

# Plan Summary Preview

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## Company Details

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Company Legal Name

Toyota Boshoku Canada Inc.

Company Address

45 Southfield Drive, Elmira (Ontario)

## Report Details

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NPRI ID

11074

Facility Name

TB - Elmira

Facility Address

45 Southfield Drive Drive, Elmira (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: \*

Jason Psutka

Highest Ranking Employee

Max Willsie

Person responsible for Toxic Substance Reduction Plan preparation

Lloyd Hipel

## 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: \*

### Mailing Address

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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

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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="TB - Elmira"/>
NAICS Code: *	<input type="text" value="332999"/>
NPRI Id: *	<input type="text" value="0000011074"/>
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="45 Southfield Drive Drive"/>
City *	<input type="text" value="Elmira"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="N3B3L6"/>

## Physical Address

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Address Line 1	<input type="text" value="45 Southfield Drive Drive"/>
City	<input type="text" value="Elmira"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code **	<input type="text" value="N3B3L6"/>
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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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

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### Public Contact

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First Name: \*

Last Name: \*

Position: \*

Email: \*

## Mailing Address

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Delivery Mode

PO Box

Rural Route Number

Address Line 1

City \*

Province/Territory \*\*

Postal Code: \*\*

### Highest Ranking Employee

---

First Name: \*

Last Name: \*

Position: \*

### Mailing Address

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Delivery Mode

PO Box

Rural Route Number

Address Line 1

City \*

Province/Territory \*\*

Postal Code: \*\*

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

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First Name: \*

Lloyd

Last Name: \*

Hipel

Position: \*

Project Manager

## Mailing Address

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Delivery Mode

General Delivery

PO Box

Rural Route Number

Address Line 1

1 Union Street

City \*

Elmira

Province/Territory \*\*

Ontario

Postal Code: \*\*

N3B 3J9

## Employees

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### Employees

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Number of Full-time Employees: \*

350

## 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**

Certification page signed FINAL.pdf

06/12/2013 11:46:17 AM

## Plan Summary Submission

### Electronic Submission

Company Name

Toyota Boshoku Canada Inc.

Facility Name

TB - Elmira

Report Submitted By (authorized delegate)

Jason Psutka

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

78-93-3, Methyl ethyl ketone

78-93-3, Methyl ethyl ketone

### 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: \*\*

Toyota Boshoku Elmira intends to reduce the use of MEK through spill and leak prevention, on-site recycling, and improved inventory techniques.

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: \*\*

Substance is not created.

### Objectives, Targets and Description

#### Objectives

Objectives in plan: \*

Toyota Boshoku Elmira intends to reduce the use of MEK through spill and leak prevention, on-site recycling, and improved inventory techniques.

#### 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?: \*

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?: \*

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 provide an explanation below why your facility is not implementing an option.  
Explanation of the reasons why no option will be implemented: \*\*

Materials or feedstock substitution

Empty

Product design or reformulation

Empty

Equipment or process modifications

Empty

Spill or leak prevention

Other

Which activities will be undertaken to implement these reduction options?

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

Describe the option: \*

Estimates

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

<input type="checkbox"/>	0.03	1
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## Timelines

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

Anticipated timelines for achieving the estimated reduction of the **use** of the toxic substance:

1

Anticipated timelines for achieving the estimated reduction of the **creation** of the toxic substance:

## On-site reuse, recycling or recovery

### 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: \*

Place lid on MEK clean-out collection bucket and recycle in onsite still.

## Estimates

---

**N/A**

**tonnes**

**%**

---

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:

0.69

29

## Timelines

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

Anticipated timelines for achieving the estimated reduction of the **use** of the toxic substance:

1

Anticipated timelines for achieving the estimated reduction of the **creation** of the toxic substance:

## Improved inventory management or purchasing techniques

### 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: \*

Modify adhesive pick-up tube depth to ensure pails are mostly empty before adding a new pail, which will reduce the inventory of adhesive required.

## Estimates

**N/A** **tonnes** **%**

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:

0.03 1

## Timelines

---

**N/A**

**years**

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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:

## Good operator practice or training

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Empty

Rationale for why the listed options were chosen for implementation

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

TSRP0211

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

TSRP0211

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

New Plan

## NA - M10, PM2.5 - Particulate Matter <= 2.5 Microns

NA - M10, PM2.5 - Particulate Matter <= 2.5 Microns

## 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: \*\*

Substance is not used.

### 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?: \*

Yes

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: \*\*

Toyota Boshoku Elmira intends to reduce the use of PM2.5 through product design, equipment modification, and training and improved operating practices.

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: \*

Toyota Boshoku Elmira intends to reduce the use of PM2.5 through product design, equipment modification, and training and improved operating practices.

### Use Targets

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

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

What is the targeted timeframe for this reduction? \*

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

Description of targets

### Creation Targets

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

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

What is the targeted timeframe for this reduction? \*

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



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?: \*

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 provide an explanation below why your facility is not implementing an option.  
Explanation of the reasons why no option will be implemented: \*\*

Materials or feedstock substitution

Empty

Product design or reformulation

Other

Which activities will be undertaken to implement these reduction options?

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

Describe the option: \*

## Estimates

---

**N/A**

**tonnes**

**%**

---

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:

## 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:

## Equipment or process modifications

### Modified equipment, layout or piping

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

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

Describe the option: \*

## Estimates

**N/A** **tonnes** **%**

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:

## Timelines

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**N/A**

**years**

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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:

## Spill or leak prevention

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Empty

## On-site reuse, recycling or recovery

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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: \*

Institute procedure for manual weld exhaust shut off.

## Estimates

N/A	tonnes	%
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Estimate of the amount by which the <strong>creation</strong> of the toxic substance at the facility will be reduced as a result of implementing the option:

<input type="checkbox"/>	0.03	9
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## 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:



1.5

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): \*

TSRP0211

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

TSRP0211

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

New Plan