

# **Appendix C**

Summary of the Toxic Substance Reduction Plan

# Plan Summary Preview

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## Company Details

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Company Legal Name

Arla Foods Inc.

Company Address

675 Rivermede Road, Concord (Ontario)

## Report Details

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Facility Name

Country office

Facility Address

675 Rivermade, Concord (Ontario)

Update Comments

## Activities

---

## Contacts

---

Select the Facility Contacts

## Facility Contacts

---

Please assign the appropriate contact under each category below.

Public Contact: \*

Jan Haakansson

Highest Ranking Employee

Jan Haakansson

Person responsible for Toxic Substance Reduction Plan preparation

Greg Sanford

## Organization Validation

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## Company and Parent Company Information

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## Company Details

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Company Legal Name: \*

Arla Foods Inc.

Company Trade Name: \*

Business Number: \*

### Mailing Address

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

Empty

### 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="Country office"/>
NAICS Code: *	<input type="text" value="413120"/>
NPRI Id: *	<input type="text" value="26329"/>
ON Reg 127/01 Id	<input type="text"/>

## Facility Mailing Address

---

Delivery Mode	<input type="text"/>
PO Box	<input type="text"/>
Rural Route Number	<input type="text"/>
Address Line 1	<input type="text" value="675 Rivermade"/>
City *	<input type="text" value="Concord"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="L4K 2G9"/>

## Physical Address

---

Address Line 1	<input type="text" value="675 Rivermade"/>
City	<input type="text" value="Concord"/>
Province/Territory	<input type="text" value="Ontario"/>
Postal Code	<input type="text" value="L4K 2G9"/>
Additional Information	<input type="text"/>
Land Survey Description	<input type="text"/>
National Topographical Description	<input type="text"/>

## Geographical Address

---

Latitude **	<input type="text" value="43.80891"/>
-------------	---------------------------------------

Longitude **	<input type="text" value="-79.49823"/>
UTM Zone **	<input type="text" value="17"/>
UTM Easting **	<input type="text" value="620789"/>
UTM Northing **	<input type="text" value="4851744"/>

## 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="Jan"/>
Last Name: *	<input type="text" value="Haakansson"/>
Position: *	<input type="text" value="Site Director"/>
Telephone: *	<input type="text" value="9056699393"/>
Ext	<input type="text" value="347"/>
Fax	<input type="text"/>
Email: *	<input type="text" value="Jan.Haakansson@arlafoods.com"/>

### Mailing Address

Delivery Mode	<input type="text"/>
PO Box	<input type="text"/>
Rural Route Number	<input type="text"/>
Address Line 1	<input type="text" value="675 Rivermede Road"/>
City *	<input type="text" value="Concord"/>

Province/Territory \*\*

Ontario

Postal Code: \*\*

L4K 2G9

### Highest Ranking Employee

---

First Name: \*

Jan

Last Name: \*

Haakansson

Position: \*

Site Director

Telephone: \*

9056699393

Ext

347

Fax

Email: \*

Jan.Haakansson@arlafoods.com

### Mailing Address

---

Delivery Mode

PO Box

Rural Route Number

Address Line 1

675 Rivermede Road

City \*

Concord

Province/Territory \*\*

Ontario

Postal Code: \*\*

L4K 2G9

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

---

First Name: \*

Greg

Last Name: \*

Sanford

Position: \*

Manager Engineering and Maintenance

Telephone: \*

9056699393

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: \*

## Substances

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7697-37-2, Nitric acid

7697-37-2, Nitric acid

## Substances Section Data

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### Statement of Intent

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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: \*\*

The substance was used for product and public safety.

## 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 was not created.

## Objectives, Targets and Description

### Objectives

Objectives in plan: \*

Arla have recently installed a new effluent neutralization system to optimize the use of the toxic substance. Arla will continue their effort in protecting the environment.

### 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?: \*

Ancillary other use

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

It was used to clean process equipment and treat process wastewater.

## 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 provide an explanation below why your facility is not implementing an option.  
Explanation of the reasons why no option will be implemented: \*\*

The substance was used for product and public safety.

**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): \*

TSRP0104

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

TSRP0104

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

New Plan

**NA - 17, Nitrate ion in solution at pH >= 6.0**

NA - 17, Nitrate ion in solution at pH >= 6.0

**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: \*\*

The toxic substance was used for product and public safety.

