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: *	Aisin Canada Inc.	
Company Trade Name: *	Aisin Canada Inc.	
Business Number: *	854200888	
Mailing Address		
Delivery Mode	General Delivery	
PO Box	692	
Rural Route Number		
Address Line 1		
City *	Stratford	
Province/Territory **	Ontario	
Postal Code: **	N5V 6V6	
Physical Address		
Address Line 1	180 Wright Boulevard	
City	Stratford	
Province/Territory **	Ontario	
Postal Code **	N4Z1H3	
Additional Information		
Land Survey Description		
National Topographical Description		
Parent Companies		
Aisin Holdings America		
Company Legal Name: *	Aisin Holdings America	

Percentage owned: *	100.00
Business Number: **	121400014
Mailing Address	
Delivery Mode	General Delivery
PO Box	
Rural Route Number	
Address Line 1	1665 Fourth Street East
City *	Seymour
Province/Territory **	Indiana
Postal Code: **	47274
Country *	
Physical Address	
Address Line 1	1665 E. 4th Street
City	Seymour
Province/Territory **	Indiana
Postal Code **	47274
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: *	AISIN Canada, Inc.
NAICS Code: *	336390
NPRI Id: *	11735
ON Reg 127/01 ld	
Facility Mailing Address	
Delivery Mode	Post Office Box
РО Вох	692
Rural Route Number	
Address Line 1	
City *	Stratford
Province/Territory **	Ontario
Postal Code: **	N5V 6V6
Physical Address	
Address Line 1	180 Wright Boulevard
City	Stratford
Province/Territory **	Ontario
Postal Code **	N4Z1H3
Additional Information	
Land Survey Description	
National Topographical Description	

Geographical Address			
Latitude **	43.35660		
Longitude **	-81.01130		
UTM Zone **	17		
UTM Easting **	499074		
UTM Northing **	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: *	Wayne		
Last Name: *	Robert		
Position: *	General Manager of Operations		
Telephone: *	5192711575		
Ext	54404		
Fax			
Email: *	wrobert@aisincanada.com		
Mailing Address			
Delivery Mode	General Delivery		
PO Box			
Rural Route Number			

Page 5 of 18

Address Line 1

	180 Wright Blvd Boulevard Northeast	
City *	Stratford	
Province/Territory **	Ontario	
Postal Code: **	N4Z1H3	
Highest Ranking Employee		
First Name: *	SHUJI	
Last Name: *	FUJITA	
Position: *	President	
Telephone: *	5192711575	
Ext	54458	
Fax	5192711376	
Email: *	sfujita@aisincanada.com	
Mailing Address		
Delivery Mode	Post Office Box	
PO Box	692	
Rural Route Number		
Address Line 1	180 wright Boulevard	
City *	stratford	
Province/Territory **	Ontario	
Postal Code: **	N5A 6V6	
Person responsible for the Toxic Substance Reduction Plan preparation		
First Name: *	Wendy	
Last Name: *	Nadan	

