

Plan Summary Preview

Company Details

Company Legal Name

Hammond Manufacturing Co Ltd.

Company Address

394 Edinburgh Road North, Guelph (Ontario)

Report Details

NPRI ID

11602

Facility Name

Edinburgh Road

Facility Address

394 Edinburgh Road North, Guelph (Ontario)

Update Comments

need to add another substance to the facility for 2016

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: *

Company Trade Name: *

Business Number: *

Mailing Address

Delivery Mode

PO Box

Rural Route Number

Address Line 1

City *

Province/Territory **

Postal Code: **

Physical Address

Address Line 1

City

Province/Territory **

Postal Code **

Additional Information

Land Survey Description

National Topographical Description

Parent Companies

Empty

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: *	<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

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

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

Latitude **

Longitude **

UTM Zone **

UTM Easting **

UTM Northing **

Contact Validation

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Contacts

Public Contact

First Name: *

Last Name: *

Position: *

Telephone: *

Ext

Fax

Email: *

Highest Ranking Employee

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

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: *

390

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

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

7664-93-9, Sulphuric acid

7664-93-9, Sulphuric acid

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: **

Sulphuric acid is used at the Hammond Manufacturing facility in our waste water treatment area to adjust the pH of used production wash water prior to releasing it to the sewer. All sulphuric acid is used up in the chemical reaction with the waste water. This facility does not create the sulphuric acid used on site; therefore this plan will not address reducing any creation. The volume of Sulphuric acid used is generally dependent on production volumes. In 2016, we opened a new facility, which removed one of the paint lines from the Edinburgh Rd site and we were expecting a lower use of H2SO4 in 2016/17. However, due to an increase in mechanical issues the consumption of H2SO4 went up. We plan on reducing the amount of H2SO4 by installing new equipment in the waste water area.

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?: *

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: **

Objectives, Targets and Description

Objectives

Objectives in plan: *

Use Targets

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

No quantity target

Quantity

Unit

<input type="checkbox"/>	or	<input type="text" value="5950"/>	<input type="text" value="kg"/>
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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?: *

Ancillary other use

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

This substance is used to adjust pH levels of waste water prior to release into the sanitary sewer.

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: **

This substance is not created at this 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

Improved maintenance scheduling, record keeping or procedures

Which activities will be undertaken to implement these reduction options?

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

Improved maintenance scheduling, record keeping or procedures

Describe the option: *

New equipment will be installed to better monitor the usage.

Estimates

N/A	tonnes	%
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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 type="checkbox"/>	5.95	50
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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:

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:

Estimate of the amount by which the total releases to air 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 releases to water 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 releases to land of the toxic substance at the facility will be reduced as a result of implementing the option:

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

Estimate of the amount by which total recycling off-site 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 use of the toxic substance:

Anticipated timelines for achieving the estimated reduction of the creation 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

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?: *

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?: *

Yes

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: **

Training of new and existing employees on more efficient use of equipment and quality.

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 or years

or

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

or

What is the targeted timeframe for this reduction? *

No timeline target or years

or

Description of Target

Reasons for Use

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

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

Reasons for Creation

Why is the toxic substance 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:

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:

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:

Estimate of the amount by which the total **releases to air** 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 **releases to water** 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 **releases to land** of the toxic substance at the facility will be reduced as a result of implementing the option:

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

Estimate of the amount by which total **recycling off-site** 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 **use** of the toxic substance:



Anticipated timelines for achieving the estimated reduction of the creation 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