

Plan Summary Preview

Company Details

Company Legal Name:

Armstrong Manufacturing Inc.

Company Address:

2485 Haines Road, Mississauga (Ontario)

Report Details

Facility:

2485 Haines Road

Facility Address:

2485 Haines Road, Mississauga (Ontario)

Update Comments:

Activities

Facility Contacts

Facility Contacts

Public Contact:*

Steven Armstrong

Highest Ranking Employee:

David Armstrong

Person responsible for preparing the toxic substance reduction plan:

Yvonne Tong

Organization Validation

Company and Parent Company Information

Company Details

Company Legal Name:*

Armstrong Manufacturing Inc.

Company Trade Name:*

Armstrong Manufacturing Inc.

Business Number:*

891072506

Mailing Address

Delivery Mode:

General Delivery

PO Box

Rural Route Number

Address Line 1

2485 Haines Road

City*

Mississauga

Province/Territory**

Ontario

Postal Code:**

L4Y1Y7

Physical Address

Address Line 1

2485 Haines Road

City

Mississauga

Province/Territory

Ontario

Postal Code

L4Y1Y7

Additional Information

Land Survey Description

National Topographical Description

Parent Companies

Facility Validation

Facility Information

Facility:*

2485 Haines Road

NAICS Id:*

325610

NPRI Id:*

1093

ON Reg 127/01 Id:

Mailing Address

| | |
|----------------------|----------------------|
| Delivery Mode: | <input type="text"/> |
| PO Box | <input type="text"/> |
| Rural Route Number | <input type="text"/> |
| Address Line 1 | 2485 Haines Road |
| City* | Mississauga |
| Province/Territory** | Ontario |
| Postal Code:** | L4Y 1Y7 |

Physical Address

| | |
|------------------------------------|----------------------|
| Address Line 1 | 2485 Haines Road |
| City | Mississauga |
| Province/Territory | Ontario |
| Postal Code | l4y1y7 |
| Additional Information | <input type="text"/> |
| Land Survey Description | <input type="text"/> |
| National Topographical Description | <input type="text"/> |

Geographical Address

| | |
|----------------|----------------------|
| Latitude | <input type="text"/> |
| Longitude | <input type="text"/> |
| UTM Zone** | <input type="text"/> |
| UTM Easting** | <input type="text"/> |
| UTM Northing** | <input type="text"/> |

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:

9055668195

Email:*

davidarmstrong@armstrongmanufacturing.com

Mailing Address

Delivery Mode:

PO Box

Rural Route Number

Address Line 1

2485 haines road Road

City*

mississauga

Province/Territory**

Ontario

Postal Code:**

L4y1y7

Person responsible for the Toxic Substance Reduction Plan preparation:

First Name:*

Yvonne

Last Name:*

Tong

Position:*

Air Quality Compliance Scientist

Telephone:*

6478000807

Ext:

Fax:

Email:*

yvonnechiu@easysolutionsinc.ca

Mailing Address

Delivery Mode:

PO Box

Rural Route Number

Address Line 1

106 Withycombe Crescent

City*

Ancaster

Province/Territory**

Ontario

Postal Code:**

M1V 2J3

Employees

Employees

Number of Full-time Employees:*

30

Substances

7647-01-0, Hydrochloric acid

7647-01-0, Hydrochloric acid

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?**:**

The Company is not intended to reduce the use of the prescribed toxic substance due to the fact that the substance is part of the product formulation.

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?:**

The company does not create the toxic substance at the facility.

Objectives, Targets and Description

Plan Objectives

Objectives in plan:*

The company will continue its effort in managing its operation to satisfy all applicable environmental guidelines and regulations.

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 formulation component

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

Amount used as per product specifications.

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.**

The company is not intended to reduce the use of the prescribed toxic substance due to the fact that the substance is part of the product formulation.

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):*

TSRP0104

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

TSRP0104

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

New Plan