

### Parent Companies

#### Hammond Manufacturing Co Ltd

Company Legal Name: \*

Hammond Manufacturing Co Ltd

Percentage owned: \*

100%

Business Number: \*\*

10226052

### Mailing Address

Delivery Mode

General Delivery

PO Box

Rural Route Number

Address Line 1

394 Edinburgh Rd North

City \*

Guelph

Province/Territory \*\*

Ontario

Postal Code: \*\*

N1H 1E%

Country \*

Canada

### Physical Address

Address Line 1

55 Wilbert ST

City

Guelph

Province/Territory \*\*

Ontario

Postal Code \*\*

N1K 0A4

Country

Canada

Additional Information

Land Survey Description

National Topographical Description

### Facility Validation

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

Facility Name: \*

Wilbert

NAICS Code: \*

335315

NPRI Id: \*

29957

ON Reg 127/01 Id

## Facility Mailing Address

Delivery Mode

General Delivery

PO Box

Rural Route Number

Address Line 1

55 Wilbert Street

City \*

Guelph

Province/Territory \*\*

Ontario

Postal Code: \*\*

N1K0A4

## Physical Address

Address Line 1

55 Wilbert Street

City

Guelph

Province/Territory \*\*

Ontario

Postal Code \*\*

N1K0A4

Additional Information

Land Survey Description

National Topographical Description

## NPRI Facility Location

Latitude (decimal degrees) \*

43.54500

Longitude (decimal degrees) \*

-80.31500

UTM Zone

UTM Easting

UTM Northing

## Contact Validation

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.

## Contacts

### Public Contact

First Name: \*

Jennifer

Last Name: \*

Holmes

Position: \*

HSE Manager

Telephone: \*

5198222960

Ext

1171

Fax

5198227799

Email: \*

jholmes@hammfg.com

### Highest Ranking Employee

First Name: \*

Rob

Last Name: \*

Hammond

Position: \*

President

Telephone: \*

5198222960

Ext

1101

Fax

5198227799

Email: \*

rhammond@hammfg.com

### Person responsible for the Toxic Substance Reduction Plan preparation

First Name: \*

Jennifer

Last Name: \*

Holmes

Position: \*

HSE Manager

Telephone: \*

5198222960

Ext

1171

Fax

5198227799

Email: \*

jholmes@hammfg.com

## Employees

### Employees

Number of Full-time Employees: \*

109

## Copy of Certifications of Plan

Copy of Certifications of Plan

### Upload Document

**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

www.hammfg.com

File Name \*

sign offs for 2017 Wilbert submission.pdf

Date \*

01/11/2018 1:51:09 PM

## Plan Summary Submission

### Electronic Submission

Company Name

Hammond Manufacturing Co Ltd.

Facility Name

Wilbert

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 - 09, Manganese (and its compounds)

NA - 09, Manganese (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?: \*

No

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: \*\*

We are continuing to improve our training, material utilization and look for innovative process changes as we have always been doing

##### 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 any of the substance

#### Objectives, Targets and Description

##### Objectives

Objectives in plan: \*

increase efficiencies though new equipment, training, improved recycling, better maintenance on existing equipment.

##### Use Targets

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

No quantity target	or	Quantity	Unit
<input checked="" type="checkbox"/>			

What is the targeted timeframe for this reduction? \*

No timeline target	or	years
<input checked="" type="checkbox"/>		

Description of targets

##### Creation Targets

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

No quantity target	or	Quantity	Unit
<input checked="" type="checkbox"/>			

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?: \*

As a formulation component

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

It is contained in the steel we use for our products

### 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?: \*

Yes, we are not 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

Empty

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 \*\*

Already implemented one or more options as a result of a Toxic Substance Reduction Plan, The substance occurs naturally in the product feedstock and cannot be reduced, There are no alternative processes and/or equipment identified

Explanation of the reasons why no option will be implemented

We are continuing with our plan that was submitted in 2011 when the new facility did not exist. We are doing the same plan at the new site.

Rationale for why the listed options were chosen for implementation

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): \*

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

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

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

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

Version: 3.14.0

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