
2013 Reporting Year Annual Toxic Reduction Public Report

Reporting Under Toxics Reduction Act, 2009 and O. Reg. 455/09



Electrical Contacts Limited

Introduction

Electrical Contacts, Limited is a manufacturer of discrete electrical contacts, contact assemblies, and tape and button contacts. At our facility, ammonia is used as a manufacturing aid to create a reducing atmosphere in furnaces used for part production. In order to manage the impacts of ammonia, Electrical Contacts, Limited has developed a Toxic Reduction Plan as required by Ontario's Toxics Reduction Act and regulation O.Reg 455/09.

This annual toxic reduction substance accounting report has been prepared to meet the regulatory obligations specified in section 10 of the *Act*. This document summarizes the relevant reporting requirements and shall be updated as required by the *Act*, and O.Reg 455/09. This Public Report covers the year 2013 and includes the Toxics Reduction Act Plan certification signed by the Toxic Substance Reduction Planner, Scott Manser, and Peter Allen, the company's highest ranking employee.

Substance and Facility Information

| TOXIC SUBSTANCES REQUIRING A PLAN | |
|--|---|
| SUBSTANCE NAME | Ammonia |
| OTHER SUBSTANCES FOR WHICH A TOXIC REDUCTION PLAN HAS BEEN PREPARED | N/A |
| CHEMICAL ABSTRACTS SERVICE REGISTRY NUMBER | (RN 7664-41-7) |
| FACILITY INFORMATION | |
| LEGAL COMPANY NAME | Electrical Contacts, Ltd. |
| FACILITY NAME | Electrical Contacts, Ltd. |
| FACILITY ADDRESS | 519 22 nd Avenue, Hanover, Ontario N4N 3T6 |
| PHONE | 519-364-1878 |
| FAX | 519-364-4626 |
| WEB SITE ADDRESS | www.e-c-l.com |
| UTM COORDINATES, X AND Y DATUM | X 44.1581 Y 81.003 |
| NUMBER OF FULL TIME EMPLOYEES | 127 |
| NPRI ID# | 0000004560 |
| PRIMARY NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM CODE (NAICS) | |
| 2 DIGIT NAICS CODE | 33 |
| 4 DIGIT NAICS CODE | 3399 |
| 6 DIGIT NAICS CODE | 339990 |
| PUBLIC CONTACT | |
| NAME & TITLE | Zach Berthelot, Plant Manager |
| PHONE | 519-364-1878 |

On a facility-wide basis:

Amount that entered the facility as the substance itself or as a constituent of another substance:

The amount of substance that was created:

The amount of substance that was contained in product:

Tonne Units

| |
|-----|
| 117 |
| 0 |
| 0 |

On-site releases from the facility to air, water and land, as well as on and off-site disposal and off-site recycling can be viewed by searching for this facility at: <http://www.ec.gc.ca/inrp-npri/default.asp?lang=en>

Facility-Wide Accounting Information

| FORM OF INVOLVEMENT | |
|---|------------|
| ENTERS THE FACILITY (USE) | 117,000 Kg |
| CREATED AT THE FACILITY | 0Kg |
| RELEASED (AIR) FROM FACILITY | 0Kg |
| RELEASED (LAND) FROM FACILITY | 0Kg |
| RELEASED (WATER) FROM FACILITY | 0Kg |
| DISPOSED OF BY FACILITY | 0Kg |
| TRANSFERRED FROM FACILITY | 0Kg |
| CONTAINED IN PRODUCT THAT LEAVES FACILITY | 0Kg |

Toxic Reduction Objectives and Targets

In using ammonia as a manufacturing aid within our facility we are committed to continuing to research and monitor advancements to implement options that are both technologically and economically feasible to reduce ammonia usage.

While we are and remain committed to this reduction, no technical and economically feasible options have been identified at this time.

This is the first year ECL has created a Toxic Reduction Act plan. This plan will be reviewed yearly and updated accordingly.

