

Plan Summary Preview

Company Details

Company Legal Name:

Woodbridge Foam Corp.

Company Address:

4240 Sherwoodtowne Boulevard, Mississauga (Ontario)

Report Details

Facility:

Kipling Plant

Facility Address:

8214 Kipling Avenue, Woodbridge (Ontario)

Update Comments:

Activities

Facility Contacts

Facility Contacts

Public Contact:*

Andrew Cameron

Highest Ranking Employee:

Joe Stallone

Person responsible for preparing the toxic substance reduction plan:

Mark Cotter

Organization Validation

Company and Parent Company Information

Company Details

Company Legal Name:*

Woodbridge Foam Corp.

Company Trade Name:*

Woodbridge Foam

Business Number:*

105733158

Mailing Address

Delivery Mode:

General Delivery

PO Box

Rural Route Number

Address Line 1

4240 Sherwoodtowne Blvd. Boulevard Southwest

City*

Mississauga

Province/Territory**

Ontario

Postal Code:**

L4Z2G6

Physical Address

Address Line 1

4240 Sherwoodtowne Boulevard

City

Mississauga

Province/Territory

Ontario

Postal Code

L4Z2G6

Additional Information

Land Survey Description

National Topographical Description

Parent Companies

The Woodbridge Group

Company Legal Name:*

The Woodbridge Group

Percentage owned:*

100.00

Business Number:*

105733158

Mailing Address

Delivery Mode:

General Delivery

PO Box	<input type="text"/>
Rural Route Number	<input type="text"/>
Address Line 1	4240 Sherwoodtowne Blvd. Boulevard Southwest
City*	Mississauga
Province/Territory**	Ontario
Postal Code:**	L4Z2G6

Physical Address

Address Line 1	4240 Sherwoodtowne Boulevard
City	Mississauga
Province/Territory	Ontario
Postal Code	L4Z2G6
Additional Information	<input type="text"/>
Land Survey Description	<input type="text"/>
National Topographical Description	<input type="text"/>

Facility Validation

Facility Information

Facility:*	Kipling Plant
NAICS Id:*	326150
NPRI Id:*	0000002388
ON Reg 127/01 Id:	<input type="text"/>

Mailing Address

Delivery Mode:	General Delivery
PO Box	<input type="text"/>
Rural Route Number	<input type="text"/>

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

Geographical Address

Latitude

Longitude

UTM Zone**

UTM Easting**

UTM Northing**

Contact Validation

Contacts

Public Contact:

First Name:*

Last Name:*

Position:*

Telephone:*

Ext:

Fax:

Email:*

Mailing Address

Delivery Mode:

PO Box

Rural Route Number

Address Line 1

City*

Province/Territory**

Postal Code:**

Highest Ranking Employee:

First Name:*

Last Name:*

Position:*

Telephone:*

Ext:

Fax:

Email:*

Mailing Address

Delivery Mode:

PO Box	<input type="text"/>
Rural Route Number	<input type="text"/>
Address Line 1	8214 Kipling Avenue
City*	Woodbridge
Province/Territory**	Ontario
Postal Code:**	L4L2A4

Person responsible for the Toxic Substance Reduction Plan preparation:

First Name:*	Mark
Last Name:*	Cotter
Position:*	Principal
Telephone:*	4164718774
Ext:	<input type="text"/>
Fax:	<input type="text"/>
Email:*	mcotter@cotterassociates.ca

Mailing Address

Delivery Mode:	General Delivery
PO Box	<input type="text"/>
Rural Route Number	<input type="text"/>
Address Line 1	1214 Saginaw Crescent
City*	Mississauga
Province/Territory**	Ontario
Postal Code:**	L5H3W6

Employees

Employees

Number of Full-time Employees:*

280

Substances

64742-47-8, Hydrotreated light distillate

64742-47-8, Hydrotreated light distillate

Substances Section Data

Statement of Intent

Use

Does the plan include a statement that stipulates the owner or operator's intent to use less of this toxic substance at their facility?*

Yes

If 'yes', provide the exact statement of intent:**

The facility intends to reduce the use of VOCs in mould release agents by 5% over the next three years.

