

Plan Summary Preview

Company Details

Company Legal Name

Canusa-CPS

Company Address

455 West Airport Road, Huntsville (Ontario)

Report Details

NPRI ID

818

Facility Name

Huntsville

Facility Address

455 West Airport Road, Huntsville (Ontario)

Update Comments

add a new substance (Cadmium) to 2014 plan summary

Activities

Contacts

Select the Facility Contacts

Facility Contacts

Please assign the appropriate contact under each category below.

Public Contact: *

Nadeem Ahmed

Highest Ranking Employee

Kevin Rayner

Person responsible for Toxic Substance Reduction Plan preparation

Michael Laplante

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

Shawcor Ltd - DO NOT USE

Company Legal Name: *

Percentage owned: *

Business Number: **

Mailing Address

Delivery Mode

PO Box

Rural Route Number

Address Line 1

City *

Province/Territory **

Postal Code: **

Country *

Physical Address

Address Line 1

City

Province/Territory **

Postal Code **

Country

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: *	<input type="text" value="Huntsville"/>
NAICS Code: *	<input type="text" value="326114"/>
NPRI Id: *	<input type="text" value="818"/>
ON Reg 127/01 Id	<input type="text" value="6566"/>

Facility Mailing Address

Delivery Mode	<input type="text"/>
PO Box	<input type="text"/>
Rural Route Number	<input type="text"/>
Address Line 1	<input type="text" value="455 West Airport Road"/>
City *	<input type="text" value="Huntsville"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="P1H1Y7"/>

Physical Address

Address Line 1	<input type="text" value="455 West Airport Road"/>
City	<input type="text" value="Huntsville"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code **	<input type="text" value="P1H1Y7"/>
Additional Information	<input type="text"/>
Land Survey Description	<input type="text"/>
National Topographical Description	<input type="text"/>

Geographical Address

Latitude **	<input type="text" value="45.31730"/>
Longitude **	<input type="text" value="79.24500"/>
UTM Zone **	<input type="text" value="17"/>
UTM Easting **	<input type="text" value="639734"/>
UTM Northing **	<input type="text" value="5021524"/>

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: *	<input type="text" value="Nadeem"/>
Last Name: *	<input type="text" value="Ahmed"/>
Position: *	<input type="text" value="HSE Manager and Operations Engineer"/>
Telephone: *	<input type="text" value="7057891787"/>
Ext	<input type="text" value="229"/>
Fax	<input type="text" value="7057899153"/>
Email: *	<input type="text" value="nahmed@canusacps.shawcor.com"/>

Mailing Address

Delivery Mode	<input type="text"/>
PO Box	<input type="text"/>
Rural Route Number	<input type="text"/>
Address Line 1	<input type="text"/>

455 West Airport Road

City *

Huntsville

Province/Territory **

Ontario

Postal Code: **

P1H 1Y7

Highest Ranking Employee

First Name: *

Kevin

Last Name: *

Rayner

Position: *

Operations Manager

Telephone: *

7057891787

Ext

222

Fax

Email: *

kevin.rayner@shawcor.com

Mailing Address

Delivery Mode

General Delivery

PO Box

Rural Route Number

Address Line 1

455 West Airport Road

City *

Huntsville

Province/Territory **

Ontario

Postal Code: **

P1H 1Y7

Person responsible for the Toxic Substance Reduction Plan preparation

First Name: *

Michael

Last Name: *

Laplante

Position: *	<input type="text" value="Senior Project Engineer"/>
Telephone: *	<input type="text" value="4164675555"/>
Ext	<input type="text" value="231"/>
Fax	<input type="text" value="4164679824"/>
Email: *	<input type="text" value="mlaplante@altech-group.com"/>

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="12 Banigan Road"/>
City *	<input type="text" value="Toronto"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="M4H 1E9"/>

Employees

Employees

Number of Full-time Employees: *

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

5631 Canusa Cd Plan Smry cerification statement.pdf

31/05/2016 4:38:58 PM

Plan Summary Submission

Electronic Submission

Company Name

Canusa-CPS

Facility Name

Huntsville

Report Submitted By (authorized delegate)

Michael Laplante

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 - 03, Cadmium (and its compounds)

NA - 03, Cadmium (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: **

Canusa-CPS is committed to playing a leadership role in protecting the environment. Whenever feasible, we will eliminate, or reduce the use and releases of toxic substances used and/ or generated by our facility (Cadmium) in compliance with all Federal and Provincial Regulations.