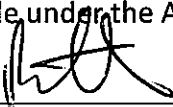
As of May 21, 2014, I certify that I have read the [report(s)] on the toxic substance reduction [plan(s)] for Ammonia (Anhydrous) and am familiar with its contents and to my knowledge the information contained in the report(s) is factual accurate and the report complies with the Toxics Reduction Act, 2009 and Ontario Regulation 455/09 (General) made under the Act.

The original version of this report is signed off by:

Highest Ranking Employee:

Title:

Phone Number:



| |
|--------------|
| Peter Allen |
| President |
| 519-364-1878 |

Canada.gc.ca (<http://www.canada.gc.ca/home.html>)

Services (<http://www.servicecanada.gc.ca/eng/home.shtml>)

Departments (<http://www.canada.gc.ca/aboutgov-ausujetgouv/depts/menu-eng.html>)

Français

National Pollutant Release Inventory (NPRI) and Partners (/)

Home (<https://ec.ss.ec.gc.ca/auth/en/Services>) | Submission Management ▾

Help ▾ | My Profile: Zach Berthelot ▾ | Logout (/V003/Logout_Deconnexion)

Ec.gc.ca (<http://ec.gc.ca/default.asp?lang=En&n=FD9B0E51-1>)

SWIM (<https://ec.ss.ec.gc.ca/auth/en/Services>) 2013 (/) Electrical Contacts Ltd. (/) ECL (/) Report Preview

* indicates a required field, ** indicates a conditionally required field

Report Preview

Company Details

Name

Electrical Contacts Ltd.

Address

519 22nd Avenue, Hanover (Ontario)

Report Details

Report Status

Ready to Submit

2013

Report Type

Inventory

Facility Name

ECL

Facility Address

519 22nd Avenue, Hanover (Ontario)

Update Comments

Activity Details

Applicable Programs

Please select all that apply.

Environment Canada Programs



NPRI - National Pollutant Release Inventory

Partnering Programs



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

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

Facility Contacts

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

Technical Contact: *

Certifying Official (or authorized delegate): *

Highest Ranking Employee: *

Person who prepared the report: *

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

Zach Berthelot

Company Coordinator (optional)

Zach Berthelot

Public Contact (optional)

Zach Berthelot

Contractor Contact (optional)

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

Employees and Activities

Employees

Number of Employees *

127

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)? *

No

If 'Yes' to reporting for one or more Part 4 substances:

Was the facility shut down for more than one week during the year? **

Operating Schedule - Days of the Week **

Mon
Tue
Wed
Thu
Fri
Sat
Sun

Operating Schedule - Hours **

Usual Number of
Operating Hours per day
Usual Daily Start Time
(24h) (hh:mm)

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

Business Number

Mailing Address

Delivery Mode

PO Box

Rural Route Number

Address Line 1

City *

Province/Territory **

Postal Code: **

Country *

Facility Information

Facility *

NAICS Code *

339990

NPRI ID *

4560 (Assigned by Environment Canada)