If 'no', what rationale is specified in the plan for not using less of this substance?***

Creation

Does the plan include a statement that stipulates the owner or operator's intent to create less of this toxic substance at their facility?*

No

If 'yes', provide the exact statement of intent:**

If 'no', what rationale is specified in the plan for not creating less of this substance?:**

Substance is not created at the facility.

Objectives, Targets and Description

Plan Objectives

Objectives in plan:*

Reduction in the use of NAPHTHA

Toxic Substance Use Targets

Reduction target:*

	Quantity	Unit
<input type="checkbox"/> No target	or	5992 kg

Timeframe target:*

No target or 3 years

Description of use targets:

Toxic Substance Creation Targets

Reduction target:*

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

Timeframe target:*

No target or years

Description of creation targets:

Reasons for Using this Toxic Substance

This substance is used at the facility:*

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

Wax containing naphtha is sprayed onto moulds so that when a foam part is produced it can be removed from the mould without damaging the part.

Reasons for Creating this Toxic Substance

This substance is created at the facility:*

Summarize why this substance is created at the facility:**

Toxic Reduction Options for Implementation

Toxic substance reduction option(s) to be implemented:

Does the plan specify that no toxic reduction option will be implemented?*

If 'No', record the option(s) under the appropriate categories below (e.g., Materials or feedstock substitution; Product design or reformulation). If 'Yes', explain why no option will be implemented.**

Materials or feedstock substitution

Product design or reformulation

Equipment or process modifications

Modified equipment, layout or piping

Which activities will be undertaken to implement these reduction options?

Select an option:*

Describe the option:*

Estimates

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:

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:

N/A tonnes %

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:

N/A tonnes %

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:

N/A tonnes %

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:

N/A tonnes %

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:

N/A tonnes %

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:

N/A tonnes %

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:

N/A tonnes %

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:

N/A tonnes %

Timelines

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

N/A years

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

N/A years

Spill or leak prevention

On-site reuse, recycling or recovery

Improved inventory management or purchasing techniques

Good operator practice or training

Rationale for choosing these options for implementation:

Technically viable option.

Summary of actions undertaken outside of the plan to reduce the use and creation of this toxic substance at the facility:

License number of the toxic substance reduction planner who made the recommendations for this substance (format TSRPXXXX):*

TSRP0092

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

TSRP0092

Which version of the plan is reflected in this summary?*

New Plan

111-42-2, Diethanolamine (and its salts)

111-42-2, Diethanolamine (and its salts)

Substances Section Data

Statement of Intent

Use

Does the plan include a statement that stipulates the owner or operator's intent to use less of this toxic substance at their facility?*

No

If 'yes', provide the exact statement of intent:**

If 'no', what rationale is specified in the plan for not using less of this substance?***

No viable options were identified.

Creation

Does the plan include a statement that stipulates the owner or operator's intent to create less of this toxic substance at their facility?*

No

If 'yes', provide the exact statement of intent:**

If 'no', what rationale is specified in the plan for not creating less of this substance?:**

Substance is not created at the facility.

Objectives, Targets and Description

Plan Objectives

Objectives in plan:*

None

Toxic Substance Use Targets

Reduction target:*

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

Timeframe target:*

No target or years

Description of use targets:

Toxic Substance Creation Targets

Reduction target:*

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

Timeframe target:*

No target

or

years

Description of creation targets:

Reasons for Using this Toxic Substance

This substance is used at the facility:*

As a reactant

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

Substance is a key ingredient in the chemistry required to make polyurethane foam.

Reasons for Creating this Toxic Substance

This substance is created at the facility:*

This substance is not created at the facility

Summarize why this substance is created at the facility:**

Toxic Reduction Options for Implementation

Toxic substance reduction option(s) to be implemented:

Does the plan specify that no toxic reduction option will be implemented?*

Yes

If 'No', record the option(s) under the appropriate categories below (e.g., Materials or feedstock substitution; Product design or reformulation). If 'Yes', explain why no option will be implemented:**

No viable options were identified.