Telephone: * 5199404724  Ext  Fax  Email: * wendy@nadanconsulting.com  Mailing Address  Delivery Mode Suburban Services  PO Box  Rural Route Number  Address Line 1 151 Montgomery Boulevard  City * Orangeville  Province/Territory ** Ontario  Postal Code: ** L9W 5C1  Employees  Employees  Employees  Number of Full-time Employees: * 300  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	Position: *	Principal	
Email: * wendy@nadanconsulting.com  Mailing Address  Delivery Mode Suburban Services  PO Box  Rural Route Number  Address Line 1 151 Montgomery Boulevard  City * Orangeville  Province/Territory ** Ontario  Postal Code: ** Lew 5C1  Employees  Employees  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.	Telephone: *	5199404724	
Email: * wendy@nadanconsulting.com  Mailing Address  Delivery Mode Suburban Services  PO Box  Rural Route Number  Address Line 1 151 Montgomery Boulevard  City * Orangeville  Province/Territory ** Ontario  Postal Code: ** L9W 5C1  Employees  Employees  Employees  Copy of Full-time Employees: *  300  Copy of Certifications of Plan  Copy of Certifications of Plan  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.	Ext		
Mailing Address  Delivery Mode Suburban Services  PO Box  Rural Route Number  Address Line 1 151 Montgomery Boulevard  City * Orangeville  Province/Territory ** Ontario  Postal Code: ** L9W 5C1  Employees  Employees  Number of Full-time Employees: *  300  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.	Fax		
Delivery Mode  Suburban Services  PO Box  Rural Route Number  Address Line 1  151 Montgomery Boulevard  City *  Orangeville  Province/Territory **  Ontario  Postal Code: **  L9W 5C1  Employees  Employees  Number of Full-time Employees: *  300  Copy of Certifications of Plan  Copy of Certifications of Plan  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.	Email: *	wendy@nadanconsulting.com	
Rural Route Number  Address Line 1  151 Montgomery Boulevard  City *  Orangeville  Province/Territory **  Ontario  Postal Code: **  L9W 5C1  Employees  Employees  Number of Full-time Employees: *  300  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.	Mailing Address		
Rural Route Number  Address Line 1  151 Montgomery Boulevard  City *  Orangeville  Province/Territory **  Ontario  Postal Code: **  L9W 5C1  Employees  Employees  Number of Full-time Employees: *  300  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.	Delivery Mode	Suburban Services	
Address Line 1  City *  Orangeville  Province/Territory **  Ontario  Postal Code: **  L9W 5C1  Employees  Employees  Number of Full-time Employees: *  300  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.	PO Box		
City * Orangeville  Province/Territory ** Ontario  Postal Code: ** L9W 5C1  Employees  Employees  Sumber of Full-time Employees: *  300  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.	Rural Route Number		
Province/Territory **  Postal Code: **  L9W 5C1  Employees  Employees  Number of Full-time Employees: *  300  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.	Address Line 1	151 Montgomery Boulevard	
Employees  Employees  Number of Full-time Employees: *  300  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.	City *	Orangeville	
Employees  Number of Full-time Employees: *  300  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.	Province/Territory **	Ontario	
Employees  Number of Full-time Employees: *  300  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.	Postal Code: **	L9W 5C1	
Number of Full-time Employees: *  300  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.	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.	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.	Number of Full-time Employees: *		
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.	300		
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.	Copy of Certifications of Plan		
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.	Copy of Certifications of Plan		
Comments	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)		
	Comments		

Website address where the Plan Summary is posted	I 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 submitting the facility TRA Plan Summary for Substances  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 substance at the facility?: *	
No	
substance at the facility: **	in the facility's TRA Plan to reduce the use of the toxic
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 t	the plan.

Creation		
Is there a stateme substance at the t		rator of the facility intends to reduce the creation of the toxic
No		
If 'yes', exact state toxic substance a	ement of the intent that is t the facility: **	included in the facility's TRA Plan to reduce the creation of the
If 'no', reason in the facility: **	ne facility's TRA Plan for	no intent to reduce the creation of the toxic substance at the
No economically	feasible options were ide	ntified in the plan.
Ohiactivas -	Targets and Desc	printion
Objectives,	raigets and Desc	inpuon .
Objectives in plan	. *	
None		
None		
Use Targets		
What is the	targeted reduction	n in use of the toxic substance at the
facility? *		
No quantity target	Quantity	Unit
$\boxtimes$	or	
What is the	targeted timefram	ne for this reduction? *
No timeline targe	et	years
·		•
$\boxtimes$	or	
Description of targ	gets	
Creation Tai	raets	
		n in creation of the toxic substance at the
	argeted reduction	The ordinal of the toxic substance at the
facility? * No quantity	Quantity	Unit
NO quantity	Quantity	Oint

