



**INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM  
ANNUAL PERFORMANCE REPORT**

State Form 53475 (R3 / 1-11)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management  
Office of Pollution Prevention and Technical Assistance  
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Please use this form if you are a member of the Indiana Environmental Stewardship Program (ESP) to report on progress toward objectives and targets AND certify ESP requirements continue to be achieved. Indiana ESP facilities must submit an Annual Performance Report (APR) by April 1<sup>st</sup> of every year, for each calendar year in which the entity has been a member for at least three (3) full months. Section C of your APR should be signed by your ISO 14001:2004 EMS Lead Auditor. Your APR should be reviewed and signed by a senior manager at your facility prior to submittal. Once signed, e-mail the APR to IDEM at [esp@idem.in.gov](mailto:esp@idem.in.gov). Please do not include any confidential business information in your annual performance report. Public access laws require IDEM to make the APR publicly available, which may include posting all portions of your report on the Indiana ESP Web site. If you have any questions, please contact IDEM at [esp@idem.in.gov](mailto:esp@idem.in.gov) or (800) 988-7901.

SECTION A		FACILITY INFORMATION	
Name of facility	Kimball Office - Jasper		
Name of parent company (If applicable)	a Unit of Kimball International, Inc.		
Street address (number and street)	1037 E 15th Street		
City / State / ZIP code	Jasper, IN 47549		
Web site of Facility/Company	<a href="http://www.kimballoffice.com">www.kimballoffice.com</a>		
		CONTACT INFORMATION	
Name of Contact (Mr. / Mrs. / Ms. / Dr.)	Ms. Carrie LaBolle		
Title	Safety/Environmental/Security Manager		
Telephone number	812-482-8165		
FAX number	812-482-8730		
E-mail address	<a href="mailto:carrie.labolle@kimball.com">carrie.labolle@kimball.com</a>		
Mailing address (if different from facility address)			
City / State / ZIP Code			
		REPORTING PERIOD	
Reporting period dates (month, day, year)	01/01/2013 - 02/31/2013		
1a. Is this the third Annual Performance Report of your membership term?	<input checked="" type="checkbox"/> Yes—If yes, answer question 1b. <input type="checkbox"/> No—If no, skip to the "Change in Information" section of this report.		
1b. Do you wish to renew your Indiana Environmental Stewardship Program membership?	<input checked="" type="checkbox"/> Yes—If yes, please complete all sections of this annual report. <input type="checkbox"/> No—If no, please complete all sections of this annual report except for Section F.		
		CHANGE IN INFORMATION	
In your ESP application and, perhaps, in previous annual performance reports, you described what your facility does or makes. Have there been any changes or additions to your facility's list of products or activities?			
<input checked="" type="checkbox"/> Yes—If yes, please describe them: <input checked="" type="checkbox"/> No			
SECTION B		PUBLIC OUTREACH AND PERFORMANCE REPORTING	
<b>Why do we need this information?</b>			<b>What do you need to do?</b>
IDEM needs to know how environmental information was shared with the public.			Describe how the facility has shared and plans to share environmental information.
Please briefly describe the activities that your facility conducted during this reporting period to interact with the community on environmental issues and to report publicly on its environmental performance. Meeting with city officials, Kimball Office CSR report on the web site, CDP was submitted 2012			
Please indicate which of the following methods your facility plans to use to make its ESP Annual Performance Report available to the public. Please check as many as appropriate.			
<input checked="" type="checkbox"/> Web site ( <a href="http://www.kimballoffice.com">http://www.kimballoffice.com</a> ) <input type="checkbox"/> Open house <input type="checkbox"/> Meetings <input type="checkbox"/> Press releases <input checked="" type="checkbox"/> Other			

8. When did your facility last conduct an internal or corporate environmental compliance audit? Do not include inspections or site visits by regulatory organizations.  
 Scope of the compliance audit: Overall Compliance Assessment  
 Month(s) / Year(s): 04/2013  
 Who conducted the audit(s) (e.g., facility staff, corporate, third party)? Corporate Sustainability Director & Facility Environmental Manager

9. Explain the emergencies experienced within the facility during the past year. Were the applicable emergency and contingency plans detailed in the EMS effective? What changes, if any, have been made to your facility's emergency or contingency plans?  
 There were no environmental emergencies in the past year. No changes have been made to the EMS Plan.

