

Plan Summary Preview

Company Details

Company Legal Name

Transcontinental Inc

Company Address

1 Place Ville Marie, Suite 3315 Place Northeast, Montreal (Quebec)

Report Details

Facility Name

Transcontinental Vaughan

Facility Address

Royal Group Crescent Crescent, Vaughan (Ontario)

Update Comments

Activities

Contacts

Select the Facility Contacts

Facility Contacts

Please assign the appropriate contact under each category below.

Public Contact: *

Charles David Mathieu-Poulin

Highest Ranking Employee

Gary Hughes

Person responsible for Toxic Substance Reduction Plan preparation

Wendy Nadan

Organization Validation

Company and Parent Company Information

Company Details

Company Legal Name: *

Transcontinental Inc

Report Preview

Company Details

Name

Transcontinental Inc

Address

1 Place Ville Marie, Suite 3315 Place Northeast, Montreal (Quebec)

Report Details

Report Status

Submitted

2014

Report Type

Inventory

Facility Name

Transcontinental Vaughan

Facility Address

Royal Group Crescent Crescent, Vaughan (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: *

Dave Toth

Certifying Official (or authorized delegate): *

Charles Mathieu-Poulin

Highest Ranking Employee: *

Mike McInnes

Person who prepared the report: *

Charles Mathieu-Poulin

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)

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

Employees and Activities

Employees

Number of Employees *

250

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)? *

Yes

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

Yes

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

24

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

07:00

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

Transcontinental Inc

Business Number

873993703

Mailing Address

Delivery Mode

General Delivery

PO Box

Rural Route Number

Address Line 1

1 Place Ville Marie, Suite 3315 Place Northeast

City *

Montreal

Province/Territory **

Quebec

Postal Code: **

H3B3N2

Country *

Canada

Parent Companies

Transcontinental Inc.

Parent Company Name

Transcontinental Inc.

Business Number
DUNS Number
Percentage owned

Mailing Address

Delivery Mode
PO Box
Rural Route Number
Address Line 1
City *
Province/Territory **
Postal Code: **
Country *

Transcontinental Printing 2005 G.P.

Parent Company Name
Business Number
DUNS Number
Percentage owned

Mailing Address

Delivery Mode
PO Box
Rural Route Number
Address Line 1
City *

Province/Territory **

Postal Code: **

Country *

Facility Information

Facility *

NAICS Code *

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: *	<input type="text" value="Dave"/>
Last Name: *	<input type="text" value="Toth"/>
Position: *	<input type="text" value="Operations Manager"/>
Telephone: *	<input type="text" value="9056631216"/>
Ext	<input type="text" value="4002"/>
Fax	<input type="text"/>
Email: *	<input type="text" value="tothd@transcontinental.ca"/>

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="100 Roual Group Crescent Crescent"/>
City *	<input type="text" value="Vaughan"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="L4H1X9"/>
Country *	<input type="text" value="Canada"/>

Certifying Official

First Name: *	<input type="text" value="Charles"/>
Last Name: *	<input type="text" value="Mathieu-Poulin"/>
Position: *	<input type="text" value="Coordonnateur corporatif en l'environnement"/>
Telephone: *	<input type="text" value="5142980586"/>
Ext	<input type="text"/>

Fax

Email: *

Mailing Address

Delivery Mode

PO Box

Rural Route Number

Address Line 1

City *

Province/Territory **

Postal Code: **

Country *

Highest Ranking Employee

First Name: *

Last Name: *

Position: *

Telephone: *

Ext

Fax

Email: *

Mailing Address

Delivery Mode

PO Box

Rural Route Number

Address Line 1	138 East Drive Drive
City *	Brampton
Province/Territory **	Ontario
Postal Code: **	L6T1C1
Country *	Canada

Person who prepared the report

First Name: *	Charles
Last Name: *	Mathieu-Poulin
Position: *	Coordonnateur corporatif en l'environnement
Telephone: *	5142980586
Ext	
Fax	
Email: *	charlesdavid.mathieu-poulin@tc.tc

Mailing Address

Delivery Mode	General Delivery
PO Box	
Rural Route Number	
Address Line 1	Bureau 100 est - 400 Ste-Croix Avenue South
City *	St-Laurent
Province/Territory **	Quebec
Postal Code: **	H4N 3L4
Country *	Canada

Pollution Prevention

Pollution Prevention Plans

Does the facility have a documented pollution prevention plan? *

No

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 - M16, Volatile Organic Compounds (VOCs)

NA - M16, Volatile Organic Compounds (VOCs)

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 VOC exit record(s) 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

Select the check box if 1 tonne or more of a Part 5 Substance (Speciated VOC) was released to air

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) **

519.22

Volatile Organic Compound (VOC) Breakdown

Details

Enter breakdown values for

Enters the facility (Use)

Total Speciated VOCs

13.56

VOC Substance list *

CAS Number	Substance Name	Quantity (tonnes)
111-76-2	2-Butoxyethanol	13.56

Total VOCs Reported

519.22

Total Speciated VOCs

13.56

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

Volatile Organic Compound (VOC) Breakdown

Details

Enter breakdown values for

Creation

Total Speciated VOCs

0

VOC Substance list *

CAS Number	Substance Name	Quantity (tonnes)
111-76-2	2-Butoxyethanol	0

Total VOCs Reported

0

Total Speciated VOCs

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. *

Yes

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.

Enter the values for releases to air for the substance

Releases to Air

Category	Basis Of Estimate	Quantity (Tonnes)
Stack or Point Releases	C - Mass Balance	5.63
Storage or Handling Releases	NA - Not Applicable	
Fugitive Releases	C - Mass Balance	10.43
Spills	NA - Not Applicable	
Other Non-point Releases	NA - Not Applicable	

Total - Releases to Air

Volatile Organic Compound (VOC) Breakdown

Enter the quantity (Tonnes) of volatile organic compounds (VOCs) in the column below, then click "Save and Return". If there are no values for certain VOC species, you may leave those quantity fields blank.