Printed on 19/02/2016 11:20:54 AM

target				
$\boxtimes$	or			
What is the ta	argeted	timeframe	for this reducti	on? *
No timeline targe	t		years	
$\boxtimes$		or		
Description of Targ	get 			
Reasons for	Use			
Why is the toxic su	ıbstance us	sed at the facility	?: *	
As a formulation c	omponent			
Summarize why th	e toxic sub	stance is used a	t the facility: **	
The material is use	ed to prepa	re a foam for pa	ckaging parts to prev	ent damage during shipping.
Reasons for	Creatio	n		
Why is the toxic su	bstance cr	eated at the facil	ity?: *	
This substance is	not created	d at the facility		
Summarize why th	e toxic sub	stance is created	I at the facility: **	
Not Applicable				
Toxic Reduct	tion Opt	tions for Imp	olementation	
Description of	of the to	xic reductio	n option(s) to l	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 techi materials and hen	nically or e ce no optio	conomically feas ns will be implen	ble options due to cu nented.	ustomer specifications of the raw
Materials or t	feedsto	ck substituti	on	
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 stateme substance at the facil	ent of the intent that is incl ity: **	luded in the facility's TRA Plan to reduce the use of the toxic
If 'no', reason in the fa	acility's TRA Plan for no ir	ntent to reduce the use of the toxic substance at the facility: **
No economically feas	sible options were identifie	ed in the plan.
Creation		
Is there a statement t substance at the facil	hat the owner or operator ity?: *	of the facility intends to reduce the creation of the toxic
No		
If 'yes', exact stateme toxic substance at the		luded in the facility's TRA Plan to reduce the creation of the
facility: **		ntent to reduce the creation of the toxic substance at the
No economically feas	sible options were identifie	ed in the plan.
Objectives, Tar	rgets and Descrip	tion
Objectives		
Objectives in plan: *		
None		
Use Targets		
What is the tar	geted reduction in	use of the toxic substance at the
facility? *		
No quantity target	Quantity	Unit
<b>X</b> 0	r	
What is the tar	geted timeframe f	for this reduction? *
No timeline target		years
$\boxtimes$	or	

Description of targets	3		
Creation Targe	ets		-
What is the tar	rgeted reduction in cre	eation of the toxic substance at	the
facility? *			
No quantity target	Quantity	Unit	
⊠ 0	or		
What is the tar	geted timeframe for t	his reduction? *	
No timeline target	year	S	
$\boxtimes$	or		
Description of Target	İ		
Reasons for U			
-	stance used at the facility?: *		
This substance is no	t used at the facility		
Summarize why the t	toxic substance is used at the f	acility: **	
Reasons for C	reation		
Why is the toxic subs	stance created at the facility?: *		
As a by-product			
Summarize why the t	toxic substance is created at th	e facility: **	
PM is created by the	welding process.		
Toxic Reduction	on Options for Implem	entation	
Description of	the toxic reduction op	otion(s) to be implemented	
Is there a statement t	that no option will be implemen	ted?: *	
Yes, we are not imple	ementing		

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			
<u>Use Targets</u>			
What is the targeted reduction in use of the toxic substance at the			

facility? *				
No quantity target		Quantity	Unit	
$\boxtimes$	or			
What is the	targetec	l timeframe	for this reduction? *	
No timeline targe	et		years	
$\boxtimes$		or		
Description of targ	gets			
Creation Tar	gets			
What is the	targeted	reduction i	n creation of the toxic substance at the	
facility? *				
No quantity target		Quantity	Unit	
$\boxtimes$	or			
What is the	targetec	l timeframe	for this reduction? *	
No timeline targe	et		years	
$\boxtimes$		or		
Description of Tar	get			
Reasons for	Use			
Why is the toxic s	ubstance u	sed at the facility	?: *	
This substance is	not used a	t the facility		
Summarize why the toxic substance is used at the facility: **				
The second secon	780-45-780-			
Reasons for	Creation	n		

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				

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.

5 Lypta	6/1/2015
Shuji Fujita, President	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 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.

5 Jugata	6/1/2015
Shuji Fujita, President	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 Date