

Challenge Questionnaire

The Ministers of Health and Environment are inviting the submission of information that is deemed beneficial by interested stakeholders, relating to the extent and nature of the management / stewardship of substances listed under the Challenge.

This questionnaire is designed to collect additional information on how the substances, mixtures, products or manufactured items are being used, released, and managed. The Questionnaire applies to organizations that have manufactured, imported, exported or used substances listed under the Challenge whether alone, in a mixture, in a product or in a manufactured item. This is a voluntary Questionnaire and interested stakeholders are not required to complete the whole questionnaire but may simply answer the sections which are relevant to their operations and/or for which they have information. It is preferable that 2006 data be reported, however, data from other years can also be submitted and will be evaluated. The format of the Questionnaire should be viewed as a guide; respondents are encouraged to add columns and/or rows as required and append any additional information that they feel is pertinent.

The information collected through this Questionnaire will help the Government of Canada design appropriate risk management approaches and tools for the chemical substances targeted in the Challenge. The absence of additional information to improve decision-making will not preclude a decision that safeguards human health and the environment.

Please refer to the Guidance Document for assistance on completing this Questionnaire.

1.0 Information on the Organization responding to the Challenge

Name of the Organization : _____

Street Address of
Organization: _____

City: _____ Province/Territory: _____ Postal Code: _____

Number of years Organization has been in operation _____

Member of Association(s) (If Yes provide name of Association(s)) _____

Size of
Organization: Micro Small Medium Large
(1-4 employees) (5-99 employees) (100-499 employees) (> 500 employees)

Contact Name: _____

Title of contact _____

Contact's mailing address
(if different from above) _____

Email (if available): _____

Telephone Number:
(with area code) _____

Fax Number (if available):
(with area code) _____

1.1 All facilities covered by this Questionnaire:

Facility ID	Facility Name	Facility Address	Lat / Long	NPRI ID # ¹	NAICS Code ²	Business Reg. # ³
A.						
B.						
C.						
D.						

The full list of Challenge substances can be found on the chemical portal:

<http://www.chemicalsubstanceschimiques.gc.ca>.

For each substance listed in the Challenge, that your organization manufactured, imported, exported, or used, whether alone, in a mixture, in a product, or in a manufactured item, complete the following sections (2.0 through 9.0) separately and include data representing each of your organization's facilities.

The Facility ID, assigned in section 1.1, should be used throughout the questionnaire for the questions asking for individual facility data.

Indicate the calendar year for which you are submitting information to the Challenge in section 2.0.

2.0 Substance

Did any of your organization's facilities import, manufacture or otherwise use the substance whether alone, in a mixture, in a product, or in a manufactured item on-site, in the calendar year indicated above? Yes No

If **no**, proceed to Section 10.0 of this Questionnaire.

If **yes**, complete all applicable sections in the tables below.

Chemical substance name for which information is being provided:	
CAS Number:	
Commercial Name of Substance, or product containing the Substance for which information is being provided:	

Indicate the **calendar year** for which your organization has data and information on this substance and is submitting to the Challenge: _____

3.0 Submission of Data to Other Sources or for Other Purpose

Have you ever previously reported release information on the substance identified in section 2.0 to another industry program or federal / provincial government program? Yes No

If yes, provide name of program.

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¹ 6 digit National Pollution Release Inventory Identification Number

² North American Industry Classification System Code

³ Business Registration Number

4.0 Management / Stewardship Information

Please check only the programs, practices, controls or technologies (if available) that are currently in place in your facilities to manage the uses and exposure of substances to workers, the general population and the environment. If any of these programs, practices, controls or technology applies to the substance indicated in section 2.0, please provide details in the last column.

Check if being used	Current Programs, Practices, Technology, Controls	Does this program/practice etc. apply to the substance identified in section 2.0?	If Yes, provide details
<input type="checkbox"/>	Occupational Health and Safety Regime	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Emergency Plans	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Specify Type of Emergency Plan: <input type="checkbox"/> Environmental Emergency Plan <input type="checkbox"/> Emergency Response Plan <input type="checkbox"/> Voluntary <input type="checkbox"/> Other			
<input type="checkbox"/>	ISO 9001/14000 Certification	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Other certification:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Existing provincial /federal (permit, regulations) program	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Environmental Management System	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Code of Practice/Guidelines	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Process Safety Management	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Best Management Practices	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Best Available Technology	<input type="checkbox"/> YES <input type="checkbox"/> NO	
AND / OR please describe what management programs/practices/controls or technologies are currently in place in your facilities.			

