



# 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

ITL (Integrated Technology Ltd).

Company Address

Markham (Ontario)

### Report Details

NPRI ID

1519

Facility Name

ITL CIRCUITS

Facility Address

90 Don Park Road, Markham (Ontario)

Update Comments

Update

### Activities

#### Contacts

Select the Facility Contacts

#### Facility Contacts

Please assign the appropriate contact under each category below.

Public Contact: \*

Papas George

Highest Ranking Employee

Papas George

Person responsible for Toxic Substance Reduction Plan preparation

Satish Patel

### Organization Validation

#### Company and Parent Company Information

##### Company Details

Company Legal Name: \*

ITL (Integrated Technology Ltd).

Company Trade Name: \*

ITL (Integrated Technology Ltd).

Business Number: \*

886862994

##### Mailing Address

Delivery Mode

General Delivery

PO Box

Rural Route Number

Address Line 1

City \*

Markham

Province/Territory \*\*

Ontario

Postal Code: \*\*

L3R 1C4

### Physical Address

Address Line 1

City

Province/Territory \*\*

Ontario

Postal Code \*\*

L3R 1C4

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: \*

ITL CIRCUITS

NAICS Code: \*

334410

NPRI Id: \*

1519

ON Reg 127/01 Id

### Facility Mailing Address

Delivery Mode

PO Box

Rural Route Number

Address Line 1

City \*

Markham

Province/Territory \*\*

Ontario

Postal Code: \*\*

L3R 1C4

### Physical Address

Address Line 1

90 Don Park Road

City

Markham

Province/Territory \*\*

Ontario

Postal Code \*\*

L3R1C4

Additional Information

Land Survey Description

National Topographical Description

NPRI Facility Location

Latitude (decimal degrees) *	43.82330
Longitude (decimal degrees) *	-79.34890
UTM Zone	17
UTM Easting	632771
UTM Northing	4853628

## 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: *	Papas
Last Name: *	George
Position: *	Engineering Manager
Telephone: *	9054756658
Ext	
Fax	
Email: *	george@itlcircuits.com

### Highest Ranking Employee

First Name: *	Papas
Last Name: *	George
Position: *	Engineering Manager
Telephone: *	9054756658
Ext	
Fax	
Email: *	george@itlcircuits.com

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

First Name: *	Satish
Last Name: *	Patel
Position: *	Technician
Telephone: *	9054756658
Ext	
Fax	
Email: *	spatel@itlcircuits.com

## Employees

### Employees

Number of Full-time Employees: *	119
----------------------------------	-----

## 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

None

Website address where the Plan Summary is posted for the public

www.itlcircuits.com

File Name \*

2016 Report.pdf

Date \*

27/04/2018 2:29:22 PM

## Plan Summary Submission

### Electronic Submission

Company Name

ITL (Integrated Technology Ltd).

Facility Name

ITL CIRCUITS

Report Submitted By (authorized delegate)

Papas George

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

### 7664-93-9, Sulphuric acid

7664-93-9, Sulphuric acid

### 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: \*\*

ITL Circuits is committed to implementing programs and practices that mitigate the use of toxic substances, which may have a negative impact on human health and the Environment. ITL Circuits will work to promote environmental sustainability and social responsibility, while continually working to reduce, reuse, and or eliminate the use of toxic substances in our workplace. All reportable NPRI and Toxic Reduction Act substances that are used by or at ITL Circuits will be investigated to ensure they are used, stored and disposed of in a manner that will not cause harm to the environment. We will make every effort to report our progress for all stakeholders to review, offer constructive improvements based on best practices for our industry.

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?: \*

Yes

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: \*\*

ITL Circuits is committed to implementing programs and practices that mitigate the use of toxic substances, like that of copper,

which may have a negative impact on human health and the environment.

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: \*

An objective of the plan is to intend to reduce the use of copper by investigating and implementing new programs and practices.

### 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	<input type="text"/>	<input type="text"/>

What is the targeted timeframe for this reduction? \*

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

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	<input type="text"/>	<input type="text"/>

What is the targeted timeframe for this reduction? \*

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

Description of Target

### Reasons for Use

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

For on-site use/processing

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

This is an integral part of manufacturing printed circuit boards.

### 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: \*\*

We purchase this in the form of copper balls and use that to electroplate circuits onto copper clad laminate

## 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 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 \*\*

Implementing options would not result in a substantial-enough reduction to justify associated costs and would result in little to no return on investment

Explanation of the reasons why no option will be implemented

Customer requirements

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): \*

TSRP0062

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

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

TSRP0062

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

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

New Plan

## NA - 06, Copper (and its compounds)

NA - 06, Copper (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: \*\*

ITL Circuits is committed to implementing programs and practices that mitigate the use of toxic substances, like that of copper, which may have a negative impact to human health and the Environment

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: \*\*

Substance is not created

### Objectives, Targets and Description

#### Objectives

Objectives in plan: \*

An objective of the plan is to reduce the use of copper by investigating and implementing new programs and practices

#### Use Targets

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

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

What is the targeted timeframe for this reduction? \*

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

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

What is the targeted timeframe for this reduction? \*

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

Description of Target

Substance not created

#### Reasons for Use

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

For on-site use/processing

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

Is a customer required substance

## 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: \*\*

Substance is not created

## 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 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 \*\*

Implementing options would not result in a substantial-enough reduction to justify associated costs and would result in little to no return on investment

Explanation of the reasons why no option will be implemented

Customer required product

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): \*

TSRP0062

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

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

TSRP0062

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



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

New Plan

## NA - 08, Lead (and its compounds)

NA - 08, Lead (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?: \*

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: \*\*

Required for part of the final product

##### 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: \*\*

Not created

### Objectives, Targets and Description

#### Objectives

Objectives in plan: \*

No objectives for this product

#### 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 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 \*\*

Explanation of the reasons why no option will be implemented

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): \*

TSRP0067

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

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

TSRP0067

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

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

Amended Plan

Version: 3.13.0



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