Materials or feedstock substitution

Product design or reformulation

Equipment or process modifications

Spill or leak prevention

On-site reuse, recycling or recovery

Improved inventory management or purchasing techniques

Good operator practice or training

Rationale for choosing these options for implementation:

Summary of actions undertaken outside of the plan to reduce the use and creation of this toxic substance at the facility:

License number of the toxic substance reduction planner who made the recommendations for this substance (format TSRPXXXX):*

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

Which version of the plan is reflected in this summary?*

101-68-8, Methylenebis(phenylisocyanate)

101-68-8, Methylenebis(phenylisocyanate)

Substances Section Data

Statement of Intent

Use

Does the plan include a statement that stipulates the owner or operator's intent to use less of this toxic substance at their facility?*

If 'yes', provide the exact statement of intent:**

If 'no', what rationale is specified in the plan for not using less of this substance?:**

Creation

Does the plan include a statement that stipulates the owner or operator's intent to create less of this toxic substance at their facility?*

If 'yes', provide the exact statement of intent:**

If 'no', what rationale is specified in the plan for not creating less of this substance?:**

Substance is not created at the facility.

Objectives, Targets and Description

Plan Objectives

Objectives in plan:*

None

Toxic Substance Use Targets

Reduction target:*

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

Timeframe target:*

No target or years

Description of use targets:

Toxic Substance Creation Targets

Reduction target:*

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

Timeframe target:*

No target or years

Description of creation targets:

Reasons for Using this Toxic Substance

This substance is used at the facility:*

As a reactant

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

Substance is a key ingredient in the chemistry required to make polyurethane foam.

Reasons for Creating this Toxic Substance

This substance is created at the facility:*

This substance is not created at the facility

Summarize why this substance is created at the facility:**

Toxic Reduction Options for Implementation

Toxic substance reduction option(s) to be implemented:

Does the plan specify that no toxic reduction option will be implemented?*

Yes

If 'No', record the option(s) under the appropriate categories below (e.g., Materials or feedstock substitution; Product design or reformulation). If 'Yes', explain why no option will be implemented.**

No viable options were identified.

Materials or feedstock substitution

Product design or reformulation

Equipment or process modifications

Spill or leak prevention

On-site reuse, recycling or recovery

Improved inventory management or purchasing techniques

Good operator practice or training

Rationale for choosing these options for implementation:

Summary of actions undertaken outside of the plan to reduce the use and creation of this toxic substance at the facility:

License number of the toxic substance reduction planner who made the recommendations for this substance (format TSRPXXXX):*

TSRP0092

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

TSRP0092

Which version of the plan is reflected in this summary?*

New Plan

9016-87-9, Polymeric diphenylmethane diisocyanate

9016-87-9, Polymeric diphenylmethane diisocyanate

Substances Section Data

Statement of Intent

Use

Does the plan include a statement that stipulates the owner or operator's intent to use less of this toxic substance at their facility?*

No

If 'yes', provide the exact statement of intent:**

If 'no', what rationale is specified in the plan for not using less of this substance?***

No viable options were identified.

Creation

Does the plan include a statement that stipulates the owner or operator's intent to create less of this toxic substance at their facility?*

No

If 'yes', provide the exact statement of intent:**

If 'no', what rationale is specified in the plan for not creating less of this substance?:**

Substance is not created at the facility.

Objectives, Targets and Description

Plan Objectives

Objectives in plan:*

None

Toxic Substance Use Targets

Reduction target:*

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

Timeframe target:*

No target or years

Description of use targets:

Toxic Substance Creation Targets

Reduction target:*

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

Timeframe target:*

No target or years

Description of creation targets:

Reasons for Using this Toxic Substance

This substance is used at the facility:*

As a reactant

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

Substance is a key ingredient in the chemistry required to make polyurethane foam.