10. Has your facility corrected all instances of potential environmental non-compliance and EMS non-conformance identified during your audits and other assessments?  
 Yes—If yes, briefly summarize corrective actions taken and other improvements made as a result of your EMS assessment(s) or compliance audit(s).  
 No—If no, please explain your plans to correct these instances.  No such instances identified.

11. (Optional) Please provide a narrative summary of progress made toward EMS objectives and targets other than those reported as an Environmental Performance Initiative in Section E. You may limit the summary to environmental aspects that are *significant* and towards which *progress* has been made during the last calendar year. Attach additional sheets as necessary.

Environmental aspect	Progress made this year (e.g., quantitative or qualitative improvements, activities conducted)
Reclaim 75% of Black powder coat	Reclaimed 100% of black powder coat

**SECTION D ADDITIONAL INFORMATION**

**Why do we need this information?** This information will help IDEM to effectively manage the Environmental Stewardship Program. **What do you need to do?** Answer the questions as completely as possible.

1. In addition to ESP, please list environmental awards received or voluntary programs participated in during the past twelve months.  
 Partner's for Pollution Prevention, OSHA's VPP Program - STAR Level

2. Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider.  
 Assigned the same permit writer for al new & modified air permits. Advanced announcement of routine inspections

3. If your facility was not registered to the ISO 14001 standard prior to becoming an ESP member, has ESP helped you to pursue registration? If so, how has ESP been instrumental in achieving registration?  
 N/A - ISO 14001 certified in 2008 and recerified in 2014

**SECTION E ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS**

**Why do we need this information?** Facilities need to share the results of the environmental improvement initiative that was pursued during the reporting period. **What do you need to do?** Summarize your facility's progress on achieving the initiative you identified in the application or last year's APR.

Category: <u>Hazardous Waste</u> Indicator: <u>Incineration</u>	Baseline Quantity	Future Goal Quantity	Current Quantity	Cost Savings
Calendar year	Oct 2012 - May 2013	June 2013 - Jan 2014		\$24,242 reduction
Actual quantity (per year)	850.5 gallons of waste	170.1 gallons of waste	73.8 galons	
Normalized quantity (per year)				
Basis for your normalizing factor (e.g., gallons of paint produced)	gallons of waste generatred			
Measurement unit (e.g., pounds)	gallons			
Briefly describe how you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress. The Tie Coat waste was re-catalyzed and reused in the process.				
Please list any state, U.S. EPA, or other partnership programs to which you are reporting this data (e.g., Energy Star, Project XL). Carbon Disclosure Program				
(Optional) If your facility has experienced continued results for environmental improvement initiatives pursued in past years of ESP membership, please share those results here.				

## SECTION F

## ENVIRONMENTAL IMPROVEMENT INITIATIVE

## Why do we need this information?

Facilities need to show they are committed to improving their environmental performance.

## What do you need to do?

Refer to the Environmental Performance Table and answer the following questions.

1. Select the appropriate boxes in the following table to indicate the **category** and **indicator(s)** that represents the environmental improvement initiative selected by your facility. For the category and indicator selected, list the **baseline year** (e.g., 2009) and the **future year** (e.g., 2010). Next, list the **baseline annual quantity** (e.g., 5 tons) and **future annual quantity** (e.g., 2 tons) you are committing to achieve by the end of the future year.