Facility Physical Address

Address Line 1

519 22nd Avenue

City

Hanover

Province/Territory

Ontario

Postal Code

N4N3T6

Country

Canada

Additional Information

Land Survey Description

National Topographical Description

Geographical Address

Latitude **

44.15810

Longitude **

-81.00990

UTM Zone **

17

UTM Easting **

499760.1

UTM Northing **

4889432.9

Facility Contacts

Contact Types

Technical Contact

First Name: *

Zach

Last Name: *

Berthelot

Position: *

Plant Manager

Telephone: *

5193641878

Ext

Fax

5193644626

Email: *

Zach.Berthelot@e-c-l.com

Mailing Address

Delivery Mode

General Delivery

PO Box

Rural Route Number

Address Line 1

519 22nd Avenue

City *

Hanover

Province/Territory **

Ontario

Postal Code: **

Country *

Certifying Official

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: **

N4N3T6

Country *

Canada

Company Coordinator

First Name: *

Zach

Last Name: *

Berthelot

Position: *

Plant Manager

Telephone: *

5193641878

Ext

Fax

5193644626

Email: *

Zach.Berthelot@e-c-l.com

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Address Line 1

519 22nd Avenue

City *

Hanover

Province/Territory **

Ontario

Postal Code: **

N4N3T6

Country *

Canada

Highest Ranking Employee

First Name: *

Peter

Last Name: *

Allen

Position: *

President

Telephone: *

5193641878

Ext

228

Fax

5193644626

Email: *

peter.allen@e-c-l.com

Mailing Address

Delivery Mode

General Delivery

PO Box

Rural Route Number

Address Line 1

519 22nd Avenue

City *

Hanover

Province/Territory **

Ontario

Postal Code: **

N4N3T6

Country *

Canada

Person who prepared the report

First Name: *

Zach

Last Name: *

Berthelot

Position: *

Plant Manager

Telephone: *

5193641878

Ext

Fax

5193644626

Email: *

Zach.Berthelot@e-c-l.com

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Delivery Mode

General Delivery

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Rural Route Number

Address Line 1

519 22nd Avenue

City *

Hanover

Province/Territory **

Ontario

Postal Code: **

N4N3T6

Country *

Canada

Person who coordinated the preparation of the Toxics Reduction Plan

First Name: *

Zach

Last Name: *

Berthelot

Position: *

Plant Manager

Telephone: *

5193641878

Ext

Fax

5193644626

Email: *

Zach.Berthelot@e-c-l.com

Mailing Address

Delivery Mode

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PO Box

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Address Line 1

519 22nd Avenue

City *

Hanover

Province/Territory **

Ontario

Postal Code: **

N4N3T6

Country *

Canada

Public Contact

First Name: *

Zach

Last Name: *

Berthelot

Position: *

Plant Manager

Telephone: *

5193641878

Ext

Fax

5193644626

Email: *

Zach.Berthelot@e-c-l.com

Mailing Address

Delivery Mode

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Rural Route Number

Address Line 1

519 22nd Avenue

City *

Hanover

Province/Territory **

Ontario

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?

Comments **

Pollution Prevention Activities

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

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 - 16, Ammonia (total)

NA - 16, Ammonia (total)

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. *

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

Indicate if there were On-site Releases, Disposals or Off-site Transfers to the environment by choosing Yes or No from the drop-down boxes beside the questions below.

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**

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) *

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. *

Creation

The amount of substance that is created

Quantity (Tonnes) *

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. *

Contained in Product

The amount of substance contained in product

Quantity (Tonnes) *

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 *

No significant change (i.e. < 10%) or no change

Comments ? (On-Site Releases)

Disposals

Reasons for Changes in Quantities Disposed from Previous Year

Select the applicable reason or reasons.

No significant change (i.e. < 10%) or no change

Comments? (Disposals)

Recycling

Reasons for Changes in Quantities Recycled from Previous Year

Select the applicable reason or reasons *

No significant change (i.e. < 10%) or no change

Comments? (Recycling)

Version: 3.3.1

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HEALTH

TRAVEL

healthycanadians.gc.ca (http://healthycanadians.gc.ca/index-eng.php) travel.gc.ca (http://www.voyage.gc.ca/index-eng.asp)

SERVICE CANADA

servicecanada.gc.ca (http://www.servicecanada.gc.ca/eng/home.shtml)

JOBS

ECONOMY

jobbank.gc.ca (http://www.jobbank.gc.ca/intro-eng.aspx) actionplan.gc.ca (http://actionplan.gc.ca/eng/index.asp)

Canada.gc.ca (http://www.canada.gc.ca/home.html)

Electrical Contacts Limited

Toxic Reduction Plan
for Ammonia (cas#7664-41-7)

Page 19 of 19

9. PLAN CERTIFICATION FOR AMMONIA

As of 11/26 2013, I, PETER ALLEN certify that I have read the toxic substance reduction plan for the toxic substance referred to below and am familiar with its contents, and to my knowledge the plan is factually accurate and complies with the Toxic Reduction Act, 2009 and Ontario Regulation 455/09 (General) made under that Act.

