



**INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM  
ANNUAL PERFORMANCE REPORT**

State Form 53475 (R4 / 3-16)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management  
Office of Program Support  
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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. Membership terms are renewed every four (4) years through submitting your APR. 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 Toyota Motor Manufacturing, Indiana
Name of parent company (If applicable)
Street address (number and street) 4000 Tulip Tree Drive
City / State / ZIP code Princeton, IN 47670
Web site of Facility/Company

**CONTACT INFORMATION**

Name of Contact (Mr. / Mrs. / Ms. / Dr.) Paul Delor	Title Environmental Specialist
Telephone number ( 812 ) 387-2956	FAX number ( )
E-mail address <a href="mailto:paul.delor@toyota.com">paul.delor@toyota.com</a>	
Mailing address (if different from facility address) 4000 Tulip Tree Drive, Mail Drop PE-I	
City / State / ZIP Code Princeton, IN 47670	

**REPORTING PERIOD**

Reporting period dates (mm/dd/yyyy – mm/dd/yyyy)  
Jan 1, 2015 - Dec 31, 2015

1a. Is this the fourth Annual Performance Report of your membership term?  
 Yes—If yes, answer question 1b.  
 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?  
 Yes—If yes, please complete all sections of this annual report.  
 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?

Yes—If yes, please describe them:  
 Increase in production volumes

No

**SECTION B PUBLIC OUTREACH AND PERFORMANCE REPORTING**

<p><b>Why do we need this information?</b> IDEM needs to know how environmental information was shared with the public.</p>	<p><b>What do you need to do?</b> Describe how the facility has shared and plans to share environmental information.</p>
<p>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. Haz Household Waste Day, World Water Monitoring, Earth Camp, Visitor Center</p>	
<p>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.</p> <p><input type="checkbox"/> Web site (<a href="http://www.">http://www.</a> ) <input type="checkbox"/> Open house <input type="checkbox"/> Meetings <input type="checkbox"/> Press releases <input checked="" type="checkbox"/> Other <u>in house publications</u></p>	

## SECTION C

## ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT

## Why do we need this information?

Facilities need to have implemented an EMS that meets certain criteria and use an ISO 14001 EMS Lead Auditor at least every 36 months to assess the EMS.

## What do you need to do?

Answer the following questions about your EMS.

1. What is the most recent date that an ISO 14001 EMS Lead Auditor performed an EMS assessment at your facility? November 2015

2. Name, title, and organization of ISO 14001 EMS Lead Auditor who conducted the most recent EMS assessment:  
**John Leaning, Lead Auditor, DNV GL**

3. Is the date of the most recent EMS assessment performed by an ISO 14001 EMS Lead Auditor within the past 36 months?  
 Yes—If yes, skip to Question 4.  
 No—If no, please have your ISO 14001 EMS Lead Auditor complete and sign the following checklist, indicating whether or not your EMS meets the listed criteria for ESP membership:

Yes  No Evidence of senior management support, commitment, and approval.

Yes  No A written environmental policy directed toward compliance, pollution prevention, and continuous improvement.

Yes  No Identification of the environmental aspects at the entity.

Yes  No Prioritization of the environmental aspects and a determination of those aspects deemed significant considering, at the minimum, environmental impacts and applicable laws and regulations.

Yes  No Established priorities, and environmental objectives and targets for continuous improvement in environmental performance and for ensuring compliance with applicable environmental laws, regulations, and permit conditions. Objectives and targets must go beyond current legal requirements and specify the environmental media, types of pollution to be prevented or reduced, implementation activities, and projected time frames.

Yes  No An established community outreach mechanism that includes identifying and responding to community concerns; informing the community of important matters that affect the community; and reporting on the EMS, including reporting to the public on the environmental policy and significant aspects.

Yes  No Incorporation of environmental and pollution prevention planning in the development of new products, processes, and services and modifications of existing processes.

Yes  No Evidence of clear responsibility for implementation, training, monitoring, EMS maintenance, taking corrective action, and ensuring compliance with applicable environmental laws, regulations, and permit conditions.

Yes  No Documentation of the implementation procedures and the results of implementation.

Yes  No Appropriate written EMS procedures.

Yes  No An annual evaluation of the EMS with written results provided to senior management and affected employees.

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Signature of ISO 14001 EMS Lead Auditor \_\_\_\_\_ Date (month, day, year) \_\_\_\_\_

4. Were any deficiencies found during the most recent EMS assessment?  
 Yes—If yes, describe any deficiencies found and the corrective action taken to address each deficiency:  
  
 No

5. What type of protocol was used to perform the independent EMS assessment?  
 ISO 14001:2015 Certified audit  
 ISO 14001:2004 Certified audit  
 ESP Independent Assessment Protocol  
 Other (please specify): \_\_\_\_\_

6. Is the EMS certified to a recognized standard?  
 Yes—If yes, what standard does the EMS follow (please provide a copy of the most recent certificate)?  
 ISO 14001:2015  
 ISO 14001:2004  
 Responsible Care EMS  
 Responsible Care 14001  
  
 No

**SECTION C ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT**  
**CONTINUED**

7. When was the last Senior Management review of your EMS completed?  
 Month / Year: October 2015 (quarterly meeting)  
 Who headed the review (name and title)? Bill Harper, Assistant Manager, Environmental Affairs

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: Corporate Environmental Compliance Audit  
 Month(s) / Year(s): January 2015  
 Who conducted the audit(s) (e.g., facility staff, corporate, third party)? Corporate

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 reportable emergencies at TMMI last year. Drills were complete and contingency plans proved effective. No changes

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).  
Observations during audit were documented & investigated.  
"Plan, Do, Check, Act" utilized to resolve and recheck issues  
 No—If no, please explain your plans to correct these instances.  
 No such instances identified.