### 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: \*\*

The toxic substance was not created.

## Objectives, Targets and Description

### Objectives

Objectives in plan: \*

Arla have recently installed a new effluent neutralization system to optimize the use of the toxic substance. Arla will continue their effort in protecting the environment.

### 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  or  years

or

Description of targets

### Creation Targets

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

No quantity target  or  Quantity  Unit

or

What is the targeted timeframe for this reduction? \*

No timeline target  or  years

or

Description of Target

### Reasons for Use

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

Ancillary other use

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

It was used to clean process equipment and treat process wastewater

### 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 provide an explanation below why your facility is not implementing an option. Explanation of the reasons why no option will be implemented: \*\*

The substance was used for product safety and public safety.

### 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): \*

TSRP0104

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

TSRP0104

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

New Plan

# **Appendix D**

Summary of the Toxic Substance Accounting

# Report Preview

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## Company Details

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Name

Arla Foods Inc.

Address

675 Rivermede Road, Concord (Ontario)

## Report Details

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Report Status

Update 1 - Submitted

2014

Report Type

Inventory

Facility Name

Country office

Facility Address

675 Rivermede Road, Concord (Ontario)

Update Comments

To file an exit record for PM2.5.  
To provide TRA Quantifications for nitric acid and nitrate ion.

## Activity Details

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### Applicable Programs

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Please select all that apply.

#### Environment Canada Programs

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NPRI - National Pollutant Release Inventory

#### Partnering Programs

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ON MOE TRA - Ontario Ministry of the Environment for the Toxic Reductions Act

ON MOE Reg. 127/01 - Ontario Ministry of the Environment for the Airborne Contaminant Discharge Monitoring and Reporting Regulation



- NERM - Chemistry Industry Association of Canada for the National Emission Reduction Masterplan survey
- NFPRER - National Framework for Petroleum Refinery Emission Reductions

## Contacts

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Select the appropriate person from the drop-down menu for each contact.

## Facility Contacts

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Select the appropriate person from the drop-down menu for each contact.

Technical Contact: \*

Greg Sanford

Certifying Official (or authorized delegate): \*

Jan Haakansson

Highest Ranking Employee: \*

Jan Haakansson

Person who prepared the report: \*

Yvonne Tong

Person who coordinated the preparation of the Toxics Reduction Plan (required after a plan summary has been submitted)

Company Coordinator (optional)

Public Contact (optional)

Contractor Contact (optional)

Yvonne Tong

If you are an independent contractor or consultant, please enter your company name in the field below

Compliance Environmental Services

## Employees and Activities

---

### Employees

---

Number of Employees \*

109

## Activities

If your facility was engaged in any of the following activities, check the relevant box(es), otherwise click "None of the Above". For the second "Activities" list, if you select one of these activities then you must report dioxins, furans and hexachlorobenzene.

Activities for Which the 20,000-Hour Employee Threshold Does Not Apply: (check all that apply) \*

None of the above

Activities Relevant to Reporting Dioxins, Furans and Hexachlorobenzene: (check all that apply) \*

None of the above

## Activities Relevant to Reporting of Polycyclic Aromatic Hydrocarbons (PAHs)

Did the following activity take place at the facility?

Wood preservation using creosote: \*

No

## General Facility Information

### NPRI

Is this the first time the facility is reporting to the NPRI (under current or past ownership)? \*

No

Is the facility controlled by another Canadian company or companies? \*

No

Did the facility report under other environmental regulations or permits? \*

No

Is the facility required to report one or more NPRI Part 4 substances (Criteria Air Contaminants)? \*

Yes

If 'Yes' to reporting for one or more Part 4 substances: Was the facility shut down for more than one week during the year? \*\*

No

## Operating Schedule - Days of the Week \*\*

Mon	Tue	Wed	Thu	Fri	Sat	Sun
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## Operating Schedule - Hours \*\*

Usual Number of Operating Hours per day

Usual Daily Start Time (24h) (hh:mm)

18

04:00

## Shutdown Periods \*\*

To report a shutdown period, click the "+" sign to the right side of the screen.

Empty

## General Comments for Facility

Comments

## Verify Facility Information

### Company Information

### Company Details

Company Legal Name

Arla Foods Inc.