Category	Indicator	Baseline Year 20__13	Future Year 20__14	Unit
<input type="checkbox"/> Material Procurement	<input type="checkbox"/> Recycled content			Pounds, tons
	<input type="checkbox"/> Hazardous/toxic components			Pounds, tons
<input type="checkbox"/> Suppliers' Environmental Performance	<input type="checkbox"/> Specify indicator: _____			As specified for the particular indicator
<input type="checkbox"/> Material Use	<input type="checkbox"/> Materials used			Pounds, tons
	<input type="checkbox"/> Hazardous materials used			Pounds, tons
	<input type="checkbox"/> Ozone depleting substances used			CFC-11 equivalent pounds
	<input type="checkbox"/> Total packaging materials used			Pounds, tons
<input checked="" type="checkbox"/> Water Use	<input checked="" type="checkbox"/> Total water used	67947	33973	Gallons
<input type="checkbox"/> Energy Use	<input type="checkbox"/> Electricity			kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Steam			kWh / MWh, gallons, ft <sup>3</sup>
	<input type="checkbox"/> Natural gas			Btu / MMBtu
	<input type="checkbox"/> Diesel			Gallons
	<input type="checkbox"/> Propane / LPG			Btu / MMBtu, gallons
	<input type="checkbox"/> Gasoline			Gallons
	<input type="checkbox"/> Solar			kWh / MWh
	<input type="checkbox"/> Wind			kWh / MWh
	<input type="checkbox"/> Landfill gas			Btu / MMBtu
	<input type="checkbox"/> Combined heat and power			kWh / MWh, Btu / MMBtu
<input type="checkbox"/> Other: _____			_____	
<input type="checkbox"/> Land and Habitat	<input type="checkbox"/> Land and habitat conservation			Square feet, acres
	<input type="checkbox"/> Community land revitalization			Square feet, acres
<input type="checkbox"/> Air Emissions	<input type="checkbox"/> Total GHGs			MTCO <sub>2</sub> E
	<input type="checkbox"/> VOCs			Pounds, tons
	<input type="checkbox"/> NO <sub>x</sub> , SO <sub>x</sub> , PM <sub>2.5</sub> , PM <sub>10</sub> , or CO			Pounds, tons
	<input type="checkbox"/> Air toxics			Pounds, tons
	<input type="checkbox"/> Odor			European Odour Units
	<input type="checkbox"/> Radiation			Curies, Becquerels
	<input type="checkbox"/> Dust			Pounds, tons
<input type="checkbox"/> Discharges to Water	<input type="checkbox"/> COD or BOD			Pounds, tons
	<input type="checkbox"/> Toxics			Pounds, tons
	<input type="checkbox"/> Total suspended solids			Pounds, tons
	<input type="checkbox"/> Nutrients			Pounds, tons of N or P
	<input type="checkbox"/> Sediment from runoff			Pounds, tons
	<input type="checkbox"/> Pathogens			MPN/ml, CFU/ml
<input type="checkbox"/> Non-hazardous Waste <input type="checkbox"/> Hazardous Waste	<input type="checkbox"/> Landfill			Pounds, tons
	<input type="checkbox"/> Incineration			Pounds, tons
	<input type="checkbox"/> Reused/recycled off-site			Pounds, tons, gallons
	<input type="checkbox"/> Other: _____			Pounds, tons, gallons
<input type="checkbox"/> Noise	<input type="checkbox"/> Noise			dBA
<input type="checkbox"/> Vibration	<input type="checkbox"/> Vibration			Inches per second
<input type="checkbox"/> Products	<input type="checkbox"/> Expected lifetime energy use			kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Expected lifetime water use			Gallons
	<input type="checkbox"/> Expected lifetime waste to air, water, or land from product use			Pounds, tons
	<input type="checkbox"/> Waste to air, water, or land from disposal or recovery			Pounds, tons

2. What activities or process changes do you plan to undertake at your facility to accomplish your initiative (e.g., technology changes in a particular process line, employee training)? In calendar year 2013 we will be continuing our efforts from 2013 and in addition, recirculating of our manual wash booth in our powder coat area to reduce the about of water consumption and discharge.
3. Does this initiative address a significant aspect in your EMS?
- Yes
- No—If no, please explain why you believe this indicator should be included as an environmental improvement initiative:

CERTIFICATION AND PLEDGE

On behalf of (name of facility) Kimball Office Jasper

I certify that the information contained in this Annual Performance Report and attachments is accurate to the best of my knowledge and that this facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with all applicable federal, state, and local environmental requirements, or has a corrective action program in place to attain compliance.

We, Kimball Office Jasper, commit to maintaining the principles and goals outlined in our Environmental Management System for our facility's Indiana Environmental Stewardship Program status. We agree to strive for full compliance with all regulations promulgated by the U.S. EPA, state, or local jurisdictions. We agree to promote the Indiana Environmental Stewardship Program and to share our success stories with other facilities. We understand that the Annual Performance Report must be submitted to IDEM by April 1<sup>st</sup> of each year and that we must reapply to the Indiana Environmental Stewardship Program every three years.

I understand that the information provided in this Annual Performance Report will be public record. I am the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is submitting this Annual Performance Report.

Signature

Title

Date (month, day, year)

Printed signature

*Ashley Sigler*      *Director of Operations*      *3/21/14*  
*Ashley Sigler*