Reasons for Creating this Toxic Substance

This substance is created at the facility:*

This substance is not created at the facility

Summarize why this substance is created at the facility:**

Toxic Reduction Options for Implementation

Toxic substance reduction option(s) to be implemented:

Does the plan specify that no toxic reduction option will be implemented?*

If 'No', record the option(s) under the appropriate categories below (e.g., Materials or feedstock substitution; Product design or reformulation). If 'Yes', explain why no option will be implemented:**

Materials or feedstock substitution

Product design or reformulation

Equipment or process modifications

Spill or leak prevention

On-site reuse, recycling or recovery

Improved inventory management or purchasing techniques

Good operator practice or training

Rationale for choosing these options for implementation:

Summary of actions undertaken outside of the plan to reduce the use and creation of this toxic substance at the facility:

License number of the toxic substance reduction planner who made the recommendations for this substance (format TSRPXXXX):*

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

Which version of the plan is reflected in this summary?*

584-84-9, Toluene-2,4-diisocyanate

584-84-9, Toluene-2,4-diisocyanate

Substances Section Data

Statement of Intent

Use

Does the plan include a statement that stipulates the owner or operator's intent to use less of this toxic substance at their facility?*

No

If 'yes', provide the exact statement of intent:**

If 'no', what rationale is specified in the plan for not using less of this substance?***

No viable options were identified.

Creation

Does the plan include a statement that stipulates the owner or operator's intent to create less of this toxic substance at their facility?*

No

If 'yes', provide the exact statement of intent:**

If 'no', what rationale is specified in the plan for not creating less of this substance?***

Substance is not created at the facility.

Objectives, Targets and Description

Plan Objectives

Objectives in plan:*

None

Toxic Substance Use Targets

Reduction target:*

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

Timeframe target:*

No target

or

years

Description of use targets:

Toxic Substance Creation Targets

Reduction target:*

Quantity

Unit

No target

or

Timeframe target:*

No target

or

years

Description of creation targets:

Reasons for Using this Toxic Substance

This substance is used at the facility:*

As a reactant

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

Substance is a key ingredient in the chemistry required to make polyurethane foam.

Reasons for Creating this Toxic Substance

This substance is created at the facility:*

This substance is not created at the facility

Summarize why this substance is created at the facility:**

Toxic Reduction Options for Implementation

Toxic substance reduction option(s) to be implemented:

Does the plan specify that no toxic reduction option will be implemented?*

Yes

If 'No', record the option(s) under the appropriate categories below (e.g., Materials or feedstock substitution; Product design or reformulation). If 'Yes', explain why no option will be implemented:**

No viable options were identified.

Materials or feedstock substitution

Product design or reformulation

Equipment or process modifications

Spill or leak prevention

On-site reuse, recycling or recovery

Improved inventory management or purchasing techniques

Good operator practice or training

Rationale for choosing these options for implementation:

Summary of actions undertaken outside of the plan to reduce the use and creation of this toxic substance at the facility:

License number of the toxic substance reduction planner who made the recommendations for this substance (format TSRPXXXX):*

TSRP0092

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

TSRP0092

Which version of the plan is reflected in this summary?*

New Plan

91-08-7, Toluene-2,6-diisocyanate

91-08-7, Toluene-2,6-diisocyanate

Substances Section Data

Statement of Intent

Use

Does the plan include a statement that stipulates the owner or operator's intent to use less of this toxic substance at their facility?*

No

If 'yes', provide the exact statement of intent:**

If 'no', what rationale is specified in the plan for not using less of this substance? **

Creation

Does the plan include a statement that stipulates the owner or operator's intent to create less of this toxic substance at their facility?*

If 'yes', provide the exact statement of intent:**

If 'no', what rationale is specified in the plan for not creating less of this substance?:**

Objectives, Targets and Description

Plan Objectives

Objectives in plan:*

Toxic Substance Use Targets

Reduction target:*

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

Timeframe target:*

<input checked="" type="checkbox"/> No target	or	<input type="text"/>	years
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Description of use targets:

Toxic Substance Creation Targets

Reduction target:*

	Quantity	Unit
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No target

or

Timeframe target:*

No target

or

years

Description of creation targets:

Reasons for Using this Toxic Substance

This substance is used at the facility:*

As a reactant

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

Substance is a key ingredient in the chemistry required to make polyurethane foam.