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

 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

Substituted materials

Which activities will be undertaken to implement these reduction options?

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

Substituted materials

Describe the option: *

Research and choose best organic or inorganic substance that matches customer requirements in our colour masterbatch

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 type="checkbox"/>	20	5
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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 type="checkbox"/>	20	5
--------------------------	----	---

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:

<input checked="" type="checkbox"/>		
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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:

<input checked="" type="checkbox"/>		
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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:

<input checked="" type="checkbox"/>		
-------------------------------------	--	--

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:

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

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): *

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

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

NA - 19, Hexavalent chromium (and its compounds)

NA - 19, Hexavalent chromium (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?: *

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: **

This substance is not created in the facility

Objectives, Targets and Description

Objectives

Objectives in plan: *

The objective is to reduce the use of hexavalent chromium over the next five years by five percent.

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	18 kg

What is the targeted timeframe for this reduction? *

No timeline target	years	
<input type="checkbox"/>	or	5

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	

What is the targeted timeframe for this reduction? *

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

Substituted materials

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	kg	%
-----	----	---

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"/>	18	5
--------------------------	----	---

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"/>		
-------------------------------------	--	--

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 type="checkbox"/>	18	5
--------------------------	----	---

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:

<input checked="" type="checkbox"/>		
-------------------------------------	--	--

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:

<input checked="" type="checkbox"/>		
-------------------------------------	--	--

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:

<input checked="" type="checkbox"/>		
-------------------------------------	--	--

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:

<input checked="" type="checkbox"/>		
-------------------------------------	--	--

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:

<input checked="" type="checkbox"/>		
-------------------------------------	--	--

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:

<input checked="" type="checkbox"/>		
-------------------------------------	--	--

Timelines

N/A **years**

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

5

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

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

Rationale for why the listed options were chosen for implementation

most technically feasible

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): *

TSRP0035

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

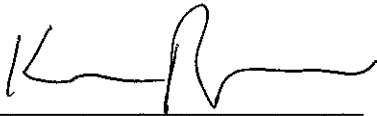
TSRP0035

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

New Plan

PLAN CERTIFICATION

As of December 21, 2015, I certify that I have read the toxic substance reduction plan for Hexavalent Chromium and am familiar with its contents, and to my knowledge, the plan is factually accurate and complies with the Toxics Reduction Act, 2009 and Ontario Regulation 455/09 (General) made under that Act.



Kevin Rayner,
Operations Manager,
Canusa-CPS (Highest Ranking Employee)

December 21, 2015

Date

As of December 21, 2015, I certify that I am familiar with the processes at Canusa-CPS that use Hexavalent Chromium, that I agree with the estimates referred to in subparagraphs 7 iii, iv and v of subsection 4 (1) of the Toxics Reduction Act, 2009 that are set out in the plan dated December 21, 2015, and that the plan complies with the Act and Ontario Regulation 455/09 (General) made under that Act.



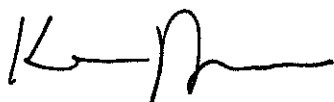
J.M. (Michael) Laplante, P.Eng.
Toxic Substance Reduction Planner (Licence No. TSRP0035)
Altech Environmental Consulting Ltd.

December 21, 2015

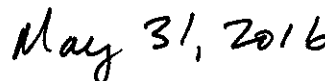
Date

PLAN CERTIFICATION

As of May 31, 2016, I certify that I have read the toxic substance reduction plan for Cadmium and am familiar with its contents, and to my knowledge, the plan is factually accurate and complies with the Toxics Reduction Act, 2009 and Ontario Regulation 455/09 (General) made under that Act.



Kevin Rayner,
Operations Manager,
Canusa-CPS (Highest Ranking Employee)

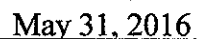


Date

As of May 31, 2016, I certify that I am familiar with the processes at Canusa-CPS that use Cadmium, that I agree with the estimates referred to in subparagraphs 7 iii, iv and v of subsection 4 (1) of the Toxics Reduction Act, 2009 that are set out in the plan dated May 31, 2016, and that the plan complies with the Act and Ontario Regulation 455/09 (General) made under that Act.



J.M. (Michael) Laplante, P.Eng.
Toxic Substance Reduction Planner (Licence No. TSRP0035)
Altech Environmental Consulting Ltd.



Date