**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.  
Partners for Pollution Prevention, Adopt-a-Highway, Wildlife Habitat Council, Nat'l Public Lands

2. Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider.

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

**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. IDEM needs to report cumulative program reduction results. **What do you need to do?** Reference Section F for "Category" and "Indicator" options to complete this section. Summarize your facility's progress on achieving the initiative you identified in the application or last year's APR. For assistance, please call (800) 988-7901 or email [esp@idem.IN.gov](mailto:esp@idem.IN.gov).

Initiative #1			
Category 1: <u>Land and Habitat</u>	Baseline	Current	Cost Savings
Indicator 1: <u>Land and Habit Conserv</u>	(indicate measurement unit)	(indicate measurement unit)	
Calendar year	<u>2014</u>	<u>FY16</u>	
Actual quantity (per year)	<u>0</u>	<u>600sq ft</u>	<u>n/a</u>
Production unit (select one)	Earned Labor Hours Other -- specify (e.g. Gallons, length, etc.)	Production units	Production lbs.
Production Quantity			<u>NA</u>
Normalization factor (Current year production ÷ Baseline year production)			
Normalized quantity (Actual Current year quantity ÷ Normalizing factor)			
Briefly describe how you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress. <u>planted a 600 sq ft pollinator garden aimed at providing food and habitat for butterflies and bees</u>			

## SECTION E

ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS  
CONTINUED**Initiative #2**

Category 2: <u>Energy</u> Indicator 2: <u>Combined Elc/NG</u>	Baseline (indicate measurement unit)	Current (indicate measurement unit)	Cost Savings
Calendar year			
Actual quantity (per year)			
Production unit (select one)	Earned Labor Hours Other -- specify (e.g. Gallons, length, etc.)	Production units	Production lbs.
Production Quantity			NA
Normalization factor (Current year production ÷ Baseline year production)			
Normalized quantity (Actual Current year quantity ÷ Normalizing factor)			
Briefly describe <i>how</i> you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress.			

**Initiative #3**

Category 3: _____ Indicator 3: _____	Baseline (indicate measurement unit)	Current (indicate measurement unit)	Cost Savings
Calendar year	4.90 MMBTU/veh	4.74 MMBTU/veh	TBD
Actual quantity (per year)			
Production unit (select one)	Earned Labor Hours Other -- specify (e.g. Gallons, length, etc.)	Production units	Production lbs.
Production Quantity			NA
Normalization factor (Current year production ÷ Baseline year production)			
Normalized quantity (Actual Current year quantity ÷ Normalizing factor)			
Briefly describe <i>how</i> you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress.			

1. Briefly describe the *impacts or wastes* eliminated resulting from the environmental initiative(s). If multiple initiatives, please indicate which specifically.

The goal of the pollinator garden is to provide a chemical free habitat and feeding location for local and migratory pollinators such as bees and Monarch Butterflies.

2. Are there other best management practices (BMPs) you can share correlating to your initiative(s)?

n/a

3. If the objectives and targets associated with the environmental improvement initiative(s) were not attained, please verify continued progress toward the environmental initiative(s). If multiple initiatives, please indicate which specifically.

Effectiveness of the garden will be determined over periodic species audits during the spring, summer, and fall of 2016

4. Please provide a narrative summary of progress made toward *qualitative, significant* EMS objectives and targets, if any.

n/a

5. Please list any state, U.S. EPA, or other partnership programs to which you are reporting this data (e.g., Energy Star, Project XL).

Wildlife Habitat Council, Energy Star (through Corporate Office)

6. Is your entity willing to share the environmental improvement initiative(s) and its best management practices (BMPs) at the ESP Annual Meeting and/or a Partners for Pollution Prevention quarterly meeting or conference?  Yes  No

## 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., 2015) and the **future year** (e.g., 2016). 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 2015	Future Year 2017	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	751 gal/veh	635 gal/veh	Gallons
<input checked="" 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 checked="" type="checkbox"/> Combined heat and power		4.90 MMBtu	4.74 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			MTCO2E
	<input type="checkbox"/> VOCs			Pounds, tons
	<input type="checkbox"/> NOx, SOx, 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"/> Non-hazardous Waste <input type="checkbox"/> Hazardous Waste	<input type="checkbox"/> Pathogens			MPN/ml, CFU/ml
	<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

If you need assistance filling out the form, please contact the ESP program manager at either [esp@idem.in.gov](mailto:esp@idem.in.gov) or 1-(800) 988-7901.

2. If the environmental improvement initiative(s) will be *qualitative* in nature, please describe.

We expect to see measurable change from energy reduction initiatives.

3. 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)?

We are focusing on energy management this year, particularly on weekend and between shift energy reductions. We have started evaluating all our equipment to see what the true demands really are and reducing or eliminating equipment running when not necessary.

4. 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) Toyota Motor Manufacturing, Indiana

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, TMMI, 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 we must meet the requirement of implementing one (1) new, independent environmental improvement initiative each year of membership (for a total of four (4) initiatives), 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 four (4) 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

Date (month, day, year)

5-19-2016

Printed signature

Paul Delor

Title

Environmental Specialist