Reasons for Creating this Toxic Substance

This substance is created at the facility:*

This substance is not created at the facility

Summarize why this substance is created at the facility:**

Toxic Reduction Options for Implementation

Toxic substance reduction option(s) to be implemented:

Does the plan specify that no toxic reduction option will be implemented?*

Yes

If 'No', record the option(s) under the appropriate categories below (e.g., Materials or feedstock substitution; Product design or reformulation). If 'Yes', explain why no option will be implemented.**

No viable options were identified.

Materials or feedstock substitution

Product design or reformulation

Equipment or process modifications

Spill or leak prevention

On-site reuse, recycling or recovery

Improved inventory management or purchasing techniques

Good operator practice or training

Rationale for choosing these options for implementation:

Summary of actions undertaken outside of the plan to reduce the use and creation of this toxic substance at the facility:

License number of the toxic substance reduction planner who made the recommendations for this substance (format TSRPXXXX):*

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

Which version of the plan is reflected in this summary?*

CERTIFICATION


As of December 17, 2013, I, Joe Stallone certify that I have read the toxic substance reduction plan for 2,4-TDI and 2,6-TDI 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.



Joe Stallone, Plant Manager

19-Dec-13
Date

As of December 17, 2013, I, Wendy Nadan certify that I am familiar with the processes at Woodbridge Foam that use 2,4-TDI and 2,6-TDI, 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 17, 2013 and that the plan complies with that Act and Ontario Regulation 455/09 (General) made under that Act.

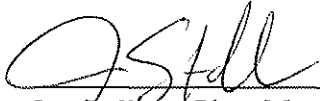


Wendy Nadan, Toxic Substance Reduction Planner

December 17, 2013
Date

CERTIFICATION

As of December 18, 2013, I, Joe Stallone, certify that I have read the toxic substance reduction plan for Naphtha 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.



Joe Stallone, Plant Manager

19-Dec-13

Date

As of December 18, 2013, I, Wendy Nadan certify that I am familiar with the processes at Woodbridge Foam that use Naphtha, 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 18, 2013 and that the plan complies with that Act and Ontario Regulation 455/09 (General) made under that Act.



Wendy Nadan, Toxic Substance Reduction Planner

December 18, 2013

Date

CERTIFICATION

As of December 17, 2013, I, Joe Stallone certify that I have read the toxic substance reduction plan for Diethanolamine 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.



Joe Stallone, Plant Manager

19-Dec-13

Date

As of December 17, 2013, I, Wendy Nadan certify that I am familiar with the processes at Woodbridge Foam that use Diethanolamine, 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 17, 2013 and that the plan complies with that Act and Ontario Regulation 455/09 (General) made under that Act.



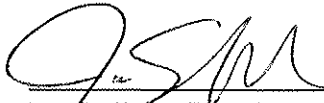
Wendy Nadan, Toxic Substance Reduction Planner

December 17, 2013

Date

CERTIFICATION

As of December 17, 2013, I, Joe Stallone certify that I have read the toxic substance reduction plan for MDI/PMDI 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.



Joe Stallone, Plant Manager

19-Dec-13

Date

As of December 17, 2013, I, Wendy Nadan certify that I am familiar with the processes at Woodbridge Foam that use MDI/PMDI, 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 17, 2013 and that the plan complies with that Act and Ontario Regulation 455/09 (General) made under that Act.



Wendy Nadan, Toxic Substance Reduction Planner

December 17, 2013

Date

Plan Summary Preview

Company Details

Company Legal Name

Woodbridge Foam Corp.