4.1 Potential Action(s).

Indicate and provide a description of actions that are being taken or could be taken toward the substitution, control or virtual elimination of the substance.

Programs, Practices, Technology, Controls	Action currently implemented	Action could be implemented	How long to implement this action?	Details (Describe activities (R&D), who is involved etc)
Phase out of Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1 – 3 years <input type="checkbox"/> + 3 years	
Substance Replacement / Substitution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1 – 3 years <input type="checkbox"/> + 3 years	
Product Design or Reformulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1 – 3 years <input type="checkbox"/> + 3 years	
Equipment Modification/ Process Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1 – 3 years <input type="checkbox"/> + 3 years	
Spill and leak prevention or containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1 – 3 years <input type="checkbox"/> + 3 years	
On-site reuse, recycling, treatment or recovery (ie Closed loop System)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1 – 3 years <input type="checkbox"/> + 3 years	
Inventory management or purchasing techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1 – 3 years <input type="checkbox"/> + 3 years	
Extended Producer Responsibility or Take Back Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1 – 3 years <input type="checkbox"/> + 3 years	
Other Prevention or Control Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1 – 3 years <input type="checkbox"/> + 3 years	

5.0 Import, Manufacture or Use

In this section, you are asked to provide information on the manufacture or import, the type or expected use and the concentration of the substance whether alone, in a mixture, in a product or in a manufactured item.

For any facility involved in the sale or distribution of the substance, or any product containing the substance, provide a list of customers. If you have greater than 20 customers, provide an indication of the customer sector or groups. Attach a separate sheet if necessary.

List of customers:

Name	Address	Phone number	Email (if applicable)

5.1 Import

"Import" includes movement into Canada, including internal company transfers across the Canadian border, but does not include transit through Canada.

5.1.1 Import of the Substance

	Facility ID (as listed on page 1)	Quantity of Substance (Kg)	Expected use	Country of origin
<input type="checkbox"/> For on-site Use	A			
	B			
	C			
<input type="checkbox"/> For Sale / Distribution	A			
	B			
	C			

5.1.2 Import of a Product containing the Substance

	Facility ID (as listed on page 1)	Name of Product	Quantity of Substance (Kg)	Expected use	Concentration of Substance in product OR Product Specification	Analytical Method & limit of detection for conc.	Frequency of analysis of conc.	Country of origin
<input type="checkbox"/> For on-site Use	A							
	B							
	C							
<input type="checkbox"/> For Sale / Distribution	A							
	B							
	C							

5.2 Manufacture of the Substance

"Manufacture" includes to produce or prepare a substance; also includes the incidental production of a substance at any level of concentration as a result of the manufacturing, processing or other uses of other substances, mixtures, or products.

5.2.1 For sale or distribution of the Substance

Facility ID (as listed on page 1)	Name or type of chemical process used to mfr Substance	Qty of Substance (Kg)	Expected Use	Customer Industry Sector	Final Substance Specifications (Concentration %)
A					
B					
C					

5.2.2 For sale or distribution as part of a mixture, manufactured item or product

Facility ID (as listed on page 1)	Name of product	Conc. of Substance in Product <u>OR</u> Final Product Specifications (units)	Analytical Method <u>and</u> limit of detection	Frequency of analysis of conc.	Name of chemical process used to mfr Substance	Product Price /Unit	HS Code (min 6 digits)	Expected Use
A								
B								
C								

5.2.3 Incidental production of the Substance / By-product

Facility ID (as listed on page 1)	Name of By-product containing the Substance	Conc. of Substance in product (units)	Analytical Method <u>and</u> limit of detection	Frequency of analysis of conc.	Name of chemical process used to mfr Product	Product Price /Unit (if applic)	Qty of Substance (Kg)	Expected Use (if app)
A								
B								
C								

5.2.4 Financial Cost of Substance

If the substance identified in section 2.0, was manufactured or imported during any of the calendar years from 2002 through 2006, please provide the following information:

