



National Pollutant Release Inventory (NPRI) and Partners



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

Plan Summary Preview

Company Details

Company Legal Name

Alltech Inc.

Company Address

181 Bishop Street, Alexandria (Ontario)

Report Details

NPRI ID

5945

Facility Name

Alexandria Bioscience Centre

Facility Address

181 Bishop Street, Alexandria (Ontario)

Update Comments

added a substance

Activities

Contacts

Select the Facility Contacts

Facility Contacts

Please assign the appropriate contact under each category below.

Public Contact: *

Jeannine Leroux

Highest Ranking Employee

Jeannine Leroux

Person responsible for Toxic Substance Reduction Plan preparation

Roland Verkaik

Organization Validation

Company and Parent Company Information

Company Details

Company Legal Name: *

Alltech Inc.

Company Trade Name: *

Alltech Inc.

Business Number: *

869680983

Mailing Address

Delivery Mode

General Delivery

PO Box

Rural Route Number

Address Line 1

181 Bishop Street

City *

Alexandria

Province/Territory **

Ontario

Postal Code: **

K0C1A0

Physical Address

Address Line 1

181 Bishop Street

City

Alexandria

Province/Territory **

Ontario

Postal Code **

K0C1A0

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: *

Alexandria Bioscience Centre

NAICS Code: *

311119

NPRI Id: *

5945

ON Reg 127/01 Id

Facility Mailing Address

Delivery Mode

General Delivery

PO Box

Rural Route Number

Address Line 1

City *

Alexandria

Province/Territory **

Ontario

Postal Code: **

K0C1A0

Physical Address

Address Line 1

181 Bishop Street

City

Alexandria

Province/Territory **

Ontario

Postal Code **

K0C1A0

Additional Information

Land Survey Description

National Topographical Description

NPRI Facility Location

Latitude (decimal degrees) *

45.31630

Longitude (decimal degrees) *

-74.63630

UTM Zone

18

UTM Easting

528517

UTM Northing

5018144

Contact Validation

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Contacts

Public Contact

First Name: *

Jeannine

Last Name: *

Leroux

Position: *

Operations Manager

Telephone: *

6135250096

Ext

Fax

6135255185

Email: *

jleroux@alltech.com

Mailing Address

Delivery Mode

General Delivery

PO Box

Rural Route Number

Address Line 1

181 Bishop Street

City *

Alexandria

Province/Territory **

Ontario

Postal Code: **

K0C1A0

Highest Ranking Employee

First Name: *

Jeannine

Last Name: *

Leroux

Position: *

Operations Manager

Telephone: *

6135250096

Ext

Fax

6135255185

Email: *

jleroux@alltech.com

Mailing Address

Delivery Mode

General Delivery

PO Box

Rural Route Number

Address Line 1

City *

Province/Territory **

Postal Code: **

181 Bishop Street

Alexandria

Ontario

K0C1A0

Person responsible for the Toxic Substance Reduction Plan preparation

First Name: *

Roland

Last Name: *

Verkaik

Position: *

Consulting Engineer

Telephone: *

4165281600

Ext

Fax

Email: *

rolandverkaik@rogers.com

Mailing Address

Delivery Mode

PO Box

Rural Route Number

Address Line 1

City *

Province/Territory **

Postal Code: **

3631 Flamewood Drive

Mississauga

Ontario

L4Y3P2

Employees

Employees

Number of Full-time Employees: *

28

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 *

TRA Plan Certifications 2013.pdf

Date *

06/04/2018 1:33:02 PM

Plan Summary Submission

Electronic Submission

Company Name

Alltech Inc.

Facility Name

Alexandria Bioscience Centre

Report Submitted By (authorized delegate)

Roland Verkaik

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

NA - 12, Selenium (and its compounds)

NA - 12, Selenium (and its compounds)

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?: *

Yes

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: **

Alltech Inc. is committed to playing a leadership role in protecting the environment. Whenever feasible, we will eliminate, or reduce the use, creation and discharge of Copper, Manganese, Zinc and PM10 in full compliance with all Federal and Provincial Regulations. Our employees are encouraged to participate in all toxic use reduction activities. Toxic use reduction will be an ongoing effort for Alltech, and we will continue to monitor technological advancements to ensure that reduction options that are both technological and financially viable are implemented at our 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: **

Toxic substance is not created

Objectives, Targets and Description

Objectives

Objectives in plan: *

All employees at Alltech will be involved in toxic use reduction. Where technically and economically feasible, our goal is to reduce the loss of minerals copper manganese and zinc to the greatest extent possible. A review of the production process has identified potential efficiencies that may reduce losses through waste. However preliminary studies will be required beforehand to determine whether improvements are technically or economically possible. Three areas that will be investigated are: 1 Process variables, in particular dryer settings, effecting the generation of waste product tailing will be investigated to determine the potential to minimize the waste tailings produced during batch operations. 2 Methods to improve operator training will be reviewed to reduce operator error and off-spec products which cause additional waste to be sent to landfill. In addition, re-use and recycling possibilities may be revisited to determine if this could be feasible in the future. 3 The recording system for waste product will be improved to provide a more detailed and accurate accounting of material in order to aid evaluation of toxic reduction efforts.

Use Targets

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

No quantity target	Quantity	Unit
<input checked="" type="checkbox"/>	or	

What is the targeted timeframe for this reduction? *

No timeline target	years
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	or	

What is the targeted timeframe for this reduction? *

No timeline target	years
<input checked="" type="checkbox"/>	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 select the appropriate reason(s) in the picklist below for why no option was implemented for this substance at your facility. You may choose to provide an explanation in the text box that is beneath the picklist.

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

Identify at least one reason why no option to reduce the use or creation of this substance was implemented at your facility:

Select the applicable reason or reasons **

[Empty selection box]

Explanation of the reasons why no option will be implemented

At this time no reductions are possible until studies to determine whether improvements that are technically or economically feasible have been completed. It is expected that these studies will be concluded by December 2014 at which time feasible toxic reductions will be implemented.

Rationale for why the listed options were chosen for implementation

[Empty rationale box]

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

[Empty description box]

License Number of the toxic substance reduction planner who made recommendations in the toxic substance reduction plan for this substance (format TSRPXXXX): *

TSRP0016

Name of the toxic substance reduction planner who made recommendations in the toxic substance reduction plan for this substance (First Name Last Name)

[Empty name box]

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

TSRP0016

Name of the toxic substance reduction planner who has certified the toxic substance reduction plan for this substance (First Name Last Name)

[Empty name box]

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

Reviewed Plan

Version: 3.13.0



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