Company Address

4240 Sherwoodtowne Blvd. Boulevard Southwest, Mississauga (Ontario)

Report Details

NPRI ID

2388

Facility Name

Kipling Plant

Facility Address

8214 Kipling Avenue, Woodbridge (Ontario)

Update Comments

Activities

Contacts

Select the Facility Contacts

Facility Contacts

Please assign the appropriate contact under each category below.

Public Contact: *

Andrew Cameron

Highest Ranking Employee

Joe Stallone

Person responsible for Toxic Substance Reduction Plan preparation

Wendy Nadan

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

The Woodbridge Group

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

Woodbridge Foam Corporation (garbage this)

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="Kipling Plant"/>
NAICS Code: *	<input type="text" value="326150"/>
NPRI Id: *	<input type="text" value="2388"/>
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="8214 Kipling Avenue North"/>
City *	<input type="text" value="Woodbridge"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="L4L2A4"/>

Physical Address

Address Line 1	<input type="text" value="8214 Kipling Avenue"/>
City	<input type="text" value="Woodbridge"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code **	<input type="text" value="L4L2A4"/>
Additional Information	<input type="text"/>
Land Survey Description	<input type="text"/>
National Topographical Description	<input type="text"/>

Geographical Address

Latitude **	<input type="text" value="43.78970"/>
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Longitude **	<input type="text" value="-79.60000"/>
UTM Zone **	<input type="text" value="17"/>
UTM Easting **	<input type="text" value="612549"/>
UTM Northing **	<input type="text" value="4849240"/>

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="Andrew"/>
Last Name: *	<input type="text" value="Cameron"/>
Position: *	<input type="text" value="Plant Engineer"/>
Telephone: *	<input type="text" value="9058513914"/>
Ext	<input type="text" value="5254"/>
Fax	<input type="text" value="9058518459"/>
Email: *	<input type="text" value="andrew_cameron@woodbridgegroup.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="8214 Kipling Avenue North"/>
City *	<input type="text" value="Woodbridge"/>

Province/Territory **

Postal Code: **

Highest Ranking Employee

First Name: *

Last Name: *

Position: *

Telephone: *

Ext

Fax

Email: *

Mailing Address

Delivery Mode

PO Box

Rural Route Number

Address Line 1

City *

Province/Territory **

Postal Code: **

Person responsible for the Toxic Substance Reduction Plan preparation

First Name: *

Last Name: *

Position: *

Telephone: *

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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plan certification 887.pdf

27/05/2015 10:55:38 AM

Plan Summary Submission

Electronic Submission

Company Name

Woodbridge Foam Corp.

Facility Name

Kipling Plant

Report Submitted By (authorized delegate)

Joe Stallone

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

64742-88-7, Solvent naphtha medium aliphatic

64742-88-7, Solvent naphtha medium aliphatic

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: **

The facility intends to reduce the use of VOCs in mould release agents by 5% over the next three years.

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: **

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="7281"/>	<input type="text" value="kg"/>
--------------------------	----	-----------------------------------	---------------------------------

What is the targeted timeframe for this reduction? *

No timeline target

years

<input type="checkbox"/>	or	<input type="text" value="3"/>
--------------------------	----	--------------------------------

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

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 manufacturing aid

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

Wax containing naphtha is sprayed onto moulds so that when a foam part is produced it can be removed from the mould without damaging the part.

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?: *

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

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?: *

Modified equipment, layout or piping

Describe the option: *

New Mould Release Spray Robots. The robotic spraying units for the mould release agent can be replaced with newer units that have more dexterity and are able to spray mould release agent with more efficiency (i.e. less overspray due to improved dexterity).

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:

<input type="checkbox"/>	5.99	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 checked="" type="checkbox"/>		
-------------------------------------	--	--

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 type="checkbox"/>	5.99	5
--------------------------	------	---

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:

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:

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 **

Explanation of the reasons why no option will be implemented

Rationale for why the listed options were chosen for implementation

technically viable option

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): *

TSRP0092

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): *

TSRP0092

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?: *

New Plan

Plan Summary Preview

Company Details

Company Legal Name

Woodbridge Foam Corp.