Year	Facility ID (as listed on page 1)	Substance Recurring Cost/Year	Total Recurring Cost/year	Context for information provided or additional information
2006	A			
	B			
	C			
2005	A			
	B			
	C			
2004	A			
	B			
	C			
2003	A			
	B			
	C			
2002	A			
	B			
	C			

5.3 Use

5.3.1a

Process:	Facility ID (as listed on page 1)	Quantity of Substance (Kg)	Weight percent of Substance	Weight Percent (or Conc.) Remaining in Product after Reaction	Name of Final Product OR Use of Product(if applicable)
<input type="checkbox"/> Used as a reactant	A				
	B				
	C				
<input type="checkbox"/> Used as a physical or chemical processing aid	A				
	B				
	C				
<input type="checkbox"/> Used as a manufacturing aid	A				
	B				
	C				
<input type="checkbox"/> Used as a formulation component	A			N/A	
	B			N/A	
	C			N/A	
<input type="checkbox"/> Used as an article component	A			N/A	
	B			N/A	
	C			N/A	
<input type="checkbox"/> Used for repackaging only	A				
	B				
	C				
<input type="checkbox"/> Ancillary or other use	A				
	B				
	C				

5.3.1b

If the substance is consumed in a reaction for any of the processes listed in Section 5.3.1a above, provide the reaction and final end product.

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5.3.2 Substance Storage

For the substance listed in section 2.0, indicate, in the units specified:

- 1) the capacity of the largest single container on site (in Kg): _____
- 2) the maximum expected quantity on site in the calendar year (in Kg): _____
- 3) the normal storage temperature (°C): _____

5.3.3 Use in Products

- 1) Are any of the products containing the substance assumed or intended for use by children?
 Yes No

- 2) Can the substance be expected to be released from the product during intended use by consumers? Yes No

If **no**, proceed to 6.0. If **yes**, specify the product type or name(s) along with the HS code.

Product Type or Name	HS Code

5.4 Substitutes

For each substance or use of the substance, whether alone, in a mixture, in a product or in a manufactured item, provide the following information on substitutes:

Substitute Name	CAS No.	Price/Unit of Measure	Substitution Ratio ¹	Reformulation Required		Re-registration Required		Production/Process Change	
				Yes	No	Yes	No	Yes	No

¹ Substitution ratio should take into account technical characteristics imparted to products in which it is used and re-engineering or reformulation consideration,

5.4.1 Barriers to Substance Substitution

Outline the barriers (direct and indirect impacts) to the reduction or elimination of this substance including cost, process changes etc.

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6.0 On-Site Releases

Did the facility release, including intentional or non-intentional, the substance whether alone, in a mixture, in a product or in a manufactured item, in the calendar year indicated in section 2.0? Yes No

If **no**, proceed to Section 7.0 of this Questionnaire.

If **yes** and this information was reported to another program identified in Section 3.0, proceed to Section 7.0 of this Questionnaire. If any of this information was not reported, please complete the applicable tables below using the following methods of estimation codes to describe how each quantity reported was determined.

Method of Estimation Codes:

M1	Continuous Emission Monitoring System
M2	Predictive Emission Monitoring
M3	Source Testing
C	Mass Balance
E1	Site-specific and Published Emission Factors
E2	Published Emission Factors
O	Engineering estimates

Please refer to the accompanying instruction insert for a definition and complete description of the method of estimation codes. Please indicate and include both routine and accidental or non-routine releases.

6.1 Releases to Air

Type of Releases to Air	Facility ID (as listed on page 1)	Quantity (Kg)	Method of estimation	Routine Release?
Stack or point releases				<input type="checkbox"/> Yes <input type="checkbox"/> No
Storage or handling				<input type="checkbox"/> Yes <input type="checkbox"/> No
Fugitive				<input type="checkbox"/> Yes <input type="checkbox"/> No
Spills				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Non Point				<input type="checkbox"/> Yes <input type="checkbox"/> No

6.2 Releases to Surface Waters

Type of Releases to Surface Waters	Facility ID (as listed on page 1)	Quantity (Kg)	Method of estimation	Routine Release?
Direct discharges				<input type="checkbox"/> Yes <input type="checkbox"/> No
Spills				<input type="checkbox"/> Yes <input type="checkbox"/> No
Leaks				<input type="checkbox"/> Yes <input type="checkbox"/> No

6.3 Releases to Land

Type of Releases to Land	Facility ID (as listed on page 1)	Quantity (Kg)	Method of estimation	Routine Release?
Spills				<input type="checkbox"/> Yes <input type="checkbox"/> No
Leaks				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

For all On-Site releases reported above, describe what, if any, remediation techniques/measures are in place for unintentional releases.

