

Plan Summary Preview

Company Details

Company Legal Name

Aisin Canada Inc.

Company Address

180 Boulevard, Stratford (Ontario)

Report Details

NPRI ID

11735

Facility Name

AISIN Canada, Inc.

Facility Address

180 Wright Boulevard, Stratford (Ontario)

Update Comments

Activities

Contacts

Select the Facility Contacts

Facility Contacts

Please assign the appropriate contact under each category below.

Public Contact: *

Wayne Robert

Highest Ranking Employee

SHUJI FUJITA

Person responsible for Toxic Substance Reduction Plan preparation

Wendy Nadan

Organization Validation

Company and Parent Company Information

Company Details

Company Legal Name: *	<input type="text" value="Aisin Canada Inc."/>
Company Trade Name: *	<input type="text" value="Aisin Canada Inc."/>
Business Number: *	<input type="text" value="854200888"/>

Mailing Address

Delivery Mode	<input type="text" value="General Delivery"/>
PO Box	<input type="text" value="692"/>
Rural Route Number	<input type="text"/>
Address Line 1	<input type="text"/>
City *	<input type="text" value="Stratford"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="N5V 6V6"/>

Physical Address

Address Line 1	<input type="text" value="180 Wright Boulevard"/>
City	<input type="text" value="Stratford"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code **	<input type="text" value="N4Z1H3"/>
Additional Information	<input type="text"/>
Land Survey Description	<input type="text"/>
National Topographical Description	<input type="text"/>

Parent Companies

Aisin Holdings America

Company Legal Name: *	<input type="text" value="Aisin Holdings America"/>
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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="AISIN Canada, Inc."/>
NAICS Code: *	<input type="text" value="336390"/>
NPRI Id: *	<input type="text" value="11735"/>
ON Reg 127/01 Id	<input type="text"/>

Facility Mailing Address

Delivery Mode	<input type="text" value="Post Office Box"/>
PO Box	<input type="text" value="692"/>
Rural Route Number	<input type="text"/>
Address Line 1	<input type="text"/>
City *	<input type="text" value="Stratford"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="N5V 6V6"/>

Physical Address

Address Line 1	<input type="text" value="180 Wright Boulevard"/>
City	<input type="text" value="Stratford"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code **	<input type="text" value="N4Z1H3"/>
Additional Information	<input type="text"/>
Land Survey Description	<input type="text"/>
National Topographical Description	<input type="text"/>

Geographical Address

Latitude **	<input type="text" value="43.35660"/>
Longitude **	<input type="text" value="-81.01130"/>
UTM Zone **	<input type="text" value="17"/>
UTM Easting **	<input type="text" value="499074"/>
UTM Northing **	<input type="text" value="4800405"/>

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="Wayne"/>
Last Name: *	<input type="text" value="Robert"/>
Position: *	<input type="text" value="General Manager of Operations"/>
Telephone: *	<input type="text" value="5192711575"/>
Ext	<input type="text" value="54404"/>
Fax	<input type="text"/>
Email: *	<input type="text" value="wrobert@aisincanada.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"/>

	<input type="text" value="180 Wright Blvd Boulevard Northeast"/>
City *	<input type="text" value="Stratford"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="N4Z1H3"/>

Highest Ranking Employee

First Name: *	<input type="text" value="SHUJI"/>
Last Name: *	<input type="text" value="FUJITA"/>
Position: *	<input type="text" value="President"/>
Telephone: *	<input type="text" value="5192711575"/>
Ext	<input type="text" value="54458"/>
Fax	<input type="text" value="5192711376"/>
Email: *	<input type="text" value="sfujita@aisincanada.com"/>

Mailing Address

Delivery Mode	<input type="text" value="Post Office Box"/>
PO Box	<input type="text" value="692"/>
Rural Route Number	<input type="text" value=""/>
Address Line 1	<input type="text" value="180 wright Boulevard"/>
City *	<input type="text" value="stratford"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="N5A 6V6"/>

Person responsible for the Toxic Substance Reduction Plan preparation

First Name: *	<input type="text" value="Wendy"/>
Last Name: *	<input type="text" value="Nadan"/>

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

Toxics Reduction Plan new certifications in single document.pdf

01/06/2015 9:48:16 AM

Plan Summary Submission

Electronic Submission

Company Name

Aisin Canada Inc.

Facility Name

AISIN Canada, Inc.

Report Submitted By (authorized delegate)

Wayne Robert

☒ 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

4098-71-9, Isophorone diisocyanate

4098-71-9, Isophorone diisocyanate

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: **

No economically feasible options were identified in the plan.

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: **

No economically feasible options were identified in the plan.

Objectives, Targets and Description

Objectives

Objectives in plan: *

None

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

Quantity

Unit

target

☒ 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: **

The material is used to prepare a foam for packaging parts to prevent damage during shipping.

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: **

Not Applicable

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: **

There are no technically or economically feasible options due to customer specifications of the raw materials and hence no options will be implemented.

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): *

TSRP0092

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

TSRP0092

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: **

No economically feasible options were identified in the plan.

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: **

No economically feasible options were identified in the plan.

Objectives, Targets and Description

Objectives

Objectives in plan: *

None

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?: *

This substance is not 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?: *

As a by-product

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

PM is created by the welding process.

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: **

There are currently no technically or economically feasible options to reduce PM generated by the welding process.

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): *

TSRP0092

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

TSRP0092

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

New Plan

NA - M10, PM2.5 - Particulate Matter <= 2.5 Microns

NA - M10, PM2.5 - Particulate Matter <= 2.5 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: **

No economically feasible options were identified in the plan.

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: **

No economically feasible options were identified in the plan.

Objectives, Targets and Description

Objectives

Objectives in plan: *

None

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?: *

As a by-product

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

The welding process generates PM emissions.

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: **

No economically feasible options were identified in the plan.

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): *

TSRP0092

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

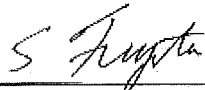
TSRP0092

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

New Plan

CERTIFICATION

As of May 29, 2015, I, Shuji Fujita, certify that I have read the toxic substance reduction plan for isophorone diisocyanate 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.



Shuji Fujita, President

6 / 1 / 2015

Date

As of May 29, 2015, I, Wendy Nadan certify that I am familiar with the processes at Aisin Canada that use isophorone diisocyanate, 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 29, 2015 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

May 29, 2015

Date

CERTIFICATION

As of May 29, 2015, I, Shuji Fujita, certify that I have read the toxic substance reduction plan for PM2.5 and PM10 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.



Shuji Fujita, President

6 / 1 / 2015

Date

As of May 29, 2015, I, Wendy Nadan certify that I am familiar with the processes at Aisin Canada that use PM2.5 and PM10, 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 29, 2015 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

May 29, 2015

Date