Company Address

4240 Sherwoodtowne Blvd. Boulevard Southwest, Mississauga (Ontario)

Report Details

NPRI ID

2388

Facility Name

Kipling Plant

Facility Address

8214 Kipling Avenue, Woodbridge (Ontario)

Update Comments

Activities

Contacts

Select the Facility Contacts

Facility Contacts

Please assign the appropriate contact under each category below.

Public Contact: *

Andrew Cameron

Highest Ranking Employee

Michel de Verteuil

Person responsible for Toxic Substance Reduction Plan preparation

Wendy Nadan

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

The Woodbridge Group

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

Woodbridge Foam Corporation (garbage this)

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="Kipling Plant"/>
NAICS Code: *	<input type="text" value="326150"/>
NPRI Id: *	<input type="text" value="2388"/>
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="8214 Kipling Avenue North"/>
City *	<input type="text" value="Woodbridge"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="L4L2A4"/>

Physical Address

Address Line 1	<input type="text" value="8214 Kipling Avenue"/>
City	<input type="text" value="Woodbridge"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code **	<input type="text" value="L4L2A4"/>
Additional Information	<input type="text"/>
Land Survey Description	<input type="text"/>
National Topographical Description	<input type="text"/>

Geographical Address

Latitude **	<input type="text" value="43.78970"/>
-------------	---------------------------------------

Longitude **	<input type="text" value="-79.60000"/>
UTM Zone **	<input type="text" value="17"/>
UTM Easting **	<input type="text" value="612399"/>
UTM Northing **	<input type="text" value="4849461"/>

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="Andrew"/>
Last Name: *	<input type="text" value="Cameron"/>
Position: *	<input type="text" value="Plant Engineer"/>
Telephone: *	<input type="text" value="9058513914"/>
Ext	<input type="text" value="5254"/>
Fax	<input type="text" value="9058518459"/>
Email: *	<input type="text" value="andrew_cameron@woodbridgegroup.com"/>

Highest Ranking Employee

First Name: *	<input type="text" value="Michel"/>
Last Name: *	<input type="text" value="de Verteuil"/>
Position: *	<input type="text" value="Plant Manager"/>
Telephone: *	<input type="text" value="9058513914"/>
Ext	<input type="text"/>

Fax

Email: *

Person responsible for the Toxic Substance Reduction Plan preparation

First Name: *

Last Name: *

Position: *

Telephone: *

Ext

Fax

Email: *

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

2018_SignedCertification.pdf

13/02/2018 12:54:10 PM

Plan Summary Submission

Electronic Submission

Company Name

Woodbridge Foam Corp.

Facility Name

Kipling Plant

Report Submitted By (authorized delegate)

Stanley Yau

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

8052-41-3, Stoddard solvent

8052-41-3, Stoddard solvent

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: **

Given the very long payback period for a process improvement, Woodbridge will not be implementing this option.

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

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?: *

For on-site use/processing

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

it is used in a mold release agent

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 **

Implementing options would not result in a substantial-enough reduction to justify associated costs and would result in little to no return on investment

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): *

TSRP0092

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

Wendy Nadan

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

TSRP0092

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

Wendy Nadan

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

New Plan

CERTIFICATION

As of January 29, 2018, I, Michel de Verteuil, certify that I have read the toxic substance reduction plan for Stoddard solvent 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 with the exception of the regulatory deadline.



Michel de Verteuil, Plant Manager

January 30, 2018

Date

As of January 29, 2018, I, Wendy Nadan certify that I am familiar with the processes at Woodbridge Foam that use Stoddard solvent, 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 15, 2013 and that the plan complies with that Act and Ontario Regulation 455/09 (General) made under that Act with the exception of the regulatory deadline.



Wendy Nadan, Toxic Substance Reduction Planner

January 29, 2018

Date