7.0 On-Site and Off-Site Waste Transfers and Disposals

Did the facility transfer the substance whether alone, in a mixture, in a product or in a manufactured item on-site and/or off-site for disposal in the calendar year indicated in section 2.0?

Yes No

If no, proceed to Section 8.0 of this Questionnaire.

If yes, report below the quantity of all off-site transfers of the substance for disposal for the calendar year identified in section 2.0, as well as the method of estimation. Report only the net mass of the substance that was sent off-site, not the total mass of the mixture containing the substance. Report transfers to the first off-site location only and not any subsequent transfers by the waste disposal company.

7.1 On-Site Waste Disposal

Type of On-Site Disposal	Facility ID (as listed on page 1)	Quantity (Kg)	Method of estimation
Landfill			
Land Treatment			
Underground Injection			
Storage			

7.2 Off-Site Waste Disposal

Type of Off-Site Disposal	Facility ID (as listed on page 1)	Quantity (Kg)	Method of estimation	Name of Off Site Location
Landfill				
Land Treatment				
Underground Injection				
Storage				

7.3 Off-Site Waste Transfers for Treatment Prior to Final Disposal

Type of Treatment Prior to Final Disposal	Facility ID (as listed on page 1)	Quantity Transferred (Kg)	Method of estimation	Name of Off Site Location
Physical treatment				
Chemical treatment				
Biological treatment				
Incineration/thermal				
Containment				
Municipal Sewage Treatment Plant (MSTP)				
Underground injection				
Land treatment				

8.0 Off-Site Transfers for Recycling

Did the facility transfer the substance whether alone in a mixture, in a product or in a manufactured item off-site for recycling in the calendar year indicated in section 2.0? Yes No

If **no**, proceed to Section 9.0 of this Questionnaire.

If **yes**, report below the quantity of all off-site transfers of the substance for recycling for the calendar year identified in section 2.0, in the appropriate field. Report only the net mass of the substance that was sent off-site, not the total mass of the mixture containing the substance. Report transfers to the first off-site location only and not any subsequent transfers by the recycling facility.

Type of Recycling	Facility ID (as listed on page 1)	Quantity Transferred (Kg)	Method of Estimation
Energy recovery			
Recovery of solvents			
Recovery of organic substances (not solvents)			
Recovery of metals and metal compounds			
Recovery of inorganic materials (not metals)			
Recovery of acids or bases			
Recovery of catalysts			
Recovery of pollution abatement residues			
Refining or reuse of used oil			
Other			

9.0 Off-Site Transfers for Export

Did the facility transfer the substance whether alone, in a mixture, in a product or in a manufactured item, off-site for export in the calendar year indicated in section 2.0? Yes No

If **no**, proceed to Section 10.0 of this Questionnaire.

If **yes**, report below the quantity of all off-site transfers of the substance for export in the calendar year indicated in section 2.0, and the destination of the export in the appropriate field.

Type of Transfers for Export	Facility ID (as listed on page 1)	Quantity of Substance Transferred (Kg)	Method of Estimation	Destination
export for disposal				
export for recycling				
export for use				

10.0 Certification

I hereby certify that the information provided in this Questionnaire is true, accurate and complete.

Signature of a Duly Authorized Organization
Representative

Date

Name:

Please Print

Title/
Position:

Please Print

I do not request that the information that I am submitting be treated as confidential and I consent to it being released without restriction.

Pursuant to Section 313 of the Canadian Environmental Protection Act, 1999, I request that the information that I am submitting for the sections listed below, be treated as confidential.

Specify each section, tables etc that you wish to remain confidential and for each section, include the reason for your request

Section #,	Reason for Confidentiality Request