Business Number

864679030

### Mailing Address

Delivery Mode

PO Box

Rural Route Number

Address Line 1

675 Rivermede Road

City \*

Concord

Province/Territory \*\*

Ontario

Postal Code: \*\*

L4K 2G9

Country \*

Canada

### Facility Information

Facility \*

Country office

NAICS Code \*

413120

NPRI ID \*

## Facility Physical Address

Address Line 1

City

Province/Territory

Postal Code

Country

Additional Information

Land Survey Description

National Topographical Description

## Geographical Address

Latitude \*\*

Longitude \*\*

UTM Zone \*\*

UTM Easting \*\*

UTM Northing \*\*

## Facility Contacts

### Contact Types

### Technical 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: \*\*

Country \*

### Certifying Official

---

First Name: \*

Last Name: \*

Position: \*

Telephone: \*

Ext

Fax

Email: \*

### Mailing Address

---

Delivery Mode

PO Box

Rural Route Number	<input type="text"/>
Address Line 1	<input type="text" value="675 Rivermede Road"/>
City *	<input type="text" value="Concord"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="L4K 2G9"/>
Country *	<input type="text" value="Canada"/>

### Contractor Contact

---

First Name: *	<input type="text" value="Yvonne"/>
Last Name: *	<input type="text" value="Tong"/>
Position: *	<input type="text" value="Air Quality Compliance Scientist"/>
Telephone: *	<input type="text" value="6478000807"/>
Ext	<input type="text"/>
Fax	<input type="text"/>
Email: *	<input type="text" value="yvonnehk@hotmail.com"/>

### Mailing Address

---

Delivery Mode	<input type="text"/>
PO Box	<input type="text"/>
Rural Route Number	<input type="text"/>
Address Line 1	<input type="text" value="193 Valleyview Drive"/>
City *	<input type="text" value="Ancaster"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="L9G 2A7"/>
Country *	<input type="text" value="Canada"/>

## Highest Ranking Employee

---

First Name: *	<input type="text" value="Jan"/>
Last Name: *	<input type="text" value="Haakansson"/>
Position: *	<input type="text" value="Site Director"/>
Telephone: *	<input type="text" value="9056699393"/>
Ext	<input type="text"/>
Fax	<input type="text"/>
Email: *	<input type="text" value="Jan.Haakansson@arlafoods.com"/>

## Mailing Address

---

Delivery Mode	<input type="text"/>
PO Box	<input type="text"/>
Rural Route Number	<input type="text"/>
Address Line 1	<input type="text" value="675 Rivermede Road"/>
City *	<input type="text" value="Concord"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="L4K 2G9"/>
Country *	<input type="text" value="Canada"/>

## Person who prepared the report

---

First Name: *	<input type="text" value="Yvonne"/>
Last Name: *	<input type="text" value="Tong"/>
Position: *	<input type="text" value="Air Quality Compliance Scientist"/>
Telephone: *	<input type="text" value="6478000807"/>
Ext	<input type="text"/>

Fax

Email: \*

## Mailing Address

---

Delivery Mode

PO Box

Rural Route Number

Address Line 1

City \*

Province/Territory \*\*

Postal Code: \*\*

Country \*

## Pollution Prevention

---

### Pollution Prevention Plans

---

Does the facility have a documented pollution prevention plan? \*

If 'Yes'

a) Please check all that apply

b) Did the facility update their plan in the current reporting year?

c) Does the plan address substances, energy conservation, or water conservation?

Please summarize your pollution prevention plan and/or your pollution prevention activities (this information will be publicly available) \*\*



## Pollution Prevention Activities

---

Did the facility complete any pollution prevention activities in the current NPRI reporting year? \*

No

Selecting "Yes" will initiate the reporting of the specific pollution prevention activities that were completed in the current reporting year on the following screen.

## Substance Details

---

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

---

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

## Substance Reporting Status

---

### Applicable Programs

---

NPRI - Does this substance meet the criteria specified in the Canada Gazette notice? Selecting "No" indicates voluntary reporting of this substance to the NPRI. \*

No

ON MOE TRA - Does this substance meet the criteria specified in the Ontario Regulation 455/09 under the TRA? Selecting "No" indicates voluntary reporting of this substance to the ON MOE. \*

No

Is this considered the first report for this substance to the ON MOE TRA? (Please select "Help" for further clarification) \*

No

Would you like to create an exit record for this ON MOE TRA substance? \*

Yes

Comments

## TRA Exit Record

---

### TRA Ceases to Apply for the Substance

---

Select the following circumstance(s) that apply: \*

The substance did not meet the criteria to provide information to NPRI

Describe the circumstances that lead to the criteria no longer being met \*

Correct natural gas consumption was provided this reporting year.