Volatile Organic Compound (VOC) Breakdown

Details

Enter breakdown values for

Other Sources - Speciated VOCs

Quantity (Tonnes)

16.06

Total VOCs Reported

16.06

Total Speciated VOCs

1.92

VOC Substance list *

CAS Number	Substance Name	Quantity (tonnes)
111-76-2	2-Butoxyethanol	1.92

Total VOCs Reported

16.06

Total Speciated VOCs

1.92

Enter the values for releases to air for Part 5 VOCs

Releases from Other Sources - Speciated VOCs

Click "Edit" to enter release values for speciated VOCs that are from all other categories above including stacks Edit" beside "Stack or Point Releases" in the table above.

Category	Basis Of Estimate	Quantity (Tonnes)
Other Sources - Speciated VOCs	NA - Not Applicable	16.06

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 *

Changes in production levels, Other (specify in On-site Releases comment field)

Comments ? (On-Site Releases) **

New press and products

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

Transcontinental Inc.

Company Legal Name: *

Percentage owned: *

Business Number: *

Mailing Address

Delivery Mode	General Delivery
PO Box	
Rural Route Number	
Address Line 1	1 Ville Marie Place
City *	Montreal
Province/Territory **	Quebec
Postal Code: **	H3B3N2

Physical Address

Address Line 1	1 Pllace Ville Marie Place
City	Montreal
Province/Territory	Quebec
Postal Code	H3B3N2
Additional Information	
Land Survey Description	
National Topographical Description	

Transcontinental Printing 2005 G.P.

Company Legal Name: *	Transcontinental Printing 2005 G.P.
Percentage owned: *	100.00
Business Number: *	823193875

Mailing Address

Delivery Mode	General Delivery
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

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	<input type="text" value="General Delivery"/>
PO Box	<input type="text"/>
Rural Route Number	<input type="text"/>
Address Line 1	<input type="text" value="100B - Royal Group Crescent Crescent"/>
City *	<input type="text" value="Vaughan"/>
Province/Territory **	<input type="text" value="Ontario"/>
Postal Code: **	<input type="text" value="L4H1X9"/>

Physical Address

Address Line 1	<input type="text" value="100B - Royal Group Crescent Crescent"/>
City	<input type="text" value="Vaughan"/>
Province/Territory	<input type="text" value="Ontario"/>
Postal Code	<input type="text" value="L4H1X9"/>
Additional Information	<input type="text"/>
Land Survey Description	<input type="text"/>
National Topographical Description	<input type="text"/>

Geographical Address

Latitude **	<input type="text" value="43.76666"/>
Longitude **	<input type="text" value="-79.63028"/>
UTM Zone **	<input type="text" value="17"/>
UTM Easting **	<input type="text" value="610246"/>
UTM Northing **	<input type="text" value="4846868"/>

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="Charles David"/>
Last Name: *	<input type="text" value="Mathieu-Poulin"/>
Position: *	<input type="text" value="Coordonnateur corporatif en environnement"/>
Telephone: *	<input type="text" value="5142980586"/>
Ext	<input type="text"/>
Fax	<input type="text"/>
Email: *	<input type="text" value="charlesdavid.mathieu-poulin@tc.tc"/>

Mailing Address

Delivery Mode	<input type="text" value="Suburban Services"/>
PO Box	<input type="text"/>
Rural Route Number	<input type="text"/>
Address Line 1	<input type="text" value="400 Sainte-Croix Avenue"/>
City *	<input type="text" value="Saint-Laurent"/>
Province/Territory **	<input type="text" value="Quebec"/>
Postal Code: **	<input type="text" value="H4N 3L4"/>

Highest Ranking Employee

First Name: *	<input type="text" value="Gary"/>
Last Name: *	<input type="text" value="Hughes"/>
Position: *	<input type="text" value="General Manager"/>

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: *

Last Name: *

Position: *

Telephone: *

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

111-76-2, 2-Butoxyethanol

111-76-2, 2-Butoxyethanol

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: **

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?: *

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: **

Objectives, Targets and Description

Objectives

Objectives in plan: *

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 physical or chemical processing aid

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

used as a wetting agent in dampening solutions

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?: *

No, we are 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: **

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?: *

Substituted materials

Describe the option: *

a fountain solution with lower VOC content will be used

Estimates

N/A	tonnes	%
-----	--------	---

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"/>	1352	10
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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"/>		
-------------------------------------	--	--

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"/>		
-------------------------------------	--	--

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 checked="" type="checkbox"/>		
-------------------------------------	--	--

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"/>		
-------------------------------------	--	--

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"/>		
-------------------------------------	--	--

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:

<input checked="" type="checkbox"/>		
-------------------------------------	--	--

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:

<input checked="" type="checkbox"/>		
-------------------------------------	--	--

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

Not economically feasible however it will improve environmental performance at the facility

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

none

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): *

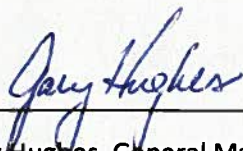
TSRP0092

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

New Plan

13.0 Certification

As of December 3, 2015, I, Gary Hughes, certify that I have read the toxic substance reduction plan for VOCs 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.



Gary Hughes, General Manager

12/3/15

Date

As of December 3, 2015, I, Wendy Nadan certify that I am familiar with the processes at Transcontinental Printing that uses VOCs, 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 October 2015 and that the plan complies with that Act and Ontario Regulation 455/09 (General) made under that Act.



Wendy Nadan, Toxic Substance Reduction Planner

December 3, 2015

Date