# Plan Summary Preview

#### **Company Details**

#### Company Legal Name:

Woodbridge Foam Corp.

Company Address:

4240 Sherwoodtowne Boulevard, Mississauga (Ontario)

### Report Details

Facility:

Morval

Facility Address:

68 Shirley Avenue, Kitchener (Ontario)

#### Update Comments:

# Activities Facility Contacts Facility Contacts Public Contact:\* Brett Jessop Highest Ranking Employee: Dan Porco

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	
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	
Facility Validation	
Facility Information	
Facility:*	Morval
NAICS Id:*	326140
NPRI Id:*	000005943
ON Reg 127/01 Id:	7391
Mailing Address	
Delivery Mode:	General Delivery
PO Box	
Rural Route Number	

	878
Address Line 1	68 Shirley Avenue
City*	Kitchener
Province/Territory**	Ontario
Postal Code:**	N2B2E1
Physical Address	
Address Line 1	68 Shirley Avenue
City	Kitchener
Province/Territory	Ontario
Postal Code	N2G4E1
Additional Information	
Land Survey Description	
National Topographical Description	
Geographical Address	
Latitude	43.46510
Longitude	-80.46760
UTM Zone**	17
UTM Easting**	543066
UTM Northing**	4812603
Contact Validation	
Contacts	
Public Contact:	
First Name:*	Brett
Last Name:*	Jessop

Position:*	Plant Engineer
Telephone:*	5195752512
Ext:	
Fax:	
Email:*	brett_jessop@woodbridgegroup.com
Mailing Address	
Delivery Mode:	General Delivery
PO Box	
Rural Route Number	
Address Line 1	68 Shirley Avenue
City*	Kitchener
Province/Territory**	Ontario
Postal Code:**	N2E 0B4
Highest Ranking Employee:	
First Name:*	Dan
Last Name:*	Porco
Position:*	Plant Manager
Telephone:*	5195796100
Ext:	
Fax:	
Email:*	dan_porco@woodbridgegroup.com
Mailing Address	

Delivery Mode:

**General Delivery** 

PO Box	
Rural Route Number	
Address Line 1	68 Shirley Avenue
City*	Kitchener
Province/Territory**	Ontario
Postal Code:**	N2B2E1

# Person responsible for the Toxic Substance Reduction Plan preparation:

First Name:*	Mark
Last Name:*	Cotter
Position:*	Principal
Telephone:*	4164718774
Ext:	
Fax:	
Email:*	mcotter@cotterassociates.ca
Mailing Address	
Delivery Mode:	General Delivery
PO Box	
Rural Route Number	
Address Line 1	1214 Saginaw Crescent
City*	Mississauga
Province/Territory**	Ontario
Postal Code:**	L5H3W6

## Employees

### Employees

Number of Full-time Employees:\*

80

#### Substances

NA - 35, Pentane (all isomers)

NA - 35, Pentane (all isomers)

#### 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 feasible options.

## 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?:\*\*

Not created at the facility.

#### **Objectives, Targets and Description**

#### Plan Objectives

Objectives in plan:\*

None

Toxic Substance Use Targe	ets		
Reduction target:*			
		Quantity	Unit
⊠ No target	or		
Timeframe target:*			
🗙 No target	or		years
Description of use targets:			
Toxic Substance Creation	Fargets		
Reduction target:*			
		Quantity	Unit
⊠ No target	or		
Timeframe target:*			
⊠ No target	or		years
Description of creation targets:			
Reasons for Using this Tox	ic Substa	ince	
This substance is used at the facility:*			
As a formulation component			
Summarize why this substance is used	at the facility:	**	
Substance is present in the raw materia provide the expansion during processin	als (expanded og to create th	l polystyrene beads ne final product.	) as an engineered component to

## 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:\*\*

There are no feasible options.

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?\*

**Reviewed Plan** 

#### CERTIFICATION

As of December 5, 2013, I, Dan Porco, certify that I have read the toxic substance reduction plan for pentane 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.

Dan Porco, Plant Manager

Dec 13, 2013 Date

As of December 5, 2013, I, Wendy Nadan certify that I am familiar with the processes at Woodbridge Foam that use pentane, 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 November 30, 2012 and that the plan complies with that Act and Ontario Regulation 455/09 (General) made under that Act.

December 5, 2013

Wendy Nadan, Toxic Substance Reduction Planner

Date