Describe the information and any quantifications relied upon for making the determination \*

Enbridge

## On-site Releases

Click "Edit" to enter your reportable values. In order to calculate totals, you must click the "Validate" button.

## Enter the values for releases to air for the substance

### Releases to Air

Category	Basis Of Estimate	Quantity (Tonnes)
Stack or Point Releases	NA - Not Applicable	
Storage or Handling Releases	NA - Not Applicable	
Fugitive Releases	C - Mass Balance	0.0612
Spills	NA - Not Applicable	
Other Non-point Releases	NA - Not Applicable	
Road Dust	NA - Not Applicable	

Total - Releases to Air

0.0612

## Breakdown of Annual Releases

Distribute Equally

### Monthly Releases

January %	February %	March %	April %
8.33	8.33	8.34	8.33
May %	June %	July %	August %
8.33	8.34	8.33	8.33
September %	October %	November %	December %

8.34 8.33 8.33 8.34

Total %

100.00

## Reasons for Changes in Quantities Released from Previous Year

Select the applicable reason or reasons \*

Other (specify in On-site Releases comment field)

Comments ? (On-Site Releases) \*\*

Correct natural gas consumption was provided by Enbridge this year.

## 7697-37-2, Nitric acid

7697-37-2, Nitric acid

## Substance Reporting Status

### Applicable Programs

NPRI - Does this substance meet the criteria specified in the Canada Gazette notice? Selecting "No" indicates voluntary reporting of this substance to the NPRI. \*

Yes

ON MOE TRA - Does this substance meet the criteria specified in the Ontario Regulation 455/09 under the TRA? Selecting "No" indicates voluntary reporting of this substance to the ON MOE. \*

Yes

Is this considered the first report for this substance to the ON MOE TRA? (Please select "Help" for further clarification) \*

Yes

Would you like to create an exit record for this ON MOE TRA substance? \*

No

Comments

## General Information about the Substance

## Releases and Transfers of the Substance

## Releases and Transfers of the Substance

---

Was the substance released on-site? \*

No

If the substance was released on-site and the total quantity released was less than one tonne, select the check-box below

The substance will be reported as the sum of releases to all media (total of 1 tonne or less).

## Disposals and Off-site Transfers for Recycling

---

Was the substance disposed of (on-site or off-site), or transferred for treatment prior to final disposal? \*

No

Is the facility required to report on disposals of tailings and waste rock for the selected reporting period? \*

No

Was the substance transferred off-site for recycling? \*

No

## Nature of Activities \*

---

Indicate whether the substance was manufactured, processed, or otherwise used, by selecting the nature of such activities.

Manufacture the Substance

Process the Substance

Otherwise Use of the Substance

Ancillary/other use

## TRA Quantifications

---

Enters the facility (Use), Creation, Contained in Product for ON MOE TRA

Enters the facility (Use)

---

The amount of substance that enters a process as the substance itself or part of another substance, rolled up at the facility level.

Quantity (Tonnes) \*\*

20.108

---

Do you want to use ranges for public reporting? If "No" is selected you are indicating that any report to the public may contain the exact quantity provided. \*

Yes

## Creation

The amount of substance that is created

Quantity (Tonnes) \*\*

0

---

Do you want to use ranges for public reporting? If "No" is selected you are indicating that any report to the public may contain the exact quantity provided. \*

No

## Contained in Product

The amount of substance contained in product

Quantity (Tonnes) \*\*

0

---

Do you want to use ranges for public reporting? If "No" is selected you are indicating that any report to the public may contain the exact quantity provided. \*

No

## Change in Method of Quantification

There has been a change in the method or combination of methods used to track and quantify the substance during the previous calendar year

Describe the changes \*\*

Select the reason for change: \*\*

Describe how the change impact tracking and quantification of the substance \*\*

## Incidents out of the normal course of events

- There have been incidents out of the normal course of events that occurred at the facility during the previous calendar year that affected the results of tracking/quantification of this substance.

Explain how tracking and quantifications were affected \*\*

## Significant Process Change

---

- There has been a significant process change at the facility during the previous calendar year.

