

Plan Summary Preview

Company Details

Company Legal Name

Krug Furniture Inc.

Company Address

421 Manitou Drive, Kitchener (Ontario)

Report Details

NPRI ID

5882

Facility Name

Seating

Facility Address

111 Ahrens Street, Kitchener (Ontario)

Update Comments

Activities

Contacts

Select the Facility Contacts

Facility Contacts

Please assign the appropriate contact under each category below.

Public Contact: *

Leslie Creek

Highest Ranking Employee

Rob Hawes

Person responsible for Toxic Substance Reduction Plan preparation

Alicia Wind

Organization Validation

Company and Parent Company Information

Company Details

Company Legal Name: *

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="Seating"/>
NAICS Code: *	<input type="text" value="337213"/>
NPRI Id: *	<input type="text" value="5882"/>
ON Reg 127/01 Id	<input type="text" value="05787"/>

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="111 Ahrens Street"/>
City *	<input type="text" value="Kitchener"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="N2H4C2"/>

Physical Address

Address Line 1	<input type="text" value="111 Ahrens Street"/>
City	<input type="text" value="Kitchener"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code **	<input type="text" value="N2H4C2"/>
Additional Information	<input type="text"/>

Land Survey Description

National Topographical Description

Geographical Address

Latitude **

43.45640

Longitude **

-80.49280

UTM Zone **

17

UTM Easting **

541034

UTM Northing **

4811624

Contact Validation

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Contacts

Public Contact

First Name: *

Leslie

Last Name: *

Creek

Position: *

Quality Assurance/Health & Safety Supervisor

Telephone: *

5197485100

Ext

209

Fax

5197485177

Email: *

lcreek@krug.ca

Mailing Address

Delivery Mode

General Delivery

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

Delivery Mode

PO Box

Rural Route Number

Address Line 1

City *

Province/Territory **

Postal Code: **

Person responsible for the Toxic Substance Reduction Plan preparation

First Name: *	<input type="text" value="Alicia"/>
Last Name: *	<input type="text" value="Wind"/>
Position: *	<input type="text" value="Resource Conservation Specialist"/>
Telephone: *	<input type="text" value="5195785100"/>
Ext	<input type="text" value="252"/>
Fax	<input type="text" value="5196695002"/>
Email: *	<input type="text" value="awind@enviro-stewards.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" value="1 Union Street"/>
City *	<input type="text" value="Elmira"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="N3B3J9"/>

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

3016.21 2016 Signed Certification Statements for Krug Ahrens.pdf	22/12/2016 12:06:30 PM
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Plan Summary Submission

Electronic Submission

Company Name

Facility Name

Report Submitted By (authorized delegate)

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

78-93-3, Methyl ethyl ketone

78-93-3, Methyl ethyl ketone

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: **

Krug intends to reduce the use of methyl ethyl ketone (MEK) in their seating facility. The objective is to reduce the use of this substance through materials or feedstock substitution.

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?: *

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: **

MEK is not created at this facility.

Objectives, Targets and Description

Objectives

Objectives in plan: *

The objective is to reduce the use of this substance through materials or feedstock substitution.

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?: *

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

Materials or feedstock substitution

Substituted materials

Which activities will be undertaken to implement these reduction options?

Which activities will be undertaken to implement these reduction options?: *

Describe the option: *

Estimates

N/A	tonnes	%
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Estimate of the amount by which the **use** of the toxic substance at the facility will be reduced as a result of implementing the option:

<input type="checkbox"/>	<input type="text" value="0.32"/>	<input type="text" value="21"/>
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Estimate of the amount by which the **creation** of the toxic substance at the facility will be reduced as a result of implementing the option:

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
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Estimate of the amount by which the toxic substance **contained in the product** leaving the facility will be reduced as a result of implementing the option:

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
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Estimate of the amount by which the total **releases to air** of the toxic substance at the facility will be reduced as a result of implementing the option:

<input type="checkbox"/>	<input type="text" value="0.236"/>	<input type="text" value="15"/>
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Estimate of the amount by which the total **releases to water** of the toxic substance at the facility will be reduced as a result of implementing the option:

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
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Estimate of the amount by which the total **releases to land** of the toxic substance at the facility will be reduced as a result of implementing the option:

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
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Estimate of the amount by which the **disposals on-site** (including tailing and waste rock)

of the toxic substance at the facility will be reduced as a result on implementing this option:

Estimate of the amount by which the **disposals off-site** of the toxic substance at the facility will be reduced as a result on implementing this option:

Estimate of the amount by which total **recycling off-site** of the toxic substance at the facility will be reduced as a result on implementing this option:

Timelines

N/A **years**

Anticipated timelines for achieving the estimated reduction of the **use** of the toxic substance:

Anticipated timelines for achieving the estimated reduction of the **creation** of the toxic substance:

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): *

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

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