

Plan Summary Preview

Company Details

Company Legal Name

Martinrea Fabco Metallic Canada Inc.

Company Address

30 Aviva Park Drive Drive, Vaughan (Ontario)

Report Details

NPRI ID

4891

Facility Name

Ridgetown Division

Facility Address

99 Golf Course Drive, Ridgetown (Ontario)

Update Comments

Activities

Contacts

Select the Facility Contacts

Facility Contacts

Please assign the appropriate contact under each category below.

Public Contact: *

Ian Wood

Highest Ranking Employee

Paul Escott

Person responsible for Toxic Substance Reduction Plan preparation

Erik Martinez

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

Martinrea International Inc. (Alfield Industries Ltd.)

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

Martinrea International Inc.

Company Legal Name: *

Percentage owned: *

Business Number: **

840066161

Mailing Address

Delivery Mode

PO Box

Rural Route Number

Address Line 1

30 Aviva Park Drive

City *

Vaughan

Province/Territory **

Ontario

Postal Code: **

L4L9C7

Country *

Physical Address

Address Line 1

30 Aviva Park Drive

City

Vaughan

Province/Territory **

Ontario

Postal Code **

L4L9C7

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="Ridgetown Division"/>
NAICS Code: *	<input type="text" value="336370"/>
NPRI Id: *	<input type="text" value="4891"/>
ON Reg 127/01 Id	<input type="text"/>

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="99 Golf Course Drive"/>
City *	<input type="text" value="Ridgetown"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="N0P2C0"/>

Physical Address

Address Line 1	<input type="text" value="99 Golf Course Drive"/>
City	<input type="text" value="Ridgetown"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code **	<input type="text" value="N0P2C0"/>
Additional Information	<input type="text"/>
Land Survey Description	<input type="text"/>
National Topographical Description	<input type="text"/>

Geographical Address

Latitude **	<input type="text" value="42.42780"/>
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Longitude **	<input type="text" value="-81.88060"/>
UTM Zone **	<input type="text" value="17"/>
UTM Easting **	<input type="text" value="427555.59"/>
UTM Northing **	<input type="text" value="4697642.67"/>

Contact Validation

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Contacts

Public Contact

First Name: *	<input type="text" value="Ian"/>
Last Name: *	<input type="text" value="Wood"/>
Position: *	<input type="text" value="Industrial Engineering"/>
Telephone: *	<input type="text" value="5196740711"/>
Ext	<input type="text"/>
Fax	<input type="text"/>
Email: *	<input type="text" value="ian.wood@martinrea.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" value="99 Golf Course Line"/>
City *	<input type="text" value="Ridgetown"/>

Province/Territory **

Ontario

Postal Code: **

N0P 2C0

Highest Ranking Employee

First Name: *

Paul

Last Name: *

Escott

Position: *

Tooling Engineer

Telephone: *

5196740711

Ext

258

Fax

Email: *

paul.escott@martinrea.com

Mailing Address

Delivery Mode

PO Box

Rural Route Number

Address Line 1

99 Golf Course Line

City *

Ridgetown

Province/Territory **

Ontario

Postal Code: **

N0P 2C0

Person responsible for the Toxic Substance Reduction Plan preparation

First Name: *

Erik

Last Name: *

Martinez

Position: *

Environmental Consultant

Telephone: *

5198840510

Ext

Fax

Email: *

Mailing Address

Delivery Mode

PO Box

Rural Route Number

Address Line 1

City *

Province/Territory **

Postal Code: **

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
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Certification - PM10 and Lead.pdf

16/05/2014 10:42:11 AM

Plan Summary Submission

Electronic Submission

Company Name

Martinrea Fabco Metallic Canada Inc.

Facility Name

Ridgetown Division

Report Submitted By (authorized delegate)

Paul Escott

- 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 - 08, Lead (and its compounds)

NA - 08, Lead (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: **

Fabco produces high quality products in an environmentally responsible manner. Fabco's manufacturing operation has been already been optimized to minimize the use of Lead.

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: **

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 checked="" type="checkbox"/>	or	<input type="text"/>	<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"/>	<input type="text"/>
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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 an article component

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

Lead is used in the raw steel and aluminum 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 provide an explanation below why your facility is not implementing an option.
Explanation of the reasons why no option will be implemented: **

Fabco produces high quality products in an environmentally responsible manner. Fabco's manufacturing operation has been already been optimized to minimize the use of Lead.

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

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): *

TSRP0005

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

TSRP0005

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

New Plan

NA - M09, PM10 - Particulate Matter <= 10 Microns

NA - M09, PM10 - Particulate Matter <= 10 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: **

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: **

Fabco produces high quality products in an environmentally responsible manner. Fabco's manufacturing operation has been already been optimized to minimize the creation of PM10

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

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): *

TSRP0005

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

TSRP0005

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

New Plan