## On-site Releases

---

Click "Edit" to enter your reportable values. In order to calculate totals, you must click the "Validate" button.

## Reasons for Changes in Quantities Released from Previous Year

---

Select the applicable reason or reasons \*

Not applicable (first year reporting this substance)

Comments ? (On-Site Releases) \*\*

## Disposals

---

## Reasons for Changes in Quantities Disposed from Previous Year

---

Select the applicable reason or reasons.

Not applicable (first year reporting this substance)

Comments? (Disposals)

## Recycling

---

## Reasons for Changes in Quantities Recycled from Previous Year

---

Select the applicable reason or reasons \*

Not applicable (first year reporting this substance)

Comments? (Recycling)

## NA - 17, Nitrate ion in solution at pH >= 6.0

---

NA - 17, Nitrate ion in solution at pH >= 6.0

---

## Substance Reporting Status

---

### Applicable Programs

---

NPRI - Does this substance meet the criteria specified in the Canada Gazette notice? Selecting "No" indicates voluntary reporting of this substance to the NPRI. \*

Yes

ON MOE TRA - Does this substance meet the criteria specified in the Ontario Regulation 455/09 under the TRA? Selecting "No" indicates voluntary reporting of this substance to the ON MOE. \*

Yes

Is this considered the first report for this substance to the ON MOE TRA? (Please select "Help" for further clarification) \*

Yes

Would you like to create an exit record for this ON MOE TRA substance? \*

No

Comments

## General Information about the Substance

---

### Releases and Transfers of the Substance

---

### Releases and Transfers of the Substance

---

Was the substance released on-site? \*

No

If the substance was released on-site and the total quantity released was less than one tonne, select the check-box below

The substance will be reported as the sum of releases to all media (total of 1 tonne or less).

### Disposals and Off-site Transfers for Recycling

---

Was the substance disposed of (on-site or off-site), or transferred for treatment prior to final disposal? \*

No

Is the facility required to report on disposals of tailings and waste rock for the selected reporting period? \*

No

Was the substance transferred off-site for recycling? \*

No

## Nature of Activities \*

---

Indicate whether the substance was manufactured, processed, or otherwise used, by selecting the nature of such activities.

Manufacture the Substance

Process the Substance

Otherwise Use of the Substance

Ancillary/other use

## TRA Quantifications

---

Enters the facility (Use), Creation, Contained in Product for ON MOE TRA

### Enters the facility (Use)

---

The amount of substance that enters a process as the substance itself or part of another substance, rolled up at the facility level.

Quantity (Tonnes) \*\*

19.707

---

Do you want to use ranges for public reporting? If "No" is selected you are indicating that any report to the public may contain the exact quantity provided. \*

Yes

## Creation

---

The amount of substance that is created

Quantity (Tonnes) \*\*

0

---

Do you want to use ranges for public reporting? If "No" is selected you are indicating that any report to the public may contain the exact quantity provided. \*

No

## Contained in Product

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The amount of substance contained in product

Quantity (Tonnes) \*\*



0

Do you want to use ranges for public reporting? If "No" is selected you are indicating that any report to the public may contain the exact quantity provided. \*

No

## Change in Method of Quantification

There has been a change in the method or combination of methods used to track and quantify the substance during the previous calendar year

Describe the changes \*\*

Select the reason for change: \*\*

Describe how the change impact tracking and quantification of the substance \*\*

## Incidents out of the normal course of events

There have been incidents out of the normal course of events that occurred at the facility during the previous calendar year that affected the results of tracking/quantification of this substance.

Explain how tracking and quantifications were affected \*\*

## Significant Process Change

There has been a significant process change at the facility during the previous calendar year.

## On-site Releases

Click "Edit" to enter your reportable values. In order to calculate totals, you must click the "Validate" button.

## Reasons for Changes in Quantities Released from Previous Year

Select the applicable reason or reasons \*

Not applicable (first year reporting this substance)

Comments ? (On-Site Releases) \*\*

## Disposals

## Reasons for Changes in Quantities Disposed from Previous Year

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Select the applicable reason or reasons.

Not applicable (first year reporting this substance)

Comments? (Disposals)

## Recycling

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### Reasons for Changes in Quantities Recycled from Previous Year

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Select the applicable reason or reasons \*

Not applicable (first year reporting this substance)

Comments? (Recycling)