[Ammonia, cas#7664-41-7]

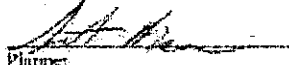


2013/11/26, 2013

Peter Allen
President, Electrical Contacts, Ltd. (Highest Ranking Employee)

As of November 22, 2013, I, Scott Manser certify that I am familiar with the processes at ECL that use or create the toxic substance referred to below, that I agree with the estimates referred to in subparagraphs 7 iii, iv and v of subsection 2 (1) of the Toxic Reduction Act, 2009 that are set out in the plan dated November 22, 2013 and that the plan complies with that Act and Ontario Regulation 455/09 (General) made under that Act.

[Ammonia, cas#7664-41-7]



November 22, 2013

Planner
Toxic Substance Reduction Planner, TSRP0071

Plan Summary Preview

Company Details

Company Legal Name

Electrical Contacts Ltd.

Company Address

519 22 Avenue, Hanover (Ontario)

Report Details

Facility Name

ECL

Facility Address

519 22nd Avenue, Hanover (Ontario)

Update Comments

Activities

Contacts

Select the Facility Contacts

Facility Contacts

Please assign the appropriate contact under each category below.

Public Contact: *

Zach Berthelot

Highest Ranking Employee

Peter Allen

Person responsible for Toxic Substance Reduction Plan preparation

Zach Berthelot

Organization Validation

Company and Parent Company Information

Company Details

Company Legal Name: *

Electrical Contacts Ltd.

Company Trade Name: *

Electrical Contacts Ltd.

Business Number: *

101601532

Mailing Address

Delivery Mode

General Delivery

PO Box

Rural Route Number

Address Line 1

519 22 Avenue

City *

Hanover

Province/Territory **

Ontario

Postal Code: **

N4N3T6

Physical Address

Address Line 1

519 22nd Avenue

City

Hanover

Province/Territory

Ontario

Postal Code

N4N3T6

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: *

NAICS Code: *

NPRI Id: *

ON Reg 127/01 Id

Facility 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

Geographical Address

Latitude **

Longitude **

UTM Zone **

UTM Easting **

UTM Northing **

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: *

Last Name: *

Position: *

Telephone: *

Ext

Fax

Email: *

Mailing Address

Delivery Mode

PO Box

Rural Route Number

Address Line 1

City *

Province/Territory **

Ontario

Postal Code: **

N4N3T6

Highest Ranking Employee

First Name: *

Peter

Last Name: *

Allen

Position: *

President

Telephone: *

5193641878

Ext

228

Fax

5193644626

Email: *

peter.allen@e-c-l.com

Mailing Address

Delivery Mode

General Delivery

PO Box

Rural Route Number

Address Line 1

519 22 Avenue

City *

Hanover

Province/Territory **

Ontario

Postal Code: **

N4N3T6

Person responsible for the Toxic Substance Reduction Plan preparation

First Name: *

Zach

Last Name: *

Berthelot

Position: *

Plant Manager

Telephone: *

5193641878

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

NA - 16, Ammonia (total)

NA - 16, Ammonia (total)

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: **

ECL intends to reduce the use of this 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: **

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: **

This substance is not created by any process at this facility.

Objectives, Targets and Description

Objectives

Objectives in plan: *

ECL will strive to eliminate the use of Ammonia at the facility. Further, this plan will determine the technical and economic feasibility of each option to determine which, if any, are viable for implementation at this time.

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?: *

As a manufacturing aid

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

Ammonia is currently used by ECL to provide hydrogen for reducing furnaces.

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: **

No options have been found to be technically and economically feasible at this time.

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): *

TSRP0071

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

TSRP0071

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

New Plan