

# Plan Summary Preview

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## Company Details

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Company Legal Name

OMEX Manufacturing ULC

Company Address

251 Lorne Avenue West, Stratford (Ontario)

## Report Details

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NPRI ID

5809

Facility Name

AC OMEX

Facility Address

251 Lorne Avenue West, Stratford (Ontario)

Update Comments

## Activities

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## Contacts

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Select the Facility Contacts

### Facility Contacts

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Please assign the appropriate contact under each category below.

Public Contact: \*

Richard Slawek

Highest Ranking Employee

Richard Slawek

Person responsible for Toxic Substance Reduction Plan preparation

Jim Anderson

## Organization Validation

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## Company and Parent Company Information

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### Company Details

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Company Legal Name: \*

Company Trade Name: \*

Business Number: \*

### Mailing Address

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Delivery Mode

PO Box

Rural Route Number

Address Line 1

City \*

Province/Territory \*\*

Postal Code: \*\*

### Physical Address

---

Address Line 1

City

Province/Territory \*\*

Postal Code \*\*

Additional Information

Land Survey Description

National Topographical Description

### Parent Companies

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Empty

## Facility Validation

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The information in this section was copied from the Single Window Information Manager (SWIM) at the time the plan summary was created. Please verify the information and update it where required. Please note that any changes made here will only be reflected in this plan summary. To ensure updates reflected in future reports, please ensure the information is updated in SWIM. After making updates in SWIM, return here and click the "Refresh" button to trigger a reload of the SWIM information. Please note all previously entered data will be modified.

## Facility Information

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Facility Name: *	<input type="text" value="AC OMEX"/>
NAICS Code: *	<input type="text" value="332118"/>
NPRI Id: *	<input type="text" value="0000005809"/>
ON Reg 127/01 Id	<input type="text"/>

## Facility Mailing Address

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Delivery Mode	<input type="text" value="General Delivery"/>
PO Box	<input type="text"/>
Rural Route Number	<input type="text"/>
Address Line 1	<input type="text" value="251 Lorne Avenue West"/>
City *	<input type="text" value="Stratford"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="N5A 6T7"/>

## Physical Address

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Address Line 1	<input type="text" value="251 Lorne Avenue West"/>
City	<input type="text" value="Stratford"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code **	<input type="text" value="N5A 6T7"/>
Additional Information	<input type="text"/>

Land Survey Description

National Topographical Description

## Geographical Address

Latitude \*\*

Longitude \*\*

UTM Zone \*\*

UTM Easting \*\*

UTM Northing \*\*

## Contact Validation

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## 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

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Delivery Mode

PO Box

Rural Route Number

Address Line 1

City \*

Province/Territory \*\*

Postal Code: \*\*

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

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First Name: *	<input type="text" value="Jim"/>
Last Name: *	<input type="text" value="Anderson"/>
Position: *	<input type="text" value="Principal"/>
Telephone: *	<input type="text" value="5195047241"/>
Ext	<input type="text"/>
Fax	<input type="text" value="2262143100"/>
Email: *	<input type="text" value="janderson@mbnenvironmental.com"/>

## Mailing Address

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Delivery Mode	<input type="text"/>
PO Box	<input type="text"/>
Rural Route Number	<input type="text"/>
Address Line 1	<input type="text" value="29 St. Charles St. East"/>
City *	<input type="text" value="Maryhill"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="n0b2b0"/>

## Employees

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### Employees

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Number of Full-time Employees: \*

## Copy of Certifications of Plan

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Copy of Certifications of Plan

### Upload Document

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A copy of the certification statement(s) from the Highest Ranking Employee and the Licensed Planner(s), for the Toxic Substance Reduction Plan for which the Plan Summary is being submitted are required. Please upload a single document containing all certifications.

Do not upload any certification statements that are dated after December 31. If this applies, click "?" (Help)

for more information.

Comments

Website address where the Plan Summary is posted for the public

**File Name**

**Date**

OMEX Mfg ULC Signature Pages.pdf

05/04/2013 8:26:40 AM

## Plan Summary Submission

### Electronic Submission

Company Name

OMEX Manufacturing ULC

Facility Name

AC OMEX

Report Submitted By (authorized delegate)

Jim Anderson

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 - 04, Chromium (and its compounds)

NA - 04, 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?: \*

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: \*\*

OMEX Mfg ULC does not intend to reduce the use of chromium and its compounds because reducing use of this compound would limit production.

## 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: \*\*

It is not created at the facility.

## Objectives, Targets and Description

### Objectives

Objectives in plan: \*

OMEX Mfg ULC does not intend to reduce the use of chromium and its compounds.

### 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?: \*

As a formulation component

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

Chromium and its compounds is a trace contaminant found in steel and weld wire, which are base materials used in metal parts manufacturing.

## 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 \*\*

Explanation of the reasons why no option will be implemented

OMEX Mfg ULC does not intend to reduce the use of chromium and its compounds because reducing use of this compound would limit production.

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): \*

TSRP0127

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): \*

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?: \*

## NA - 11, Nickel (and its compounds)

NA - 11, Nickel (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: \*\*

It is not created at the facility.

## Objectives, Targets and Description

### Objectives

Objectives in plan: \*

OMEX Mfg ULC does not intend to reduce the use of nickel and its compounds.

### Use Targets

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

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

What is the targeted timeframe for this reduction? \*

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

Description of targets

### Creation Targets

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

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

What is the targeted timeframe for this reduction? \*

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

Description of Target

Reasons for Use

Why is the toxic substance used at the facility?: \*

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

Reasons for Creation

Why is the toxic substance created at the facility?: \*

Summarize why the toxic substance is created at the facility: \*\*

Toxic Reduction Options for Implementation

Description of the toxic reduction option(s) to be implemented

Is there a statement that no option will be implemented?: \*

If you answered "No" to this question, please add the option(s) under the appropriate Toxic Substance Reduction Categories (e.g. Materials or feedstock substitution, Product design or reformulation, etc.).

If you answered "Yes" please 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 \*\*

Explanation of the reasons why no option will be implemented

OMEX Mfg ULC does not intend to reduce the use of nickel and its compounds because reducing use of this compound would limit production.

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): \*

TSRP0127

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): \*

TSRP0127

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